National Healthcare Safety Network

2020 Long-term Care Facility Component Annual Updates and Annual Facility Survey Review

January 8, 2020
February 5, 2020
Updates for 2020 Calendar Year
What’s New in 2020?

Where can I find a list of the updates?

- December 2019 newsletter
  - https://www.cdc.gov/nhsn/ltc/newsletters/index.html
- LTCF module web-pages under the protocol tab
- Blast e-mail sent to NHSN users
- NHSN version 9.4 Release Notes (12/11/19)

<table>
<thead>
<tr>
<th>Impacted Infection Event Module</th>
<th>Summary of Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTCF Component</td>
<td>Event Reporting: Resident Type (short-stay versus long-stay) will now auto-populate based on the Date of First Admission to Facility and the Date of Event entered.</td>
</tr>
<tr>
<td>Urinary tract infection (UTI) infection event Module</td>
<td>Event Reporting: Form and interface modifications only. Removed options for reporting a positive urine culture based on specimen collection method. Now, there is only one option for reporting a positive urine culture. This modification does not represent a change in surveillance protocol.</td>
</tr>
<tr>
<td>Laboratory identified (LabID) Multidrug-Resistant Organisms (MDRO) &amp; Clostridioides difficile infection (CDI) event Module</td>
<td>Analysis and Event Reporting: For each organism under surveillance, all positive specimens that are collected while the resident is receiving care in the LTCF must be reported as a LabID Event. This new reporting rule removes the burden of determining if the specimen is a duplicate versus non-duplicate. The NHSN application will assign each submitted positive specimen as either a duplicate or non-duplicate specimen based on the most recent positive specimen submitted to NHSN. Only non-duplicate LabID Events will be included in NHSN calculated rates.</td>
</tr>
<tr>
<td>Prevention Proctor Measure Module</td>
<td>No significant protocol changes made to module.</td>
</tr>
</tbody>
</table>
What’s New in 2020?

LTCF Event Reporting: Resident Type

- Resident Type (short stay verses long stay) will now auto-populate based on the Date of First Admission to Facility and the Date of Event entered.

**SS-Short-stay:** On the event date, the resident has been in facility for 100 days or less from date of first admission.

**LS-Long-stay:** On the event date, the resident has been in facility for more than 100 days from date of first admission.
### What’s New in 2020?

**LTCF Event Reporting: Resident Type**

<table>
<thead>
<tr>
<th>Resident Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility ID:</strong> Pike Nursing Home (ID 11106)</td>
</tr>
<tr>
<td><strong>Resident ID:</strong> 32169</td>
</tr>
<tr>
<td><strong>Last Name:</strong></td>
</tr>
<tr>
<td><strong>Middle Name:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong> F - Female</td>
</tr>
<tr>
<td><strong>Ethnicity:</strong></td>
</tr>
<tr>
<td><strong>Race:</strong></td>
</tr>
<tr>
<td><strong>Social Security #:</strong></td>
</tr>
<tr>
<td><strong>Medicare Number or Comparable Railroad Insurance Number:</strong></td>
</tr>
<tr>
<td><strong>First Name:</strong></td>
</tr>
<tr>
<td><strong>Date of Birth:</strong> 12/01/1952</td>
</tr>
</tbody>
</table>

- **Resident Type:** LS - Long Stay
- **Date of First Admission to Facility:** 12/02/2014
- **Event Type:** UTI - Urinary Tract Infection
- **Date of Event:** 10/17/2019

*Will auto-populate based on “Date of first admission” and “Date of Event”.*
What’s New in 2020?

UTI Event Reporting: *(Form and Interface Modification only)*

- Specimen collection type removed from form and NHSN interface. Only one option for urine culture laboratory selection.
What’s New in 2020?

Facilities must submit ALL positive *C. difficile* laboratory assays and multi-drug resistant (MDRO) clinical isolates when collected from a resident while he/she is physically housed in the reporting LTCF.

INCLUDES DUPLICATES!
**CDI LabID Event**

(1). *C. difficile* positive laboratory assay collected from a resident while physically located in the LTCF at the time of specimen collection;

*OR*

(2). *C. difficile* positive laboratory assay collected from a resident during a brief outpatient (OP) visit (not admission) to an emergency department (ED) or medical office when the resident returns to the LTCF on the same calendar day or the next calendar day.
MDRO LabID Event

(1). MDRO positive isolate collected from a resident while physically housed in the reporting LTCF at the time of specimen collection, regardless of specimen source (examples include blood, sputum, and urine);

OR

(2.) MDRO positive isolate collected from a resident during a brief outpatient visit (not admission) to an ED or medical office when the resident returns to the reporting LTCF on the same calendar day or the next calendar day.
CDI & MDRO LabID Event Key Points

- **ALL** CDI & MDRO positive specimens must be reported as LabID Events.
  - **Includes:**
    - Duplicate positive results
    - Specimens collected from any resident location in the facility, referred to as Facility-wide Inpatient
    - Residents with prior history of CDI or the MDRO
    - Positive specimens collected while the resident was physically housed in the reporting LTCF
    - Positive specimens collected during a brief visit to an outpatient setting, such as an ED or medical clinic and the resident returns to the LTCF on the same day or following calendar day (no admission to the hospital)
CDI & MDRO LabID Event Key Points

**ALL** CDI & MDRO positive specimens must be reported as LabID Events.

- **Excludes:**
  - MDRO tests related to active surveillance testing, such as nasal or rectal swabs
  - Specimens collected during a resident’s admission in another facility
  - Specimens collected prior to admission to the reporting LTCF
Example Scenario 1 –
Should I Report the Below Case to NHSN as a LabID Event?

- Mr. T is a resident in your LTCF. On March 1st, he was transferred to the local ED for evaluation of diarrhea and fever. While in the ED, a loose stool specimen was collected and tested positive for *C. difficile* toxin. He received IV fluids and was transferred back to the LTCF the next calendar day, on March 2nd.

*Should a CDI LabID Event be submitted to NHSN?*
Example Scenario 1 – cont.

**YES**

Since the specimen was collected in the ED and Mr. T returned to the LTCF within 2 calendar days, the specimen collected in the ED **should be** submitted to NHSN as a CDI LabID Event for the LTCF.
Example Scenario 2 –
Should I Report the Below Case to NHSN as a LabID Event?

- Mrs. Anttila is admitted to your skilled nursing facility for rehab following a motor vehicle accident. According to her chart, she recently tested positive for multidrug resistant acinetobacter and was admitted to your facility on antibiotics.
- While reviewing her chart, you also notice that a nasal swab was obtained by your LTCF as part of your MRSA active surveillance program. The culture was positive.

Should a MRSA LabID Event be submitted to NHSN?
Example Scenario 2 – cont.

**NO**

Do **not** submit an MDR-\textit{Acinetobacter} LabID Event for Mrs. Anttila since she was not tested while physically bedded in your LTCF.

Although the nasal swab was MRSA positive, it was obtained as part of an active surveillance program, so it is not a reportable event to NHSN.
Example Scenario 3 –
Should I Report the Below Case to NHSN as a LabID Event?

- Ms. Smith was admitted to your LTCF today, on May 1. According to her chart she was recently treated by another facility for VRE in a surgical wound, but continues to have episodes of pain and copious discharge. The attending physician ordered a culture of the wound and the specimen was collected the following day, on May 2. The results were positive for VRE, so a VRE LabID Event was submitted to NHSN for Ms. Smith.

- Over the next several days, Ms. Smith’s condition seemed to worsen, as she developed a fever that would not respond to medication. A blood, urine, and wound culture were ordered. The specimens were collected on May 10 and came back with the following results: Blood +VRE; Wound +VRE and +MRSA; Urine +VRE.

Should one or more LabID Events be entered for Ms. Smith?
YES

A separate LabID Event should be entered for each positive MDRO collected on May 10: (1) VRE-Blood; (2) VRE – Wound; (3) MRSA Wound: and (4) VRE-Urine.

Keep in mind- ALL positive clinical specimens must be reported, including duplicate specimens. NHSN will categorize specimens based on submitted specimen collection date of current and previously like organisms and the current admission date.
Example Scenario 4 –

Should I Report the Below Case to NHSN as a LabID Event?

- Ms. Smith was admitted to your LTCF today. According to her chart she was recently treated for CDI but continues to have episodes of diarrhea.

- The attending physician ordered a \textit{C. difficile} test and the specimen was collected on the following day.

- The results were positive for \textit{C. difficile} toxin A.

\textit{Should a CDI LabID Event be entered for Ms. Smith?}
Example Scenario 4 – cont.

YES

Even though she was recently treated for CDI, another specimen was collected while she was receiving care in your facility, which was subsequently positive for *C. difficile* toxin A, so a CDI LabID Event should be submitted to NHSN for Ms. Smith.
Categorizations of LabID Events

**Duplicate vs Non-duplicate – Who determines?**

- Categorizations definitions have **not** changed.
- The **NHSN application** will assign each submitted positive specimen as either a duplicate or non-duplicate specimen based on the most recent positive specimen submitted in NHSN.
- Duplicates will appear and marked as “duplicate” on the line list.

**Important Notes:**

- Only non-duplicate LabID events will be included in NHSN calculated rates.
- Please review the LabID Event protocol for definitions and examples of NHSN categorizations. [https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-labid-event-protocol_current.pdf](https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-labid-event-protocol_current.pdf)
Categorizations of LabID Events:

Example of a Line Listing for submitted All LabID Events

Highlighted events are duplicate events and will be excluded from rates

<table>
<thead>
<tr>
<th>Facility Org ID</th>
<th>Resident ID</th>
<th>Date of Current Admission</th>
<th>Event ID</th>
<th>Event Date</th>
<th>Specific Organism</th>
<th>Specimen Source</th>
<th>Location</th>
<th>Transferred from Acute Care Facility in Past 3 Months?</th>
<th>Transferred from Acute Care Facility in Past 4 Weeks?</th>
<th>LabID Duplicate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>39455</td>
<td>1111</td>
<td>01/01/2020</td>
<td>33783</td>
<td>01/01/2020</td>
<td>CDIF</td>
<td>STOOL</td>
<td>4 GEN</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39455</td>
<td>1111</td>
<td>01/01/2020</td>
<td>33795</td>
<td>01/01/2020</td>
<td>MRSA</td>
<td>ABSCESS</td>
<td>4 GEN</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39455</td>
<td>1111</td>
<td>01/01/2020</td>
<td>33796</td>
<td>01/02/2020</td>
<td>MRSA</td>
<td>URINARSPC</td>
<td>4 GEN</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>39455</td>
<td>1111</td>
<td>01/01/2020</td>
<td>33784</td>
<td>01/03/2020</td>
<td>CDIF</td>
<td>STOOL</td>
<td>4 GEN</td>
<td>N</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>39455</td>
<td>1111</td>
<td>01/01/2020</td>
<td>33797</td>
<td>01/06/2020</td>
<td>MRSA</td>
<td>BLDSRC</td>
<td>4 GEN</td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39455</td>
<td>1111</td>
<td>01/01/2020</td>
<td>33798</td>
<td>01/07/2020</td>
<td>CDIF</td>
<td>STOOL</td>
<td>4 GEN</td>
<td>N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Categorizations of LabID Events:

Example of a Line Listing for submitted All CDI LabID Events

- If LabID Duplicate? = Y, the event(s) are excluded from rates
- Ignore “Onset” column if LabID Duplicate? = Y since these are excluded from further analysis (rates)
What’s New in 2020?

Analysis & Monthly MDRO Summary

- MSSA added as a separate column on Summary Data form to allow for MSSA specific data analysis.

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Resident Admissions:</th>
<th>Resident Days:</th>
<th>LabID Event (All specimens)</th>
<th>Report No Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>Number of Admissions on C. diff Treatment:</td>
<td>Number of residents started on antibiotic treatment for C.diff:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specific Organism Type</th>
<th>MRSA</th>
<th>MSSA</th>
<th>VRE</th>
<th>CepH-, K. pneumoniae</th>
<th>CRE-Enterobacter</th>
<th>CRE-K. pneumoniae</th>
<th>C. difficile</th>
<th>MDR-Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>MSSA</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>VRE</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CepH-, K. pneumoniae</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CRE-Enterobacter</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>CRE-K. pneumoniae</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C. difficile</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>MDR-Acinetobacter</td>
<td>☐</td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Custom Fields
Changing NHSN Facility Administrator

- A new form available to expedite the process of changing an NHSN Facility Administrator
- Will be accessible to complete electronically
  - Anticipated for late January or early February.
2019 ANNUAL FACILITY SURVEY IS DUE
Important Information

- **2019** Annual Facility Surveys are available for completion now!
  - Deadline to complete survey is **March 1, 2020**.

- Most survey questions are based on facility characteristics and practices during the **previous** calendar year.

- Accuracy is important—responses in the annual survey may be used for future risk adjustment of data.
Recommend collecting all required information using NHSN paper form.

NHSN provides instructions for completing the form in the Table of Instructions (TOI).

Surveys may be viewed, edited, and printed anytime after submitting.

NHSN helpdesk is your friend! nhsn@cdc.gov with “LTCF” in subject line.
Getting Started with your Annual Facility Survey

Before Getting Started!

- Recommend the use of NHSN paper forms and instructions to collect required information
  - **Form:**
    https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf
  - **Instructions:**
- May review and print your survey completed during previous calendar year (2018) if facility characteristics are similar
Getting Started with your Annual Facility Survey

Log-in to SAMS

1. Go to https://sams.cdc.gov
2. Sign-in using your SAMS Grid card
Getting Started with your Annual Survey

Select NHSN Reporting

- Select **NHSN Reporting** to access your enrolled facility

  **Note:** facility that have already enrolled in NHSN should **NOT** enroll again, even if the NHSN administrator changes
Getting Started with your Annual Survey

Open 2019 Annual Facility Survey
Getting Started with your Annual Facility Survey

- To review and/or print a copy of your completed survey for the previous calendar year:

  1. Click “Surveys”
  2. Click “Find”
  3. Select Survey Year “2018”
  4. Click “Find”

To Access Previously Submitted Survey:
Getting Started with your Annual Survey

Open 2019 Annual Facility Survey

- NHSN Home
  - Alerts
  - Dashboard
  - Reporting Plan
  - Resident
  - Event
  - Summary Data
  - Import/Export
  - Surveys
  - Analysis
  - Users
  - Facility
  - Group
  - Logout

- NHSN Long Term Care Facility Component Home Page

  - Long Term Care Dashboard

  - Action Items

  COMPLETE THESE ITEMS

  Survey Required

  2019

  Click here
Getting Started with your Annual Survey

Add Required Information

Red *asterisk = required

Survey Year = 2019

Survey Year *: 2019 ✗
Total number of unique residents who stayed $\leq 100$ days in the previous calendar year.

**Note:** If a resident starts off as short stay but converts to long-stay, then count the resident in the total number of long-stay.
Total Number of Long-Stay Residents

In the previous calendar year,

Average daily census: [ ]

Total number of short-stay residents: [ ]

Total number of long-stay residents: [ ]

Total number of new admissions: [ ]

Total Number of Beds: [ ]

Average length of stay for short-stay residents: [ ]

Average length of stay for long-stay residents: [ ]

Number of Pediatric Beds (age <21): [ ]

Total number of unique residents who stayed > 100 days in the previous calendar year.
On the day you complete this survey..

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the nun receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion).

<table>
<thead>
<tr>
<th>Primary Service Type</th>
<th>Service Provided?</th>
<th>Number of residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Long-term general nursing *</td>
<td>✓</td>
<td>47</td>
</tr>
<tr>
<td>b. Long-term dementia *</td>
<td>✓</td>
<td>20</td>
</tr>
<tr>
<td>c. Skilled nursing/Short-term (subacute) rehabilitation *</td>
<td>✓</td>
<td>20</td>
</tr>
<tr>
<td>d. Long-term psychiatric (non dementia) *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Ventilator *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Bariatric *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Hospice/Palliative *</td>
<td>✓</td>
<td>10</td>
</tr>
<tr>
<td>h. Other *</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Resident Census on Survey Day: 97
Its Survey Time – What Services are being Provided?

- What should we do if we provide the service but have no one in house on the day of survey, e.g., we provide hospice, but had no hospice residents on the day of survey.

- Check the box to include the service and put a “0” for the count

<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>d. Long-term psychiatric (non dementia)</td>
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<td></td>
</tr>
<tr>
<td>e. Ventilator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Bariatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Hospice/Palliative</td>
<td>✅</td>
<td>0</td>
</tr>
<tr>
<td>h. Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Resident Census on Survey Day: 97
Total Resident Census on Survey Day must be less than or equal to Total Number of Beds provided in previous section of survey.
Primary Testing Method for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility’s laboratory or the outside laboratory where your facility’s testing is performed? *

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT)(e.g., PCR) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Culture (*C. difficile* culture followed by detection of toxins)
- Other (specify)

- Based on practices of diagnostic laboratory in which **most** resident specimens are sent.
- Contact diagnostic laboratory identify the primary diagnostic testing method for *C. difficile* used
Uncommon Testing Methods for *C. difficile*

3. What is the primary testing method for *C. difficile* used most often by your facility’s laboratory or the outside laboratory where your facility’s testing is performed? *

- Enzyme immunoassay (EIA) for toxin
- **Cell cytotoxicity neutralization assay**
- Nucleic acid amplification test (NAAT) (e.g., PCR) (e.g., PCR, LAMP)
- NAAT plus EIA, if NAAT positive (2-step algorithm)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- **Culture (C. difficile culture followed by detection of toxins)**
- Other (specify)

- Before selecting cell cytotoxicity neutralization assay or culture, verify primary testing method with diagnostic lab.
- Most testing methods can be categorized by selecting from the options provided.
- ‘Other’ should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests.
Lab Testing methods

- What if our facility changes labs this year and the testing methods are different?

✓ You will add the new lab to next year’s survey. Remember, for the 2019 survey, you are only including facility characteristics and practices for the 2019 calendar year. If labs changed mid-way through the year, include the primary lab tests your facility used for the majority of 2019.
Remember to SAVE completed survey
EDIT Annual Facility Survey

NHSN - National Healthcare Safety Network

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NHSN Long Term Care Facility Component Home Page

Action Items

Find Annual Survey

COMPLETE THESE ITEMS

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Find

Facility ID: [Test Facility (ID 56233)]
Survey Year: [2019]

Find  Clear  Back

---

Edit  Back
QUESTIONS?

Send all questions to nhsn@cdc.gov and type “LTCF” in the subject line
This webinar will be offered again
Wednesday, February 5th – 1:30-2:30 pm EST.