**CDC Guidance Document – Dashboard**

This document is to serve as a guide for navigating through the NHSN LTCF dashboard. The NHSN LTCF dashboard provides users with a quick overview of reported infections and prevention process measures reported into NHSN in the most recent past 5 quarters.

The format of this document will start with a heading for each section and an annotated screenshot. To view detailed descriptions on the functionality of each annotation, see the graph legend appendix starting on page 17.

Tips for optimized viewing:

- Each page will adjust the panels to fit within the screen size. If the panels are too small, adjust the quarters on the top right-hand corner drop down box from the default 5 quarters.
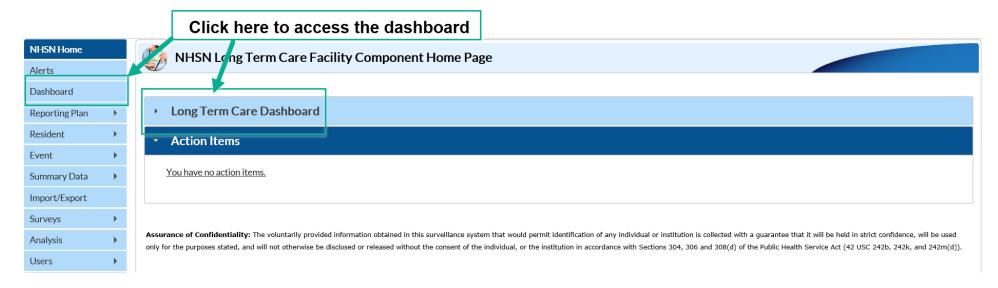
Please email NHSN@cdc.gov with the subject line "LTCF Dashboard" for any questions or comments about the dashboard

## ACCESS THE NHSN LTCF DASHBOARD:

To access the LTCF dashboard, either select "Dashboard" on the left-hand navigation menu or click on "Long Term Care Dashboard" in the center of the home screen and the dashboard will load.
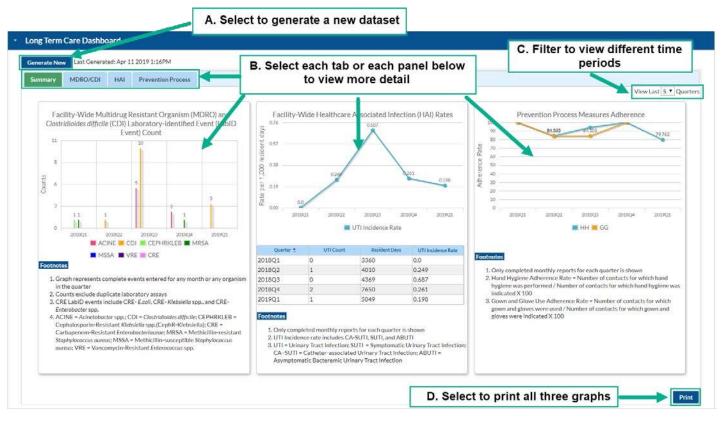


## SUMMARY PAGE: OVERVIEW

This page shows a snapshot of the individual facility's submitted data for up to 5 consecutive quarters. Three distinct graphs of data will populate based on data reported into the corresponding LTCF modules. From left to right, the panels (also referred to as modules) include: (1) Multi-drug Resistant Organisms (MDRO) and *Clostridioides difficile* infection (CDI) Laboratory-identified Event (LabID) Event Count; (2) Healthcare Associated Infection (HAI) Infection Rates [currently available for urinary tract infections (UTI) only]; and (3) Prevention Process Measures Adherence for gown and glove use and/or hand hygiene.
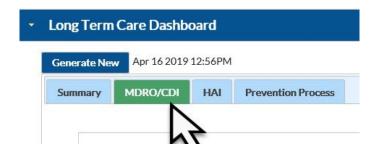
**Important Notes for Summary Overview Page:**

- The MDRO/CDI counts displayed reflect complete events entered for any month and any organism within the quarter.

- The rates displayed include only those quarters in which complete data are submitted for every month within the quarter.

## MDRO/CDI PAGE

The MDRO/CDI page represents data submitted to the NHSN MDRO & CDI LabID Event module. Two types of data can be viewed within this page: (1) reported counts of all facility-wide MDRO and CDI events; and (2) the respective rates for individual MDRO and CDI organisms. The default view shows the *Facility-Wide Multidrug Resistant Organism (MDRO) and Clostridioides difficile Infection (CDI) Laboratory-identified Event (LabID) Count* bar graph. To view MDRO and CDI data, click the MDRO/CDI tab
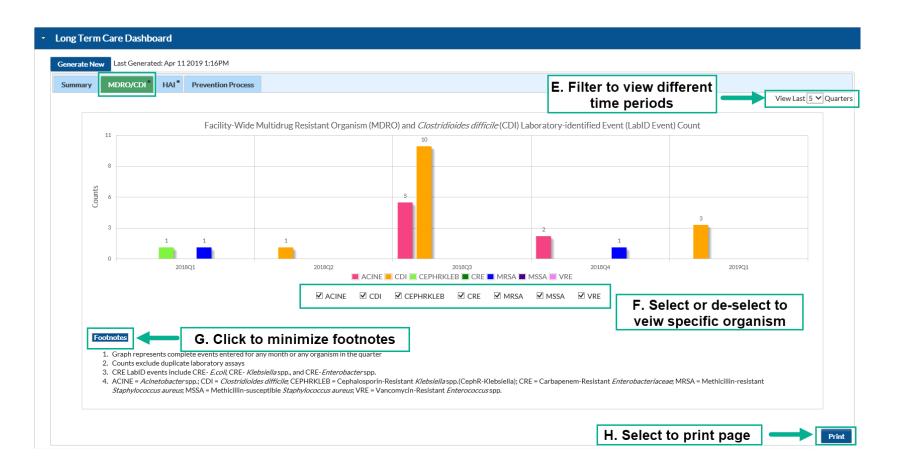
## 1. MDRO and CDI Count Data:

After clicking the "MDRO/CDI" tab, the *Facility-Wide Multidrug Resistant Organism (MDRO) and Clostridioides difficile Infection (CDI) Laboratory-identified Event (LabID) Count* bar graph will display. This bar graph shows the number of non-duplicate LabID events reported during a quarter.

Each color-coded bar represents non-duplicate events entered for *any* month within the quarter for the corresponding organism. Each organism type can be either selected or de-selected to view specific organism(s) types. At least one organism type must be selected. Other options available on this page includes minimizing footnotes, changing the number of quarters to view, and printing the graph.



National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion
CDC

## 2. MDRO and CDI Rate Data:

To view facility-wide rate data for a specific organism, from the count data graph, click on the colored bar or the legend for the specific organism. Rates are only available if at least one quarter's worth of complete data is reported for the specific organism, including the monthly reporting plan and the summary form.



After clicking on the organism in the bar graph, the ***Facility-Wide LabID Event Rates*** line graph will populate for the selected organism.

## 2A. CDI LabID Event Rate Line Graph

After selecting "CDI" from the colored legend or the corresponding column on the bar graph, the ***Facility-Wide CDI LabID Event Rates*** line graph will display. Two rates are graphed: (1) the total CDI rate per 10,000 resident days, which is the sum of community-onset (CO) and long-term care facility-onset (LO) LabID events; and (2) the LO rat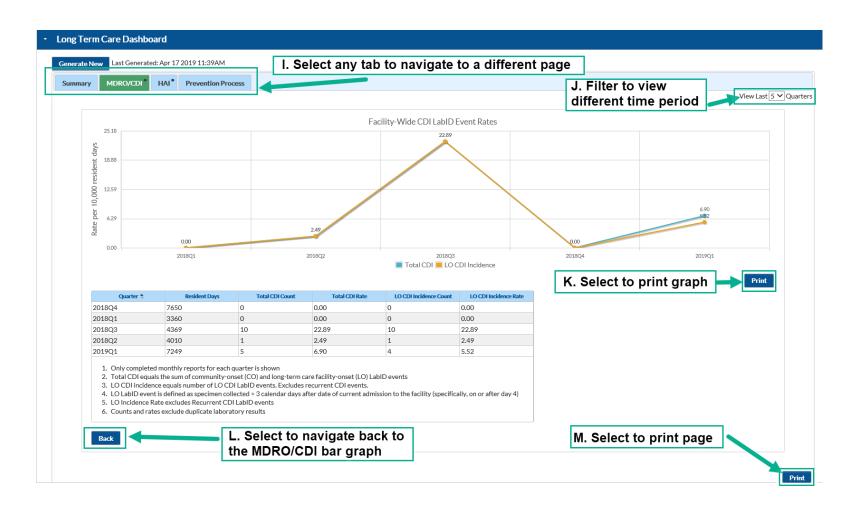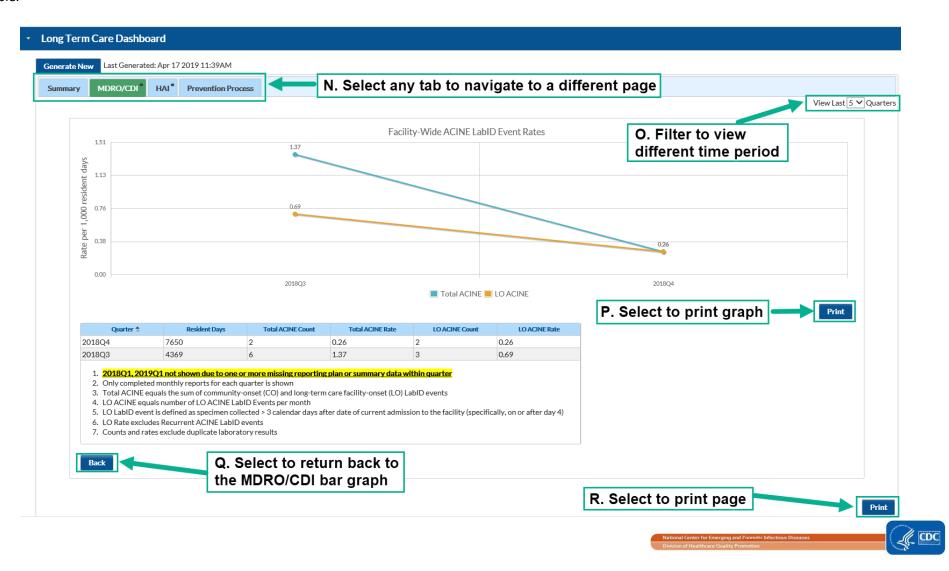e per 10,000 resident days. Each rate is calculated by the sum of the events divided by the total resident days. The table below the graph provides the breakdown of total CDI event counts, LO CDI event counts, and the resident days per reporting quarter. **IMPORTANT:** If any month in the quarter is missing a monthly reporting plan for CDI LabID events or incomplete or missing summary data, the entire quarter will be excluded from graph or table.



| Quarter ▲ | Resident Days | Total CDI Count | Total CDI Rate | LO CDI Incidence Count | LO CDI Incidence Rate |
|-----------|---------------|-----------------|----------------|------------------------|------------------------|
| 2018Q4 | 7650 | 0 | 0.00 | 0 | 0.00 |
| 2018Q1 | 3360 | 0 | 0.00 | 0 | 0.00 |
| 2018Q3 | 4369 | 10 | 22.89 | 10 | 22.89 |
| 2018Q2 | 4010 | 1 | 2.49 | 1 | 2.49 |
| 2019Q1 | 7249 | 5 | 6.90 | 4 | 5.52 |

1. Only completed monthly reports for each quarter is shown
2. Total CDI equals the sum of community-onset (CO) and long-term care facility-onset (LO) LabID events
3. LO CDI incidence equals number of LO CDI LabID events. Excludes recurrent CDI events.
4. LO LabID event is defined as specimen collected > 3 calendar days after date of current admission to the facility (specifically, on or after day 4)
5. LO Incidence Rate excludes Recurrent CDI LabID events
6. Counts and rates exclude duplicate laboratory results
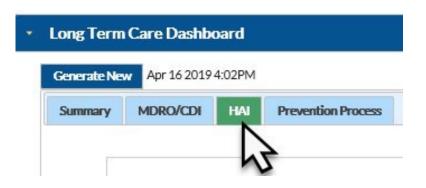
## 2B. MDRO LabID Event Rate Line Graph

For MDRO LabID Events, the Facility-Wide MDRO LabID Event Rates line graph will display for the selected MDRO. Two rates are graphed: (1) the total {selected} MDRO rate per 1,000 resident days, which is the sum of community-onset (CO) and long-term care facility-onset (LO) LabID events; and (2) the LO rate per 1,000 resident days. Each rate is calculated by the sum of the events divided by the total resident days. The table below the graph provides the breakdown of total {selected} MDRO event counts, LO {selected} MDRO event counts, and the resident days per reporting quarter. **IMPORTANT**: If any month in the quarter is missing a monthly reporting plan for the selected MDRO LabID event or incomplete or missing summary data, the entire quarter will be excluded from graph or table.



| Quarter ⇕ | Resident Days | Total ACINE Count | Total ACINE Rate | LO ACINE Count | LO ACINE Rate |
|-----------|---------------|-------------------|------------------|----------------|---------------|
| 2018Q4 | 7650 | 2 | 0.26 | 2 | 0.26 |
| 2018Q3 | 4369 | 6 | 1.37 | 3 | 0.69 |

1. 2018Q1, 2019Q1 not shown due to one or more missing reporting plan or summary data within quarter
2. Only completed monthly reports for each quarter is shown
3. Total ACINE equals the sum of community-onset (CO) and long-term care facility-onset (LO) LabID events
4. LO ACINE equals number of LO ACINE LabID Events per month
5. LO LabID event is defined as specimen collected > 3 calendar days after date of current admission to the facility (specifically, on or after day 4)
6. LO Rate excludes Recurrent ACINE LabID events
7. Counts and rates exclude duplicate laboratory results

## HAI PAGE

The HAI panel represents data submitted to the NHSN Healthcare Associated Infection (HAI) module, which currently consists of surveillance for Urinary Tract Infections. Within this page, users are able to view facility-wide UTI incidence rates as the default view, with the option to also view event specific rates for symptomatic urinary tract infections (SUTI) and catheter associated symptomatic urinary tract infections (CA-SUTI). To view HAI data, click the HAI tab
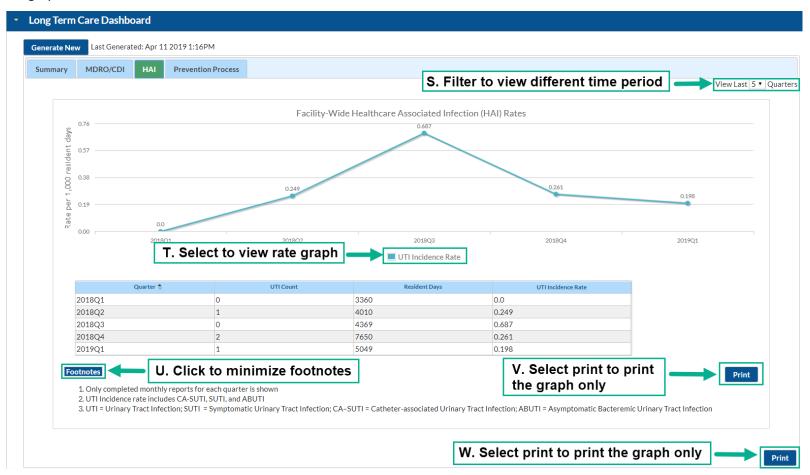
## 1. HAI Event Rate:

After clicking the "HAI" tab, the *Facility-Wide Healthcare Associated Infection (HAI) Rates* line graph will display. This line graph shows the infection rates for healthcare associated events reported during a quarter. Since the HAI module is currently limited to UTIs, the line graph only shows UTI rates. As the LTCF HAI module expands, other HAI event rates will be viewable on this line graph.

From this screen, users are able to view the reported facility-wide UTI incidence rate per 1,000 resident days, which is calculated by dividing the total number of SUTI, CA-SUTI, and ABUTI events by the resident days multiplied by 1,000 resident days up through the past 5 consecutive quarters. **IMPORTANT**: If any month in the quarter is missing a monthly reporting plan for UTI event reporting, incomplete UTI events, or incomplete or missing summary data, the entire quarter will be excluded from graph and table.
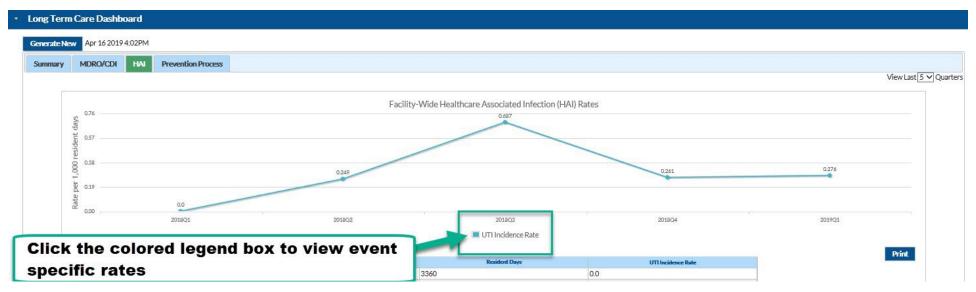
## 2. HAI Event Specific Rates

Users have the option to view facility-wide rate data by specific event type within the HAI incidence line graph.

To view event specific rate data, click on the colored legend box next to the event type.
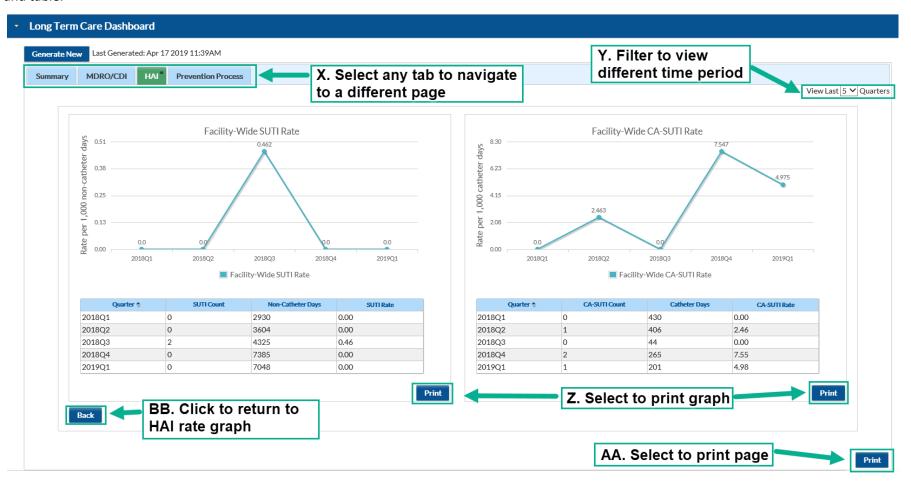
## 2A. UTI Event Rate Line Graph

The graphs show two rate line graphs of both the SUTI AND CA-SUTI rates per 1,000 non-catheter days and 1,000 catheter days, respectively, over the last 5 quarters. The table below each graph shows the corresponding data that is displayed in the line graph. **IMPORTANT**: If any month in the quarter is missing a monthly reporting plan for UTI event reporting, incomplete UTI events, or incomplete or missing summary data, the entire quarter will be excluded from graph and table.
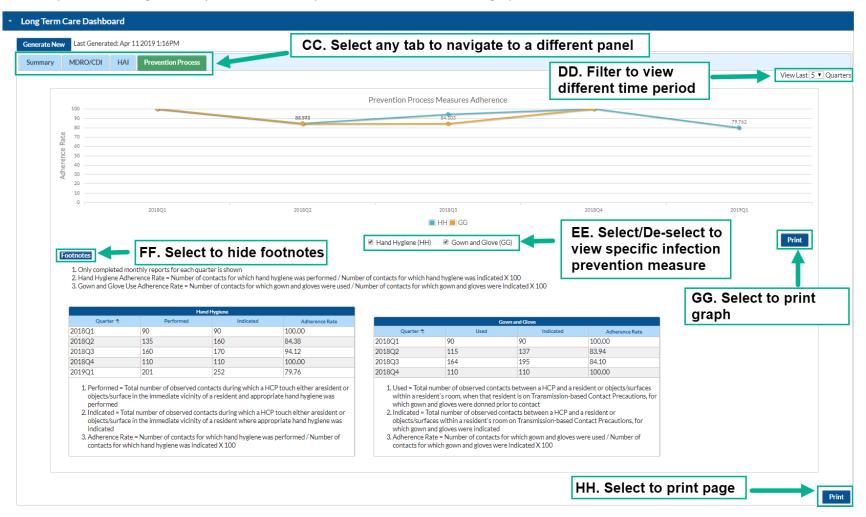


**Long Term Care Dashboard**

Generate New | Last Generated: Apr 17 2019 11:39AM

Summary | MDRO/CDI | HAI | Prevention Process

**X. Select any tab to navigate to a different page**

**Y. Filter to view different time period**

View Last 5 ⌄ Quarters

**Facility-Wide SUTI Rate**

| Quarter ⇕ | SUTI Count | Non-Catheter Days | SUTI Rate |
|---|---|---|---|
| 2018Q1 | 0 | 2930 | 0.00 |
| 2018Q2 | 0 | 3604 | 0.00 |
| 2018Q3 | 2 | 4325 | 0.46 |
| 2018Q4 | 0 | 7385 | 0.00 |
| 2019Q1 | 0 | 7048 | 0.00 |

**Facility-Wide CA-SUTI Rate**

| Quarter ⇕ | CA-SUTI Count | Catheter Days | CA-SUTI Rate |
|---|---|---|---|
| 2018Q1 | 0 | 430 | 0.00 |
| 2018Q2 | 1 | 406 | 2.46 |
| 2018Q3 | 0 | 44 | 0.00 |
| 2018Q4 | 2 | 265 | 7.55 |
| 2019Q1 | 1 | 201 | 4.98 |

**Z. Select to print graph**

Print

**BB. Click to return to HAI rate graph**

Back

**AA. Select to print page**

Print

## PREVENTION PROCESS MAIN PAGE:

The Prevention Process Measures main panel displays the adherence rate for hand hygiene (HH) and gown and glove (GG) use. Below the graph contains a table showing the respective data that is graphed. **IMPORTANT**: If any month in the quarter is missing a monthly reporting plan for at least one prevention process measure or incomplete or missing summary data, the entire quarter will be excluded from graph and table.

## Appendix Acronyms

ABUTI: Asymptomatic bacteremic urinary tract infection ACINE:

*Acinetobacter* spp.

CA-SUTI: Catheter-associated urinary tract infection

CDI: *Clostridioides difficile*

CEPHRKLEB: Cephalosporin-resistant *Klebsiella* spp., also known as CephR-Klebsiellla

CO: Community-onset

CRE: Carbapenem-resistant *Enterobacteriaceae*; Includes CRE-*E.coli*, CRE-*Klebsiella* spp., and CRE-*Enterobacter* spp.

GG: Gown and gloves

HAI: Healthcare associated infection

HH: Hand hygiene

LO: Long-term care facility-onset

MDRO: Multidrug resistant organism

MRSA: Methicillin-resistant *Staphylococcus aureus*

MSSA: Methicillin-susceptible *Staphylococcus aureus*

SUTI: Symptomatic urinary tract infection

UTI: Urinary tract infection

VRE: Vancomycin-resistant *Enterococcus* spp.

## Graph Legend

Summary Page:

A. The "**Generate New**" button allows users to generate datasets to ensure the most recent data are displaying on the graphs. A timestamp will display the last date and time datasets were generated. If no datasets have been generated, then a timestamp will not be displayed.

B. Users may navigate between each page (module) and review additional details for each corresponding module by clicking on the applicable **tab** or anywhere within a graph.

C. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters.

D. Click the **print** button at the bottom right to print the page.

MDRO and CDI Count Data:

E. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters.

F. Select or de-select each MDRO organism to adjust which MDRO organism is displayed on the bar graph. At least one organism has to be graphed on the page.

G. Select **Footnotes** to minimize the footnotes

H. Click the **print** button at the bottom right to print the page.

CDI LabID Event Rate Line Graph

I. To navigate between pages (modules), select the applicable tab on the left.

J. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters.

K. Click the **print** button below the graph to print only the graph displayed.

L. Select the **back** button to return back to the previous MDRO/CDI bar graph

M. Click the **print** button at the bottom of the page to print the entire page, including the graph and corresponding footnotes and table.

MDRO LabID Event Rate Line Graph

N. To navigate between pages (modules), select the applicable tab on the left

O. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters P. Click the **print** button below the graph to print only the graph displayed

Q. Select the **back** button to return back to the previous MDRO/CDI bar graph

R. Click the **print** button at the bottom of the page to print the entire page, including the graph and corresponding footnotes and table.

HAI Event Rate:

S. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters

T. To view the rate line graph of SUTI and CA-SUTI events, select the colored legend

U. Select **Footnotes** to minimize the footnotes

V. Click the **print** button below the graph to print only the graph displayed

W. Click the **print** button at the bottom of the page to print the entire page, including the graph and corresponding footnotes and table.

UTI Event Rate Line Graph:

X. To navigate between pages (modules), select the applicable tab on the left

Y. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters

Z. Click the **print** button below the graph to print only the graph displayed

AA. Click the **print** button at the bottom of the page to print the entire page, including the graph and corresponding footnotes and table BB. Select the **back** button to return back to the previous HAI event rate line graph

Prevention Process Measures:

CC. To navigate between pages (modules), select the applicable tab on the left

DD. Select the drop down box to change how many quarters to display on the graph. The default view is to show the five most recent consecutive quarters EE. Select or de-select to view specific infection prevention process measure adherence rate on the graph FF. Select **Footnotes** to minimize the footnotes

GG. Click the **print** button below the graph to print only the graph displayed

HH. Click the **print** button at the bottom of the page to print the entire page, including the graph and corresponding footnotes and table

## Frequently Asked Questions

- I do not see all five quarters even when I set the filter to view all 5 quarters. o This can happen for a number of reasons. Be sure that all unresolved alerts under "Action Items" are completed.

    - o If you have do not have any unresolved alerts and you still do not see all 5 quarters, this means data was not complete for all three months of the quarter that is missing.

- I see this footnote highlighted:

    > **Footnotes**
    >
    > 1. 2018Q2, 2019Q1 not shown due to one or more missing reporting plan or summary data within quarter     o This footnote means there is incomplete data for one or more months within the quarter specified. This could mean an incomplete summary data form or missing event entry for the month. Please resolve all alerts under "Action Items" and re-generate datasets to view all complete quarters of data.