

Frequently Asked Questions: Locations

	Topic	Question	Response
1	Adding locations	I'm adding locations for the first time and I'm not sure what to enter for "Your Code" and "Your Label".	When setting up locations, the fields "Your Code" and "Your Label" should be unique and represent how your facility refers to that location (e.g., 5 West). That location is then mapped to a CDC Location Description - a standardized CDC location that indicates the types of patients that are receiving care in that unit, using the 80% rule. For more information about locations, please see: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf
2	Mixed populations	One of our units is a mix of pediatric and adult patients, however all of the patients are of the same acuity level and service. Should I map this as an adult location or a pediatric location?	This is a good example of when “virtual” locations would be the best option. If there are beds designated for pediatric patients, we recommend that virtual locations are used such that the pediatric beds are considered one location in NHSN and the other beds would be assigned as the most appropriate adult unit. The data collection and reporting for each of these locations would be separate for NHSN. If your facility can operationalize this option, it would be the most appropriate. However, if you're unable to operationalize this type of data collection in this unit, then the unit should be mapped as the appropriate type for the age group (i.e., pediatric or adult) that holds the majority in that unit.
3	Bedsizes	When adding my locations in NHSN, I'm asked for the location bedsize. Should this represent the number of beds in the unit, or the number that are staffed?	The location bedsize should represent the number of beds that are set up <u>and</u> staffed.
		My emergency department has beds within the ED as well as hallway beds assigned to the ED. Do I include the hallway beds in the bedsize count?	Yes, only if the hallway beds are used for the ED and not for other purposes. If the beds are being used for outpatient or those in observation status awaiting an inpatient bed then the beds will have to be mapped separately and appropriately.
4	Swing beds	Should the number of beds for my location include swing beds?	Yes. Swing beds should be included in the total location bedsize count. Patients residing in these beds should also be included in your surveillance efforts for this location.

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	Swing beds	My facility has a swing bed unit. How should this unit be mapped?	If your facility has an entire unit devoted to swing beds, we recommend mapping this location as a chronic care unit. This location is still considered an inpatient location and should be included in any "FacwideIN" surveillance for LabID events. Please contact the NHSN helpdesk for further guidance if needed.
5	Unit moved to different floor	One of the units in my hospital has moved to a different floor and has a new name. Should I create a new location in NHSN?	If the staff moved with this location, and the type of patients remains the same (i.e., the only difference is the geographical location), then it's recommended to just change "Your Code" and "Your Label" on the existing location record. This will keep all of the data for this location continuous within analysis. Otherwise, it is recommended that your facility inactivates the location and create a new location for the moved unit. Note that deactivating a location will simply prevent you from being able to enter new data for that location; the location and its previously-entered data will still appear in the analysis output options and you will continue to have access to these data.
6	Inactive locations	If I inactivate one of my locations in NHSN, will I still have access to this location's data?	Yes. Inactivating a location will simply remove the location as an option in the location drop-downs during data entry. All data reported in inactive locations will still be accessible, including through the analysis output options. For more information about changing your locations, please see page 11: http://www.cdc.gov/nhsn/PDFs/Newsletters/Newsletter-Dec2013.pdf
7	Mixed acuity unit and CMS reporting	After further review, we've determined that one of our units should be mapped as a mixed acuity unit. What implications will this have for my hospital's reporting to CMS?	While mixed acuity locations may have ICU and/or Ward beds, they are not considered ICU locations or ward locations and therefore, are excluded from all reporting that is limited to these location types.

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8	Change in patient type	The type of patients that are now housed in one of our units has changed. How do I change the CDC location in NHSN?	<p>Once a location has been used for reporting in NHSN, the CDC Location Description cannot be changed. Instead, you will need to add a new location to represent the new CDC location mapping. Note, however, that when creating this new location, you will need to use a different “Your Code” value. It is also recommend that you inactivate the old location once you’ve completed all data entry for that location.</p> <p>After the new location has been added and data have been reported under this new location, you will notice that the pooled means to which this location is compared will differ from previous analyses.</p>
9	Skilled Nursing Facility/Nursing Home	I am an acute care hospital with a CMS-licensed skilled nursing facility (SNF)/nursing home physically located in my ACH. This SNF has a different CCN from my acute care hospital. How should I map this unit?	If the SNF has a separate CCN from the hospital, it should not be mapped as a location within your acute care hospital. If you want to report data from the SNF unit, this unit should be enrolled as a separate NHSN facility into the NHSN Long Term Care Facility Component. To determine if your skilled nursing facility/unit (SNF/SNU) is a CMS-licensed unit, verify the unit’s CCN. The last 4-digits of a SNF CCN are between 5000-6499. <u>Enrollment details:</u> First step for enrollment: Email NHSN@cdc.gov and ask for NHSN Enrollment to be added onto your SAMS profile. Next: Once you see that option available you can start the enrollment process for your LTCF facility. Remember, if you already have SAMS access, you can skip Steps 2-3: http://www.cdc.gov/nhsn/LTC/enroll.html . On the enrollment screens, please be sure to select one of the LTCF facility types and the Long Term Care Facility Component.
		I am an acute care hospital with a non-CMS-licensed skilled nursing facility (SNF)/nursing home physically located in my ACH. This SNF shares the exact same CCN as my acute care hospital. How should I map this unit?	If the SNF shares the exact same CCN as the acute care hospital, it should be mapped as a location within the NHSN acute care facility using the most appropriate location description. In most cases, the NHSN Chronic Care Locations will be the best fit for this type of unit.

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10	Psychiatric Wards	Our acute care hospital has an inpatient psychiatric unit, with a separate CCN (i.e., M or S in the 3rd position of the CCN). How do I add the inpatient psych unit?	Guidance on adding or updating an existing inpatient psychiatric unit is outlined in the IPF Locations document on the website: http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/IPF-Locations.pdf . *If your IPF unit is not physically located within your acute care hospital, please contact the NHSN Helpdesk (NHSN@cdc.gov) for further guidance.
11	Rehabilitation Wards	Our acute care hospital has an inpatient rehabilitation unit with a separate CCN (i.e., R or T in the 3rd position of the CCN). How do I add the inpatient rehab unit?	Guidance on adding or updating an existing inpatient rehabilitation unit is outlined in the IRF Locations document on the website: http://www.cdc.gov/nhsn/PDFs/irf/Updating-IRF-locations-within-NHSN.pdf *If your IRF unit is not physically located within your acute care hospital, please contact the NHSN Helpdesk (NHSN@cdc.gov) for further guidance.
12	Mapping overflow units	My facility has an overflow unit that is only open a few days a month to accommodate an increase in census. Should this unit be mapped in NHSN?	Anytime a facility opens an inpatient overflow unit, we recommend setting up the unit in NHSN and adding the location to the monthly reporting plans during the time in which the unit will be open. The overflow unit should be mapped based on the patient-mix housed in that unit (e.g. Trauma ICU patients).
		My facility has overflow beds as part of a unit which can house patients from other units as well. Where should I include those beds and report their HAI data?	If the original unit, including the overflow beds, still follows the 80% rule for service type and acuity level, then those overflow beds can simply be included in reporting along with the unit. However, if inclusion of those beds in the unit creates a violation of the 80% rule, then we recommend creating a virtual location for the overflow beds only, mapped based on the average patient-mix of those beds (over a 3-month period).
13	Emergency Department and Observation Units	My facility does not have a dedicated observation unit and the few observation patients we have are housed within other inpatient units. Do I extract the observation patients for 2015 reporting of LabID CDI and MRSA?	According to the December 2014 newsletter (pg. 7, http://www.cdc.gov/nhsn/PDFs/Newsletters/Newsletter-Dec2014.pdf), if a facility does not have a designated observation unit, then the facility does not need to map an observation unit in NHSN (e.g., data from an observation unit will not need to be included in your MRSA and CDI surveillance). However, the observation patients should be included in the surveillance efforts for the inpatient unit in which they reside.

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		My facility has an observation unit where patients typically stay for 48 hours before either being admitted to the facility or discharged. How should this unit be mapped?	Based on the patient length of stay in this unit, this location should be treated as a general inpatient overflow location. This means that it will need to be mapped to the most appropriate inpatient location.
		I have an affiliated emergency department (ED) that is located off-site. Should I map the affiliated ED for 2015 LabID Event reporting?	Yes, affiliated EDs should be mapped as a location within the affiliated Acute Care Hospital if the off-site ED shares the same CCN and have the same medical record allowing the patients to be followed through the system.
14	Units housing Mothers and Babies	Our facility has a level II nursery but often times the babies are housed with the mother. Since the nursery doesn't have beds and the babies are not always physically in the nursery, should we map the location?	Yes, the nursery should be mapped as a location in NHSN even if the babies are at the mom's bedside. The nursery bedsize should represent the number of bassinets (aka beds) that are set up and staffed.
15	Telemetry units	Many of our surgical wards or other units in the hospital have telemetry capabilities. How should these units be mapped?	The way to look at the telemetry locations is: do at least 80% of the patients on this unit require telemetry? Or, in other words, is the primary reason the patient is admitted to that unit (as opposed to any other unit in the hospital) because of the patient's need for telemetry? If so, then this unit should be mapped as Telemetry. If patients are being housed in a general surgical unit that is equipped with telemetry capabilities, that does not necessarily meet the definition of a telemetry unit.
16	Location Mapping for CMS Reporting	We have several ward types for which we conduct surveillance, but are not required for CMS reporting. Can we map them as medical wards so that our numbers can be reported to CMS?	No, we do not recommend mapping wards as medical, surgical, or medical/surgical simply to be included in CMS reporting, as this has adverse effects at several levels. First, and most importantly, this would misrepresent your data that is being reported to CMS by comparing your rates against an incorrect baseline risk population. This can lead to under- or even over-estimation of your SIR for the unit. Second, incorrect location mapping indirectly makes NHSN metrics less accurate, as they are dependent on the accuracy of the location definitions to delineate risk populations. Therefore, we highly encourage users to adhere to NHSN location mapping guidelines as closely as possible.