



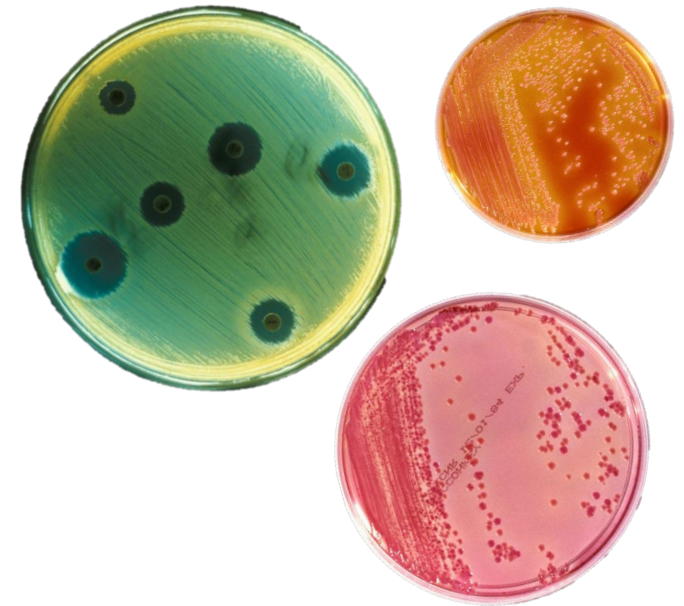
2026 NHSN Annual Training

What's In A Name?

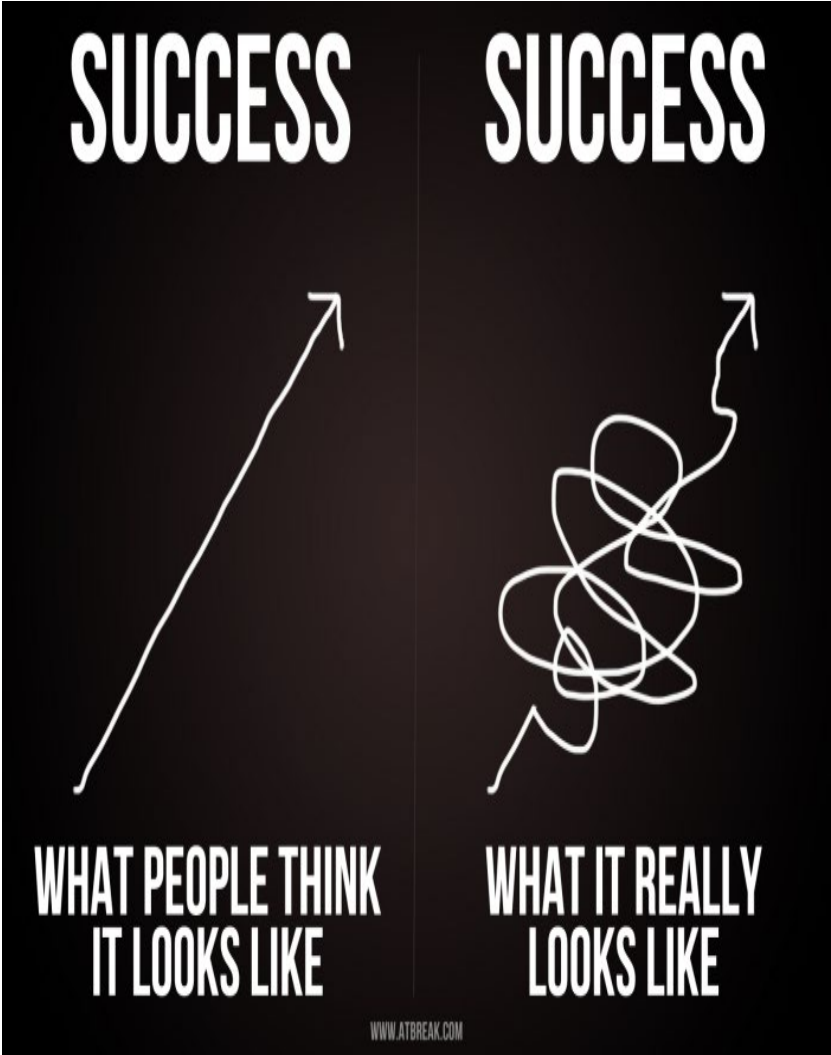
NHSN Location Mapping

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Protocol and Training Team
NCEZID, Division of Healthcare Quality
Promotion (DHQP)/Surveillance Branch
Centers for Disease Control and Prevention*



Success with NHSN Location Mapping



OBJECTIVES

By the end of this session, participants will be able to:


- Define Location Mappings as found in Chapter 15.
- Understand how to correct identify a location for mapping.
- Assess Acuity and Patient Mix guidance.
- Perform location mapping using interactive knowledge checks.

Where do I find Location Mapping Guidance?




<https://www.cdc.gov/nhsn/index.html>

Acute Care / Critical Access Hospitals (ACH)




[Print](#)

 Acute care or other short-term stay hospitals (for instance, general hospitals, critical access hospitals, oncology hospitals, military/VA hospitals)



Available Components


-  [Patient Safety Component \(PSC\)](#)
-  [Healthcare Personnel Safety Component \(HPS\)](#)
-  [Biovigilance Component \(BV\)](#)


New Users

-  [Enroll New Facility](#)
-  [Training Resources](#)
-  [Educational Roadmap](#)

PSC Manual

-  [2026 Patient Safety Component Manual](#) [PDF – 6 MB]
-  [2025 Patient Safety Component Manual](#) [PDF – 8 MB]


 [Annual Facility Surveys, Locations & Monthly Reporting Plans](#)



Locations

[CDC Location Labels and Location Descriptions – January 2026](#) [PDF – 55 pages]

Updates and Training

-  [Patient Safety Component Location Mapping 101 – March 2022](#)
 - [YouTube Link \[Video – 10 min\]](#)
 - [Slideset](#) [PDF – 600 KB]

Guidance Documents

- [Map a Location](#) [PDF – 200 KB]
- [Edit a CDC Location](#) [PDF – 200 KB]
- [Guidance on Enrollment for Physically Separate Facilities](#) [PDF – 300 KB]
- [Mapping an HOPD in NHSN](#) [PDF – 400 KB]
- [Changing a CCN within NHSN](#) [PDF – 350 KB]
- [CMS Certified IRF Locations](#) [PDF – 450 KB]
- [CMS Certified IPF Locations](#) [PDF – 450 KB]
- [NHSN Guide to Mapping COVID-19 Locations](#) [PDF – 600 KB]
- [NHSN Location Mapping Checklist for Acute Care Hospitals](#) [PDF – 800 KB]
- [Inactivate a CDC Location](#) [PDF – 700 KB]

FAQs

[Locations FAQs](#)

Where do I find Location Mapping Guidance?

Master Location list also found at <https://www.cdc.gov/nhsn/cdaportal/terminology/codesystem/hsloc.html>

[NHSN Home](#)
[NHSN Login](#)
[About NHSN](#) +
[Enroll Facility Here](#) +
[CMS Requirements](#) +
[Change NHSN Facility Admin](#)
[Resources by Facility](#) +
Patient Safety Component -
[Nurse Staffing Hours Indicator](#)
[Patient Safety Structural Measure](#)
[Annual Surveys, Locations & Monthly Reporting Plans](#)
[Analysis Resources](#) +
[HAI Rebaseline](#) +
[Antimicrobial Use & Resistance](#) +
[Bacteremia & Fungemia](#)


CDC's website is being modified to comply with President Trump's Executive Orders.

FAQs: Locations

[Print](#)

On This Page

Adding Locations	Psychiatric Wards
Mixed Populations	Rehabilitation Wards
Bedsize	Physically separate facilities/units
Swing Beds	Mapping overflow units
Unit moved to different floor	Emergency Department and Observation Units
Inactive locations	Units housing Mothers and Babies
Mixed acuity unit and CMS reporting	Telemetry units
Change in patient type	Urgent care units
Skilled Nursing Facility (SNF)/Nursing Home	Location Mapping for CMS Reporting

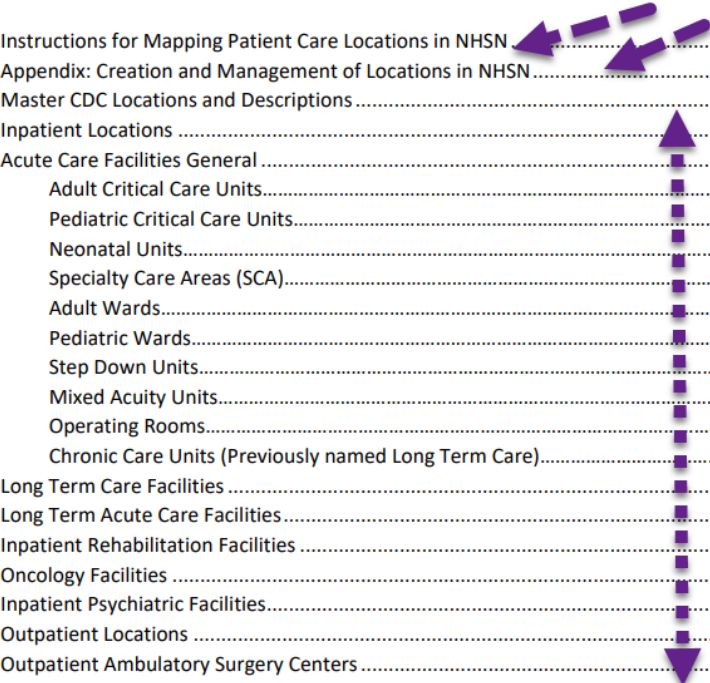


January 2026

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

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Where do I find Location Mapping Guidance?

ACH Modules & Events

Access relevant training, protocols, data collection forms and supporting materials for each module.

AUR Module

Antimicrobial Use & Resistance Options

BSI Events

Bloodstream Infections

MDRO & CDI Events

Multidrug-Resistant Organism & *C. difficile* Infections

PedVAE

Pediatric Ventilator-associated Events

HCP COVID-19 Vaccination

Healthcare Personnel Safety Component

Blood Safety

Biovigilance Component

PNEU Events

Pneumonia (PedVAP) Events

SSI Events

Surgical Site Infection Events

UTI Events

Urinary Tract Infections

VAE

Ventilator-associated Events

HCP Flu Vaccination

Healthcare Personnel Safety Component

HCP Exposure

Healthcare Personnel Safety Component

Supporting Chapters

[Chapter 1: NHSN Overview – January 2026](#) [PDF – 6 pages]

[Chapter 2: Identifying Healthcare-associated Infections \(HAIs\) in NHSN – January 2026](#) [PDF – 28 pages]

[Chapter 3: Patient Safety Monthly Reporting Plan – January 2026](#) [PDF – 2 pages]

[Chapter 15: CDC Location Labels and Location Descriptions – January 2026](#) [PDF – 55 pages]

[Chapter 16: NHSN Key Terms – January 2026](#) [PDF – 8 pages]

[Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections – January 2026](#) [PDF – 32 pages]

FAQs

[BSI Events](#)

[Analysis](#)

[Annual Surveys](#)

[Locations](#)

[Miscellaneous](#)

[CDA](#)

[View All FAQs](#)

Knowledge Check

Which Online Resources are helpful for mapping locations?

1. NHSN Protocol chapter 15
2. Locations FAQ
3. Talking with my supervisor
4. None – I'll just wing it



Knowledge Check

Which Online Resources are helpful for mapping locations?

- ✓✓ 1. NHSN Protocol chapter 15
- ✓✓ 2. Locations FAQ
- 3. Talking with my supervisor
- 4. None – I'll just wing it



WHY IS ACCURATE LOCATION MAPPING IMPORTANT

- NHSN location types are developed to identify “like populations” within different facilities. Like populations are believed to have similar risks for healthcare associated infections (HAIs)
 - Similar medical devices
 - Similar invasive procedures
 - Similar host factors affecting susceptibility
- Many NHSN surveillance modules utilize location type as a risk factor, for example CLABSI, CAUTI, MDRO/CDI, etc. Incorrectly mapped locations affect the validity of:
 - NHSN database data
 - Facility-based standardized infection ratios used in federal and state validation
 - Contributes to the facility CMS report
 - May impact interfacility comparisons

GENERAL MAPPING RECOMMENDATIONS AND DEFINITIONS:

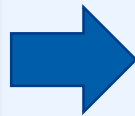
- Current mappings should be reviewed at least annually, when a units' patient mix or service changes, and/or when a new reviewer takes responsibility for surveillance; newly opened units must be mapped for the month of opening and added to the that months' reporting plan.
- The '80%' rule applies to acuity and patient mix review. Specifically, to map a location to a specific level of acuity or a specific 'type' of patient, 80% of patients housed on the unit over time must be of the same acuity and/or patient mix. Medical and Surgical units require a 60% majority.
- Bedded inpatient locations, Emergency Departments and 24-hour observation locations must be formally mapped within NHSN for use with HAI and LabID event reporting.
- Incorrectly mapped locations impact the facility CMS report and restricts a facility's ability to compare facility data to the NHSN data. Additionally, NHSN data validity is compromised for identifying trends in HAIs.
- Mapping 'non-bedded' inpatient locations (inpatient location not collecting denominator data) is optional; however, if unmapped it is important the facility recognize non-bedded inpatient locations are eligible to define the 'date admitted to the facility' for HAI and LabID event reporting.

HOW DO I KNOW WHAT LOCATIONS ARE MAPPED TO MY FACILITY?

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Patient ▶
- Event ▶
- Procedure ▶
- Summary Data ▶
- COVID-19 ▶
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility** ▶
- Group ▶
- Logout

- Customize Forms
- Facility Info
- Add/Edit Component
- Locations**
- Surgeons
- Direct Enroll



Locations

Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code *:

Your Label *:

CDC Location Description *:

Status *: Active

Bed Size: A bed size greater than zero is required for most inpatient locations.

Find **Add** **Export Location List** **Clear**



Location Table

[Print Location List](#)

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Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code
Active	MICU	MEDICAL ICU	Medical Critical Care	IN:ACUTE:CC:M	1027-2
Active	MIXED	ADULT MIXED	Adult Mixed Acuity Unit	IN:ACUTE:MIXED:ALL_ADULT	1210-4
Active	NICU	LEVEL 3 NICU	Neonatal Critical Care (Level III)	IN:ACUTE:CC:NURS	1040-5
Active	NICU4	LEVEL 4 NICU	Neonatal Critical Care (Level IV)	IN:ACUTE:CC:NURS_IV	1269-0
Active	NNN	NNN-SPECIAL CARE NURSERY	Pediatric Step Down Unit	IN:ACUTE:STEP:PED	1100-7
Active	NWBN	NEWBORN NURSERY	Well Newborn Nursery (Level I)	IN:ACUTE:WARD:NURS	1038-9
Active	OBS	24-HR OBS	24-Hour Observation Area	OUT:ACUTE:WARD	1162-7
Active	OHCF	OUTSIDE HOSPITAL	Location outside facility	COMM:NOTFAC	1204-7
Active	ONC	ONC CLINIC	Hematology-Oncology Clinic	OUT:NONACUTE:CLINIC:HONC	1200-5

STEPS FOR MAPPING:

Step 1
Define Acuity
Level

Step 2
Review
Patient Mix

Step 3
Define Type
of Service



WHAT IS 'ACUITY'?

Step 1 Define Acuity Level

- Acuity is the level of care required for the patient
- Acuity levels at the facility level are often identified by billing stratification and may vary facility to facility; for mapping purposes, NHSN recognizes 3 common levels of care:
 - Critical Care level acuity (ICU)
 - Intermediate level acuity (Step-down)
 - Standard level acuity (Ward)
- NHSN provides a 'mixed acuity' mapping designed for "acuity adaptable" or "universal" bed model of care (specifically, this model of patient care allows a patient to stay in same bed during all phases of care, from critical care through lower levels of care). **NOTE:** Mapping a location in NHSN to the CDC "Mixed Acuity" designation may have implications on data that your facility reports for CMS Programs and/or your state's reporting mandates(s). [NHSN does not publish national pooled mean rates for a mixed acuity location](#)

WHAT IS 'PATIENT MIX'?

Step 2 Review Patient Mix

- The patient mix is the type(s) of patients housed on a specific inpatient unit.
- Patient mix may be identified in a general manner such as a general medical or general surgical unit, OR by specialty, for example, Critical Care Unit or Orthopedic Surgical Unit.
- When determining the appropriate CDC Location mapping for a unit, facilities should review the patient mix in that unit for the last full calendar year. Options for review include using acuity billing data (if available), admitting service, admission/transfer diagnosis, or facility specific titles (examples: ICU = ICU, NICU = NICU)
- Facilities should use 1 year of data to make this determination
- If a full year of data is not available, a shorter period of at least 3 months is acceptable, but every effort should be made to collect and analyze greater periods of time in the future.

WHAT IS 'SERVICE TYPE?'

Step 3 Define Type of Service

- ❑ Specific Service Type (oncology, burn, orthopedic for example) apply the **80% Rule** to all beds included for the unit
- ❑ If 80% of patients housed on the unit are the same specific service, map to the most appropriate CDC Location Description (reference Locations chapter 15, pg. 3)
- ❑ If the unit houses only medical or surgical patients, and **60%** of patients are either medical or surgical, map to the majority service, specifically either medical or surgical (reference Locations chapter 15 pg. 3). If a 50/50 split of medical and surgical patients, map as a medical/surgical unit
- ❑ If the unit cannot meet the 80% rule for specific location mapping, consider **VIRTUAL** location mapping - virtual locations are recommended for those physical units that are geographically split by patient service, those in which beds are designated by service, or units where denominator data can be collected by patient type/service. Virtual locations offer a means to conduct separate surveillance for different patient types in the same unit and provides more detailed data for the patient type and location

Knowledge Check

Which of the following is true?

1. Location mapping is defined by acuity, patient mix, and service represented by the unit
2. Accurate facility comparisons rely on the individual NHSN facilities mapping locations appropriately
3. Location mapping is defined by CDC Location Description
4. All of the above



Knowledge Check

Which of the following is true?

1. Location mapping is defined by acuity, patient mix, and service represented by the unit
2. Accurate facility comparisons rely on individual NHSN facilities mapping locations appropriately
3. Location mapping is based on the CDC Location Description
- ✓ 4. All of the above



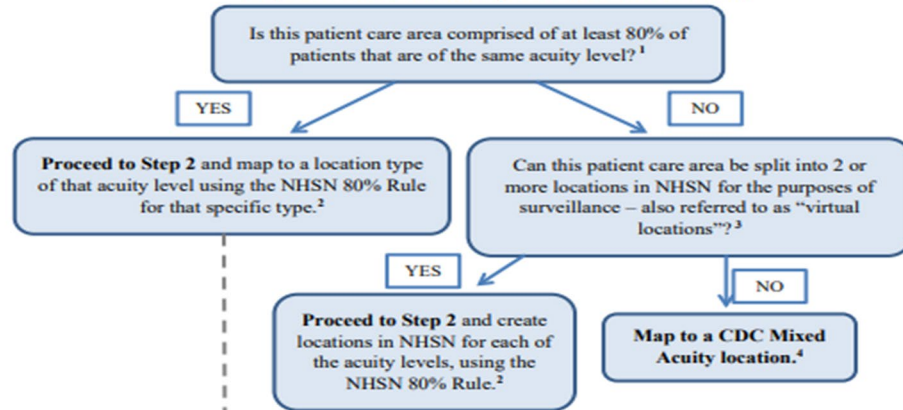
January 2023

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

Instructions for Mapping Patient Care Locations in NHSN

NHSN requires facilities map each patient care area in their facility to one or more locations as defined by NHSN in order to report surveillance data collected from these areas. This document functions as a decision-making tool when determining the appropriate CDC location for NHSN surveillance, as defined in the NHSN Manual. This process should be followed when adding any new unit to NHSN for surveillance and should be repeated for any unit when there is a significant change in patient mix (for example, merging of units, taking on a new service).

Step 1: Define the acuity level for the location



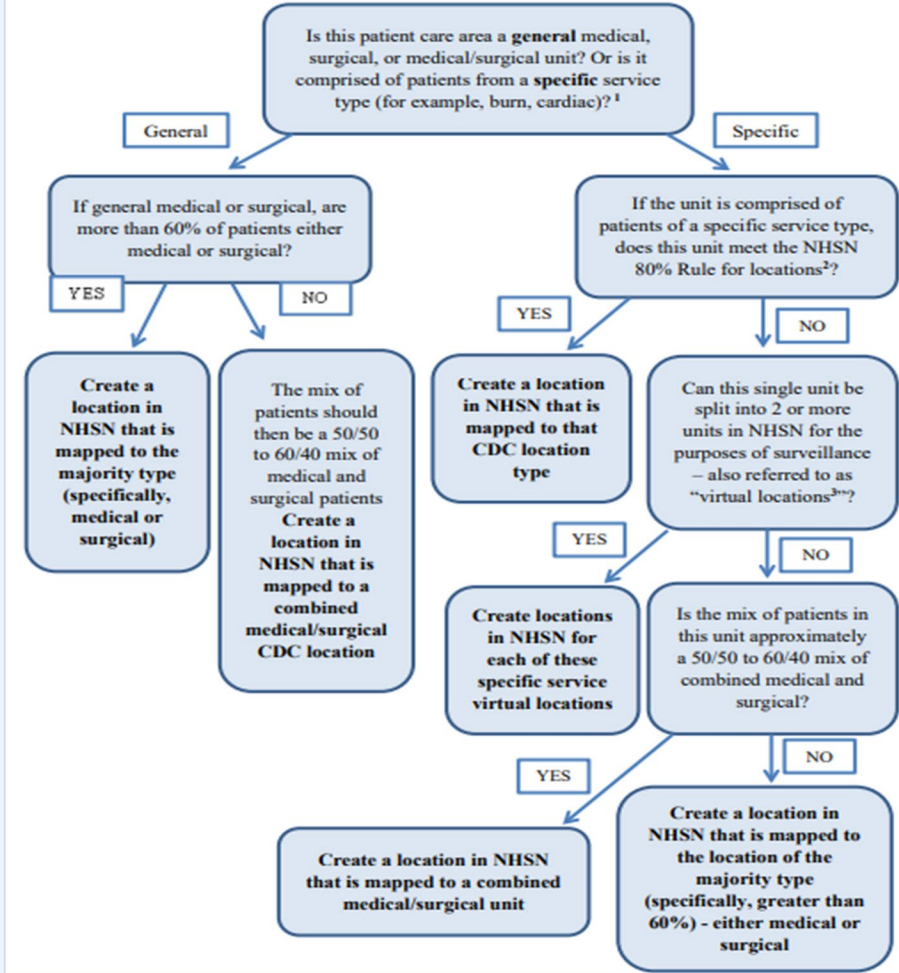
List of Acuity Levels:

Adult Critical Care Units	Mixed Acuity Units
Pediatric Critical Care Units	Operating Rooms
Neonatal Critical Care Units	Chronic Care
Specialty Care Areas (SCA)/Oncology	Long Term Acute Care
Adult Wards	Rehabilitation
Pediatric Wards	Outpatient (ACUTE) Locations
Neonatal Wards	Clinic (Nonacute) Settings
Step Down Units	

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CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations

Step 2: Define the type of service for the location



READY FOR MAPPING?

Once the 3 steps for mapping are defined, refer to Locations, chapter 15 to find the appropriate location codes and descriptions for individual units:

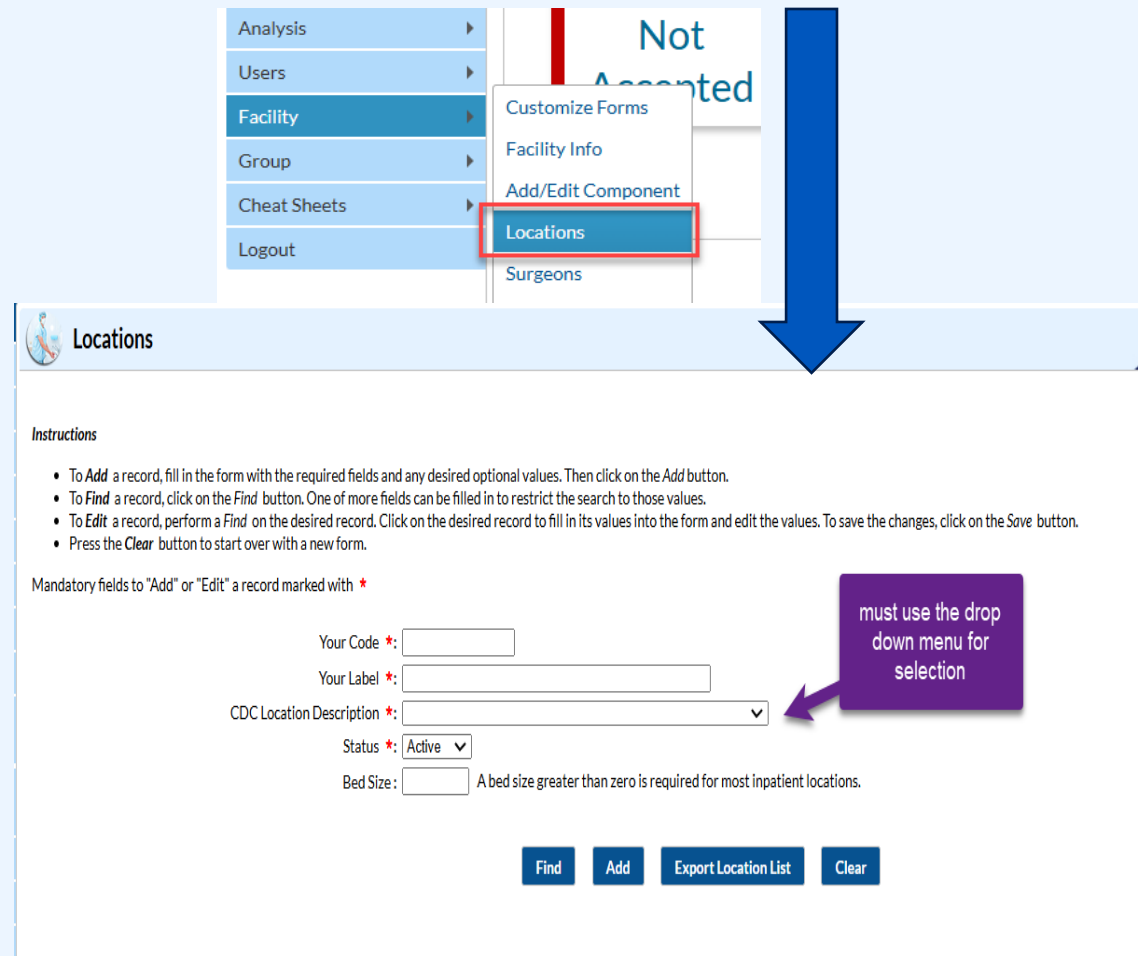
 NATIONAL HEALTHCARE SAFETY NETWORK

January 2026

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The screenshot shows the NHSN user interface. At the top, a navigation menu includes Analysis, Users, Facility, Group, Cheat Sheets, and Logout. A dropdown menu is open for the 'Facility' item, showing options: Customize Forms, Facility Info, Add/Edit Component, Locations (highlighted with a red box), and Surgeons. A large blue arrow points from the 'Locations' option down to the main content area.

Locations


Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
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- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code *:

Your Label *:

CDC Location Description *: 

Status *: Active

Bed Size: A bed size greater than zero is required for most inpatient locations.

Find **Add** **Export Location List** **Clear**

Hope Community Hospital offers Emergency department services as well as general medical and total joint surgical services. Currently, they have mapped an ED location (OUT:ACUTE:ED) and a single inpatient medical/surgical ward (IN:ACUTE:WARD:MS). A 3-month review of billing data shows the inpatient unit houses 61% medical patients and 39% surgical patients.

Question 1- 1: Are the current location mappings correct?

1. Yes – an ED and a general medical/surgical ward is correct
2. No – only inpatient locations require formal mapping
3. No – the ED mapping is correct, but the inpatient unit should be mapped as a general medical ward using the CDC location code “IN:ACUTE:WARD:M”
4. Yes – the ED is correct; change the inpatient unit to a surgical ward “IN:ACUTE:WARD:S”



Hope Community Hospital offers Emergency department services as well as general medical and total joint surgical services. Currently, they have mapped an ED location (OUT:ACUTE:ED) and a single inpatient medical/surgical ward (IN:ACUTE:WARD:MS). A 3-month review of billing data shows the inpatient unit houses 61% medical patients and 39% surgical patients?

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4. Yes – the ED is correct; change the inpatient unit to a surgical ward “IN:ACUTE:WARD:S”



Rationale: Emergency departments are part of FacWideIN LabID event reporting and require mapping for reporting this surveillance. An inpatient unit with > 60% medical patients qualifies as the 'majority' patient population. The inpatient unit is mapped as a general medical ward "IN:ACUTE:WARD:M" Reference Locations, chapter pg. 15-3

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Eastview Hospital has expanded their adult Intensive Care Unit to include pediatric oncology patient services. This location is currently mapped under the CDC location code “IN:ACUTE:CC:MS” with bed size of 20. Beds 1-6 are dedicated to pediatric oncology patients and beds 7-20 for adult critical care patients. Should the location mapping be modified?

Question 2-1: What is the best mapping option?

1. Do nothing - Leave the unit as currently mapped (IN:ACUTE:CC:MS)
2. Use a virtual location mapping for pediatric beds- Pediatric Medical-Surgical Critical Care, “IN:ACUTE:CC:MS_PED” to match the adult CC:MS mapping
3. Change the unit to a Mixed age Mixed acuity location using the CDC location code “IN:ACUTE:MIXED:ALL”
4. Use a virtual mapping for 6 pediatric oncology beds - ONC Pediatric Critical Care, CDC location code “IN:ACUTE:CC:ONC_PED”, retain the current CC:MS mapping for adult beds but change the bed size to 14



Eastview Hospital has expanded their adult Intensive Care Unit to include pediatric oncology patient services. This location is currently mapped under the CDC location code “IN:ACUTE:CC:MS” with bed size of 20. Beds 1-6 are dedicated to pediatric patients and beds 7–20 for adult critical care patients. Should the location mapping be modified?


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- ✓ **4. Use a virtual mapping for 6 pediatric oncology beds - ONC Pediatric Critical Care, CDC location code “IN:ACUTE:CC:ONC_PED”, retain the current CC:MS mapping for the adult beds but change the bed size to 14**



Rationale: Virtual locations are created in NHSN when the 80% rule for major specific patient type mapping is not met. The use of virtual locations is recommended for those physical units that are geographically split by patient service, those in which beds are designated by service, or units where denominator data can be collected by patient type/service. Given 6 beds are dedicated to pediatric oncology, 100% of the patient mix in these 6 beds is critical care pediatric oncology allowing use of the ONC pediatric critical care location option. The remaining 14 beds are dedicated to adult critical care patients. The current CC:MS indicates there is not a majority of either medical or surgical adult critical care patients and is appropriate to retain (without additional review/information). The bed size is adjusted to remove the 6 pediatric oncology beds. The acuity level of all beds is the same – critical care – not a mixed acuity unit.

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2. Use a virtual location mapping for pediatric beds- Pediatric Medical-Surgical Critical Care, "IN:ACUTE:CC:MS_PED" to match the adult CC:MS mapping
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Question 2-2: Should the Adult beds remapped?

1. Maybe – Review the adult patient mix to determine if there is a majority of medical or surgical patient mix
2. No – retain the current mapping for an adult medical/surgical critical care
3. Yes - Change the unit to a Mixed age Mixed acuity location using the CDC location code “IN:ACUTE:MIXED: ALL”
4. No – there is no indication the adult patient mix has changed; retaining the current CC:MS mapping for adult bed is appropriate but change the bed size to 14



Eastview Hospital has expanded their adult Intensive Care Unit to include pediatric oncology patient services. This location is currently mapped under the CDC location code “IN:ACUTE:CC:MS” with bed size of 20. Beds 1-6 are dedicated to pediatric oncology patients and beds 7–20 for adult critical care patients. Should the location mapping be modified?

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- 3. Yes - Change the unit to a Mixed age Mixed acuity location using the CDC location code “IN:ACUTE:MIXED: ALL”
- ✓ 4. No – there is no indication the adult patient mix has changed; retaining the current CC:MS mapping for adult bed is appropriate but change the bed size to 14



Rationale: 100% of adult patients are critical care acuity – it is appropriate to retain a CC mapping. When there is 3 months of data on the ‘new’ 14 adult beds, review for a majority patient mix to consider ‘remapping’ to the majority (medical CC or surgical CC). For now, retain the current CC:MS mapping which allows retention of historical data for internal facility use; virtual mapping of pediatric beds allows NHSN to analyze and provide rates and standardized infection ratios (SIRs) for each location separately.

Question 2- 2: Are the Adult beds remapped?

- ✓ 1. Maybe – Review the adult patient mix to determine if there is a majority of medical or surgical patient mix
2. No – retain the current mapping for an adult medical/surgical critical care
3. Yes - Change the unit to a Mixed age Mixed acuity location using the CDC location code “IN:ACUTE:MIXED: ALL”
- ✓ 4. No – there is no indication the adult patient mix has changed; retaining the current CC:MS mapping for adult beds is appropriate but change the bed size to 14



WeCare Hospital is a general acute care facility offering multiple services; physically within the hospital is a general ICU, a medical ward, a surgical ward, a pre-op holding area, and an Operating Suite with 12 ORs and attached recovery room. The hospital has a connected building housing its radiology and laboratory departments as well as a Rehab unit on the top floor of this building and an emergency department on the ground floor of this building.

Question 3-1: Should all of the above locations be mapped within NHSN?

1. Only those locations physically within the hospital are mapped in NHSN; don't map the Rehab unit or the ED in the connected building
2. Map only 'bedded' inpatient locations in NHSN
3. Map all inpatient locations including the Rehab unit in the connected building. Although an outpatient location, the ED is also mapped as a part of FacWideIN LabID event reporting.
4. All of the above



WeCare Hospital is a general acute care facility offering multiple services; physically within the hospital is a mixed-use ICU, a cardiac ward, a medical ward, a surgical ward, a pre-op holding area, and an Operating Suite with 12 ORs with attached recovery room. The hospital has a connected building housing its radiology and laboratory departments as well as a Rehab unit on the top floor of this building and an emergency department on the ground floor of this building.

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2. Map only 'bedded' inpatient locations in NHSN
- ✓ 3. Map all inpatient locations including the Rehab unit in the connected building. Although an outpatient location, the ED is also mapped as a part of FacWideIN LabID event reporting.
4. All of the above



Rationale: All inpatient units physically within the hospital **or** connected to the hospital are mapped within NHSN for Patient Safety component surveillance and reporting. The ED is part of the FacWideIN umbrella of reporting and must be formally mapped within NHSN. “Non-bedded” inpatient locations (inpatient locations not collecting denominator data such as the O.R.) may be mapped as a reminder these locations are eligible to identify the ‘date admitted to the facility’ and/or if the facility participates in the AUR module of reporting.

Question 3- 1: Should all the above locations be mapped within NHSN?

1. Only those locations physically within the hospital are mapped in NHSN; don't map the Rehab unit or the ED in the connected building
2. Map only ‘bedded’ inpatient locations in NHSN
- ✓ 3. Map all inpatient locations including the Rehab unit in the connected building. Although an outpatient location, the ED is also mapped as a part of FacWideIN LabID event reporting.
4. All of the above



WeCare Hospital is a general acute care facility offering multiple services; physically within the hospital is a general ICU, a medical ward, a surgical ward, a pre-op holding area, and an Operating Suite with 12 ORs and attached recovery room. The hospital has a connected building housing its radiology and laboratory departments as well as a Rehab unit on the top floor of this building and an emergency department on the ground floor of this building.

Question 3-2: How is the rehab unit mapped?

1. Map as an inpatient unit for the hospital, CDC location code “IN:ACUTE:WARD:REHAB”
2. Map as a free-standing rehab, CDC location code “ IN:ACUTE:IRF”
3. Don't map the Rehab unit



Rationale: A Rehab unit on the same campus as an acute care facility is mapped as an inpatient unit for the facility using the CDC location code “IN:ACUTE:WARD:REHAB”. The rehab may operate under the hospital CMS certification number (CCN) or have a rehab specific CCN that is complimentary to the hospital CCN (an alphabet letter in the 3rd place). Rehab facilities physically distanced from a hospital (across town, in a different city) are mapped as free-standing rehab facilities (and require enrolling in NHSN as a unique NHSN reporting facility).

Question 3-2: How is the rehab unit mapped?

- ✓ 1. Map as an inpatient unit for the hospital, CDC location code “IN:ACUTE:WARD:REHAB”
- 2. Map as a free-standing rehab, CDC location code “ IN:ACUTE:IRF”
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Enterprise Hospital is creating 'satellite' locations in a nearby health district. Stargate, a general acute care facility with an ED, medical ward and surgical ward (enrolled in NHSN as a general hospital) and Discovery, an Orthopedic surgical center (enrolled in NHSN as an ASC) were purchased by Enterprise in January. All will operate under Enterprises' CMS Certification number (CCN). Enterprise will conduct surveillance/report data for all facilities and would like to map these locations under the Enterprise NHSN account. What NHSN location mappings are appropriate ?

Question 4-1: What NHSN location mapping is appropriate?

1. Under the Enterprise NHSN account, map a new ED, general medical ward and general surgical ward using 'Stargate' as the 'your code' and 'your label'
2. Discovery remains an independent ASC for outpatient component reporting
3. Map Discovery as an outpatient department for Enterprise, OUT:ACUTE:OR:HOPD_D
4. No mapping – because Stargate and Discovery are in a different physical location, they cannot be mapped under Enterprises' NHSN account



Enterprise Hospital is creating 'satellite' locations in a nearby health district. Stargate, a general acute care facility with an ED, medical ward and surgical ward (enrolled in NHSN as a general hospital) and Discovery, an Orthopedic surgical center (enrolled in NHSN as an ASC) were purchased by Enterprise in January. All will operate under Enterprises' CMS Certification number (CCN). Enterprise will conduct surveillance/report data for all facilities and would like to map these locations under the Enterprise NHSN account. What NHSN location mappings are appropriate ?

Question 4-1: What NHSN location mapping is appropriate?

1. Under the Enterprise NHSN account, map Stargates' ED, general medical ward and general surgical ward using 'Stargate' as the 'your code' and 'your label'
2. Discovery remains an ASC for outpatient component reporting
- ✓ 3. Map Discovery as an outpatient department for Enterprise, OUT:ACUTE:OR:HOPD_D
4. No mapping – because Stargate and Discovery are in a different physical location, they cannot be mapped under Enterprises' NHSN account



Question 4-1: What NHSN location mapping is appropriate?

✓ Map Discovery as an outpatient department for Enterprise, OUT:ACUTE:OR:HOPD_D

Rationale:

- When general hospitals are physically distanced, each enrolls in NHSN as a unique reporter and provides surveillance data under their own unique NHSN account—this applies even if physically separate facilities share a single CCN (CMS certification number).
- Since Discovery will operate under a shared CCN, they no longer qualify for outpatient component reporting; the ASC is considered an outpatient department for Enterprise and is mapped as such. Surgical procedure denominator reports for the ASC are included in Enterprises' SSI surveillance selected on Enterprise monthly reporting plan.
- Stargate remains a unique NHSN reporter, surveillance data is submitted to NHSN under the Stargate NHSN account separate from data reported for Enterprise.
- NHSN will aggregate data from shared CCN facilities sending a single aggregated CCN dataset to CMS each quarter.



Stargate is enrolled in NHSN as a unique NHSN reporting general acute care facility. Their medical ward patient mix is 20% cardiac patients, 20% medical observation patients, 20% surgical observation patients and 40% general medical service patients. The unit is currently mapped as a general medical unit, CDC location code "IN:ACUTE:WARD:M".

Question 4-2: Is the medical unit location mapping correct?

1. Maybe – the cardiac service is a sub-group for the medical service, Adding 20% cardiac and 40% general medical provides an overall 60% medical
2. No – the majority must be >60% to map as a medical unit
3. No – map as an observation unit
4. Yes – the medical cardiac patients + medical observation patients + general medical service patients = 80% overall medical patient mix.



Stargate is enrolled in NHSN as a unique NHSN reporting general acute care facility. Their medical ward patient mix is 20% cardiac patients, 20% medical observation patients, 20% pre-op surgical observation patients and 40% general medical service patients. The unit is currently mapped as a general medical unit, CDC location code "IN:ACUTE:WARD:M".

Question 4-2: Is the medical unit location mapping correct?

1. Maybe – the cardiac service is a sub-group for the medical service, combining 20% cardiac and 40% general medical provides an overall 60% medical patient mix
2. No – the majority must be >60% to map as a medical unit
3. No – map as an observation unit because the unit houses observation patients
- ✓ 4. Yes – the medical cardiac patients + medical observation patients + general medical service patients = 80% overall medical patient mix.



Rationale: It's correct to combine all medical patients (cardiac, medical observation and general medical) to define the patient mix of the unit. The combination of 20% cardiac, 20% medical observation and 40% general medical equals 80% - > 60% level required to map as a general medical ward 'IN:ACUTE:WARD:M'. Observation is a patient status used by local facilities for billing purposes, not an NHSN patient type. NHSN offers a dedicated 24-hour observation location mapping defined as "Area where patients are monitored for suspected or non-life-threatening conditions for 24 hours or less. More than 50% of patients in this location must be outpatients (observation status) who are not expected to be admitted to an inpatient unit". The 80% rule applies to mapping observation locations.

Question 4-2: Is the medical unit location mapping correct?

1. Maybe – the cardiac service is a sub-group for the medical service, combining 20% cardiac and 40% general medical provides an overall 60% medical patient mix
2. No – the majority must be >60% to map as a medical unit
3. No – map as an observation unit because the unit houses observation patients
- ✓ 4. Yes – the medical cardiac patients + medical observation patients + general medical service patients = 80% overall medical patient mix.



SUMMARY

- Define Location Mappings as found in Chapter 15
- Understand how to correct identify a location for mapping
- Assess Acuity and Patient Mix guidance
- Perform location mapping using interactive knowledge checks



For any questions or concerns, contact the NHSN Helpdesk.

- **NHSN-ServiceNow** to submit questions to the NHSN Help Desk.
- Access new portal at <https://servicedesk.cdc.gov/nhsncsp>.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 <https://www.cdc.gov/>
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