



NHSN Long Term Care Facility Component Frequently Asked Questions (FAQs)

TOPIC	QUESTION	ANSWER
General Questions		
Data entry due date	Is there a cut-off date for facilities to enter data and correct alerts?	The expectations are that data will be entered and alerts will be resolved in a timely manner so data are available for analysis. While there is not an established cut-off date for entering LTCF data, CDC-NHSN recommends users to complete data entry and resolve alerts by the end of each month for the previous month's submission to prevent data backlog, which is more prone to errors. For example, if a user has outstanding data and/or alerts for October, the data entry and alerts should be resolved no later than the 30th day of November.
HIPAA	Do I have to get resident permission before reporting data to the NHSN?	Public health surveillance does not fall under HIPAA and CDC-NHSN has safeguards to protect PII and ensure privacy. Additionally, NHSN was developed as a quality improvement tool to support infection surveillance and prevention activities. Therefore, individual patient/resident permission would not be required for a facility to use the system for their own, local, quality improvement activities.
NHSN facility administrator for multiple facilities	Can a person be the NHSN administrator for multiple facilities?	Yes. The person will use the same SAMS grid card to access all facilities in which he /she is listed as a user. Note --the same email address must be used for NHSN and SAMS.
Locations	I am trying to enter an event into NHSN and my facility locations are not showing in the "location" drop-down box.	Verify that resident locations have been set-up (mapped) in the NHSN application for your facility. NHSN provides step-by-step instructions for mapping resident locations, which is accessible on the following link: https://www.cdc.gov/nhsn/PDFs/LTC/slides/Facility_Set_up_slides_LTCF_v5_Final_with_508_3-2015.pdf



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Re-assign NHSN facility administrator	How do we reassign/change the NHSN Facility Administrator?	<p>The NHSN facility administrator role will need to be re-assigned if the previous NHSN facility administrator is no longer available.</p> <p>In order for the NHSN facility administrator role to be re-assigned, at the facility must submit a written letter, on facility letterhead, requesting a new individual be assigned to the NHSN facility administrator role. This request can come from an administrative or clinical leader in the facility or corporation, such as the Director of Nursing, a Medical Director, Regional Manager or Administrator. This letter must have the following:</p> <ul style="list-style-type: none"> • The name of the new NHSN facility administrator to be assigned • The new NHSN facility administrator’s phone number • The new NHSN facility administrator’s email address • The 5-digit NHSN Facility ID, if known • All information typed onto facility letterhead • Letter must be physically signed (a typed signature or signature line, alone, is not acceptable) <p>The letter must be faxed to NHSN at 404-929-0131 or scanned and emailed to nhsn@cdc.gov.</p> <p><i>Note: The individual signing the written request cannot be the same person being named as the new NHSN facility administrator.</i></p> <p>After NHSN receives the letter, the role of NHSN facility administrator will be re-assigned to the designated person. If the new NHSN facility administrator does not already have access to NHSN, then he or she will be then emailed SAMS instructions to register.</p> <p>A helpdesk ticket may be submitted to nhsn@cdc.gov for additional instruction, if needed.</p>



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Annual Survey		
NPI	What is a National Provider ID (10-digit number)?	An NPI (National Provider Identifier) is an identification number given to health care providers by the CMS (Centers for Medicare and Medicaid Services). It is a 10-digit number used for a variety of reasons in the health industry. It is not the same number as the CCN. The facility billing department should have this number. There is a national registry for the NPI number which can be accessed online at https://npiregistry.cms.hhs.gov/ or https://npidb.org/
Primary testing method for <i>C. difficile</i>	The NHSN LTCF Annual Facility Survey requires nursing homes to identify the primary diagnostic testing method for <i>C. difficile</i> . How does the nursing home answer this question if the facility uses more than one laboratory?	LTCFs are encouraged to contact the diagnostic laboratory to which the majority of the resident samples/specimens are sent. In discussion with that laboratory, facilities can identify the primary diagnostic testing method for <i>C. difficile</i> used by that laboratory to report on the NHSN annual facility survey.
Saving survey	When a LTCF is entering information for the Annual Facility Survey, can the entered data be saved and completed at a later time?	No. When completing the LTCF Annual Facility Survey, all data entry must occur in one sitting. Meaning, a user cannot enter information, save the survey, and complete data entry at later time. Users are encouraged to print the enrollment form and manually complete the Annual Facility Survey prior to entering the information in the NHSN application. The form and instructions for completing the Annual Facility Survey are located on the LTCF home page under data collection forms: https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf
Submission timeline	Will facilities be required to complete the annual facility survey on a yearly basis?	Yes. NHSN Annual Facility Survey must be completed in the NHSN application at the beginning of every calendar year, and unless otherwise stated, the survey year represents the last full calendar year.



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Edits	Can I make edits to an annual facility survey after it has been submitted?	Yes. A user may edit the annual facility survey by logging into the NHSN application home page and on the left navigation bar, Click SURVEYS > FIND >. Next, select the SURVEY YEAR for the survey you are making edits and click FIND. Once the survey opens, scroll all the way to the bottom and select EDIT. Once updates are made, select SAVE.
Enrollment		
Generic e-mail	My facility assigned me a generic e-mail address. Will this impact NHSN enrollment since an individual e-mail address is needed for NHSN and SAMS?	<p>Maybe. When enrolling a facility in the NHSN or when adding a new user in an enrolled NHSN facility, employees must provide a valid email address. This email address will be used to receive correspondence from the NHSN and to gain access to the NHSN through SAMS. It is strongly recommended that employees use their own company email address (for example, firstnamelastname@organization.org) and NOT a generic email address (for example, genericDON@organization.org) since the e-mail address will be used as a unique identifier to gain access to the system.</p> <p>If a facility is unable to provide an individualized or unique email address to the employee responsible for entering data into NHSN and a generic email address (for example, genericDON@organization.org) is used, the facility is ultimately responsible for working with the employee to: (1) delete their SAMS account or (2) remove the generic email address from their SAMS account once they leave and are no longer employed at the facility (see details below). The SAMS user support team is not able to delete an existing account unless the account holder (specifically, employee) contacts them directly.</p> <p>A guidance document with additional information is located on the LTCF home page under Supporting Materials - https://www.cdc.gov/nhsn/pdfs/ltc/nhsn-sams-registration-email-use.pdf</p>
Stand-alone versus non-stand-alone facility	Does my skilled nursing facility (SNF) have to enroll separately in NHSN if located inside of a hospital?	Maybe. If your SNF is located inside of an acute care hospital (ACH) and has a separate 6-digit CMS certification number (CCN), then the SNF should be enrolled as a separate NHSN facility type (LTC:SKILLNURS) and report using the protocols in the Long-term Care Facility Component. The SNF will have its own 6-digit CCN with the last four digits between 5000-6499.



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CCN	Do I need to update the CMS Certification Number (CCN)? If so, how to I update the CCN for our facility?	<p>In the event that a facility is newly certified, changes ownership, or, enrolled into NHSN using a temporary ID number instead of their CMS Certification Number (CCN), the NHSN facility administrator or an NHSN user with administrative rights is able to add/update the facility's CCN within the facility contact information section of the application.</p> <p>To edit the CCN: on the left navigation bar, select FACILITY > FACILITY INFO. If a CCN is NOT listed, click ADD ROW button and enter the new CCN and effective date in the appropriate boxes and then click SAVE and receive a pop-up box acknowledging the information was successfully saved. If a CCN IS listed, but is wrong, click EDIT CCN in the upper right corner of screen and then replace the incorrect CCN with the correct value. Lastly, click SAVE and receive a pop-up box acknowledging the information was successfully saved.</p>
E-mail address	Can an employee use their own personal email address (for example, Gmail account) to enroll in NHSN and SAMS?	Yes. There are no email address restrictions when registering to participate in NHSN. Any functional email account may be used. Facilities should develop their own policy for use of non-facility email addresses. It is important to note however, that all NHSN communications are sent to the email address used to register with NHSN and SAMS. Thus, if a personal email address is used, employees should have access to their personal email (for example, Gmail account) during work hours in order to receive timely and up-to-date information sent by the NHSN.
SAMS		
Who needs a SAMS grid card	Do all NHSN users need a SAMS card or can one card be used for an entire facility?	All NHSN users are required to be registered with SAMS, and have their own SAMS grid card. It is important to note that SAMS registration is owned by the employee registering and NOT the facility.
Purpose of SAMS grid card	What is the SAMS grid used for?	The SAMS Grid is used as part of the NHSN log in process as an identity verification step to provide additional security. All users must have a SAMS grid card to access the NHSN application.



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Sharing SAMS account	Can an individual with a SAMS account just share their credentials with others in the facility?	No, only the user who underwent the SAMS registration process and accepted the NHSN Rules of Behavior should have access to their account for security purposes. Each SAMS account is owned by the individual who enrolled and thus, they are responsible for all activity under their account. Under no circumstances should employees share their GRID cards or other protected information with other personnel. Each employee needing access to NHSN should open their own SAMS account and proceed through the credentialing process.
Adding new user	What do I do if I add a user to NHSN, but he/she does not receive the NHSN e-mail with instructions to agree to the NHSN Rules of Behavior to initiate the SAMS process?	Be sure the correct e-mail was entered for the user. If so, contact nhsn@cdc.gov for help resolving the issue.
Identification proofing	When submitting ID proof can a user take a photo with a cell phone and upload the picture?	Yes. Users are able to upload documents using their Smart Phones. Uploading/scans are always better as they are easier to read. SAMS helpdesk can be reached at: SAMShelp@cdc.gov
Lost SAMS grid card	What should I do if I lose my SAMS Grid?	Contact the SAMS helpdesk in order to receive a new Grid Card -- SAMShelp@cdc.gov You can reach the SAMS Help Desk between the hours of 8:00 AM and 8:00 PM EST Monday through Friday (except for U.S. Federal holidays) at the following: Local: 404-498-6065 Toll Free: 877-681-2901 Email: samshelp@cdc.gov
Terminated employee	If an employee leaves a facility, is their SAMS account automatically terminated?	No, each SAMS account is owned by an individual. Thus, if an employee leaves a facility, they still have access to their SAMS account. However, a facility can and should deactivate the employee's NHSN profile to disable further access to the facility's NHSN account.



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Change email address	What do I need to do if I get a new e-mail address?	<p>An e-mail update must be done in both SAMS and the NHSN application.</p> <p>First, follow the below instructions to change the email address in SAMS:</p> <ol style="list-style-type: none"> 1. Go to https://sams.cdc.gov. 2. Log in with the SAMS Credentials. 3. Click on My Profile in the upper right corner. 4. Then, from the menu on the left select Change My Email. 5. Then just follow the prompts to complete the change. 6. After the above steps are completed, you will receive an e-mail from SAMS at your <i>new</i> e-mail address. 7. Click on the verification link in the e-mail to verify your new email address. 8. After completing step 7, you must notify NHSN of your new e-mail address by sending an e-mail to nhsn@cdc.gov. Include your name, NHSN user name, and new e-mail address. <p><i>After completing the verification, it will take approximately 2 business days to process the change in SAMS.</i></p>
Transferring to another LTCF	If an employee with SAMS/NHSN access is transferring to another facility, but still needs their SAMS account, would they have to recreate an account at the new facility?	<p>Not necessarily, the user enrolling in SAMS owns their SAMS account, so they may transfer that account to a new facility. However, it is their responsibility to ensure they have access to the email address used to create the account. If they will no longer have access to the email account once they are no longer employed at the facility, the EMPLOYEE must change their email in SAMS to another functioning email (for example, either the new facilities email or a personal email address such as Gmail).</p>
UTI Event Protocol		
Protocol in different facility types	Do the same NHSN UTI definitions used in hospitals apply to nursing homes?	<p>No. The NHSN protocols and definitions used by LTCFs in the LTCF Component Module are different from the protocols/definitions used by acute care facilities in the Patient Safety Component module. This means the following rules do not apply to LTCFs: 1. The NHSN Infection Window Period; and 2. The Repeat Infection Timeframe.</p> <p>Please refer LTCF UTI protocol on the NHSN webpage https://www.cdc.gov/nhsn/pdfs/lc/lcf-uti-protocol-current.pdf</p>



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Aseptic technique	Do I still count a urine culture if aseptic technique was not used during collection?	Yes. Technique to obtain a urine culture is not part of the UTI protocol. NHSN’s aim is not to direct care, but rather to measure the effect of care on outcomes. The facility should use the urine culture technique parameters as stated in its policies and procedures for clinical practice.
Confusion	How confusion and/or functional decline is define	We recognize that McGeer and the MDS have specific parameters to define a new onset of confusion. NHSN surveillance criteria do not require specific parameters. For NHSN surveillance purposes, a documented change in mental status, such as new or worsening mental status (deviation from the normal) can be used to meet NHSN definitions for CA-SUTI, but only when accompanied by leukocytosis.
Repeat UTI	Do the NHSN criteria for UTI have a specific time period for identifying a second UTI in a resident?	No. The protocol does not incorporate specific rules for identifying subsequent UTI in a resident. Users should take into consideration the overall clinical presentation of the resident when determining if he/she has a new UTI verses a continuation of a recent UTI. Some considerations may include: (1) new or acutely worsening of signs and symptoms; (2) continuation of antibiotics; and (3) new/change in culture results. For example, did the resident get better before the new onset of signs and symptoms or new urine culture? Did the resident complete antibiotics from the first identified UTI? If unsure how to apply the NHSN criteria, users are encouraged to submit specific resident cases (without resident identifier information) to nhsn@cdc.gov for feedback.
Baseline temperature	How do I determine a baseline temperature for a resident?	Since the LTCF UTI protocol does not specify parameters for what is considered a baseline, facilities should use their internal policy and procedures to define how they will measure/determine a baseline temperature for a resident. In other words, what is “normal” for the resident without outside influences of illness, medications, dehydration, etc.? The primary goal for this criterion to increase the sensitivity and specificity of using ‘fever’ as an indicator for infection. Some facilities will establish a baseline vital sign measurement starting point during the initial admission assessment into the LTCF, and when the resident is at his/her healthiest (without infection, dehydration, etc.). These baseline measurements then become a basis for comparison with subsequent measurements to detect changes and abnormal findings.



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Repeat fever	Define what is meant by “fever of >99°F on repeated occasions”	“Repeated occasions” means more than one documented temperature reading of >99°F. These readings do not have to be consecutive, but should be within a reasonable time-frame to indicate a change from the residents’ baseline.
Time-frame for meeting criteria	Is there a time-frame that all UTI criteria must be met to be considered a reportable UTI event?	No. The protocol does not include a time-frame in which all of the UTI criteria must be met, so clinical judgement must be used when determining if the resident meets NHSN UTI criteria when culture collection and signs and/or symptoms occur on different days. Some facilities use a three-day window, which is reasonable and can be used an arbitrary time-frame.
Specific event	When I entered a UTI event into the NHSN application, the “specific event” box is blank. How do I fix this?	The “Specific Event” box will automatically populate with the type of NHSN defined UTI the resident meets (for example, CA-SUTI, SUTI, ABUTI) based on the reported event data including: (1) presence of an indwelling urinary catheter; (2) laboratory and diagnostic data; and (3) signs and symptoms. If the entered data does not meet the NHSN UTI criteria, the “Specific Event” will not populate in the application. This means either the resident does not meet NHSN UTI criteria in which you would not report the event to NHSN, or the correct criteria were inadvertently selected/unselected.
Suprapubic catheter	If a resident has a suprapubic catheter, do I still need to report a UTI?	Even though a suprapubic catheter is not considered as an indwelling urinary device, a UTI in a resident with a suprapubic catheter should be reported as a symptomatic urinary tract infection (SUTI) if the NHSN SUTI/non-catheter associated criteria are met.
Denominator	Does prophylactic antibiotic use count in the denominator for “new antibiotic starts for UTI indication”?	Yes. All new prescriptions for an antibiotic given for a resident for UTI treatment (suspected, diagnosed, prophylaxis) should be included in the count.
Paraplegic and quadriplegic residents	How would I assess UTI symptoms in paraplegic and quadriplegic adults who do not have sensation that may meet NHSN UTI criteria?	These scenarios are quite unique and represent a good example of a resident who may have a clinical UTI, but the documentation does not meet the NHSN criteria. Since the LTCF UTI surveillance definitions are designed to improve consistency in tracking events in populations rather than individual clinical care, surveillance criteria may not be equally sensitive for all resident populations, including those with spinal cord injury, comatose, brain injuries, and heavily sedated residents. A set of criteria that covered every subpopulation with high specificity and sensitivity would be



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		so complicated that it would be very difficult to employ and next to impossible to do so consistently across different facilities. Our recommendation is to use the documented signs and symptoms to determine if the NHSN UTI criteria are met. If the resident appears to have CV or other pain based on facial grimaces and/or other signs, then you can use that documentation to meet the NHSN UTI criteria. However, if the signs/symptoms are not documented, the recommendation is to not report the UTI to NHSN even though the resident may have a clinically treated UTI.
Lab-ID Event		
<i>C. difficile</i> treatment	What are the most common medications I should look for when determining if a resident is on treatment for <i>C. difficile</i> infection?	Common <i>C. difficile</i> drugs to look for are oral vancomycin, metronidazole, and fidaxomicin.
Specimens collected in outpatient (OP) settings	Are laboratory results obtained from an emergency department (ED) or outpatient (OP) setting, such as a physician's office, eligible to be included in LabID Event reporting for the LTCF?	Yes- <u>if</u> the resident returns back to the LTCF within 2 calendar days of leaving. In efforts to follow the continuum of care when residents briefly leave the LTCF, specimens collected from OP settings should be reported to NHSN if the resident returns to the LTCF on the calendar day of the OP visit or the next calendar day. Since these specimens are collected during the "current admission" in the LTCF, the categorization of these specimens will be the same as if the specimen was collected while the resident was physically in the LTCF.
Specimens collected in other facilities before admission	If the resident was admitted to our facility with <i>C. difficile</i> , do I have to report positive <i>C. difficile</i> specimens collected in our facility?	Yes. Specimens collected prior to admission to your facility (for example, during an admission in another healthcare facility) do not preclude your facility from reporting positive <i>C. difficile</i> specimens that are collected while the resident is receiving care from your facility.



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Specimens collected during an admission in another healthcare facility	If our resident leaves the LTCF and is subsequently admitted to the hospital, do I need to report a positive <i>C. difficile</i> result that was collected while the resident was a patient in the hospital?	No. Any specimens collected during an admission in another healthcare facility are excluded from LabID event reporting for your LTCF.
Community-onset LabID Events	Do I have to report a LabID event for a specimen collected on the first or second day a resident is admitted to our facility?	Yes. All non-duplicate positive <i>C. diff</i> specimens must be reported. NHSN LabID event reporting is designed to capture both community-onset (CO) and LTCF-onset (LO) events. Users should enter all non-duplicate LabID events, and then the NHSN application will correctly categorize these events as Community-onset (CO) or LTCF-onset (LO) based on the current admission date for the resident and the specimen collection date.
Assigning categorizations	How do I assign a LabID Event as community-onset or long-term care facility onset?	The NHSN application will automatically categorize all LabID Events entered into the application based on the date the specimen was collected and the entered first admission date. The user does not assign these categorizations.
Duplicate laboratory results	If a nursing home resident has a positive CDI, is discharged, readmitted to the same facility and re-tested all within that 14 day window, how is the second CDI result classified and should it be entered into NHSN?	The 14-day rule for reporting CDI LabID Events expands across admissions to the SAME facility. This means if a nursing home resident has a positive <i>C. difficile</i> lab result, is discharged, readmitted to the same facility and re-tested all within that 14 day window, the second result is considered as a duplicate CDI assay and should not be entered into the NHS application.
Number of Admissions on C. diff Treatment	What do I need to report to NHSN if a resident is admitted to our nursing home on treatment for <i>C. difficile</i> ? Am I supposed to submit a LabID event for the resident?	If a resident is admitted to the facility while on treatment for <i>C. difficile</i> , the resident should always be included in that month's denominator count for "Number of Admissions on <i>C. diff</i> Treatment." A LabID Event would only be submitted to NHSN if the resident also had a positive <i>C. difficile</i> lab result when the specimen was collected while the resident was receiving care in the nursing home.



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		<i>Remember: CDI LabID events (numerator data) and “Number of Admissions on C. diff Treatment” (denominator data) are not mutually exclusive. Meaning, a resident may be included in the denominator count only for the given month.</i>