



The National Healthcare Safety Network (NHSN)

Long Term Care Facility Component Tracking Infections in Long-term Care Facilities

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- **Important:** This manual includes only the locations used by LTCFs, which begin on page 28 of the master document, titled “CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations”.

IMPORTANT: The embedded protocols, forms, table of instructions, and supporting website documents retain their individual page numbers as shown on the LTCF web-page. Additionally, the embedded hyperlinks will redirect users to the documents posted on the LTCF website.



Section 1: LTCF Version History

Release Year	Summary of Revisions
2012	NHSN LTCF Component launched
2015	<ul style="list-style-type: none"> Denominator: two new variables, “new antibiotic starts for UTI indication” and “number of admissions on <i>C. difficile</i> treatment.” Ertapenem added as antimicrobial agent for MDR-<i>Acinetobacter</i>.
2016	<ul style="list-style-type: none"> Generalized use of “<u>with no alternate source</u>” no longer applicable to all signs and symptoms in UTI protocols. Fever and hypotension no longer excluded from UTI protocol if resident has another potential infection source. Yeast and non-bacteria organisms removed as acceptable UTI pathogens. “Has resident been discharged from an acute care facility in the previous <u>3 months</u>” changed to <u>4 weeks</u> in LabID Event protocol. Analysis: new group-level and facility-level LO CDI Incident Rate tables.
2017	<ul style="list-style-type: none"> UTI event protocol: “has resident been discharged from an acute care facility in the previous <u>3 months</u>” changed to <u>4 weeks</u>. Annual survey: three additional questions added to antimicrobial stewardship section. Denominator: new variable added, “number of urine cultures ordered.” Following clarifications made to LabID Event protocol <ul style="list-style-type: none"> CDI testing on loose/unformed stool only Qualifying specimens include specimens collected while resident is housed in the LTCF and specimens collected from emergency department or outpatient setting during the resident’s Clarification foot notes added to CDI LabID Event rate table. Organism lists updated (impacts UTI reporting) <ul style="list-style-type: none"> NHSN All Organisms list updated Common Commensal list- 13 genera added
2018	<ul style="list-style-type: none"> Events: The entry of the resident’s social security number changed from “required” to “optional.” Annual survey: optional water management program section added to the survey to address Legionella and waterborne pathogen prevention. Annual survey: PCR added as an example of Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) on question #3. Analysis: business rules added to improve denominator reporting accuracy. Analysis: facility name added as a variable to allow group users to produce a report with the facility name. Analysis: custom field variable name table added to analysis to allow users to efficiently map their custom fields when producing a report.



Release Year	Summary of Revisions
	<ul style="list-style-type: none"> • UTI event page: updates made to UTI event section of the NHSN application to improve language consistency between event form and NHSN application. • General: e.g., replaced with “for example” and i.e., replaced with “specifically” throughout protocols. • Enrollment: updated language and consent process for NHSN Agreement to Participate. • Analysis: participation alerts line list and frequency table added to provide a summary of the NHSN alerts specific to LTC facilities (April 2018) • Analysis: “facility name” variable has been added as a selection to facility and group analysis reports (April 2018)
2019	<ul style="list-style-type: none"> • <i>Annual Facility Survey</i>: To assist in improving data quality, a pop-up message will appear as a reminder to verify the primary testing method for <i>C. difficile</i> when: (1) An uncommon <i>C. difficile</i> testing method is selected (specifically, culture or cell cytotoxicity neutralization assay); or (2) “Other” is selected and the testing method that is manually typed in the space is equivalent to one of the provided testing methods. • <i>Summary Data</i>: Added a new required variable called “CDI Treatment Starts” to enable an estimate of CDI burden in a facility when empiric treatment for CDI occurs in the absence of confirmatory testing. • <i>General</i>: <i>Clostridium difficile</i> infection (CDI), also known as <i>C. difficile</i> infection, has been reclassified as <i>Clostridioides difficile</i> (CDI), also known as <i>C. difficile</i> infection. Note: Currently, the update is only reflected in the NHSN protocols, forms, and table of instructions. • <i>Event Reporting-All Modules</i>: To assist in improving data quality, a pop-up message will appear on the Event Page if the selected Resident Type (Short Stay [SS] or Long Stay [LS]) does not meet the NHSN definition based on the date of first admission and the event date. • <i>UTI Event</i>: Updates to urine culture requirements – removed collection method specific criteria. Instead, to be considered a qualifying urine culture, the positive culture must contain no more than 2 species of microorganisms, at least one of which is a bacterium of ≥ 105 CFU/ml. • <i>Analysis and Reporting</i>: In the NHSN line listing and rate tables, the column titles were updated to reflect the descriptive variable names as the default instead of the variable names. • <i>Analysis and Reporting</i>: The following additional variables added as columns to the default Line Listing - All CDI LabID Events: (1) CDI Assay; (2) Onset; Onset Description; and (4) Days: Admit to Event. Definitions for incident and recurrent CDI added as footnotes to Line Listing - All CDI LabID Events. • NHSN interactive dashboard released. (April 2019)



Release Year	Summary of Revisions
	<ul style="list-style-type: none">• Facilities have option to import resident demographic data using a comma separated file. (April 2019)• Facilities planning to withdraw from NHSN will be able to export Facility Data to a comma separated file or to other NHSN approved formats. (April 2019)• Facilities now have the functionality to self-identify as “Indian Health Services” (IHS). (April 2019)• The .pdf version of updated Annual Surveys is available in the application. (April 2019)
2020	<ul style="list-style-type: none">• UTI Event: Specimen collection type removed from form and NHSN interface. Only one option for urine culture laboratory selection.• <i>Resident type</i> (short-stay verses long-stay) will auto-populate on all event reporting based on date of first admission and event date• All positive <i>C. difficile</i> LabID Events must be reported when participating in CDI LabID Event reporting• All positive MDRO LabID Events must be reported when participating in MDRO LabID Event reporting• MSSA column added to interface Monthly Summary Data for LTCF form (CDC 57.139). The MDRO & CDI LabID Event Reporting section of the summary form allows facilities to specify the specific organism type and corresponding report now infections for a given month. Each MDRO/CDI organism is listed as a separate column, except MSSA. Adding MSSA as a separate column will improve accuracy of LabID event reporting and allow for MSSA-specific data analysis.• New form (CDC 57.104) - <i>NHSN Facility Administrator Change Request Form</i> may be used in place of submitting a letter when the NHSN Facility Administrator is no longer able to gain access to the NHSN application to add the new NHSN Facility Administrator. This online form may be accessed on the following website- https://www.cdc.gov/nhsn/facadmin/index.html• Frequently Asked Questions document for LTCFs updated



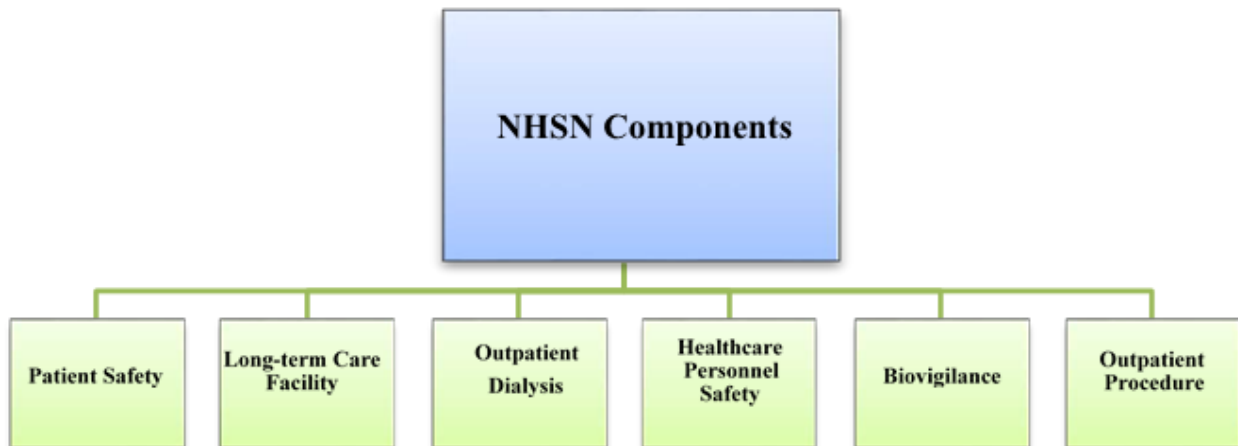
Section 2: National Healthcare Safety Network (NHSN) Overview

The National Healthcare Safety Network (NHSN) is a secure, Internet-based surveillance system that expands and integrates patient and healthcare personnel safety surveillance systems managed by the Division of Healthcare Quality Promotion (DHQP) at the Centers for Disease Control and Prevention. In addition, facilities that participate in certain reporting programs operated by the Centers for Medicare and Medicaid Services (CMS) can do so through use of NHSN. Furthermore, some U.S. states use NHSN as a means for healthcare facilities to submit data on healthcare-associated infections (HAIs) and transfusion-related adverse events mandated through their specific state legislation.

NHSN enables healthcare facilities to collect and use data about HAIs, adherence to clinical practices known to prevent HAIs, the incidence or prevalence of multidrug-resistant organisms within their organizations, trends and coverage of healthcare personnel safety and vaccination, and adverse events related to the transfusion of blood and blood products.

The NHSN includes six components: Patient Safety, Long-term Care Facility, Healthcare Personnel Safety, Biovigilance, Outpatient Dialysis, and Outpatient Procedure. (Figure 1)

Figure 1: NHSN Components





Options for Long-term Care Facilities

Long-term care facilities have two options for participating in the NHSN, which include the Long-term Care Facility (LTCF) Component and the Healthcare Personnel Safety (HPS) Component. The focus of this manual is on participation in the LTCF Component. If users are interested in learning more about reporting options for healthcare worker influenza vaccinations, the Healthcare Personnel Vaccination Module can be found here-

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

Section 3: Surveillance

Surveillance Overview

Surveillance is defined as the ongoing systematic collection, analysis, interpretation, and dissemination of data. A facility infection prevention and control (IPC) program should use surveillance to identify infections and monitor performance of practices to reduce infection risks among residents, staff and visitors. Information collected during surveillance activities can be used to develop and track prevention priorities for the facility.

When conducting surveillance, facilities should use clearly defined surveillance definitions that are collected in a consistent way. This method ensures accurate and comparable data regardless of who is performing surveillance. The NHSN LTCF modules provide standard surveillance definitions, allowing participating facilities to consistently apply well defined data elements to ensure accurate, reproducible, and comparable data.

Data collection require active, resident-based, prospective surveillance of events and their corresponding denominator data by someone trained in surveillance, such as an Infection Preventionist (IP). This means the IP shall seek out infections during a resident's stay by screening a variety of data sources, such as laboratory, pharmacy, medication regimen review, and admission/discharge/transfer reports, as well as resident charts, including history and physical exam notes, nurses/physicians notes, temperature charts, and more. This method incorporates the use of these data sources to monitor for signs and/or symptoms of an infection event (for example, urinary tract infection event) using the surveillance criteria. To minimize burden on the IP, other healthcare personnel may be trained to screen data sources for these infections (for example, Foley catheter days), but the IP should make the final determination of the event. This practice ensures consistent application of the surveillance criteria, even if different individuals are involved in the data collection process.

Laboratory-based surveillance should not be used alone, unless all possible criteria for identifying an infection are solely determined by laboratory evidence (for example, LabID event detection in the CDI/MDRO Module). NHSN provides paper forms and instructions that may be useful when collecting the required data.



Surveillance Measures and Techniques

Surveillance may include process surveillance and outcome surveillance. Process surveillance includes reviewing practices by healthcare workers directly related to resident care to identify whether facility infection prevention and control policies are being followed. Examples may include hand hygiene adherence, appropriate use of personal protective equipment such as gowns, gloves, and facemasks, adherence to safe injection practices, and infection prevention and control practices used during wound care. Using outcome surveillance, facilities incorporate infection criteria, such as those provided to NHSN users, to identify and report evidence of suspected or confirmed healthcare associated infection or communicable disease. Examples of outcome surveillance include monitoring staff and residents for infection events, which may be indicative of an outbreak or a complication as a result of care received in the facility, such as *C. difficile* infection or urinary tract infection.

There are different methods for performing outcome surveillance. The two most common methods are comprehensive and targeted. When determining which method to implement for a facility, one should consider staff time and available resources, the frequency of events being monitored, and the facility IPC program surveillance goals.

Comprehensive surveillance, also referred to as facility-wide surveillance, is an approach that involves tracking all infections among all residents in the facility. The benefit of this surveillance method is that a facility is likely to identify all infections occurring among the residents in that facility. However, comprehensive surveillance can be time and resource consuming, particularly for larger facilities, thereby limiting opportunities for analyzing data and implementing prevention activities.

A facility that conducts targeted surveillance, also referred to as priority directed surveillance, focuses surveillance activities on high risk, preventable, and/or high consequence infections significant to their resident population. For example, by focusing on device associated infections in high risk units, such as skilled nursing or ventilator-dependent, facilities are able to implement prevention measures to reduce infection risks among residents in those units. Another example of targeted surveillance is monitoring epidemiological significant organisms, such as multi-drug resistant organisms (for example, MRSA, VRE, and CRE) or *C. difficile* among residents in the facility. By focusing staff time and resources on a smaller number of clinically important events, more time is available for detailed data collection and analysis to identify trends and opportunities for prevention. Since targeted surveillance methods may result in missed infections and potential outbreaks, facilities should have a facility-wide process in place to detect outbreaks and multi-drug resistant organisms.



Section 4: Introduction to Long-term Care Facility Component of NHSN

Nursing homes (NH), skilled nursing facilities (SNF), and assisted living facilities, collectively known as long-term care facilities (LTCFs) provide a variety of services to people who are unable to manage independently in the community. These services may include both medical and personal care. It is estimated that over 3 million Americans receive care in U.S. NHs and SNFs each year and nearly one million persons reside in assisted living facilities. Data about infections in LTCFs are limited, but it has been estimated in the medical literature that:

- 1 to 3 million serious infections occur every year in these facilities.
- Infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staph infections, and many others.
- Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCFs every year.

Eliminating infections, many of which are preventable, is a significant way to improve care and decrease costs. CDC's NHSN provides LTCFs with a customized system to track infections in a streamlined and systematic way. When facilities track infections, they can identify problems and track progress toward stopping infections. On the national level, data entered in NHSN will gauge progress toward national HAI goals.

The NHSN LTCF Component provides LTCFs with standardized surveillance methods and definitions. The Component is ideal for use by nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities. The Component consists of three modules: (1) Healthcare-associated Infection-Urinary Tract Infections; (2) Laboratory-identified Event - *Clostridioides difficile* Infection and Multidrug-resistant Organism (CDI/MDRO); and (3) Prevention Process Measures. The LTCF surveillance protocols, training materials, data collection forms, instructions, and other supporting materials are provided on the Long-term Care Component website:

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

Training

A variety of online training options are available for users on the [NHSN LTCF Component training website](#), including presentations and recorded webinars. Additional trainings may be provided through scheduled webinars. Training opportunities are communicated to NHSN users through the [NHSN quarterly newsletter](#) and emails from the LTCF Team.

User Support

CDC-NHSN is available to answer your questions about the surveillance protocols and to help navigate the NHSN web application. Contact us via e-mail at nhsn@cdc.gov. Type "LTCF" in the subject line for quickest routing to the LTCF Team.



Long-term Care Facility Component Modules

1. Healthcare-Associated Infection Module for Urinary Tract Infection Events

The urinary tract is one of the most common sites of healthcare-associated infections, accounting for up to 20% of infections reported by long-term care facilities (LTCFs). Risk factors for developing bacteriuria and UTI include age-related changes to the genitourinary tract, comorbid conditions resulting in neurogenic bladder, and instrumentation required to manage bladder voiding. Though the prevalence of indwelling urinary catheter use in LTCFs is lower than the acute care setting, catheter-associated symptomatic UTI (CA-SUTI) can lead to complications such as cystitis, pyelonephritis, bacteremia, and septic shock. These complications can then lead to declined resident function and mobility, acute care hospitalizations, and increased mortality. NHSN enables facilities to monitor infectious complications associated with the use of indwelling urinary catheter devices and also to monitor processes related to their use, which might increase infection risk.

Urinary device-associated denominator data should be collected at the same time each day. When denominator data are available from electronic databases, these sources may be used as long as the counts are not substantially different ($\pm 5\%$) from manually-collected counts that have been validated for a minimum of three months. See the respective device-associated event protocols for detailed surveillance instructions.

Web Page: <https://www.cdc.gov/nhsn/ltc/uti/index.html>

2. Laboratory-identified Event Module for *Clostridioides difficile* Infection and Multidrug Resistant Organism Events

The Laboratory-identified (LabID) Event Module of the NHSN LTCF Component is a tool designed for use in certified skilled nursing facilities/nursing homes (LTC:SKILLNURS) and intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS) to help meet criteria outlined in guidelines for the prevention, control, and surveillance of multidrug resistance organisms (MDRO) and *C. difficile* infection (CDI). As outlined in these guidelines, these pathogens may require specialized monitoring to evaluate if intensified infection control efforts are required to reduce the occurrence of these organisms and related infections. The goal of this module is to provide a mechanism for facilities to collect, report, and analyze data that will inform infection prevention and control staff of the impact of prevention efforts. This module contains two options, one focused on CDI and the second on select MDROs.

Web Page: <https://www.cdc.gov/nhsn/ltc/cdiff-mrsa/index.html>

3. Prevention Process Measures Module

The Prevention Process Measures Module is a tool that allows long-term care facilities to



measure the following practices: (1) adherence to hand hygiene; and/or (2) adherence to gown and glove use when caring for patients infected or colonized with a multi-drug resistant organisms or *C. difficile*.

Web Page: <https://www.cdc.gov/nhsn/ltc/process-measures/index.html>

Section 5: Long-Term Care Facility Annual Facility Survey

Participating facilities must complete the LTCF Annual Facility Survey at the time that they enroll in NHSN to activate the LTCF Component, and at the beginning of each calendar year thereafter. The survey is used by CDC to classify facilities for appropriate comparisons in aggregate data analyses and to learn more about common practices among LTCFs. Most survey questions are based on facility characteristics and practices during the previous calendar year. There is one exception to this rule, and that is the question about primary service type, which is based on current activities ON the day the survey is completed. For example, if the facility is enrolling in NHSN for the first time in March of 2020, report information for January 2019-December 2019 on the first LTCF Annual Facility Survey. In January 2020, complete a new survey with data from January 2019-December 2019.

The NHSN recommends that users collect all survey information using the paper form before attempting to enter data into the web application, as the survey will not save until all of the required questions are answered.

The *Instructions for Completion of Long-term Care Facility Annual Facility Survey* includes brief instructions for collection and entry of each data element on the form/web-page.

Form https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf

Form Instructions

<https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf>



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*required for saving	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:
Facility Characteristics	
*Ownership (check one): <input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government (not VA) <input type="checkbox"/> Veterans Affairs	
*Certification (check one): <input type="checkbox"/> Dual Medicare/Medicaid <input type="checkbox"/> Medicare only <input type="checkbox"/> Medicaid only <input type="checkbox"/> State only	
*Affiliation (check one): <input type="checkbox"/> Independent, free-standing <input type="checkbox"/> Independent, continuing care retirement community <input type="checkbox"/> Multi-facility organization (chain) <input type="checkbox"/> Hospital system, attached <input type="checkbox"/> Hospital system, free-standing	
<i>In the previous calendar year:</i> *Average daily census: _____ *Total number of short-stay residents: _____ Average length of stay for short-stay residents: _____ *Total number of long-stay residents: _____ Average length of stay for long-stay residents: _____ *Total number of new admissions: _____	
*Number of Beds: _____ *Number of Pediatric Beds (age <21): _____	
*Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):	
<u>Primary Service Type</u>	<u>Service provided?</u> <u>Number of residents</u>
a. Long-term general nursing:	<input type="checkbox"/> _____
b. Long-term dementia:	<input type="checkbox"/> _____
c. Skilled nursing/Short-term (subacute) rehabilitation:	<input type="checkbox"/> _____
d. Long-term psychiatric (non dementia):	<input type="checkbox"/> _____
e. Ventilator:	<input type="checkbox"/> _____
f. Bariatric:	<input type="checkbox"/> _____
g. Hospice/Palliative:	<input type="checkbox"/> _____
h. Other:	<input type="checkbox"/> _____
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).	
Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).	
CDC 57.137 (Front) Rev 6 v8.8	Continued >>

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Facility Microbiology Laboratory Practices

*1. Does your facility have its own laboratory that performs microbiology/antimicrobial susceptibility testing?

- Yes No

If No, where is your facility's antimicrobial susceptibility testing performed? (check one)

- Affiliated medical center, within same health system Medical center, contracted locally
 Commercial referral laboratory

*2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms (MDROs): (check all that apply)

- We do not screen new admissions for MDROs
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
 If checked, indicate the specimen types sent for screening: (check all that apply)
 Nasal swabs Wound swabs Sputum Other skin site
- Vancomycin-resistant *Enterococcus* (VRE)
 If checked, indicate the specimen types sent for screening: (check all that apply)
 Rectal swabs Wound swabs Urine
- Multidrug-resistant gram-negative rods (includes carbapenemase resistant Enterobacteriaceae; multidrug-resistant *Acinetobacter*, etc.)
 If checked, indicate the specimen types sent for screening: (check all that apply)
 Rectal swabs Wound swabs Sputum Urine

*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? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Enzyme immunoassay (EIA) for toxin

<input type="checkbox"/> Cell cytotoxicity neutralization assay

<input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)

<input type="checkbox"/> NAAT plus EIA, if NAAT positive (2-step algorithm)

<input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) | <input type="checkbox"/> GDH plus NAAT (2-step algorithm)

<input type="checkbox"/> GDH plus EIA for toxin, followed by NAAT for discrepant results

<input type="checkbox"/> Culture (<i>C. difficile</i> culture followed by detection of toxins)

<input type="checkbox"/> Other (specify): _____ |
|--|---|

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory, refer to the Tables of Instructions for this form, or conduct a search for further guidance on selecting the correct option to report.)

*4. Does your laboratory provide a report summarizing the percent of antibiotic resistance seen in common organisms identified in cultures sent from your facility (often called an antibiogram)?

- Yes No

If Yes, how often is this summary report or antibiogram provided to your facility? (check one)

- Once a year Every 2 years Other (specify): _____

Continued >>

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Infection Prevention and Control Practices

*5. Total staff hours per week dedicated to infection prevention and control activity in facility: _____

a. Total hours per week performing surveillance: _____

b. Total hours per week for infection prevention and control activities other than surveillance: _____

*6. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with MRSA? (check one)

Yes, all infected and colonized residents

Yes, only residents with active infection

Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)

No

*7. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with VRE? (check one)

Yes, all infected and colonized residents

Yes, only residents with active infection

Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)

No

*8. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with CRE? (check one)

Yes, all infected and colonized residents

Yes, only all residents with active infection

Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)

No

*9. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with ESBL-producing or extended spectrum cephalosporin resistant Enterobacteriaceae? (check one)

Yes, all infected and colonized residents

Yes, only residents with active infection

Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)

No

*10. When a resident colonized or infected with an MDRO is transferred to another facility, does your facility communicate the resident's MDRO status to the receiving facility at the time of transfer? Yes No

Continued >>

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Infection Prevention and Control Practices (continued)	
*11. Among residents with an MDRO admitted to your facility from other healthcare facilities, what percentage of the time does your facility receive information from the transferring facility about the resident's MDRO status? _____%	
Antibiotic Stewardship Practices	
*12. Are there one or more individuals responsible for the impact of activities to improve use of antibiotics at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the position of the individual(s)? (select all that apply)	
<input type="checkbox"/> Medical director	<input type="checkbox"/> Director of Nursing
<input type="checkbox"/> Consultant Pharmacist	<input type="checkbox"/> Other (please specify): _____
*13. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, has adherence to the policy to document an indication been monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*14. Does your facility provide facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic decision making for common clinical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, has adherence to facility-specific treatment recommendations been monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*15. Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate (e.g. antibiotic time out)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*16. Does a physician, nurse, or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, What type of feedback is provided to prescribers? (check all that apply)	
<input type="checkbox"/> Feedback on antimicrobial route and/or dosing	
<input type="checkbox"/> Feedback on the selection of antimicrobial therapy and/or duration of therapy	
<input type="checkbox"/> Other (please specify): _____	
*17. Does the pharmacy service provide a monthly report tracking antibiotic use (e.g., new orders, number of days of antibiotic treatment) for the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*18. Has your facility provided education to clinicians and other relevant staff on improving antibiotic use in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*19. Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Long Term Care Facility Component—Annual Facility Survey

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Antibiotic Stewardship Practices (continued)

- *20. Are antibiotic use and resistance data reviewed by leadership in quality assurance/performance improvement committee meetings? Yes No
- *21. Does your facility have access to individual(s) with antibiotic stewardship expertise (e.g., consultant pharmacist trained in antibiotic stewardship, stewardship team at referral hospital, external infectious disease/stewardship consultant)? Yes No

Electronic Health Record Utilization

- *22. Indicate whether any of the following are available in an electronic health record (check all that apply):
- | | |
|--|--|
| <input type="checkbox"/> Microbiology lab culture and antimicrobial susceptibility results | <input type="checkbox"/> Medication orders |
| <input type="checkbox"/> Medication administration record | <input type="checkbox"/> Resident vital signs |
| <input type="checkbox"/> Resident admission notes | <input type="checkbox"/> Resident progress notes |
| <input type="checkbox"/> Resident transfer or discharge notes | <input type="checkbox"/> None of the above |

Facility Water Management and Monitoring Program

23. Have you ever conducted a facility risk assessment to identify where *Legionella* and other opportunistic waterborne pathogens (e.g. *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system (e.g., piping infrastructure)? Yes No
 If Yes, when was the most recent assessment conducted? (Check one)
- | | |
|--|---|
| <input type="checkbox"/> ≤ 1 year ago | <input type="checkbox"/> >1 and ≤ 3 years ago |
| <input type="checkbox"/> > 3 years ago | |
24. Does your facility have a water management program to prevent the growth and transmission of *Legionella* and other opportunistic waterborne pathogens? Yes No
 If Yes, who is represented on the team? (Check all that apply)
- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Facility Administrator | <input type="checkbox"/> Nursing Leadership (e.g., DON or ADON) | <input type="checkbox"/> Consultant | <input type="checkbox"/> Facilities Manager/ Engineer |
| <input type="checkbox"/> Maintenance Staff | <input type="checkbox"/> Infection Preventionist | <input type="checkbox"/> Risk/Quality Management Staff | <input type="checkbox"/> Medical Director |
| <input type="checkbox"/> Equipment/ Chemical | | <input type="checkbox"/> Other (specify): _____ | |
25. Do you regularly monitor the following parameters in your building's water system? (Check all that apply)
- | | |
|---|--|
| Disinfectant (such as residual chlorine) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, do you have a plan for corrective actions when disinfectant levels are not within acceptable limits as determined by your water management program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Continued >>

Long Term Care Facility Component—Annual Facility Survey

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Temperature	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, do you have a plan for corrective actions when temperatures are not within acceptable limits as determined by your water management program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heterotrophic plate counts	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, do you have a plan for corrective actions when heterotrophic plate counts are not within acceptable limits as determined by your water management program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specific tests for <i>Legionella</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, do you have a plan for corrective actions when specific tests for <i>Legionella</i> are not within acceptable limits as determined by your water management program?			<input type="checkbox"/> Yes	<input type="checkbox"/> No



Table 1. Instructions for Completion of the Long-term Care Facility Component - Annual Facility Survey ([CDC 57.137](#))

Note: unless otherwise stated, the responses to this annual survey should be based on the facility characteristics and practices during the previous calendar year (2019).

Data Field	Instructions for Form Completion
Facility ID	Required. The NHSN-assigned facility ID will be auto-populated.
Survey Year	Required. Select the calendar year for which this survey was completed. The survey year should represent the last full calendar year, unless otherwise stated. For example, in 2020, a facility would complete a 2019 survey.
National Provider ID	Required. Enter your facility National Provider ID (10-digit number).
State Provider ID	<i>Optional.</i> If available, enter your facility State Provider ID.
Facility Characteristics	
Ownership	Required. Select the appropriate ownership of this facility (<i>check one</i>). <ul style="list-style-type: none"> • For profit • Not for profit, including church • Government (Not Veterans Affairs [VA]) • Veterans Affairs
Certification	Required. Select the appropriate certification of this facility (<i>check one</i>). <ul style="list-style-type: none"> • Dual Medicare/Medicaid • Medicare only • Medicaid only • State only
Affiliation	Required. Select the appropriate affiliation for this facility (<i>check one</i>): <ul style="list-style-type: none"> • Independent, free-standing - The facility does not share a building, staff, or policies (such as infection control) with any other healthcare institution. • Independent, continuing care retirement community – This facility is not affiliated with any other healthcare system but is part of a campus containing other levels of elder care services. • Multi-facility organization (chain) - The facility is part of a regional or national network of specialty facilities. Facilities share policies (such as infection control), corporate leadership, and a common business structure. • Hospital system attached - The facility is affiliated with a local healthcare system. Facility shares policies (such as infection control) with other institutions within the hospital system. The facility is physically connected to the hospital within the system. • Hospital system, free-standing - The facility is affiliated with a local healthcare system. Facility shares policies (such as infection control) with other institutions within the hospital system. The facility is not physically connected to the hospital within the system.



Average daily census	Required. Enter the average <u>daily</u> census for your facility during the last full calendar year (12 months).
Total number of short-stay residents	Required. Enter the <u>total</u> number of unique residents who stayed ≤ 100 days in the previous calendar year. Note: If a person 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	Required. Enter the <u>total</u> number of unique residents who stayed > 100 days in the previous calendar year.
Average length of stay for short-stay residents	<i>Optional.</i> Enter the average length of stay for short-stay residents for your facility during the last full calendar year.
Average length of stay for long-stay residents	<i>Optional.</i> Enter average length of stay for long-stay residents for your facility during the last full calendar year.
Total number of new admissions	Required. Enter the <u>total</u> number new admissions to your facility during the last full calendar year. A new admission is defined as a new resident entering the facility for the first time or a readmission if the resident was out of the facility >2 calendar days (specifically, a change to the <i>Current Admission Date</i>)
Number of beds	Required. Enter the total number of beds (including any pediatric beds) for your facility.
Number of pediatric (age < 21) beds	Required. Enter the number of pediatric beds for your facility. Pediatric beds are defined as those beds dedicated to residents that are less than 21 years of age. If you have no pediatric beds at your facility report zero.
Indicate which of the following primary service types are provided by your facility. For each service indicated: <i>On the day of this survey</i> , how many residents are receiving care in your facility by the following primary service types	<p>Required. For each primary service type listed, check the box <u>only</u> if your facility provides this primary service type. For the primary service types your facility provides (those with boxes checked), indicate the number of residents primarily receiving that service <i>on the day this survey is completed.</i></p> <p>Only list <u>one</u> service type per resident and this should be the primary service (or most specialized care) the resident is receiving. For example, a resident may be admitted for skilled care while on a ventilator. That resident would be counted as “ventilator care”. A resident who is long-stay but on a specialized dementia unit would be listed as “long-term dementia”.</p> <p>The total sum of residents per service type reported should be equal to the resident census on the day the survey is completed.</p> <ul style="list-style-type: none"> • Long-term general nursing: • Long-term dementia: • Skilled nursing and/or short-term (sub-acute) rehabilitation: • Long-term psychiatric (non-dementia): • Ventilator: • Bariatric: • Hospice/Palliative: • Other:



Facility Microbiology Laboratory Practices <i>Completion of this section may require the assistance from the microbiology laboratory.</i>	
<p>1. Does your facility have its own laboratory that performs antimicrobial susceptibility testing? If 'No', where is the facility's antimicrobial susceptibility testing performed? (<i>Check One</i>)</p>	<p>Required. Select 'Yes' if your laboratory performs antimicrobial susceptibility testing. Otherwise, select 'No'.</p> <p><i>Conditionally Required.</i> If 'No' is selected, select the location where your facility's antimicrobial susceptibility testing is performed (<i>check one</i>):</p> <ul style="list-style-type: none"> • Affiliated medical center, within same health system • Commercial referral laboratory • Medical center, contracted locally • Other <p>Note: If multiple laboratories are used, select the laboratory that performs most of the bacterial susceptibility testing.</p>
<p>2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms (MDROs). (<i>Check all that apply</i>)</p> <p>For each MDRO selected, indicate the specimen type(s) sent for screening. (<i>Check all that apply</i>)</p>	<p>Required. Indicate, by checking the appropriate box(es), if your facility obtains screening cultures (Active Surveillance Testing) on newly admitted residents for the following multidrug-resistant organisms (MDROs): (<i>check all that apply</i>)</p> <ul style="list-style-type: none"> • We do not screen new admissions for MDROs: Select this box if your facility <u>does not</u> obtain screening cultures on new admissions for any of the MDROs listed. NOTE: if this box is checked, no other boxes should be selected. • Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA): <i>Conditionally Required.</i> If checked, indicate the specimen type(s) that are sent for screening. (<i>Check all that apply</i>) <ul style="list-style-type: none"> ○ Nasal swabs ○ Wound swabs ○ Sputum ○ Other skin site • Vancomycin-resistant <i>Enterococcus</i> (VRE): <i>Conditionally Required.</i> If checked, indicate the specimen type(s) that are sent for screening. (<i>Check all that apply</i>) <ul style="list-style-type: none"> ○ Rectal swabs ○ Wound swabs ○ Urine • Multidrug-resistant gram-negative rods (includes carbapenemase-resistant <i>Enterobacteriaceae</i>; multidrug-resistant <i>Acinetobacter</i>, etc.): If checked, indicate the specimen type(s) that are sent for screening. (<i>Check all that apply</i>) <ul style="list-style-type: none"> ○ Rectal swabs ○ Wound swabs ○ Sputum ○ Urine



<p>3. What is the primary testing method for <i>C. difficile</i> used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (Check one)</p>	<p>Required. Select, from the choices listed, the testing methods used to perform <i>C. difficile</i> testing by your facility's laboratory or the outside laboratory where your facility's testing is done. If 'Other' is selected, please specify.</p> <ul style="list-style-type: none"> • Enzyme immunoassay (EIA) for toxin • Cell cytotoxicity neutralization assay (CCNA): this option is an uncommon testing method. Verify with the laboratory before selecting this method. • Nucleic acid amplification test (NAAT): Includes Polymerase Chain Reaction (PCR) and loop-mediated isothermal amplification (LAMP) • NAAT plus EIA, if NAAT positive (2-step algorithm) • Glutamate dehydrogenase (GDH) antigen plus EIA for toxin: two step testing method • GDH plus NAAT: two step testing method • GDH plus EIA for toxin, followed by NAAT for discrepant results: three step testing method • Culture: this option is an uncommon testing method. Verify with the laboratory before selecting this method. • Other: this is an uncommon choice, as most methods can be categorized accurately by selecting from the options provided. <p>Notes:</p> <ol style="list-style-type: none"> 1. 'Other' should not be used to name specific laboratories, reference laboratories, or the brand names of <i>C. difficile</i> tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report. 2. If your facility uses more than one laboratory, you are encouraged to contact the diagnostic laboratory to that most 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.
<p>4. Does your laboratory provide a report summarizing the percent of antibiotic resistance seen in common organisms identified in cultures sent from your facility (often called an antibiogram)?</p> <p>If 'Yes', indicate how often this summary report is provided.</p>	<p>Required. Select 'Yes' if your laboratory provides your facility with a summary report of antibiotic resistance patterns in common bacterial organisms identified in cultures sent from your facility. This report may be called a facility antibiogram. Otherwise, select 'No'.</p> <p>Note: This summary is NOT the same as antibiotic susceptibility testing provided on culture reports for individual residents.</p> <p>Conditionally required. If 'Yes' is selected, indicate whether the summary report or antibiogram is provided once a year, every two years, or Other. If 'Other' is selected, specify the frequency.</p>



Infection Prevention and Control Practices	
<p>5. Total staff hours dedicated to infection prevention and control activities in the facility.</p> <p>a. Total hours per week performing surveillance</p> <p>b. Total hours per week for infection prevention activities other than surveillance</p>	<p>Required. Enter estimated hours per week that are dedicated to ALL infection prevention and control activities in your facility. If multiple staff members are responsible for parts of the infection prevention and control program, combine the hours spent per week by each person.</p> <p>Required. Based on the total hours dedicated to all program activities, enter the estimated number of hours per week engaged in identifying and reporting healthcare-associated infections and the appropriate denominators.</p> <p>Required. Based on the total hours dedicated to all program activities, enter the estimated number of hours per week spent on infection prevention and control activities other than surveillance. These activities include, but are not limited to, education, prevention, meetings, etc.</p>
<p>6. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with MRSA? (<i>Check one</i>)</p>	<p>Required. Select the <u>single</u> best choice from the choices listed that most accurately describes the policy’s primary approach to using gowns/gloves for care of residents with methicillin resistant <i>Staphylococcus aureus</i> (MRSA) at your facility. Select ‘No’ if your facility does not have a policy that requires use of gowns/gloves during care of residents infected or colonized with MRSA.</p>
<p>7. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with VRE?</p>	<p>Required. Select the <u>single</u> best choice from the choices listed that most accurately describes the policy’s primary approach to using gowns/gloves for care of residents with vancomycin resistant <i>Enterococcus</i> (VRE) at your facility. Select ‘No’ if your facility does not have a policy that requires the use of gowns/gloves during care of residents infected or colonized with VRE.</p>
<p>8. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with CRE? (<i>Check one</i>)</p>	<p>Required. Select the <u>single</u> best choice from the choices listed that most accurately describes the policy’s primary approach to using gowns/gloves for care of residents with Carbapenem resistant <i>Enterobacteriaceae</i> (CRE) at your facility. Select ‘No’ if your facility does not have a policy that requires the use of gowns/gloves during care of residents infected or colonized with CRE.</p> <p>Note: The term “<i>Enterobacteriaceae</i>” refers to a family of common gram-negative bacteria which can colonize the gastrointestinal (GI) or urinary tract of frail and/or older adults. Examples of these bacteria include <i>E. coli</i>, <i>Klebsiella</i>, and <i>Enterobacter</i>.</p>



<p>9. Is it a policy in your facility that use of gowns/gloves are required for care of residents infected or colonized with ESBL-producing or extended spectrum cephalosporin resistant <i>Enterobacteriaceae</i>? (Check one)</p>	<p>Required. Select the <u>single</u> best choice from the choices listed that most accurately describes the policy’s primary approach to using gowns/gloves for care of residents with extended-spectrum beta-lactamase producing (ESBL) or extended-spectrum cephalosporin resistant <i>Enterobacteriaceae</i> at your facility. Select ‘No’ if your facility does not have a policy that requires the use of gowns/gloves during care of residents infected or colonized with ESBL producing or extended cephalosporin resistant <i>Enterobacteriaceae</i>.</p> <p>Note: The term “<i>Enterobacteriaceae</i>” refers to a family of common gram-negative bacteria which can colonize the gastrointestinal (GI) or urinary tract of frail and/or older adults. Examples of these bacteria include <i>E. coli</i>, <i>Klebsiella</i>, and <i>Enterobacter</i>.</p>
<p>10. When a resident colonized or infected with an MDRO is transferred to another facility, does your facility communicate the resident’s MDRO status to the receiving facility at the time of transfer?</p>	<p>Required. Select ‘Yes’ if your facility <u>routinely</u> communicates the status of a patient known to be colonized or infected with a multidrug-resistant organism (MDRO) to the receiving facility at the time of patient transfer; otherwise, select ‘No’.</p>
<p>11. Among residents with an MDRO admitted to your facility from other healthcare facilities, what percentage of the time does your facility receive information from the transferring facility about the resident’s MDRO status?</p>	<p>Required. Enter the estimated percentage of the time that your facility receives information from a transferring facility about the status of a resident known to be colonized or infected with a multidrug-resistant organism (MDRO).</p>



Antibiotic Stewardship Practices. <i>Completion of this by section may require assistance from the consultant pharmacist, director of nursing, and/or medical director who focus on efforts to improve antibiotic use and monitoring (known as Stewardship) for your facility.</i>	
<p>12. Are there one or more individuals responsible for the impact of activities to improve use of antibiotics at your facility?</p> <p>If 'Yes', what is the position of the individuals? <i>(select all that apply)</i></p>	<p>Required. Select 'Yes' if there are one or more individuals who have been identified as being responsible for antibiotic stewardship activities as evidenced by responsibility for improving antibiotic use in the job description or performance review, authority to coordinate activities of staff from multiple departments (for example, laboratory, pharmacy, information technology), and/or responsibility to report to facility administration/senior leaders on the antibiotic stewardship program planning and outcomes.</p> <p>Select 'No' if the facility leadership has not specifically given one or more individuals the responsibility, support, and authority to oversee antibiotic use and stewardship efforts in the facility.</p> <p>Conditionally required. If 'Yes', specify the qualification or job title of the leader(s). More than choice one may be selected. If 'Other' is selected, please specify the position.</p>
<p>13. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry?</p> <p>If 'Yes', has adherence to the policy to document an indication been monitored?</p>	<p>Required. Select 'Yes' if your facility has a policy requiring documentation of an indication for all antibiotics in the medical record or during order entry; otherwise, select 'No'.</p> <p>Conditionally required. If 'Yes' to question 13, select 'Yes' if charts or other medical record documentation are routinely reviewed to confirm documentation of an indication; otherwise, select 'No'.</p>
<p>14. Does your facility provide facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic decision making for common clinical conditions?</p> <p>If 'Yes', has adherence to facility-specific treatment recommendations been monitored?</p>	<p>Required. Select 'Yes' if there are facility-specific recommendations for antibiotic treatment selection based on evidence-based guidelines and/or local susceptibility reports for ANY common clinical infections diagnosed and treated (for example, community acquired pneumonia, urinary tract infections, or skin and soft tissue infections); otherwise, select 'No'.</p> <p>Conditionally required. If 'Yes' to question 14, indicate if charts have been audited to confirm adherence to facility-specific treatment guidelines for ANY of the common clinical conditions listed above by selecting 'Yes' or 'No'.</p>



<p>15. Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate (for example, antibiotic time out)?</p>	<p>Required. Select 'Yes' if your facility has developed a standardized way for clinicians or nurses caring for a resident to reassess the continuing need and choice of antibiotics between 2-3 days after a new antibiotic start in order to determine the following: confirm indication, review microbiology results, and review antibiotic choice, dose, and duration; Otherwise, select 'No'.</p>
<p>16. Does a physician, nurse or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (specifically, audit with feedback) at your facility?</p> <p>If 'Yes', What type of feedback is provided to prescribers? (check all that apply)</p>	<p>Required. Select 'Yes' if your facility has a physician, nurse or pharmacist knowledgeable in antibiotic use, <i>and not part of the treating team</i>, review courses of therapy for specified antibiotic agents and communicate the results to the providers caring for the resident; otherwise, select 'No'.</p> <p>Conditionally required. If 'Yes', specify the what type of feedback is provided to prescribers. More than choice one may be selected. If 'Other' is selected, please specify the position.</p>
<p>17. Does the pharmacy service provide a monthly report of antibiotic use (for example, new orders, number of days of antibiotic treatment) for the facility?</p>	<p>Required. Select 'Yes' if your pharmacy service provides your facility with a report which summarizes the antibiotic use in your facility on a monthly basis. This report could include a list of all antibiotics started each month or number of days of antibiotics used each month; Select 'No' if no report specifically describing on antibiotic use is provided to the facility every month.</p>
<p>18. Has your facility provided education to clinicians and other relevant staff on improving antibiotic use in past 12 months?</p>	<p>Required. Select 'Yes' if your facility has provided specific education on ways to improve antibiotic use to providers, nurses, and other relevant staff (for example, in-service training, direct instruction, etc.); Otherwise, select 'No'.</p>
<p>19. Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use?</p>	<p>Required. Select 'Yes' if your facility has a written statement of support from leadership that supports efforts to improve antibiotic use; Otherwise, select 'No'.</p>
<p>20. Are antibiotic use and resistance data reviewed by leadership in quality assurance/performance improvement committee meetings?</p>	<p>Required. Select 'Yes' if antibiotic use and resistance data reviewed by leadership in quality assurance/performance improvement committee meetings; Otherwise, select 'No'.</p>



<p>21. Does your facility have access to individual(s) with antibiotic stewardship expertise (for example, consultant pharmacist trained in antibiotic stewardship, stewardship team at referral hospital, external infectious disease/stewardship consultant)?</p>	<p>Required. Select 'Yes' if your facility access to individual(s) with antibiotic stewardship expertise (for example, consultant pharmacist trained in antibiotic stewardship, stewardship team at referral hospital, external infectious disease/stewardship consultant); Otherwise, select 'No'.</p>
<p>Electronic Health Record Utilization</p>	
<p>22. Indicate whether any of the following are available in an electronic health record. (<i>Check all that apply</i>)</p>	<p>Required. Indicate by checking the appropriate box(es) whether any of the following are available in an electronic health record at your facility. (<i>Check all that apply</i>).</p> <ul style="list-style-type: none"> • Microbiology lab culture and antimicrobial susceptibility results • Medication orders • Medication administration record • Resident vital signs • Resident admission notes • Resident progress notes • Resident transfer or discharge notes • None of the above
<p>Facility Water Management and Monitoring Program</p>	
<p>23. Have you ever conducted a facility risk assessment to identify where <i>Legionella</i> and other opportunistic waterborne pathogens could grow and spread in the facility water system?</p> <p>If Yes, when was the most recent assessment conducted? (<i>Check one</i>)</p>	<p><i>Optional.</i> Select 'Yes' if your facility has conducted a facility risk assessment to identify where <i>Legionella</i> and other opportunistic waterborne pathogens (for example, <i>Pseudomonas</i>, <i>Acinetobacter</i>, <i>Burkholderia</i>, <i>Stenotrophomonas</i>, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system (for example, piping infrastructure); Otherwise, select 'No'</p> <p>Conditionally required. If 'Yes', specify the time period in which the most recent assessment was conducted. If 'Other' is selected, please specify the time period.</p>



<p>24. Does your facility have a water management program to prevent the growth and transmission of <i>Legionella</i> and other opportunistic waterborne pathogens?</p> <p>If Yes, who is represented on the team? (<i>Check all that apply</i>)</p>	<p><i>Optional.</i> Select 'Yes' if your facility has a water management program to prevent the growth and transmission of <i>Legionella</i> and other opportunistic waterborne pathogens; Otherwise, select 'No'</p> <p>Conditionally required. If 'Yes', specify the roles of the team members represented on the water management program team. If 'Other' is selected, please specify the role of the team member.</p>
<p>25. Do you regularly monitor the following parameters in your building's water system? (<i>Check all that apply</i>)</p> <p>If Yes, do you have a plan for corrective actions when disinfectant levels are not within acceptable limits as determined by your water management program?</p>	<p><i>Optional.</i> Select 'Yes' if your facility regularly monitors the following parameters in your building's water system; Otherwise, select 'No'</p> <ul style="list-style-type: none"> • Disinfectant (such as residual chlorine) • Temperature • Heterotrophic plate counts • Specific tests for <i>Legionella</i> <p>Conditionally required. For each parameter, if 'Yes', specify if your facility has a plan for corrective actions when the specific parameter is not within acceptable limits as determined by your water management program?</p>



Monthly Reporting Plan for LTCF

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*required for saving

Facility ID: _____ *Month/Year: _____ / _____

Healthcare Associated Infection (HAI)

+Locations	UTI
FacWideIN	<input type="checkbox"/>

LabID Event

+Locations	Specific Organism Type	±LabID Event All Specimens
FacWideIN	_____	<input type="checkbox"/>
FacWideIN	_____	<input type="checkbox"/>
FacWideIN	_____	<input type="checkbox"/>
FacWideIN	_____	<input type="checkbox"/>
FacWideIN	_____	<input type="checkbox"/>
FacWideIN	_____	<input type="checkbox"/>
FacWideIN	_____	<input type="checkbox"/>

Prevention Process Measures

+Location	Hand Hygiene	Gown and Gloves Use
FACWIDEIN	<input type="checkbox"/>	<input type="checkbox"/>

+ FacWideIN = Facility-wide Inpatient
 ± LabID Event = Laboratory-identified Event

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



Table 2. Instructions for Completion of the Long-term Care Facility Component - Monthly Reporting Plan for LTCF ([CDC 57.141](#))

Data Field	Instructions for Form Completion
Facility ID	Required. The NHSN-assigned facility ID will be auto-entered by the system.
Month/Year	Required. Enter the month and year for the surveillance plan being recorded; use MM/YYYY format.
Healthcare-Associated Infection (HAI)	
Locations	Conditionally required. The location under surveillance will always be FacWideIN (Facility-wide Inpatient) for Long-term Care Facilities. This means surveillance and reporting must be performed for all resident care locations.
UTI	Conditionally required. Check this box if you plan to follow urinary tract infection (UTI) Events. You will collect and report urinary tract infection (UTI) Event data and the corresponding denominator data for the month. Note: Surveillance and reporting includes UTI events in residents with <u>and</u> without an indwelling urinary device.
LabID Event	
Locations	Conditionally required. The location under surveillance will always be FacWideIN (Facility-wide Inpatient) for Long-term Care Facilities. This means surveillance and reporting must be performed for all resident care locations.
Specific Organism Type	Conditionally required. Select each organism you will be following for LabID Event reporting: MRSA, MRSA/MSSA (if tracking MRSA & MSSA), VRE, CephR-Klebsiella species, CRE (CRE- <i>E. coli</i> , CRE- <i>Enterobacter</i> , and CRE- <i>Klebsiella</i>), MDR- <i>Acinetobacter</i> species, or <i>C. difficile</i> . Note: If performing surveillance for CRE, the facility must include in the monthly reporting plan and conduct surveillance for all three organisms (CRE- <i>E.coli</i> , CRE- <i>Enterobacter</i> , and CRE- <i>Klebsiella</i>).
LabID Event All Specimens	Conditionally required. Check the box to indicate that you plan to follow LabID Events for the specific organism type(s) entered. You will collect and report LabID Event data and the corresponding denominator data for the month. Note: For <i>C. difficile</i> , only loose stool specimen sources are included in surveillance and reporting. For MDROs, all specimen sources in which the organism is identified must be included in surveillance and reporting.
Prevention Process Measures	
Hand Hygiene	Conditionally required. Select this option if the facility plans to monitor hand hygiene adherence in the facility.
Gown and Glove Use	Conditionally required. Select this option if the facility plans to monitor gown and gloves use adherence in the facility.



Healthcare-associated Infection Surveillance Protocol for Urinary Tract Infection (UTI) Events for Long-term Care Facilities

Background: The urinary tract is one of the most common sites of healthcare-associated infections, accounting for up to 20% of infections reported by long-term care facilities (LTCFs).¹ Risk factors for developing bacteriuria and UTI include age-related changes to the genitourinary tract, comorbid conditions resulting in neurogenic bladder, and instrumentation required to manage bladder voiding. The point prevalence of asymptomatic bacteriuria in LTCF residents can range from 20-50%. Although the incidence of symptomatic UTI is lower, it still comprises a significant proportion of infections manifesting in LTCF residents and results in a large amount of antibiotic use.⁵

Though the prevalence of indwelling urinary catheter use in LTCFs is lower than the acute care setting, catheter-associated UTI (CAUTI) can lead to complications such as cystitis, pyelonephritis, bacteremia, and septic shock. These complications can then lead to declined resident function and mobility, acute care hospitalizations, and increased mortality. Prevention of CAUTIs is discussed in the CDC/HICPAC document, *Guideline for Prevention of Catheter-associated Urinary Tract Infections*.²

Efforts to examine antibiotic use for UTI have demonstrated a discrepancy between the number UTI events identified through the application of evidence-based surveillance criteria and the numbers of clinically identified and treated UTI.^{3,4} Consistent tracking and reporting of symptomatic UTIs using surveillance criteria will help identify opportunities to examine, understand, and address differences between surveillance events and clinically identified events.

References:

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2. Healthcare Infection Control Practices Advisory Committee (HICPAC) Approved Guidelines for the Prevention of Catheter-associated Urinary Tract Infections, 2009. Available at www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf
3. Juthani-Mehta M., et al. Diagnostic Accuracy of Criteria for Urinary Tract Infection in a Cohort of Nursing Home Residents. *Journal of the American Geriatrics Society*, vol. 55, 2007, pp. 1072-77.
4. Wang L., et al. Infection Rate and Colonization with Antibiotic-resistant Organisms in Skilled Nursing Facility Residents with Indwelling Devices. *European Journal of Clinical Microbiology & Infectious Diseases*, vol. 31, no. 8, 2012, pp. 1797-804.
5. Nace D. A., et al. Clinical Uncertainties in the Approach to Long Term Care Residents with Possible Urinary Tract Infection. *Journal of American Medical Directors Association*. vol. 15, no. 2014, 2014, pp. 133-39.



Methods: Facilities may choose to monitor urinary tract infections (UTIs) using healthcare-associated infection (HAI) surveillance. This surveillance method incorporates the use of laboratory data and clinical evaluation of the resident for signs and/or symptoms to monitor for catheter and non-catheter-associated urinary tract infection events. NHSN forms should be used to collect all required data, using the definitions of each data field as indicated in the Table of Instructions.

Settings: UTI Event reporting is currently available for certified skilled nursing facilities and nursing homes (LTC: SKILLNURS), and intermediate and chronic care facilities for the developmentally disabled (LTC: DEVDIS). Surveillance for UTIs must be performed facility-wide (FacWideIN).

Only UTI events presenting > **2 calendar days** after admission (where date of admission is equal to day 1) are considered facility onset events and should be submitted to NHSN. If a resident is transferred from an acute care facility and develops signs/symptoms of a UTI within the first 2 calendar days of admission to the LTCF, it would be considered present at the time of transfer to the LTCF. An event present at the time of transfer should be reported back to the transferring facility and not reported to NHSN as a LTCF UTI event.

Example: NHSN Classification of reportable LTCF UTI Events				
Admission date				
June 4 th	June 5 th	June 6 th	June 7 th	June 8 th
day 1	day 2	day 3	day 4	day 5
Not a LTCF reportable UTI event		LTCF reportable UTI event		

Requirements: A *NHSN Monthly Reporting Plan* for the LTCF ([CDC 57.141](#)) must be completed for each calendar month in which a facility plans to enter data into the NHSN. For each participating calendar month, facilities must report numerator (catheter-associated and non-catheter-associated UTI events) and denominator data for the entire facility, referred to as facility-wide inpatient (FacWideIN), for the entire calendar month. See [Numerator and Denominator Section](#)

Facilities are encouraged to perform UTI surveillance and reporting for at least 6 consecutive months to provide meaningful measures for analysis.

Definitions:

Date of Event: The date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the specimen used to meet the infection criteria was collected, **whichever comes first.**



Indwelling urinary catheter: A drainage tube that is inserted into the urinary bladder *through the urethra*, is left in place, and is connected to a drainage bag/collection system (including leg bags); also called a Foley catheter. Indwelling urinary catheters do not include straight in-and-out catheters or suprapubic catheters.

Urinary tract infections (UTI) are defined using [Symptomatic UTI \(SUTI\)](#) criteria for residents *without* an indwelling urinary device, [Catheter-Associated Symptomatic UTI \(CA-SUTI\)](#) criteria for residents *with* an indwelling urinary device, or [Asymptomatic Bacteremic UTI \(ABUTI\)](#) criteria for residents *with or without* an indwelling urinary device.

Symptomatic UTI (SUTI): Events that occur when the resident manifests signs and symptoms, such as acute dysuria, new and/or marked increase in urinary frequency, suprapubic tenderness, etc., which localize the infection to the urinary tract. These events can occur in residents without urinary devices or those managed with urinary devices other than indwelling urinary catheters, such as suprapubic catheters, straight in-and-out catheters and condom catheters. Events occurring in residents with indwelling urinary catheters (defined below) are a sub-set of SUTIs referred to as Catheter-Associated SUTI (CA-SUTI) events. (See [Figure 1](#) and [Table 2](#)).

Catheter-associated SUTIs (CA-SUTI): Events that occur when a resident develops signs and symptoms of a UTI while having an indwelling urinary catheter in place or removed within the 2 calendar days prior to the date of event, where day of catheter removal is equal to day 1 (*urinary catheter is in place on the day of event or the day before the event*). (See [Figure 2](#) and [Table 3](#)). **Note:** to be considered a CA-UTI, the indwelling catheter must be in place for >2 calendar days on the date of event, with day of device placement being Day 1.

EXAMPLE: Mr. T, is a resident in your facility. On March 1st, he developed an increase in incontinence and new suprapubic pain. Later that day a Foley catheter was inserted. The following day, on March 2nd, a specimen collected from the Foley catheter was sent to the lab and subsequently tested positive for greater than 100,000 ($\geq 10^5$) CFU/ml of *E. coli*. Mr. T does meet criteria for a SUTI, but it is not considered as a CA-SUTI because the Foley catheter had not been in place >2 calendar days on the date of event (March 1st).

Asymptomatic Bacteremic UTI (ABUTI): Events that occur when the resident has NO signs or symptoms localizing to the urinary tract but has matching urine and blood cultures positive for at least one organism (see [Table 1](#)) regardless of whether a catheter is in place or not. (See [Figure 3](#) and [Table 4](#)).



Table 1. Examples of “sameness” by organism speciation

Culture	Companion Culture	Report as...
<i>S. epidermidis</i>	Coagulase-negative <i>staphylococcus</i>	<i>S. epidermidis</i>
<i>Klebsiella oxytoca</i>	<i>Klebsiella</i> spp.	<i>K. oxytoca</i>
<i>S. salivarius</i>	<i>Streptococcus viridans</i>	<i>S. salivarius</i>

Key Points:

1. An indwelling urinary catheter should be in place for > 2 calendar days on the date of event (where day of catheter insertion = Day 1) in order for the SUTI to be catheter-associated.
2. If a resident is transferred to the facility with an indwelling urinary catheter in place, and the facility replaces the catheter with a new one while the resident is in the care of the facility, then the date of insertion of the device corresponds to the date the new catheter was placed in the LTCF.
3. UTIs in residents managed with suprapubic, in and out straight catheters, or condom (males only) catheters will be captured as SUTIs, not CA-SUTIs.



Table 2. Criteria for Symptomatic Urinary Tract Infection (SUTI)

Criterion	<i>For residents without an indwelling catheter in place or removed >2 calendar days prior to the date of event, where day of catheter removal is equal to day 1:</i>
1	<p>Either of the following (Signs & Symptoms):</p> <ol style="list-style-type: none"> 1. Acute dysuria 2. Acute pain, swelling, or tenderness of the testes, epididymis, or prostate <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p>
2	<p>Either of the following:</p> <ol style="list-style-type: none"> 1. Fever⁺ [Single temperature $\geq 37.8^\circ\text{C}$ ($>100^\circ\text{F}$), or $>37.2^\circ\text{C}$ ($> 99^\circ\text{F}$) on repeated occasions, or an increase of $>1.1^\circ\text{C}$ ($>2^\circ\text{F}$) over baseline] 2. Leukocytosis ($>14,000$ cells/mm^3 or Left shift [$>6\%$ or 1,500 bands/mm^3]) <p>AND</p> <p>One or more of the following (New and/or marked increase):</p> <ol style="list-style-type: none"> 1. Costovertebral angle pain or tenderness 2. Suprapubic tenderness 3. Visible (Gross) hematuria 4. Incontinence 5. Urinary urgency 6. Urinary frequency <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p>
3	<p>Two or more of the following (New and/or marked increase):</p> <ol style="list-style-type: none"> 1. Costovertebral angle pain or tenderness 2. Incontinence 3. Urinary urgency 4. Urinary frequency 5. Suprapubic tenderness 6. Visible (gross) hematuria <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p> <p>Footnote: ⁺ Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (for example, pneumonia).</p>



Table 3. Criteria for Catheter-associated Symptomatic Urinary Tract Infection (CA-SUTI)

Criterion	<i>For residents with an indwelling catheter in place or removed within 2 calendar days prior to event onset, where day of catheter removal is equal to day 1:</i>
	<p>One or more of the following (Signs and Symptoms and Laboratory and Diagnostic Testing):</p> <ol style="list-style-type: none"> 1. Fever⁺[Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$), or $>37.2^{\circ}\text{C}$ ($> 99^{\circ}\text{F}$) on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline] 2. Rigors 3. New onset hypotension, with no alternate non-infectious cause 4. New onset confusion/functional decline with no alternate diagnosis AND leukocytosis ($>14,000$ cells/mm^3 or Left shift [$>6\%$ or $1,500$ bands/mm^3]) 5. New or marked increase in suprapubic tenderness 6. New or marked increase in costovertebral angle pain or tenderness 7. Acute pain, swelling, or tenderness of the testes, epididymis, or prostate 8. Purulent discharge from around the catheter insertion site <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p> <p>Footnote: ⁺ Fever can be used to meet CA-SUTI criteria even if the resident has another possible cause for the fever (for example, pneumonia).</p>

Table 4. Criteria for Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Criterion	<i>Resident with or without an indwelling urinary catheter</i>
	<p>No qualifying fever or signs or symptoms (specifically, no urinary urgency, urinary frequency, acute dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness). <i>If no catheter is in place, fever alone would not exclude ABUTI if other criteria are met.</i></p> <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p> <p>AND</p> <p>A positive blood culture with at least 1 matching bacteria to the urine culture</p>



Key Reminders:

1. “Mixed flora” is not available in the pathogen list within NHSN and cannot be reported as a pathogen to meet the NHSN UTI criteria. Additionally, “mixed flora” often represents contamination and likely represents presence of multiple organisms in culture (specifically, at least two organisms).
2. Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens, and therefore, cannot be used to meet NHSN UTI criteria without the presence of a qualifying bacterium.
3. To remove the subjectivity about whether a fever is attributable to a UTI event, the presence of a fever, even if due to another cause (for example, pneumonia), should still be counted as part of meeting a UTI definition.

Numerator and Denominator Data

NHSN provides users with forms and accompanying instructions that can be used to collect the required UTI event data (numerator data), as well as the required monthly summary data (denominator data). The forms include all required data elements that must be submitted in the NHSN application. Facilities may also choose to customize these forms to better accommodate individual surveillance programs, keeping in mind that only UTIs meeting NHSN UTI criteria should be submitted to NHSN.

The UTI form includes resident demographic information and information on whether a catheter (or another urinary device) was present. Additional data include the specific clinical criteria evidence (signs and symptoms) and laboratory and diagnostic testing that were used for identifying the NHSN defined UTI; whether the resident developed a secondary bloodstream infection; whether the resident was transferred to an acute care facility for any reason or died from any cause within 7 days of the UTI event; and the organisms isolated from cultures and their antimicrobial susceptibilities

Numerator: The *Urinary Tract Infection (UTI) for LTCF* form ([CDC 57.140](#)) is used to collect and report each NHSN defined UTI identified during the surveillance month. The [Table of Instructions for Completion of a Urinary Tract Infection for LTCF form](#) include brief instructions for collection and entry of each data element on the form.

Denominator: Includes **monthly totals** for resident-days, urinary catheter-days, new antibiotic starts for UTI indication, and number of urine cultures ordered. The *Denominator for LTCF* form ([CDC 57.142](#)) may be used to collect denominator data. The daily counts are summed and only the totals for the month are entered into the NHSN. The [Table of Instructions for Completion of the Long-term Care Facility Component-Denominators for LTCF](#) include brief instructions for collection and entry of each data element on the form.



Definitions and Key Points for UTI Denominator Data

Catheter-days, are calculated using the daily count of residents in the facility with an indwelling urinary device each day of the month.

Key Points about *Catheter-Days*:

1. None of the following urinary management devices should be included when counting indwelling catheter-days: suprapubic catheters, straight in-and-out catheters, or condom catheters.
2. If a resident is transferred to an acute care facility, no additional indwelling catheter-days are reported after the day of transfer.

Resident-days are calculated using the daily census of residents in the facility each day of the month. The monthly total is submitted to NHSN.

New antibiotic starts for UTI indication refers to a new prescription for an antibiotic ordered for a resident who is suspected of having or diagnosed with a UTI, either catheter-associated or non-catheter associated, regardless of whether that UTI meets the NHSN event definition.

Key Points about *New Antibiotic Starts for UTI Indication*:

1. There is no minimum number of doses or days of therapy that define a new antibiotic start—count all new orders.
2. Include only antibiotics that are started while the resident is receiving care in your facility, either by clinical providers working in the facility or by outside physicians who see the resident in an outpatient clinic or emergency department.
3. Do not include antibiotic courses started by another healthcare facility prior to the resident's admission or readmission back to your facility, even if the antibiotic is continually administered while the resident is in your facility.
4. Data may be collected daily or summarized at the end of each month.



Number of urine cultures ordered refers to new urine cultures ordered for a resident regardless of whether the resident has a UTI meeting the NHSN event definition.

Key Points about *Number of Urine Cultures Ordered*:

1. Include only urine culture orders that are ordered while the resident is receiving care in your facility, either by clinical providers working in the facility or by outside physicians who see the resident in an outpatient clinic or Emergency department.
2. Do not include urine cultures ordered by another healthcare facility prior to the resident’s admission or readmission back to your facility.
3. Data may be collected daily or summarized at the end of each month.

Data Analyses

All event and summary data submitted to NHSN can be analyzed. After a user generates analysis datasets in the application, all data entered for the facility up until that time are made available within the analysis reports. These data can be visualized and analyzed in various ways. For example, line listing reports provide detailed line by line listing of events reported by catheter status and rate table reports provide summarized monthly data with calculated rates and denominator data. Users can also generate frequency tables, bar charts, and pie charts. Additionally, the LTCF Dashboard, located on the NHSN Home Page, allows users to quickly visualize data found in the rate tables and line listings in the form of interactive bar charts and line graphs. For additional information about the LTCF Dashboard, please review the [CDC Guidance Document – Dashboard](#). Below are measures and calculations that are incorporated into the analytics output.

Calculated UTI Rates and Metrics:

The following section describes the various metrics calculated for UTI Event surveillance that are generated as part of the reports within the analysis section of NHSN.

Calculated Metrics	Calculations	Comments
Total UTI incidence rate per 1,000 resident-days	$\frac{\text{Total Number of UTI Events}}{\text{Total resident days}} \times 1,000$	Includes: SUTI, CA-SUTI, and ABUTI
<ul style="list-style-type: none"> • <i>Percent that are SUTI</i> 	$\frac{\text{Number of SUTI Events}}{\text{Total number of UTI Events}} \times 100$	
<ul style="list-style-type: none"> • <i>Percent that are CA-SUTI</i> 	$\frac{\text{Number of CA – SUTI Events}}{\text{Total number of UTI Events}} \times 100$	



Calculated Metrics	Calculations	Comments
SUTI incidence rate per 1,000 non-catheter days	$\frac{\text{Number of SUTI Events}}{\text{Total non - catheter days}} \times 1,000$	<p>Only SUTIs that are NOT catheter-associated will be included in the SUTI incidence rate.</p> <p>Non-catheter days is equal to Resident Days <i>minus</i> Catheter Days</p>
CA-SUTI incidence rate per 1,000 catheter-days	$\frac{\text{Number of CA - SUTI Events}}{\text{Total catheter - days}} \times 1,000$	
Urinary Catheter Utilization Ratio	$\frac{\text{Total urinary catheter - days}}{\text{Total resident - days}}$	
Urine Culture Rate per 1,000 total resident days	$\frac{\text{Number of urine cultures order}}{\text{Total resident - days}} \times 1,000$	
UTI treatment ratio	$\frac{\text{New antibiotic starts for UTI}}{\text{Total number of UTI events}}$	<p>When the UTI treatment ratio is <1, there are fewer reported antibiotic starts for UTI than symptomatic UTI events submitted;</p> <p>when the UTI treatment ratio equals 1, there are the same number of new antibiotics starts for UTI events submitted;</p> <p>when the UTI treatment ratio is >1, there are more reported antibiotic starts for UTI than UTI events submitted.</p>



Figure 1: Criteria for Defining Non-Catheter Associated Symptomatic Urinary Tract Infection (SUTI):

Resident *without* an indwelling catheter (Meets criteria 1 OR 2 OR 3):

SUTI – Criteria 1

Either of the following:

1. Acute dysuria
2. Acute pain, swelling, or tenderness of the testes, epididymis or prostate

OR

SUTI - Criteria 2

Either of the following:

1. Fever⁺ ^a
2. Leukocytosis^b

AND

ONE or more of the following:

- Costovertebral angle pain or tenderness
- New or marked increase in suprapubic tenderness
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency
- New or marked increase in frequency

OR

SUTI - Criteria 3

TWO or more of the following:

- Costovertebral angle pain or tenderness
- New or marked increase in suprapubic tenderness
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency
- New or marked increase in frequency

AND

A positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

NOTE: Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens

SUTI

⁺ Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (for example, pneumonia)

^a Fever: Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$), or $> 37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline

^b Leukocytosis: $>14,000$ cells/mm³, or Left shift ($> 6\%$ or $1,500$ bands/mm³)



Figure 2: Criteria for Defining Catheter Associated Symptomatic Urinary Tract Infection (CA-SUTI)

Resident with an indwelling urinary catheter:

ONE or more of the following:

- Fever⁺ ^a
- Rigors
- New onset hypotension, with no alternate noninfectious cause
- New onset confusion/functional decline with no alternate diagnosis **AND** Leukocytosis^b
- New costovertebral angle pain or tenderness
- New or marked increase in suprapubic tenderness
- Acute pain, swelling or tenderness of the testes, epididymis or prostate
- Purulent discharge from around the catheter

AND

A positive culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

NOTE: Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens

CA-SUTI

⁺ Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (for example, pneumonia)

^a Fever: Single temperature $\geq 37.8^\circ\text{C}$ ($>100^\circ\text{F}$), or $> 37.2^\circ\text{C}$ ($>99^\circ\text{F}$) on repeated occasions, or an increase of $>1.1^\circ\text{C}$ ($>2^\circ\text{F}$) over baseline

^b Leukocytosis: $>14,000$ cells/ mm^3 or Left shift ($> 6\%$ or $1,500$ bands/ mm^3)



Figure 3: Criteria for Defining A symptomatic Bacteremic Urinary Tract Infection (ABUTI)

Resident *with or without* an indwelling catheter:

Resident has **no qualifying fever or localizing urinary signs or symptoms** (specifically, no urgency, frequency, acute dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness). *If no catheter is in place, fever as only sign would not exclude ABUTI if other positive culture criteria are met.*

AND

A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml
NOTE: Yeast and other microorganisms which are not bacteria, are not acceptable UTI pathogens

AND

Positive blood culture with at least 1 matching organism in urine culture

ABUTI

Urinary Tract Infection (UTI) for LTCF

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*required for saving

*Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: __/__/____
Ethnicity (specify):	Race (specify):
*Date of First Admission to Facility: __/__/____	
*Date of Current Admission to Facility: __/__/____	
*Event Type: UTI	
*Resident Care Location: _____	
*Date of Event: __/__/____	
*Primary Resident Service Type: (check one)	
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative	
*Has resident been transferred from an acute care facility to your facility in the past 4 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, date of last transfer from acute care to your facility: __/__/____	
If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Indwelling Urinary Catheter status at time of event onset (check one):	
<input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place If indwelling urinary catheter status in place or removed within last 2 calendar days: Site where indwelling urinary catheter Inserted (check one): <input type="checkbox"/> Your facility <input type="checkbox"/> Acute care hospital <input type="checkbox"/> Other <input type="checkbox"/> Unknown Date of indwelling urinary catheter insertion: __/__/____ If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, other device type: <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom (males only) <input type="checkbox"/> Intermittent straight catheter	
Event Details	
*Specify Criteria Used: (check all that apply) <u>Signs & Symptoms</u> <input type="checkbox"/> Fever: Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$), or $> 37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline <input type="checkbox"/> Rigors <input type="checkbox"/> New onset hypotension <input type="checkbox"/> New onset confusion/functional decline <input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate <input type="checkbox"/> Acute dysuria <input type="checkbox"/> Purulent drainage at catheter insertion site <u>New and/or marked increase in (check all that apply):</u> <input type="checkbox"/> Urgency <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/> Frequency <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Incontinence <input type="checkbox"/> Visible (gross) hematuria	<u>Laboratory & Diagnostic Testing</u> <input type="checkbox"/> Positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml <input type="checkbox"/> Leukocytosis ($> 14,000$ cells/mm ³), or Left shift ($> 6\%$ or 1,500 bands/mm ³) <input type="checkbox"/> Positive blood culture with 1 matching organism in urine culture
*Specific Event (Check one):	
<input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Symptomatic CA-UTI (CA-SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI)	
Secondary Bloodstream Infection: Yes No	Died within 7 days of date of event: Yes No
*Transfer to acute care facility within 7 days: Yes No	
*Pathogens identified: Yes No *If Yes, specify on page 2	
<small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small>	
<small>Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.140 (Front) r3 v9.2</small>	

Urinary Tract Infection (UTI) for LTCF

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Pathogen #	Gram-positive Organisms								
_____	<i>Staphylococcus coagulase-negative</i> (specify species if available): _____		VANC SIRN						
_____	_____ <i>Enterococcus faecium</i>		DAPTO SNSN	GENTHL^s SRN	LNZ SIRN	VANC SIRN			
_____	_____ <i>Enterococcus faecalis</i>								
_____	_____ <i>Enterococcus spp.</i> (Only those not identified to the species level)								
_____	<i>Staphylococcus aureus</i>	CIPRO/LEVO/MOXI SIRN	CLIND SIRN	DAPTO SNSN	DOXY/MINO SIRN	ERYTH SIRN	GENT SIRN	LNZ SRN	
		OX/CEFOX/METH SIRN	RIF SIRN	TETRA SIRN	TIG SNSN	TMZ SIRN	VANC SIRN		
Pathogen #	Gram-negative Organisms								
_____	<i>Acinetobacter</i> (specify species) _____	AMK SIRN	AMPSUL SIRN	AZT SIRN	CEFEP SIRN	CEFTAZ SIRN	CIPRO/LEVO SIRN	COL/PB SIRN	
		GENT SIRN	IMI SIRN	MERO/DORI SIRN		PIP/PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
		TMZ SIRN	TOBRA SIRN						
_____	<i>Escherichia coli</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX SIRN	
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN			
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
		TIG SIRN	TMZ SIRN	TOBRA SIRN					
_____	<i>Enterobacter</i> (specify species) _____	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX SIRN	
		CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN			
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
		TIG SIRN	TMZ SIRN	TOBRA SIRN					
_____	_____ <i>Klebsiella pneumonia</i>	AMK SIRN	AMP SIRN	AMPSUL/AMXCLV SIRN	AZT SIRN	CEFAZ SIRN	CEFEP S I/S-DD RN	CEFOT/CEFTRX SIRN	
	_____ <i>Klebsiella oxytoca</i>	CEFTAZ SIRN	CEFUR SIRN	CEFOX/CETET SIRN	CIPRO/LEVO/MOXI SIRN	COL/PB[†] SRN			
		ERTA SIRN	GENT SIRN	IMI SIRN	MERO/DORI SIRN	PIPTAZ SIRN	TETRA/DOXY/MINO SIRN		
		TIG SIRN	TMZ SIRN	TOBRA SIRN					

Urinary Tract Infection (UTI) for LTCF

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Pathogen #	Gram-negative Organisms (<i>continued</i>)									
_____	<i>Pseudomonas aeruginosa</i>	AMK S I R N	AZT S I R N	CEFEP S I R N	CEFTAZ S I R N	CIPRO/LEVO S I R N	COL/PB S I R N	GENT S I R N		
		IMI S I R N	MERO/DORI S I R N	PIP/PIPTAZ S I R N		TOBRA S I R N				
Pathogen #	Other Organisms									
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N
_____	Organism 1 (specify) _____	Drug 1 S I R N	Drug 2 S I R N	Drug 3 S I R N	Drug 4 S I R N	Drug 5 S I R N	Drug 6 S I R N	Drug 7 S I R N	Drug 8 S I R N	Drug 9 S I R N

Result Codes

S = Susceptible I = Intermediate R = Resistant NS = Non-susceptible S-DD = Susceptible-dose dependent N = Not tested

§ GENTHL results: S = Susceptible/Synergistic and R = Resistant/Not Synergistic

† Clinical breakpoints have not been set by FDA or CLSI, Sensitive and Resistant designations should be based upon epidemiological cutoffs of Sensitive MIC ≤ 2 and Resistant MIC ≥ 4

Drug Codes:

AMK = amikacin	CEFTRX = ceftriaxone	FLUCY = flucytosine	OX = oxacillin
AMP = ampicillin	CEFUR= cefuroxime	GENT = gentamicin	PB = polymyxin B
AMPSUL = ampicillin/sulbactam	CETET= cefotetan	GENTHL = gentamicin –high level test	PIP = piperacillin
AMXCLV = amoxicillin/clavulanic acid	CIPRO = ciprofloxacin	IMI = imipenem	PIPTAZ = piperacillin/tazobactam
ANID = anidulafungin	CLIND = clindamycin	ITRA = itraconazole	RIF = rifampin
AZT = aztreonam	COL = colistin	LEVO = levofloxacin	TETRA = tetracycline
CASPO = caspofungin	DAPTO = daptomycin	LNZ = linezolid	TIG = tigecycline
CEFAZ= ceftazidime	DORI = doripenem	MERO = meropenem	TMZ = trimethoprim/sulfamethoxazole
CEFEP = cefepime	DOXY = doxycycline	METH = methicillin	TOBRA = tobramycin
CEFOT = cefotaxime	ERTA = ertapenem	MICA = micafungin	VANC = vancomycin
CEFOX= ceftoxitin	ERYTH = erythromycin	MINO = minocycline	VORI = voriconazole
CEFTAZ = ceftazidime	FLUCO = fluconazole	MOXI = moxifloxacin	



Urinary Tract Infection (UTI) for LTCF

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Custom Fields

Label		Label	
_____	___/___/___	_____	___/___/___
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments



Table 4. Instructions for Completion of the Urinary Tract Infection for LTCF form (CDC [57.140](#))

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the system.
Event ID	Event ID number will be auto-entered by the system.
Resident ID	Required. Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all admissions and stays.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.
Resident Name	<i>Optional.</i> Enter the name of the resident (last, first, middle)
Gender	Required. Select M (Male) or F (Female) to indicate the gender of the resident.
Date of Birth	Required. Record the date of the resident’s birth using this format: MM/DD/YYYY.
Ethnicity (specify)	<i>Optional.</i> Enter the resident’s ethnicity: Hispanic or Latino; Not Hispanic or Not Latino
Race (specify)	<i>Optional.</i> Enter the resident’s race: American Indian or Alaska Native Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White
Resident type	<p>Non-editable. Auto-populated by NHSN system as stay or long-stay based on the date of first admission to the facility and the event date. Specifically, the definition are:</p> <ul style="list-style-type: none"> • Short-stay: Resident has been in facility for 100 or less days from date of first admission. In other words, if the Event Date minus the First Admission Date is less than or equal to 100; then resident type should be “SS”. • Long-stay: Resident has been in facility for more than 100 days from date of first admission. In other words, if the Event Date minus the First Admission Date is greater than 100 then the resident type should be “LS”. <p>Important: Users are NOT permitted to edit the auto-populated resident type.</p>
Date of First Admission to Facility	Required. The date of first admission is defined as the date the resident first entered the facility. This date remains the same even if the resident leaves the facility (for example, transfers to another facility) for short periods of time (less than 30 consecutive days). If the resident leaves the facility and is away for 30 or more consecutive days, the date of first admission should be updated to the date of return to the facility. Enter date using this format: MM/DD/YYYY.
Date of Current Admission	<p>Required. The date of current admission is the most recent date the resident entered the facility. <i>If the resident enters the facility for the first time and has not left, then the date of current admission will be the same as the data of first admission.</i> Enter date using this format: MM/DD/YYYY.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the resident leaves the facility for more than 2 calendar days (the day the resident leaves the facility is equal to day 1) and returns, the date of current admission should be updated to the date of return to the facility.



Data Field	Instructions for Form Completion
	<ul style="list-style-type: none"> If the resident has not left the facility for more than 2 calendar days, then the date of current admission should not change. Date of current admission must occur BEFORE the date of event <p><i>Example:</i> A resident is transferred from your facility to an acute care facility on June 2, 2018 and returns on June 5, 2018, the current admission date would be 06/05/2018. One week later, the same resident goes to the ED for evaluation on June 12, 2018 and returns on June 13, 2018. The date of current admission stays 06/05/2018.</p>
Event Type	Required. Event type = UTI.
Date of Event	<p>Required: Enter the date when the first clinical evidence (signs or symptoms) of infection were documented or the date the specimen used to meet the infection criteria was collected, <i>whichever comes first</i>. Note: Date of event must occur AFTER the current admission date. Enter date using this format: MM/DD/YYYY.</p> <p><i>Example:</i> A resident had an indwelling urinary catheter (also called a Foley catheter) in place and had documentation of new suprapubic pain on June 1st. The resident had a urine specimen collected and sent for culture June 3rd. The Date of Event would be June 1st since this is the date of symptom onset and occurred before the date of culture collection.</p>
Resident Care Location	Required. Enter the location where the resident was residing on the Date of Event.
Primary Resident Service Type	<p>Required. Check the single primary service that best represents the type of care the resident is receiving on the <u>Date of Event</u>:</p> <p>Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.</p>
Has resident been transferred from an acute care facility in the past 4 weeks?	<p>Required. Select “Yes” if the resident has been an <u>inpatient</u> of an acute care facility (hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) <u>and</u> was directly admitted to your facility in the past four weeks (specifically 28 days, with the day of specimen collection being day 1) prior to the current event date. Otherwise, select “No”. Note: An ED visit and/or outpatient visit (physician’s office) is excluded since these outpatient visits do not represent an inpatient admission.</p>
If yes, date of last transfer from acute care to your facility?	Conditionally required: If the resident was transferred from acute care to your facility in the past 4-weeks, enter the most recent date of transfer using format: MM/DD/YYYY.
If yes, did resident have an indwelling urinary catheter at the time of transfer to your facility?	Conditionally required: Select “Yes” if the resident was transferred from acute care to your facility with an indwelling urinary catheter (also called a Foley catheter); otherwise, select “No”.



Data Field	Instructions for Form Completion
<p>Risk factor: Indwelling urinary catheter status on the date of event onset</p>	<p>Required. Select one of the three options below:</p> <p>Check: <u>In place</u> only if an indwelling urinary catheter (also called a Foley catheter) had been in place in for more than 2 consecutive calendar days and was present for any portion of the calendar day of the date of event. . Note: This field does not refer to how the specimen was collected.</p> <p>Check: <u>Removed within last 2 calendar days</u> if an indwelling urinary catheter that had been in place in for more than 2 consecutive calendar days was removed within the 2 calendar days prior to <u>Date of Event</u> (where date of catheter removal = day 1).</p> <p>Check: <u>Not in place</u> if:</p> <ul style="list-style-type: none"> • Resident has/had an indwelling urinary catheter, but it has/had not been in place more than 2 consecutive days on the date of event <p>OR</p> <ul style="list-style-type: none"> • Resided did not have a urinary catheter in place on the date of event or the day before the date of event <p>Note: Check “Not in place” even if a different urinary device is/was in place (for example, suprapubic catheter)</p> <p>Examples:</p> <ul style="list-style-type: none"> • A resident had an indwelling urinary (Foley) catheter in place for the past four days and had documentation of new suprapubic pain on June 1. The resident had a urine specimen collected and sent for culture June 3rd. The culture was positive for <i>E. coli</i> at 100,000 CFU/ml. Check <u>In place</u> as the urinary catheter status on the <u>Date of Event</u>. • If the indwelling catheter from the above example had been removed on May 31, check <u>Removed within last 2 calendar days</u> since the May 31, the date of removal, is day 1 and June 1 (Date of Event) is day 2. • If the indwelling catheter from the above example was removed on May 30 (May 30 = day 1, May 31 = day 2), then check <u>Not in place</u> since the catheter was removed > 2 calendar days prior to June 1 (Date of Event). • A resident had an indwelling urinary (Foley) catheter placed on June 1. On June 2 she complained of new suprapubic tenderness and had new onset of hypotension without another non-infectious cause. The resident had a urine specimen collected and sent for culture June 3rd. The culture was positive for <i>E. coli</i> at 100,000 CFU/ml. Check Not in Place since the urinary catheter had not been in place for more than two consecutive calendar days on the <u>Date of Event</u>. Calendar day 1 of placement = June 1; Calendar day 2 = June 2, which was also the day of symptom onset (date of event). So, the indwelling catheter had only been in place two calendar days on the Date of Event.



Data Field	Instructions for Form Completion
Site where Device Inserted (check one)	<p>Conditionally Required. If an indwelling urinary catheter was in place or removed within last 2 calendar days, select one of the four options below:</p> <p>Check “Your facility” if the catheter present on the <u>Date of Event</u> was placed or changed in your LTCF;</p> <p>Check “Acute care hospital” if the catheter present on the <u>Date of Event</u> was placed in an acute care facility (Hospital, Long-term acute care hospital, or acute inpatient rehabilitation facility only) <i>and not changed in your facility</i>;</p> <p>Check “Other” if the catheter present on the <u>Date of Event</u> was placed in another non-acute care facility <i>and not changed in your facility</i>;</p> <p>Check “Unknown” if it is not known where the catheter present on the <u>Date of Event</u> was inserted.</p> <p>Note: Site of device insertion corresponds to the site of insertion or replacement of the indwelling urinary catheter in place at the time of the UTI event.</p>
Date of device insertion	<p>Optional. If available, enter the date the device was placed using this format: MM/DD/YYYY. Note: if the resident was transferred into the facility with an indwelling urinary catheter in place, and the LTCF replaces the catheter with a new one, then the date of device insertion should represent the date the new catheter was inserted.</p>
If no indwelling urinary catheter, was another urinary device type present at the time of event onset?	<p>Conditionally required. Select “Yes” if another urinary management device (for example, suprapubic catheter or condom catheter) was being used; otherwise, select “No”</p>
Other urinary device type	<p>Conditionally required. If a device other than an indwelling urinary catheter is being used, check the box that best describes the device: Suprapubic, Condom (males only), or Intermittent straight catheter.</p>



Data Field	Instructions for Form Completion
Event Details	
Signs and Symptoms	<p>Required. Check all of the clinical criteria identified and documented in the resident record that were used to identify the UTI being reported. Please refer to the flow diagram in the protocol to determine which criteria are needed to qualify as a specific event type.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever: Single temperature above 100°F or repeated temperature readings (more than one reading) above 99°F or an increase of more than 2°F over the residents' baseline temperature (temperature when resident is well). Note: fever can be used to meet UTI criteria even if resident has another infection, such as pneumonia, that may be the cause of the fever. <input type="checkbox"/> Rigors (a sudden feeling of cold with shivering accompanied by a rise in temperature). <input type="checkbox"/> New onset of hypotension (low blood pressure) with no alternate non-infectious cause (for example, medication known to cause low blood pressure). Note: hypotension can be used to meet CA-SUTI criteria even if resident has another infection, such as pneumonia, that may be the cause of the hypotension. <input type="checkbox"/> New onset of confusion or functional decline with no alternate diagnosis. Note: resident must also have leukocytosis to meet this criteria for CA-SUTI. <input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate. <input type="checkbox"/> Acute dysuria (painful urination). <input type="checkbox"/> Purulent (milky, pus-like) drainage/discharge from around the catheter insertion site. <input type="checkbox"/> New or marked increase in urinary urgency. <input type="checkbox"/> New or marked increase in urinary frequency. <input type="checkbox"/> New or marked increase in incontinence. <input type="checkbox"/> New or marked increase in acute costovertebral (CV) angle pain or tenderness. Note: CV angle is one of the two angles that outline a space over the kidneys; the angle is formed by the lateral and downward curve of the lowest rib and the vertical column of the spine. <input type="checkbox"/> New or marked increase in suprapubic (lower, center part of the abdomen) tenderness. <input type="checkbox"/> New or marked increase in visible (also referred to gross) hematuria (visible blood in the urine).



Data Field	Instructions for Form Completion
Laboratory and Diagnostic Testing <input type="checkbox"/>	<p>Required. Check <u>all</u> of the laboratory and diagnostic testing obtained and documented in the resident record that were used to confirm the UTI being reported. Note: A positive urine culture with at least one bacterium of $\geq 10^5$ CFU/ml ($\geq 100,000$ cfu/ml) is required to meet criteria for UTI.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml ($\geq 100,000$ cfu/ml). <input type="checkbox"/> Leukocytosis ($> 14,000$ cells/mm³) or Left shift ($> 6\%$ or $1,500$ bands/mm³). <input type="checkbox"/> A positive blood culture with at least one matching organism to an organism identified in the urine culture. <p>Note: The microorganisms must be identified to the genus and species level. If the culture reports “mixed flora” or “contamination”, this would NOT meet criterion.</p>
Secondary Bloodstream infection?	<p><i>Optional.</i> Check Yes if resident has a microorganism reported in a urine culture and has the same microorganism reported from a blood culture. Otherwise, check No.</p>
Died within 7 days of event date?	<p><i>Optional.</i> Check Yes if resident died from any cause <i>within 7 days</i> after the <u>Date of Event</u>, otherwise check No.</p>
Transfer to acute care facility within 7 days?	<p>Required. Check Yes if resident was transferred to an acute care facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) for any reason <i>in the 7 days</i> after <u>Date of Event</u>, otherwise check No.</p>
Pathogens identified	<p>Required. Enter Yes and specify organism name(s) and sensitivities on page 2. For SUTI with secondary BSI and ABUTI, enter only the matching organism(s) identified in <u>both</u> urine and blood cultures.</p>
Custom fields and labels	<p><i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric or alphanumeric.</p> <p>Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.</p>
Comments	<p><i>Optional.</i> Enter any information on the event. This information is not analyzed.</p>



Laboratory-identified Event Surveillance Protocol for *Clostridioides difficile* Infection and Multidrug Resistant Organism Events for Long-term Care Facilities

Background: Multi-drug resistant bacteria including methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant Enterococci (VRE), and multi-drug resistant Gram-negative bacilli (for example, *Carbapenem-resistant Enterobacteriaceae*) have increased in prevalence in U.S. long-term care facilities (LTCF) over the past several decades.¹ For example, over 35% of nursing home residents are colonized with a multi-drug resistant organism (MDRO).¹ This has important public health implications as MDRO infections are associated with increased number of hospitalizations and hospital readmissions, higher healthcare costs, increased mortality due to more severe illnesses, and increased use of broad-spectrum antibiotics.¹

Clostridioides difficile (*C. difficile*) infection (CDI) is one of the most common healthcare-associated infections in LTCFs and often a consequence of antibiotic overuse.⁷ The clinical presentation of CDI ranges from uncomplicated diarrhea to severe pseudomembranous colitis, toxic megacolon, and even death.

It is critical for LTCFs to monitor MDRO and CDI rates using standardized surveillance definitions to obtain a more complete understanding of how these organisms manifest and are transmitted in the long-term care setting. The Laboratory-identified (LabID) Event Module of the NHSN LTCF Component is a tool designed for use in certified skilled nursing facilities and nursing homes (LTC:SKILLNURS) and intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS) to help these facilities implement strategies outlined in various prevention and control guidelines.¹⁻⁶ The specific goal of the LabID module is to provide a mechanism for facilities to systematically monitor CDIs and MDROs, enabling facilities to identify problems, improve care, and determine progress toward national healthcare-associated infection goals.

References:

- 1: Cassone, M., et al. Colonization with Multi-drug Resistant Organisms in Nursing Homes: Scope, Importance, and Management. *Current Geriatrics Report*, vol. 4, no. 1, 2015, pp. 87-95.
- 2: Smith et al., SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility. *Infection Control and Hospital Epidemiology*, vol. 29, 2008, pp. 785-814.
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- 4: McDonald, C., et al. Clinical Practice Guideline for *Clostridium difficile* Infection in Adults and Children: 2017 Update by Infectious Disease Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA). *Clinical Infectious Diseases*, vol. 44, no. 77, 2018, pp. e1-e48.
- 5: Simor, A. E., et al. *Clostridium difficile* in Long-Term Care Facilities for the Elderly. SHEA Position Paper. *Infection Control and Hospital Epidemiology*, vol. 23, no. 11, 2002, pp. 696-703.
- 6: Cohen, A. L., et al. Recommendations for Metrics for Multidrug-Resistant Organisms in Healthcare Settings: SHEA/HICPAC Position Paper. *Infection Control and Hospital Epidemiology*, vol. 29, no. 10, 2008, pp. 901-13.
- 7: CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2019.



I. *Clostridioides difficile* Infection (CDI) Surveillance using LabID Event Methodology

Methods: Facilities may choose to monitor *Clostridioides difficile* infections (CDI) using laboratory-identified (LabID) event surveillance. This method allows LTCFs to conduct surveillance using laboratory data without clinical evaluation for signs and symptoms. Proxy measures of CDI and healthcare exposure can then be calculated with limited resident information. NHSN forms should be used to collect all required data, using the definitions of each data field as indicated in the [Table of Instructions](#).

Settings: CDI LabID Event reporting is currently available for certified skilled nursing facilities/nursing homes (LTC: SKILLNURS) and intermediate/chronic care facilities for the developmentally disabled (LTC: DEVDIS).

Setting includes specimens collected while the resident is physically located in the reporting LTCF, as well as specimens collected during a brief outpatient visit to an emergency department (ED) or medical office **and the resident returns to the LTCF within 2 calendar days** (specifically, on the day of the visit or the next calendar day). **Do not** report CDI events collected in the ED, if the resident is subsequently admitted to the acute care facility.

Laboratory results obtained before a resident's admission to the reporting LTCF or during an admission in another healthcare facility should **NOT** be reported to NHSN.

Case Scenarios:

1. 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. 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 **was** submitted to NHSN as a CDI LabID Event for the LTCF.

2. Mr. T is a resident in your LTCF. On March 1st, he was transferred to the local ED for evaluation of diarrhea, severe abdominal pain, and fever. While in the ED, a loose stool specimen tested positive for *C. difficile* toxin. He was admitted to the hospital for further treatment. Since the resident was admitted to the hospital as an inpatient and did not return to the LTCF within 2 calendar days, the specimen collected in the ED was **not** submitted to NHSN as a CDI LabID Event for the reporting LTCF.

Requirements: Only laboratory assay results for unformed stool specimens or specimens conforming to the shape of the specimen container should be submitted to NHSN.



! **New for 2020 reporting:** Facilities must submit all positive *C. difficile* laboratory assays collected from a resident while he/she is physically housed in the reporting LTCF (see [Settings](#) for additional information about reportable events).

A *NHSN Monthly Reporting Plan* for the LTCF ([CDC 57.141](#)) must be completed for each calendar month in which a facility plans to submit data to NHSN. NHSN will not save event data without a corresponding monthly reporting plan. For data to be included in analysis reports and the [LTCF Data Dashboard](#), both numerator and denominator (see *Numerator and Denominator Data* section below) data must be reported for the entire facility, referred to as facility-wide inpatient (FacWideIN), for the participating calendar month.

Note: Facilities are encouraged to report for at least six consecutive months to provide meaningful measures for analysis.

Definitions: The following definitions apply to CDI LabID Event reporting:

CDI Laboratory-identified (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 (see [Settings](#)).

C. difficile positive laboratory assay: (1) An unformed/loose stool that tests positive for *C. difficile* toxin A and/or B. This includes molecular assays (PCR) and/or toxin assays; or (2) A toxin-producing *C. difficile* organism detected in an unformed/loose stool sample by culture or other laboratory means.

Duplicate CDI Laboratory-identified (LabID) Event: (1) *C. difficile* positive laboratory assay collected from a resident while physically housed in the LTCF at the time of specimen collection when the resident had a previous CDI LabID Event submitted from the reporting facility within the past two weeks (specifically, less than 15 days); **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 (see [Settings](#)) when the resident had a previous CDI LabID Event submitted from the reporting facility within the past two weeks (specifically, less than 15 days).

! **NEW for 2020:** LTCFs must submit **all** CDI LabID Events to NHSN, including duplicate CDI events with positive laboratory assays.



Case Scenarios:

1. Mr. T is a long-term resident in your facility. On December 30th, he developed diarrhea and abdominal pain. On January 1st, a loose stool specimen was collected and tested positive for *C. difficile* toxin. A CDI LabID Event was submitted to NHSN for 1/1. Over the next week, Mr. T seemed to improve, and the diarrhea resolved. On January 10th, he had several more episodes of diarrhea, and another loose stool specimen tested positive for *C. difficile* toxin. This positive specimen was also entered in NHSN as a CDI LabID Event for 1/10.
2. 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 *C. difficile* test and the specimen was collected on the following day. The results were positive for *C. difficile* toxin A, so a CDI LabID Event was submitted to NHSN for Ms. Smith.
3. 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 CDI and is admitted to your facility on treatment. You do **not** submit a CDI LabID Event for Mrs. Anttila since she was not tested while physically housed in your LTCF.

Key Points to Remember:

1. **NEW for 2020** – ALL CDI LabID Events must be submitted to NHSN, including duplicate CDI events with positive laboratory assays.
2. A CDI LabID Events must be submitted to NHSN, even if the resident has a prior history of CDI or when the specimen was collected within the first three days of admission to the LTCF. In other words, if the positive specimen is collected within your facility, you must submit a CDI LabID Event.

Note: This practice is important to understand the burden of CDI in the LTCF.

3. CDI LabID Event rules apply to specimens collected while the resident was physically housed in the reporting LTCF or when a resident had a specimen collected during a brief visit to an outpatient setting, such as an ED or medical clinic.
4. Laboratory results obtained before a resident's admission to the LTCF or during an admission in another facility should not be submitted as a CDI LabID Event for the reporting LTCF.
5. If a specimen is collected while the resident is receiving care in an ED or OP setting, the *Resident Care Location* and *Primary Resident Service Type* should indicate the resident's primary LTCF location and service type prior to the ED or OP visit.
6. When performing LabID Event reporting for CDI, the facility must identify and report from all locations within the LTCF, referred to as FacWideIN.



Numerator and Denominator Data

NHSN provides users with forms and accompanying instructions that can be used to collect the required LabID Event data (numerator data), as well as the required monthly summary data (denominator data). The forms include all required data elements that must be submitted in the NHSN application. Facilities may also choose to customize these forms to better accommodate individual surveillance programs.

Numerator: *Laboratory-identified MDRO or CDI Event for LTCF* form ([CDC 57.138](#)) is used to collect and report each CDI LabID Event. The [Table of Instructions for Completion of the LTCF Laboratory-identified \(LabID\) MDRO or CDI Event form](#) includes brief instructions for collection and entry of each data element on the form. Report one event per form.

Denominator: Monthly totals for resident admissions, resident days, number of admissions on *C. difficile* treatment, and CDI treatment starts are used for denominator data. Data are collected using the *MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF* form ([CDC 57.139](#)). The [Table of Instructions for Completion of the MDRO and CDI Monthly Monitoring for Long-term Care Facility](#) form includes brief instructions for collection and entry of data elements on the form. Facilities may also choose to use the optional *Denominators for LTCF* form ([CDC 57.142](#)) to collect daily denominator data, keeping in mind that only the monthly totals are submitted to NHSN. For form [CDC 57.142](#), the following [Table of Instructions for Completion of the LTCF Component Denominators for LTCF](#) are available.

Resident admissions refer to total number of residents admitted to the facility including both new and re-admissions (specifically, a resident was out of the facility for more than two (2) calendar days and then returned).

Resident-days are calculated using the daily census of residents in the facility each day of the month. The monthly total is submitted to NHSN.

Number of admissions on C. difficile treatment is calculated by counting the number of residents who are receiving antibiotic therapy for *C. difficile* infection at the time of admission to your facility during the current calendar month.

Number of CDI treatment starts is the total count of new prescriptions for an antibiotic/medication given to residents suspected or diagnosed with having a *C. difficile* infection in the facility for the calendar month and includes treatment with or without a positive laboratory test.

Categorizations of CDI LabID Events

All CDI LabID Events must be submitted to NHSN. Based on submitted event data, NHSN will categorize events to populate different measures. Because of variability in documenting time of admission to the LTCF, calendar days are used to categorize LabID Events.



- I. Duplicate CDI LabID Events will appear in the NHSN line list and will be marked as a “duplicate” event based on the following definition:
 - **Duplicate CDI LabID Event:** Any CDI LabID Event submitted for the same resident following a previous CDI LabID Event within the past two weeks (<15 days). **Important:** Duplicate CDI LabID Events will be excluded from rate calculations.

II. Non-duplicate CDI LabID Events will be categorized as *Incident* or *Recurrent* based on the *specimen collection date* of each CDI LabID Event submitted for an individual resident in the reporting facility. **Note:** The date of specimen collection is considered as day 1.

- **Incident CDI LabID Event:** Either the first CDI LabID Event ever submitted for an individual resident in the LTCF, or a subsequent LabID Event submitted > 56 days (8 weeks) after the most recent CDI LabID Event reported for an individual resident in the LTCF.
- **Recurrent CDI LabID Event:** Any CDI LabID Event submitted more than 14 days (2 weeks) and less than 57 days (8 weeks) after the most recent CDI LabID Event reported for an individual resident in the LTCF.

EXAMPLE: NHSN Classification of CDI LabID Events as Incident or Recurrent

Resident ID	Current Admit Date	CDI Event Date (specimen collection date)	NHSN Categorization
1111	09/01/2019	09/02/2019	Incident
1111	09/01/2019	09/10/2019	Duplicate -no further categorization
1111	09/01/2019	09/25/2019	Recurrent
1111	09/01/2019	11/28/2019	Incident

III. NHSN will further categorize incident and recurrent CDI LabID Events based on the following: (1) date of *current admission to the facility*; (2) *date specimen collected (event date)*; and (3) *date of last transfer from acute care to your facility*.

- **Community-onset (CO) LabID Event:** Date specimen collected ≤ 3 calendar days after date of current admission to the facility (specifically, days 1, 2, or 3 of current admission).
- **Long-term Care Facility-onset (LO) LabID Event:** Date specimen collected > 3 calendar days after current admission date (specifically, on or after day 4).
 - LO LabID Events can be further sub-classified as:
 - **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO):** LTCF-onset (LO) LabID Event with date specimen collected ≤ 4 weeks following



date of last transfer from an Acute Care Facility (specifically from a hospital, long-term acute care hospital, or acute inpatient rehabilitation facility) to the LTCF.

Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset				
Admission date				
June 4 th	June 5 th	June 6 th	June 7 th	June 8 th
day 1	day 2	day 3	day 4	day 5
Community-onset (CO)			Long-term Care Facility-onset (LO)	

Case Scenarios:

1. Ms. T was first admitted to the LTCF on June 4th. On June 5th she developed diarrhea, and on June 6th a loose stool specimen was collected and tested positive for *C. difficile* toxin. A CDI LabID Event was entered for June 6th (date of specimen collection). This event was considered a non-duplicate event and categorized as **Community-onset (CO)** since the specimen was collected within the first 3 days of her current admission into the facility. If the specimen had been first collected four or more days (June 7th or later) after her current admission date, the NHSN application would have categorized the LabID Event as **Long-term Care Facility-onset (LO)**.
2. Ms. Smith was transferred to your facility from an acute care facility on July 1st and had a loose stool collected on July 10th that tested positive for *C. difficile* toxin. A CDI LabID Event was submitted to NHSN and subsequently categorized as incident, **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)** since the specimen was collected more than 3 days after her current admission and she was transferred to your facility from an acute care facility in the previous 4 weeks.
3. Mr. Tom was transferred to your facility from home on August 5th. He was on treatment for a *C. difficile* infection at the time of admission but seemed to be doing well. On August 10th, the on-call doctor ordered a *C. diff* stool test that subsequently returned positive for *C. difficile* toxin. You submit a CDI LabID Event for Mr. Tom and NHSN categorized the event as **Incident, Long-term Care Facility Onset** CDI LabID Event. This scenario represents a trade-off between reduced surveillance burden associated with LabID Event reporting and decreased specificity.

Data Analyses

All event and summary (denominator) data that are submitted to NHSN can be analyzed. After a user generates analysis datasets in the application, all data entered for the facility up until that time



are made available within the analysis reports. These data can be visualized and analyzed in various ways. For example, line listing reports provide detailed line by line listing of events reported and rate table reports provide summarized monthly data with calculated rates and denominator data. Users can also generate frequency tables, bar charts, and pie charts. Additionally, the LTCF Dashboard, located on the NHSN Home Page, allows users to quickly visualize data found in the rate tables and line listings in the form of interactive bar charts and line graphs. For additional information about the LTCF Dashboard, please review the [CDC Guidance Document – Dashboard](#).

Calculated CDI Rates and Metrics

The following section describes the various measures calculated for CDI LabID Event surveillance that are generated as part of the reports within the analysis section of NHSN. *Only non-duplicate CDI LabID events are included in analysis.*

Calculated Metrics	Calculations	Comments
Total CDI Rate per 10,000 resident days	$\frac{\text{Number of CDI LabID Events}}{\text{Total resident – days}} \times 10,000$	Includes CO and LO LabID Events
<ul style="list-style-type: none"> • Percent of CO CDI LabID Events 	$\frac{\text{Number of CO CDI LabID Events}}{\text{Total number of CDI LabID Events}} \times 100$	
<ul style="list-style-type: none"> • Percent of LO CDI LabID Events 	$\frac{\text{Number of LO CDI LabID Events}}{\text{Total number of CDI LabID Events}} \times 100$	Includes incident and recurrent CDI LabID Events
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ Percent of ACT-LO CDI LabID Events 	$\frac{\text{Number of ACT – LO CDI LabID Events}}{\text{Total number of LO CDI LabID Events}} \times 100$	
CDI LO Incidence Rate per 10,000 resident-days	$\frac{\text{Number Incident LO CDI LabID Events}}{\text{Total resident – days}} \times 10,000$	Excludes recurrent CDI LabID Events
CDI Treatment Prevalence on Admission	$\frac{\text{Number of residents on CDI treatment on admission to facility}}{\text{Total number of admissions}}$	



Calculated Metrics	Calculations	Comments
CDI Treatment Ratio	$\frac{\text{Number of CDI medication treatment starts for CDI}}{\text{Total number of CDI LabID Events}}$	<p>When the CDI treatment ratio is <1, there are fewer reported medication starts for CDI than CDI events submitted to NHSN;</p> <p>when the CDI treatment ratio equals 1, there are the same number of new medication starts for CDI events submitted;</p> <p>when the CDI treatment ratio is >1, there are more reported medication starts for CDI than CDI events submitted to NHSN.</p>



I. Multi-drug Resistant Organism Surveillance using LabID Event Methodology

Laboratory-identified (LabID) Event reporting allows laboratory data to be used without clinical evaluation of the resident for signs or symptoms, creating a less labor-intensive method to track MDROs. This method provides proxy measures of MDRO infections, and healthcare exposure based solely on laboratory data and limited resident admission/transfer data.

The data collected will enable participating facilities and the CDC to calculate several measures, depending on which MDROs the facility chooses to track. NHSN forms are available and should be used to collect all required data, using the definitions of each data field as indicated in the [Table of Instructions](#).

Methods: Facilities may choose to monitor one or more of the following MDROs using laboratory-identified (LabID) event surveillance: *Staphylococcus aureus*, both methicillin-resistant (MRSA) and methicillin-susceptible (MSSA), vancomycin-resistant *Enterococcus spp.* (VRE), cephalosporin-resistant *Klebsiella spp.*, Carbapenem-resistant *Enterobacteriaceae* (CRE), and multidrug-resistant *Acinetobacter spp.* This method allows LTCFs to conduct surveillance using laboratory data without clinical evaluation for signs and symptoms. Proxy measures of MDROs and healthcare exposure can then be calculated with limited resident information. NHSN forms should be used to collect all required data, using the definitions of each data field as indicated in the [Table of Instructions](#).

Note: No Active Surveillance Culture/Testing (ASC/AST) results are to be included in LabID Event reporting.

Setting: MDRO LabID Event reporting is available for certified skilled nursing facilities and nursing homes (LTC: SKILLNURS) and intermediate/chronic care facilities for the developmentally disabled (LTC: DEVDIS).

Setting includes specimens collected while the resident is physically located in the reporting LTCF, as well as specimens collected during a brief outpatient visit to an emergency department (ED) or medical office **and the resident returns to the LTCF within 2 calendar days** (specifically, on the day of the visit or the next calendar day). **Do not** report MDRO events collected in the ED, if the resident is subsequently admitted to the acute care facility.

Laboratory results obtained before a resident's admission to the reporting LTCF or during an admission in another healthcare facility should **NOT** be reported to NHSN.



Case Scenarios:

1. Mr. T is a resident in your LTCF. On March 1st, he was transferred to the ED for evaluation of a foot ulcer. While in the ED, the wound was cultured and tested positive for MRSA. Antibiotics were ordered and Mr. T was transferred back to the LTCF on the same calendar day. Since the MRSA positive wound culture was collected in an outpatient setting and Mr. T returned to the LTCF within 2 calendar days, the specimen was submitted as an NHSN MRSA LabID Event for the LTCF.

2. Mr. T is a resident in your LTCF. On March 1st, he was transferred to the ED for evaluation of a foot ulcer. While in the ED, the wound was cultured and tested positive for MRSA. He was admitted to the hospital for IV antibiotics. Since Mr. T was admitted to as an inpatient and did not return to the LTCF within 2 calendar days, the specimen collected in the ED was **not** submitted as an NHSN MRSA LabID Event for the LTCF.

Requirements

! **New for 2020 reporting:** Facilities must submit all MDRO positive isolates when collected from a resident while he/she is physically housed in the reporting LTCF (see [Setting](#) for additional information about reportable events).

A *NHSN Monthly Reporting Plan* for the LTCF ([CDC 57.141](#)) must be completed for each calendar month in which a facility plans to enter data into NHSN. NHSN will not save event data without a corresponding monthly reporting plan. For data to be included in analysis reports and the [LTCF Data Dashboard](#), both numerator and denominator (see *Numerator and Denominator Data* section below) data must be reported for the entire facility, referred to as facility-wide inpatient (FacWideIN), for the participating calendar month.

Note: Facilities are encouraged to report for at least six consecutive months to provide meaningful measures for analysis.

Available Reportable Organisms: The following MDROs can be selected for tracking in the NHSN LabID Event module:

Gram-stain positive organisms:

- MRSA: *S. aureus* cultured from any specimen source that tests resistant to oxacillin, methicillin, or ceftioxin, by standard susceptibility testing methods, or any laboratory finding of MRSA (includes, but not limited to PCR or other molecular detection methods).



- **MSSA:** *S. aureus* cultured from any specimen source testing intermediate or susceptible to oxacillin, methicillin, or ceftazidime by standard susceptibility testing methods. **Note:** MSSA is only an option when surveillance includes MRSA.
- **VRE:** *Enterococcus faecalis*, *Enterococcus faecium*, or *Enterococcus species unspecified* (only those not identified to the species level) that is resistant to vancomycin, by standard susceptibility testing methods or a laboratory finding of VRE (includes, but not limited, to PCR or other molecular based detection methods).

Gram-stain negative organisms:

- **CephR-Klebsiella:** Any *Klebsiella species* testing non-susceptible (specifically, resistant or intermediate) to cephalosporin antibiotics like ceftazidime, cefotaxime, ceftriaxone, or cefepime.
- **CRE-** Any *Escherichia coli (E. coli)*, *Klebsiella species*, or *Enterobacter species* testing resistant to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods (specifically, minimum inhibitory concentrations of ≥ 4 mcg/mL for doripenem, imipenem and meropenem or ≥ 2 mcg/mL for ertapenem) OR by production of a carbapenemase (specifically, KPC, NDM, VIM, IMP, OXA-48) demonstrated using a recognized test (for example, polymerase chain reaction, metallo- β -lactamase test, modified-Hodge test, Carba-NP). **Note:** CRE surveillance requires facilities to monitor and report for all three organisms (CRE-*E. coli*, CRE-*Klebsiella spp.*, and CRE-*Enterobacter spp.*).
- **MDR-Acinetobacter:** Any *Acinetobacter species* testing non-susceptible (specifically, resistant or intermediate) to at least one agent in at least 3 antimicrobial classes of the following 6 antimicrobial classes:

Antimicrobial Class	Antimicrobial Agents
β-lactams and β-lactam/β-lactamase inhibitor combinations	Piperacillin, Piperacillin/tazobactam
Sulbactam	Ampicillin/sulbactam
Cephalosporins	Cefepime, Ceftazidime
Carbapenems	Imipenem, Meropenem, Doripenem, Ertapenem
Aminoglycosides	Amikacin, Gentamicin, Tobramycin
Fluoroquinolones	Ciprofloxacin, Levofloxacin



Definitions

MDRO Laboratory-identified (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 emergency department or medical office when the resident returns to the reporting LTCF on the same calendar day or the next calendar day. (see [Setting](#)).

! NEW for 2020: LTCFs must submit all MDRO LabID Events

MDRO positive isolate: Any specimen, obtained for clinical decision making, testing positive for an MDRO (as defined above). **Note**: Excludes tests related to active surveillance testing.

Case Scenarios:

1. Mr. T is a long-term resident in your facility. On December 2th, he developed a fever and complained of several pain during urination. A urine culture was collected on 12/2 and subsequently returned positive for MRSA. A MRSA LabID Event was submitted to NHSN for 12/2 (date of specimen collection). Over the next week, Mr. T seemed to improve, and the pain resolved. On December 25th, he had purulent discharge around his penis and another urine culture was collected on the same day and subsequently tested positive for MRSA. The MRSA was also entered in NHSN as a MRSA LabID Event for 12/25.
2. Ms. Smith was admitted to your LTCF today, on May 1. According to her chart she was recently treated 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 on the following day, on May 2. The results were positive for VRE, so a VRE LabID Event was submitted to NHSN for Ms. Smith.
3. 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. A LabID Event was entered for each MDRO: (1) VRE-Blood; (2) VRE – Wound; (3) MRSA Wound: and VRE-Urine.
4. 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. You do **not** submit an MDR-*Acinetobacter* LabID Event for Mrs. Anttila since she was not tested while physically bedded in your LTCF.



5. While reviewing her chart, you also notice that a nasal swab was obtained as part of your MRSA active surveillance program. The culture was positive. Since the positive MRSA was collected as part of an active surveillance program, you do **not** submit a MRSA LabID Event for Mrs. Anttila.

Key Points

1. MDRO LabID Event reporting is ONLY for collecting and tracking isolates from positive cultures that are taken for "clinical" purposes (specifically, for diagnosis and treatment), which means that Active Surveillance Culture/Testing (for example, nasal swabs for MRSA or perirectal swabs for VRE) results are not reported as MDRO LabID Events.
2. **NEW for 2020** – ALL MDRO LabID Events must be submitted to the NHSN.
3. MDRO LabID Event rules apply to specimens collected while resident is physically bedded in the reporting LTCF. The only exception is when a specimen was collected during a brief outpatient visit (not admission) to an emergency department or medical office visit.
4. Laboratory results obtained before a resident's admission to the LTCF or during an admission in another facility are excluded from MDRO LabID Event reporting.
5. If a specimen is collected while the resident is receiving care from an ED or OP setting, the *Resident Care Location* and *Primary Resident Service Type* should indicate the resident's primary LTCF location and service type prior to the ED or OP visit.
6. When performing LabID Event reporting for MDROs, the facility must report the selected MDRO(s) from all specimen sources, and from all locations within the reporting LTCF, referred to as FacWideIN.

Numerator and Denominator Data

NHSN provides users with forms and accompanying instructions that can be used to collect the required LabID Event data (numerator data), as well as the required monthly summary data (denominator data). The forms include all required data elements that must be submitted in the NHSN application. Facilities may also choose to customize these forms to better accommodate individual surveillance programs.

Numerator: Data for each MDRO LabID Event will be reported using the *Laboratory identified MDRO or CDI Event for LTCF* form ([CDC 57.138](#)). The [Table of Instructions for Completion of the LTCF Laboratory- identified \(LabID\) MDRO or CDI Event form](#) includes instructions for collection and entry of each data element on the form. Report one event per form.

Denominator: Monthly totals for resident admissions and resident days. Data are collected using the *MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF* form ([CDC 57.139](#)). The [Table of Instructions for Completion of the MDRO and CDI Monthly Monitoring for](#)



[Long-term Care Facility](#) form includes brief instructions for collection and entry of data elements on the form. Facilities may also choose to use the optional *Denominators for LTCF* form ([CDC 57.142](#)) to collect daily denominator data, keeping in mind that only the monthly totals are submitted to NHSN. For form [CDC 57.142](#), the following [Table of Instructions for Completion of the LTCF Component Denominators for LTCF](#) are available.

Resident admissions refer to total number of residents admitted to the facility including both new and re-admissions (specifically, a resident was out of the facility for more than two (2) calendar days and then returned).

Resident-days are calculated using the daily census of residents in the facility each day of the month. The daily total is submitted to NHSN.

Categorizations of MDRO LabID Events

All MDRO LabID Events must be submitted to NHSN. Based on event data submitted, NHSN will categorize events to populate different measures. Because of variability in documenting time of admission to the LTCF, calendar days are used to categorize LabID Events.

I. Duplicate MDRO LabID Events will be appear in the NHSN line list and will be marked as a “duplicate” event based on the following definition:

(1) Any subsequent *non-blood* source MDRO positive isolate collected from the same resident after the first positive isolate of the same MDRO during a calendar month

OR

(2) A *blood source* MDRO positive isolate collected from the same resident after the first positive isolate of the same MDRO during the previous two weeks (<15 calendar days).

Note: if the second positive *blood source* represents the first positive same MDRO specimen for a new calendar month, it is not considered a duplicate event, even if the same MDRO was reported within the previous two weeks.

**** Important:** Duplicate MDRO LabID Events will be excluded from rate calculations

II. Nonduplicate MDRO LabID Events will be categorized based on the following: (1) *date of current admission to the facility*; (2) *date specimen collected (event date)*; and (3) *date of last transfer from acute care to your facility*.

- **Community-onset (CO) LabID Event:** Date specimen collected \leq 3 calendar days after date of current admission to the facility (specifically, days 1, 2, or 3 of admission).
- **Long-term Care Facility-onset (LO) LabID Event:** Date specimen collected $>$ 3 calendar days after date of current admission to the facility (on or after day 4).
 - LO LabID Events can be further sub-classified as:

Acute Care Transfer-Long-term Care Facility-onset (ACT-LO): LTCF-



onset (LO) LabID Event with date specimen collected \leq 4 weeks following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) to the LTCF.

EXAMPLE: Ms. T was first admitted to the LTCF on June 4th. On June 6th, a foot ulcer tested positive for MRSA. A MRSA LabID Event was submitted to NHSN June 6th (date of specimen collection). NHSN categorized the LabID Event as Community-onset since the specimen was collected within the first 3 days of her current admission into the facility. If the specimen had been first collected four or more days (June 7th or later) after her current admission date into the facility, the NHSN application would have categorized the LabID Event as Long-term Care Facility-onset.

Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset				
Admission date				
June 4 th	June 5 th	June 6 th	June 7 th	June 8 th
day 1	day 2	day 3	day 4	day 5
Community-onset (CO)			Long-term Care Facility-onset (LO)	

Case Scenarios:

1. Ms. T was first admitted to the LTCF on June 4th. On June 5th she complained of burning during urination and had a low-grade fever, and on June 6th a urine culture specimen was collected and tested positive for MRSA. A MRSA LabID Event was entered for June 6th (date of specimen collection). This event was considered a non-duplicate event and categorized as **CO** since the specimen was collected within the first 3 days of her current admission into the facility.
2. Ms. Smith was transferred to your facility from an acute care facility on July 1st and had a urine culture collected on July 10th that tested positive for VRE. A VRE LabID Event was submitted to NHSN and subsequently categorized as **ACT-LO** since the specimen was collected more than 3 days after her current admission and she was transferred to your facility from an acute care facility in the previous 4 weeks.
3. Mr. Tom was transferred to your facility from home on August 5th. He was on treatment for a MRSA urinary tract infection at the time of admission but seemed to be doing well. A MRSA LabID Event does NOT get submitted to NHSN since the culture was not collected while he was bedded in the LTCF. On August 10th, the on-call doctor ordered a urine culture after Mr. Tom developed a fever and discharge around his penis; the test results returned positive for MRSA and VRE. You must submit two LabID Events for Mr. Tom-- a MRSA LabID Event and a VRE LabID Event. NHSN categorizes both events as **LO**. This scenario represents a trade-off between reduced surveillance burden associated with



LabID Event reporting and decreased specificity.

- III.** All positive MDRO specimens must be submitted. However, the NHSN method for categorizing non-duplicate MDRO blood sources is different compared to non-blood specimen sources.

Non-duplicate blood source MDRO LabID Event: NHSN will categorize a submitted MDRO blood source LabID Event as a non-duplicate if one of the following are true: (1) the first MDRO positive isolate in a calendar month for a resident is a blood specimen, even if the same resident had the same MDRO blood isolate reported in the previous 2 weeks (<15 days) across calendar months; **OR** (2) A MDRO isolate identified in a resident with no prior positive blood culture for the same MDRO in the past 2 weeks (<15 days). Even across calendar months and admissions. This includes scenarios in which the same MDRO was previously reported from a non-blood source during the same month or past two weeks

Case Scenario: Ms. T

1. A new resident, Ms. T complained of burning during urination on June 12th, and on June 15th a urine culture specimen was collected and tested positive for MRSA. A MRSA LabID Event was entered for June 15th. NHSN categorized the event as non-duplicate MRSA LabID Event since it was the first MRSA reported for Ms. T for the calendar month of June.
2. A week later, Ms. T spiked a high fever in which a blood culture was collected and positive for MRSA. A MRSA LabID event was entered for June 22. Since Ms. T had not had a reported positive MRSA blood isolate in the past 2 weeks (<15 calendar days), NHSN categorized the MRSA blood as a non-duplicate MRSA LabID Event.
3. On July 2, another blood culture was collected from Ms. T. It returned positive for MRSA. A MRSA LabID Event was submitted to NHSN for July 2. Since this was the first MRSA positive isolate in a new calendar month for Ms. T, NHSN categorized the MRSA LabID Event as a non-duplicate even though it was less than 15 since the last submitted MRSA LabID Event for Ms. T.
4. On July 10, a urine culture and a blood culture were collected from Ms. T. Both specimens were positive for MRSA, and therefore reported as two individual MRSA LabID Events (one for the urine and one for the blood). NHSN categorized both LabID Events as duplicate events. The MRSA urine since it was not the first MRSA specimen for Ms. T in the month of July; and the MRSA blood since it was less than 15 days since the last MRSA blood was reported to NHSN.



Line List Scenarios for Resident ID 202000

Specimen Collection Date	Specimen Source	Result	Submit LabID Event to NHSN?	NHSN Classification as Duplicate or Non-Duplicate
1/1	Urine	VRE	YES	Non-duplicate -since this is the first VRE LabID Event reported for the resident in January.
1/14	Urine	MRSA	YES	Non-duplicate -since this is the first MRSA LabID Event reported for the resident in January.
1/20	Abscess	VRE	YES	Duplicate -since this is a non-blood source and a VRE LabID Event has already been reported for this resident in January.
1/25	Blood	VRE	YES	Non-duplicate since this is a blood source and no previous VRE blood source LabID Events have been reported for the resident in the previous two weeks (>14 days).
2/2	Blood	VRE	YES	Non-duplicate since this is the first VRE LabID Event reported for the resident in February.
2/19	Abscess	VRE	YES	Duplicate -since a VRE LabID Event has already been reported for this resident in February.
2/26	Blood	VRE	YES	Non-duplicate since it has been more than two weeks (>14 days) since the last MRSA blood source LabID Event was reported for this resident.
3/1	Wound	VRE	YES	Non-duplicate -since this is the first VRE LabID Event reported for the resident in March.
3/3	Blood	VRE	YES	Duplicate -since this was not the first VRE LabID Event reported for March, and it has been less than two weeks (<15 days) since the most recent VRE blood source LabID Event was reported for this resident.



Data Analyses

All event and summary (denominator) data that are submitted to NHSN can be analyzed. After a user generates analysis datasets in the application, all data entered for the facility up until that time are made available within the analysis reports. These data can be visualized and analyzed in various ways. For example, line listing reports provide detailed line by line listing of events reported and rate table reports provide summarized monthly data with calculated rates and denominator data. Users can also generate frequency tables, bar charts, and pie charts. Additionally, the LTCF Dashboard, located on the NHSN Home Page, allows users to quickly visualize data found in the rate tables and line listings in the form of interactive bar charts and line graphs. For additional information about the LTCF Dashboard, please review the [CDC Guidance Document – Dashboard](#).

Calculated MDRO Rates and Metrics:

The following section describes the various metrics calculated for MDRO LabID Event surveillance that are generated as part of the reports within the analysis section of NHSN. *Only non-duplicate LabID Events are included in calculated metrics.*

Calculated Metrics	Calculations	Comments
Total MDRO Rate per 1,000 resident days	$\frac{\text{Number of MDRO LabID Events}}{\text{Total resident – days}} \times 1,000$	Includes CO and LO LabID Events per month
<ul style="list-style-type: none"> • <i>Percent of MDRO CO LabID events</i> 	$\frac{\text{Number of CO MDRO LabID Events}}{\text{Total number of MDRO LabID Events}} \times 100$	
<ul style="list-style-type: none"> • <i>Percent of MDRO LO LabID events</i> 	$\frac{\text{Number of LO MDRO LabID Events}}{\text{Total number of MDRO LabID Events}} \times 100$	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ○ <i>Percent of LO MDRO LabID Events that are ACT-LO LabID events</i> 	$\frac{\text{Number of ACT – LO MDRO LabID Events}}{\text{Total number of LO MDRO LabID Events}} \times 100$	
MDRO LO Rate per 1,000 resident days	$\frac{\text{Number of LO MDRO LabID Events}}{\text{Total resident – days}} \times 1,000$	



Laboratory-identified MDRO or CDI Event for LTCF

Page 1 of 1

*required for saving	
Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: __/__/____
Ethnicity (specify):	Race (specify):
*Date of First Admission to Facility: __/__/____ *Date of Current Admission to Facility: __/__/____	
Event Details	
*Event Type: LabID	*Date Specimen Collected: __/__/____
*Specific Organism Type: (check one)	
<input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE- <i>E. coli</i> <input type="checkbox"/> CRE- <i>Enterobacter</i> <input type="checkbox"/> CRE- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i>	
*Specimen Body Site/System:	*Specimen Source:
*Resident Care Location:	
*Primary Resident Service Type: (check one)	
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative	
*Has resident been transferred from an acute care facility in the past 4 weeks? Yes No	
If Yes, <u>date of last transfer</u> from acute care to your facility: __/__/____	
If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility? Yes No	
Custom Fields	
Label	Label
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Comments	
<p><small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</small></p> <p><small>Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).</small></p>	
CDC 57.138, rev 4, v9.4	



Table 5. Instructions for Completion of the LTCF Laboratory- identified (LabID) MDRO or CDI Event form (CDC [57.138](#))

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the system.
Event ID	Event ID number will be auto-entered by the system.
Resident ID	Required. Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all visits and admissions.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.
Resident Name,	<i>Optional.</i> Enter the name of the resident (Last, First, Middle)
Gender	Required. Select M (Male) or F (Female) to indicate the gender of the resident.
Date of Birth	Required. Record the date of the resident’s birth using this format: MM/DD/YYYY.
Ethnicity (specify)	<i>Optional.</i> Enter the resident’s ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	<i>Optional.</i> Enter the resident’s race: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White
Event Details	
Resident Type	Non-editable. Auto-populated by NHSN system as stay or long-stay based on the date of first admission to the facility and the event date. Specifically, the definition are: <ul style="list-style-type: none"> • Short-stay: Resident has been in facility for 100 or less days from date of first admission. In other words, if the Event Date minus the First Admission Date is less than or equal to 100; then resident type should be “SS”. • Long-stay: Resident has been in facility for more than 100 days from date of first admission. In other words, if the Event Date minus the First Admission Date is greater than 100 then the resident type should be “LS”. • Important: Users are NOT permitted to edit the auto-populated resident type.
Date of First Admission to Facility	Required. The date of first admission is defined as the date the resident first entered the facility. This date remains the same even if the resident leaves the facility (for example, transfers to another facility) for short periods of time (less than 30 consecutive days). If the resident leaves the facility and is away for 30 or more consecutive days, the date of first admission should be updated to the date of return to the facility. Enter date using this format: MM/DD/YYYY.



Data Field	Instructions for Form Completion
Event Details	
Date of Current Admission to Facility	<p>Required. The date of current admission is the most recent date the resident entered the facility. <i>If the resident enters the facility for the first time and has not left, then the date of current admission will be the same as the date of first admission.</i> Enter date using this format: MM/DD/YYYY.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the resident leaves the facility for more than 2 calendar days (the day the resident leaves the facility is equal to day 1) and returns, the date of current admission should be updated to the date of return to the facility. • If the resident has not left your facility for more than 2 calendar days, then the date of current admission should not be changed. • Date of current admission must occur BEFORE the date of event. <p><i>Example:</i> A resident is transferred from your facility to an acute care facility on June 2, 2017 and returns on June 5, 2017, the current admission date would be 06/05/2017. One week later, the same resident goes to the ED for evaluation on June 12, 2017 and returns on June 13, 2017. The date of current admission stays 06/05/2017.</p>
Event Type	Required. Event type = LabID. This will be auto-entered by the system.
Date Specimen Collected	Required. Enter the date the specimen was collected for this Event using format: MM/DD/YYYY. This is also referred to as the Date of Event.
Specific Organism Type	<p>Required. Check the laboratory-identified MDRO identified from this specimen:</p> <p>MRSA, MSSA (if tracking MRSA & MSSA together), VRE, <i>C. difficile</i>, CephR-Klebsiella, CRE-<i>E. coli</i>, CRE-<i>Enterobacter</i>, CRE-Klebsiella, or MDR-Acinetobacter.</p> <p>Notes:</p> <ul style="list-style-type: none"> • If multiple MDROs are identified from the same culture, create a new Event report for each one (specifically, 1 form for each pathogen). • If conducting surveillance for CRE, the facility must include all three CRE organisms (<i>E. coli</i>, <i>Klebsiella</i>, and <i>Enterobacter</i>) in the monthly reporting plan and conduct surveillance for all three organisms.
Specimen Body Site/System	<p>Required. Select the main body site/system from which the specimen was taken using the description that is most specific.</p> <p>Cardio/Circulatory/Lymph (CARD); Central Nervous System (CNS); Digestive System (DIGEST); Eyes, Ears, Nose, and Throat (EENT); Endocrine (ENDCRN); Genitourinary (GU); Musculoskeletal (MSC); Reproductive Female (REPRF); Reproductive Male (REPRM); Respiratory (RESP); Skin/Soft Tissue (SST); Unspecified</p>



Data Field	Instructions for Form Completion
Event Details	
Specimen Source	<p>Required. Enter the specific source from which the specimen was taken using the most accurate from the available choices. Examples of specimen source by each specimen body site/system include:</p> <p style="padding-left: 40px;"><i>Cardio/Circulatory/Lymph (CARD):</i> Blood, Lymph node, Vein, Spleen <i>Central Nervous System (CNS):</i> Brain , CSF, Spinal Cord <i>Digestive System (DIGEST):</i> Stool, Rectal Swab, Liver, Stomach <i>Eyes, Ears, Nose, and Throat (EENT):</i> Mouth, Throat, Eye fluid <i>Endocrine (ENDCRN):</i> Thyroid, Thymus <i>Genitourinary (GU):</i> Genital swab, Perineal, Urethral swab, Urine <i>Musculoskeletal (MSC):</i> Fat, Bone, Muscle, Synovial fluid <i>Reproductive Female (REPRF):</i> Amniotic fluid, Ovary, Vaginal fluid <i>Reproductive Male (REPRM):</i> Prostatic fluid, Sperm <i>Respiratory (RESP):</i> BAL, Lung, Nasopharyngeal wash, Pleural fluid <i>Skin/Soft Tissue (SST):</i> Abscess, Skin, Soft tissue biopsy</p>
Resident Care Location	<p>Required. Enter the location where the resident was residing on the date the specimen was collected. If a specimen was collected while the resident was receiving care from an ED or OP location, the <i>Resident Care Location</i> should indicate the resident’s primary LTCF location prior to visiting the outpatient setting.</p>
Primary Resident Service Type	<p>Required. Check the single primary service that best represents the type of care the resident is receiving on the date the specimen was collected:</p> <p style="padding-left: 40px;">Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.</p> <p>Note: If a specimen was collected while the resident was receiving care from an ED or OP setting, the Primary Resident Service Type should indicate the resident’s primary service type prior to visiting the outpatient setting.</p>
Has resident been transferred from an acute care facility in the past 4 weeks?	<p>Required. Select “Yes” if the resident has been an <u>inpatient</u> of an acute care facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) <u>and</u> was directly admitted to your facility in the past four weeks (specifically 28 days, with the day of specimen collection being day 1) prior to the current positive specimen collection date (also referred to as event date). Otherwise, select “No”.</p> <p>Note: Previous emergency department and/or outpatient visits (physician’s office) are excluded since these outpatient visits do not represent an inpatient admission.</p>
If yes, date of last transfer from acute care to your facility	<p>Conditionally required. If the resident was transferred from acute care to your facility in the past four weeks, enter the most recent date of transfer. Use format: MM/DD/YYYY</p>



Data Field	Instructions for Form Completion
Event Details	
If yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility?	Conditionally required. If the resident was on antibiotic therapy for this specific organism at the time of transfer to your facility select “Yes”, otherwise select “No”.
Documented prior evidence of infection or colonization with this specific organism type from a previously reported LabID Event?	Non-editable. This is a system auto-populated field and is based on prior months LabID Events. “Yes” or “No” will be auto-filled by the system only, depending on whether there is prior LabID Event entered for the same organism and same patient in the prior month. Cannot be edited by user. If there is a previous LabID event for this organism type entered in NHSN in a prior month , the system will auto-populate with a “Yes.” Note: This question is not used in the categorization of <i>C. difficile</i> LabID Events.
Custom Fields	
Labels	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of the NHSN application before the field can be selected for use.
Comments	Optional. Enter any information on the event. This information is not analyzed.



Prevention Process Measures Surveillance Protocol for Long-term Care Facilities

Background: Healthcare-associated infections (HAIs) can be reduced with adherence to infection prevention measures. The CDC's Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) *Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*¹ recommends practices known to reduce the risk of HAIs. These practices include hand hygiene, gloves use, and gown use. Despite evidence supporting these prevention measures, adherence to these practices is sub-optimal. Several facilities have found it useful to monitor adherence to these prevention practices as a method for identifying quality improvement opportunities and strategically targeting interventions. Feedback of adherence data has been a component of multifaceted interventions that have successfully reduced HAI rates².

Participation in NHSN Prevention Process Measures Surveillance is open to all types of long term care facilities (LTCF), including Nursing Homes/Skilled Nursing Facilities (LTC:SKILLNURS); intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS); Assisted Living Facilities and Residential Care Facilities (LTC:ASSIST). Participation enables facilities and CDC to:

- Monitor practices in facilities and provide aggregate adherence data for all participating facilities.
- Facilitate quality improvement by identifying specific gaps in adherence to recommended prevention practices, thereby helping to target intervention strategies for reducing HAI rates.

References:

1: Healthcare Infection Control Practices Advisory Committee (HICPAC) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting. Available at www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf

2: Smith et al. SHEA/APIC Guideline: Infection Prevention and Control in the Long-Term Care Facility. *Infection Control and Hospital Epidemiology*, vol.29, 2008, pp. 785-814.



1. Monitoring Adherence to Hand Hygiene

Introduction: This surveillance option will allow LTCFs to monitor adherence to hand hygiene (HH) after healthcare personnel (HCP) have come in contact with a resident or objects/surfaces in the immediate vicinity of a resident (for example, within resident's room, equipment handled during therapy). For the purposes of monitoring, HCP include all staff members providing direct care for residents (for example, physicians, nurses, certified nursing assistants, therapists), as well as staff members who perform services in resident care areas (for example, environmental services and meal delivery). Research data suggests that improved after-contact HH is associated with reduced HAI transmission. While there are multiple opportunities for proper HH during resident care, the focus of this option is to observe and report HH adherence only after contact with a resident or the objects/surfaces in the immediate vicinity of the resident. (www.cdc.gov/handhygiene/)

Settings: Participation in NHSN Prevention Process Measures Surveillance is open to all types of long term care facilities (LTCF), including Nursing Homes/Skilled Nursing Facilities (LTC:SKILLNURS); intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS); Assisted Living Facilities and Residential Care Facilities (LTC:ASSIST).

Requirements: Facilities must indicate their reporting for the calendar month in the *Monthly Reporting Plan for LTCF* ([CDC 57.141](#)). Surveillance for hand hygiene adherence in the LTCF must be reported for at least 6 consecutive months to provide meaningful measures.

Perform **at least 30** different unannounced observations after contact with residents for as many individual HCPs as possible. For example, try to observe all types of HCPs (physicians, nurses, technicians, aides, etc.) performing a variety of resident care tasks during the course of the month. No personal identifiers will be collected or reported.

Hand hygiene process measure data are reported using the *Prevention Process Measures Monthly Monitoring for LTCF* form ([CDC 57.143](#)). (See [Table of Instructions](#) for instruction on how to complete this form.)

Definitions:

Antiseptic hand wash: Washing hands with water and soap or other detergents containing an antiseptic agent.

Antiseptic hand rub: Applying an antiseptic hand-rub product to all surfaces of the hands to reduce the number of organisms present.



Hand hygiene: A general term that applies to either: hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

Hand washing: Washing hands with water and plain (specifically, non-antimicrobial) soap.

Numerator: Hand Hygiene Performed = Total number of observed contacts during which a HCP touched either a resident or objects/surfaces in the immediate vicinity of a resident and appropriate hand hygiene was performed.

Denominator: Hand Hygiene Indicated = Total number of observed contacts during which a HCP touched either a resident or objects/surfaces in the immediate vicinity of a resident where appropriate hand hygiene was indicated.

Data Analysis: Data are stratified by time (for example, month, quarter, etc.).

Hand Hygiene Percent Adherence = Number of contacts for which hand hygiene was performed / Number of contacts for which hand hygiene was indicated X 100.

II. Monitoring Adherence to Gown and Gloves Use as Part of Contact Precautions

Introduction: Transmission-based Contact Precautions are additional infection prevention measures implemented to limit the transmission of pathogens by direct or indirect contact with a resident or a resident's immediate environment. This option will allow facilities to monitor adherence to gown and glove use when a HCP has contact with a resident or objects/surfaces within a resident's room when that resident is on Transmission-based Contact Precautions. While numerous aspects of adherence to Contact Precautions could be monitored, this surveillance option is only focused on gown and glove use.

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Settings: Participation in NHSN Prevention Process Measures Surveillance is open to all types of long term care facilities (LTCF), including Nursing Homes/Skilled Nursing Facilities (LTC:SKILLNURS); intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS); Assisted Living Facilities and Residential Care Facilities (LTC:ASSIST).

Requirements: Facilities must indicate their reporting for the calendar month in the *Monthly Reporting Plan for LTCF* ([CDC 57.141](#)). Surveillance for gown and gloves use adherence in the LTCF must be reported for at least 6 consecutive months to provide meaningful measures.

Perform **at least 30** different unannounced observations for as many individual HCP as possible. An observable contact would be the entry of a HCP into a room to interact with a resident on Transmission-based Contact Precautions. Try to observe all types of HCPs



(physicians, nurses, therapists, aides, etc.) performing a variety of resident care tasks during the course of the month (for example, not only nurses, or not only during catheter or wound care). Both gown and gloves must be donned prior to contact for compliance. No personal identifiers will be collected or reported.

Gown and glove use process measure data are reported using the *Prevention Process Measures Monthly Monitoring for LTCF* form ([CDC 57.143](#)). (See [Table of Instructions](#) for instruction on how to complete this form.)

Definitions:

Gown and glove use: In the context of Transmission-based Contact Precautions, the donning of both gown and gloves prior to contact with a resident or objects/surfaces within the resident's room. Both gown and gloves must be donned prior to contact for compliance.

Numerator: Gown and Gloves Used = Total number of observed contacts between a HCP and a resident or objects/surfaces within a resident's room, when that resident is on Transmission-based Contact Precautions, for which gown and gloves were donned prior to contact.

Denominator: Gown and Gloves Indicated = Total number of observed contacts between a HCP and a resident or objects/surfaces within a resident's room on Transmission-based Contact Precautions, for which gown and gloves were indicated.

Data Analysis: Data are stratified by time (for example, month, quarter, etc.).

Prevention Process Measure data submitted to NHSN can be analyzed. After a user generates analysis datasets in the application, all data entered for the facility up until that time are made available within the analysis reports. These data can be visualized and analyzed in various ways. For example, the LTCF Dashboard, located on the NHSN Home Page, allows users to quickly visualize data found in the rate tables and line listings in the form of interactive bar charts and line graphs.

Gown and Glove Use Percent Adherence = Number of contacts for which gown and gloves were used / Number of contacts for which gown and gloves were indicated X 100.



Prevention Process Measures Monthly Monitoring for LTCF

Page 1 of 1

*required for saving

**conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

Prevention Process Measures

Hand Hygiene

**Performed: _____

**Indicated: _____

Gown and Gloves

**Used: _____

**Indicated: _____

Custom Fields

Label	_____	_____	_____	_____	_____
Data	_____	_____	_____	_____	_____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



**Table 6. Instructions for Completion of the Prevention Process Measures
Monthly Monitoring for LTCF form ([CDC 57.143](#))**

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID number will be auto-entered by the system.
Month	Required. Enter the 2-digit month during which prevention process measures monitoring was performed.
Year	Required. Enter the 4-digit year during which prevention process measures monitoring was performed.
Location Code	Required. For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
Process Measures: Hand Hygiene	
Performed	Conditionally required , if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate objects in the immediate vicinity of a resident and appropriate (<i>based on facility policy and procedures and/or recommended guidelines</i>) hand hygiene was <u>performed</u> .
Indicated	Conditionally required , if enrolled in hand hygiene adherence process measures. Enter the total number of observed contacts during which healthcare personnel touched either a resident or inanimate objects in the immediate vicinity of the resident and therefore, appropriate (<i>based on facility policy and procedures and/or recommended guidelines</i>) hand hygiene was <u>indicated</u> .
Process Measures: Gown and Gloves	
Used	Conditionally required , if enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate object in the immediate vicinity of the resident for which gown and gloves were donned <i>prior</i> to contact.
Indicated	Conditionally required , if enrolled in gown and gloves use adherence process measures. Among residents on Transmission-based Contact Precautions, enter the total number of observed contacts between healthcare personnel and a resident or inanimate objects in the immediate vicinity of the resident and therefore, gown and gloves were <u>indicated</u> .
Custom Fields	
Label	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.
Comments	<i>Optional.</i> Enter information for internal facility use.



MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF

Page 1 of 1

*required for saving										**conditionally required based upon monitoring selection in Monthly Reporting Plan									
Facility ID #: _____					*Month: _____					*Year: _____					*Location Code: _____				
*Resident Days: _____					**Number of Admissions on C. diff Treatment: _____					*Resident Admissions: _____					**Number of C. diff Treatment Starts: _____				
LabID Event Reporting																			
Specific Organism Type	MRSA	MSSA	VRE	CephR- <i>Klebsiella</i>	CRE- <i>E. coli</i>	CRE- <i>Enterobacter</i>	CRE- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	C. <i>difficile</i>										
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Report No Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Custom Fields (Optional)																			
Label	_____																		
Data	_____																		

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
 CDC 57.139 rev 3, v.8.6



Table 7. Instructions for Completion of the MDRO and CDI Monthly Monitoring for Long-term Care Facility form ([CDC 57.139](#))

Note: This form aligns with what the user will see in the NHSN application when entering denominator data for MDRO and/or CDI. A facility may choose to use this form (CDC 57.139) to record the aggregate MDRO and/or CDI monthly data that will be entered into NHSN or form CDC 57.142 to manually record daily counts that will be summed and entered into the NHSN application.

Data Field	Instructions for Form Completion
Facility ID	Required. The NHSN-assigned facility ID will be auto-entered by the system.
Location Code	Required. Enter the code for the location where the monthly monitoring data was collected. For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
Month	Required. Record the 2-digit month during which the data were collected.
Year	Required. Record the 4-digit year during which the data were collected.
Resident Days	<p>Required. For each day of the month, record the number of residents in the facility and record the total count for the calendar month. Do not include residents for whom a bed is being held but are not actually present in the facility.</p> <p>Comments:</p> <ul style="list-style-type: none"> • To calculate resident days, for each day of the month, at the same time each day, record the number of residents in the facility. At the end of the month, sum the daily counts and enter the total into NHSN. • When resident days are available from electronic databases (for example, ADT-admission, discharge, transfer records), these sources may be used as long as the counts are not substantially different (+/- 5%) from manually collected counts.
Resident Admissions	Required. For each day of the month, count, and record the number of residents admitted to the facility and record the total count for the calendar month. Include both new admissions and re-admissions (a resident was out of the facility >2 calendar days and then returned). Note: Only the total number of resident admissions for the calendar month are to be entered into the NHSN application.



Data Field	Instructions for Form Completion
Number of admissions on <i>C.difficile</i> treatment	<p>Conditionally required. Complete <u>only</u> if you are performing LabID event for <i>C.difficile</i> surveillance for this month.</p> <p>For each day of the month, count and record the number of residents who are receiving antibiotic therapy for <i>C.difficile</i> infection at the time of admission to your facility and record the total count for the calendar month. Include both new admissions and re-admissions (specifically, a resident was out of the facility >2 calendar days and then returned). Note: A resident admitted on CDI treatment should be included in this count even if he/she does not have a CDI LabID event for the LTCF.</p> <p>Comments:</p> <ul style="list-style-type: none"> The most common medications used to treat <i>Clostridioides difficile</i> (previously referred to as <i>Clostridium difficile</i>) infection are oral (PO) vancomycin and/or oral (PO) metronidazole (Flagyl); and Fidaxomicin. In the absence of CDI documentation, users are encouraged to consult with the physician or nurse to verify treatment for <i>C. difficile</i> since these medications could be prescribed for other conditions.
Number of <i>C. difficile</i> treatment starts	<p>Conditionally required. Complete <u>only</u> if you are performing LabID event for <i>C.difficile</i> surveillance for this month.</p> <p>Record the total count of new prescriptions for a medication (for example, antibiotic) given for residents suspected or diagnosed with having a <i>C. difficile</i> infection in the facility for the calendar month. Capture all new medication treatments (for example, antibiotic orders), regardless of: (1) results of <i>C. difficile</i> testing, including those without a positive CDI test; and (2) number of doses or days of therapy. The aggregate count for the calendar month should be entered as the total <i>C. difficile</i> Treatment Starts.</p> <p>Notes:</p> <ul style="list-style-type: none"> Include only CDI medications (for example, antibiotics) that are started while the resident is receiving care in your facility, either by clinical providers working in the facility or by outside physicians/providers who see the resident in an outpatient clinic or emergency department. Do not include treatment (for example, antibiotic courses) started by another healthcare facility prior to the resident's admission or readmission back to your facility, even if the resident continues to take the medication (for example, antibiotic) while in the facility. Common medications used to treat <i>Clostridioides difficile</i> infection (previously referred to as <i>Clostridium difficile</i> infection) are oral (PO) vancomycin and/or oral (PO) metronidazole (Flagyl); and Fidaxomicin. In the absence of CDI documentation, users are encouraged to consult with



Data Field	Instructions for Form Completion
	the physician or nurse to verify treatment for <i>C. difficile</i> since these medications could be prescribed for other conditions.
Specific Organism Type: LabID All Specimens	Required. Selections for LabID event reporting for All Specimen sources will be auto-filled for each organism included in the Monthly Reporting Plan for this month.
Report No Events	<p>Conditionally required. For each organism included in your monthly reporting plan for this calendar month, put an “X” in the <i>Report No Events</i> box <u>only</u> if there were no LabID events reported into the NHSN application for that organism during the calendar month.</p> <p>Note: Selections for <i>Report No Events</i> will be disabled for each organism in which a LabID event was already entered into the NHSN during the calendar month and for organisms that were not selected in the monthly reporting plan for the calendar month.</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.</p> <p>Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.</p>

Denominators for LTCF

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**required for saving

*conditionally required based on monitoring selection in Monthly Reporting Plan

Facility ID:		**Location Code:			**Month:	**Year:	
Date	**Number of residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of urine cultures ordered	*Number of admissions	*Number of admissions on <i>C. diff</i> treatment	*Number of <i>C. diff</i> treatment starts
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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16							
17							
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19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
*Total							
	Resident-days	Urinary-catheter days	Total antibiotic starts for UTI indication	Total urine cultures ordered	Resident-admissions	Resident-admissions on <i>C. diff</i> treatment	*Number of <i>C. diff</i> treatment starts

Label: _____

Data: _____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 4.17hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).



Table 3. Instructions for Completion of the Long-term Care Facility Component - Denominators for LTCF (CDC [57.142](#))

Data Field	Instructions for Form Completion
Facility ID	Required. The NHSN-assigned facility ID will be auto-entered by the system.
Location Code	Required: Enter the code for the location where surveillance was performed. For Long-term Care Facilities this code will be FacWideIN (Facility-wide Inpatient).
Month	Required. Record the 2-digit month during which the data were collected.
Year	Required. Record the 4-digit year during which the data were collected.
Number of residents	<p>Required. For each day of the month, record the number of residents in the facility. The total count for the calendar month should be entered into the NHSN as the total Resident Days. Note: Do not include residents for whom a bed is being held but are not actually present in the facility.</p> <p>Comments:</p> <ul style="list-style-type: none"> • To calculate resident days, for each day of the month, at the same time each day, record the number of residents in the facility. At the end of the month, sum the daily counts and enter the total into NHSN. • When resident days are available from electronic databases (for example, ADT-admission, discharge, transfer records), these sources may be used as long as the counts are not substantially different (+/- 5%) from manually collected counts.
Number of residents with a urinary catheter	<p>Conditionally required. Complete only if you are performing urinary tract infection (UTI) surveillance for this month.</p> <p>For each day of the month, count and record the number of residents in the facility who have an <i>indwelling urinary catheter</i>. The aggregate count for the calendar month should be entered as the total <i>Urinary-Catheter Days</i>. Note: Indwelling urinary catheter is a drainage tube that is inserted into the urinary bladder <i>through the urethra</i>, is left in place, and is connected to a collection system; also called a Foley catheter. Do not include straight in-and-out catheters, suprapubic catheters, or condom catheters in your count.</p>



Data Field	Instructions for Form Completion
New antibiotic starts for UTI indication	<p>Conditionally required. Complete only if you are performing urinary tract infection (UTI) surveillance for this month.</p> <p>For each day of the month, count and record the number of new prescriptions for an antibiotic given for residents suspected or diagnosed with having a urinary tract infection, (both catheter-associated and not catheter associated), in the facility. Capture all new antibiotic orders, regardless of number of doses or days of therapy. The aggregate count for the calendar month should be entered as the total <i>Antibiotic Starts for UTI Indication</i>.</p> <p>Note: Include only antibiotics that are started while the resident is receiving care in your facility, either by clinical providers working in the facility or by outside physicians who see the resident in an outpatient clinic or emergency department. Do not include antibiotic courses started by another healthcare facility prior to the resident’s admission or readmission back to your facility, even if the resident continues to take the antibiotic while in the facility.</p>
Number of urine cultures ordered	<p>Conditionally required. Complete only if you are performing urinary tract infection (UTI) surveillance for this month.</p> <p>For each day of the month, count and record the number of urine cultures ordered for residents in the facility. The aggregate count for the month should be entered as the total <i>Urine Cultures Ordered</i>. Capture all new urine culture orders for a resident regardless of whether the resident has a UTI meeting the NHSN event definition. Note: Include only urine culture orders that are placed while the resident is receiving care in your facility, either by clinical providers working in the facility or by outside physicians who see the resident in an outpatient clinic or Emergency department. Do not include urine cultures ordered by another healthcare facility prior to the resident’s admission or readmission back to your facility.</p>
Number of admissions	<p>Conditionally required. Complete only if you are performing LabID Event surveillance for this month. For each day of the month, count and record the number of residents admitted to the facility. The total count for the calendar month should be entered as the total <i>Resident Admissions</i>. Include both new admissions and re-admissions when a resident was out of the facility >2 calendar days (specifically, change to the Current Admission Date).</p>



Data Field	Instructions for Form Completion
Number of admission on <i>C. difficile</i> treatment	<p>Conditionally required. Complete <u>only</u> if you are performing LabID event for <i>C.difficile</i> surveillance for this month.</p> <p>For each day of the month, count and record the number of residents who are receiving medication therapy (such as antibiotics) for the treatment of <i>C.difficile</i> infection at the time of admission to your facility. The total count for the calendar month should be entered into the NHSN as the total <i>Number of Admissions on C. diff Treatment</i>. Include both new admissions and re-admissions when a resident was out of the facility >2 calendar days (specifically, change to the Current Admission Date). Note: A resident admitted on CDI treatment should be included in this count even if he/she does not have a CDI LabID event for the LTCF.</p> <p>Comments:</p> <ul style="list-style-type: none">• The most common medications used to treat <i>Clostridioides difficile</i> infection are oral (PO) vancomycin, oral (PO) metronidazole (Flagyl), and/or Fidaxomicin. In the absence of CDI documentation, users are encouraged to consult with the physician or nurse to verify treatment for <i>C. difficile</i> since these medications could be prescribed for other conditions.



Data Field	Instructions for Form Completion
Number of <i>C. difficile</i> treatment starts	<p>Conditionally required. Complete only if you are performing LabID event for <i>C.difficile</i> surveillance for this month.</p> <p>For each day of the month, count and record the number of new prescriptions or orders for a medication (for example, antibiotic) given for residents suspected or diagnosed with having a <i>C. difficile</i> infection in the facility. Capture all new medication treatments (for example, antibiotic orders), regardless of: (1) results of <i>C. difficile</i> testing, including those without a positive CDI test; and (2) number of doses or days of therapy. The aggregate count for the calendar month should be entered as the total <i>C. difficile</i> Treatment Starts.</p> <p>Comments:</p> <ul style="list-style-type: none"> • Include only CDI medications (for example, antibiotics) that are started while the resident is receiving care in your facility, either by clinical providers working in the facility or by outside physicians/providers who see the resident in an outpatient clinic or emergency department. • Do not include treatment (for example, antibiotics) started by another healthcare facility prior to the resident’s admission or readmission back to your facility, even if the resident continues to take the medication while in the facility. • Common medications used to treat <i>Clostridioides difficile</i> infection (previously referred to as <i>Clostridium difficile</i> infection) are oral (PO) vancomycin and/or oral (PO) metronidazole (Flagyl); and Fidaxomicin. • In the absence of CDI documentation, users are encouraged to consult with the physician or nurse to verify treatment for <i>C. difficile</i> since these medications could be prescribed for other conditions.
Total (for Resident-days, Urinary catheter-days, New antibiotic starts for UTI indication, Resident admissions, Number of Urine cultures ordered, Admissions on <i>C. difficile</i> treatment)	<p>Required. A total for each column should be calculated by summing the numbers recorded for each individual day of the month.</p> <p>Alternatively, if available, these monthly totals can be obtained from LTCF administrative data sources in place of performing daily counts.</p> <p>Note: Only the monthly total will be entered into the NHSN application</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local- or group-use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.</p> <p>Note: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.</p>



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

1. **80% Rule:** A principle used to determine which location label to select when different types of service are provided on a single unit. A location label selected for a given unit should describe the service provided to the majority (~80%) of residents housed there in the previous year. See [CDC Location](#) for additional details.
2. **Annual Facility Survey:** Completed at the beginning of each calendar year to describe the facility characteristics and practices for the previous calendar year. For example, in 2019, facilities will complete the 2018 annual facility survey to document facility characteristics and practices during the 2018 calendar year.
3. **ASC/AST:** Active Surveillance Cultures or Testing. For purposes of NHSN surveillance, Active Surveillance Culture/Testing (ASC/AST) refers to testing that is intended to identify the presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (for example, nasal swab for MRSA, rectal swab for VRE), or monitoring for eradication of a carrier state. ASC/AST does NOT include identification of microorganisms with cultures or tests performed for diagnosis and treatment purposes (for example, specimens collected from sterile body sites including blood specimens). Also see [Surveillance Cultures](#).
4. **Assisted Living Facility (ALF):** These facilities provide help with activities of daily living (for example, taking medicine, using eye drops, getting to appointments, and preparing meals). Residents often live in their own room or apartment within a building or group of buildings.
5. **BSI:** Bloodstream Infection. The LTCF Component does not have a protocol for reporting BSIs. However, when reporting a UTI using the NHSN UTI protocol, users will mark “Yes” to “Secondary Bloodstream Infection” if the resident has a microorganism reported in a urine culture and has the same microorganism reported from a blood culture.



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

6. **CAUTI:** Catheter-associated Urinary Tract Infection. Referred to as CA-SUTI (catheter associated symptomatic urinary tract infection) in the LTCF protocol. See LTCF [UTI Event protocol](#).
7. **CCN:** CMS Certification Number (CCN). May also be referred to as Medicare Provider Number.
8. **CDC Location:** A CDC-defined designation given to a resident care area housing residents who have similar disease conditions or who are receiving care for similar medical specialties. Each facility location that is monitored is “mapped” to one CDC Location. The specific CDC Location label is determined by the type of resident cared for in that area according to the 80% Rule. That is, if 80% of residents are of a certain type (for example, individuals requiring restorative care following recent hospitalization) then that area is designated as that type of location (in this case, a LTCF Skilled Nursing/Short Term Rehabilitation unit). For detailed instructions on how to map locations, see “Instructions for Mapping Patient Care Locations in NHSN” in the [Locations and Descriptions chapter](#).
9. **CDI:** *Clostridioides difficile* infection. Previously referred to as *Clostridium difficile* infection. Frequently referred to as C. diff or C. *difficile*. See [LabID Event protocol](#).
10. **Catheter Days:** A daily count of the number of residents in the LTCF with an indwelling urinary (Foley) catheter. To calculate catheter days, for each day of the month, at the same time each day, record the number of residents who have an indwelling urinary (Foley) catheter. At the end of the month, sum the daily counts and enter the total into the NHSN. See LTCF [UTI Event protocol](#).
11. **Dashboard:** The LTCF dashboard provides users with a high-level summary overview of reported infections and prevented process measure data in the facility through graphs and tables. The LTCF dashboard can be found on the NHSN home-page.



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

12. **Date of Event:** The date of event is defined as the date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first. This definition does not apply to LabID event. See Event Date in [LabID Event protocol](#).
13. **Device-associated Infection:** A healthcare-associated Infection (HAI) in a resident with a device (for example, indwelling urinary catheter) if the device was in place for >2 calendar days on the date of event and was also in place on the date of event or the day before. If the device was in place for >2 calendar days and then removed, the date of event must be the day of discontinuation or the next day to be device associated.
14. **Dysuria:** The sensation of pain, burning, or discomfort on urination.
15. **Event Contributed to Death:** The event either directly caused death or exacerbated an existing disease condition, which then led to death.
16. **Event Date:** See [date of event](#).
17. **Fever:** See [vital signs](#).
18. **HAI:** Healthcare-associated Infection. An infection is considered a HAI if the date of event of the NHSN site-specific infection criterion (for example, UTI) occurs on or after the 3rd calendar day of current admission to the LTCF where day of current admission is calendar day 1. There must be no evidence that the infection was present or incubating at the time of admission to the LTCF, unless a change in pathogen or signs and symptoms strongly suggests the acquisition of a new infection. **Note:** The HAI definition is not to be used in the LabID Event protocols.
19. **HPS:** Healthcare Personal Safety (HPS). May be used by LTCFs to report healthcare staff safety events such as influenza vaccination. See [Surveillance for Healthcare Personnel Vaccination](#) home page.
20. **Hypotension:** See [vital signs](#).



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

21. **Indwelling Urinary Catheter:** A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a collection system; also called a Foley catheter. Straight in-and-out catheters are *not* considered as indwelling urinary catheters.
22. **Infection Date:** See [date of event](#).
23. **IP:** Infection preventionist or infection prevention.
24. **ICPO:** Infection control and prevention officer.
25. **Incomplete Event Alert:** Reported events that are missing required information. All incomplete events must be resolved before event data are considered as complete and included in analyses for the month.
26. **Incomplete Summary Data Alert:** Occurs when the monthly summary data submission is incomplete for a given month. This often occurs when a monthly reporting plan is updated to include an additional event(s) after summary data have been submitted or when the “Report No Events” box has been left unchecked when at least one in-plan event was not reported. Incomplete summary data alerts must be resolved before data are considered as complete and included in analyses for that month.
27. **In-plan Surveillance:** Facility has indicated in their monthly reporting plan that the NHSN surveillance protocol(s) will be used, in its entirety, for that particular event. A monthly reporting plan must be completed each month before a facility is able to enter event data into the NHSN application. Out-of-plan surveillance options are not available in the LTCF Component.
28. **LabID Event:** Laboratory-identified event. See [Laboratory-identified Multidrug-Resistant Organism \(MDRO\) & Clostridium difficile Infection \(CDI\) Events for Long-term Care Facilities \(LTCFs\) module](#).
29. **Location:** The resident care area to which a resident is assigned while receiving care in facility.



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

30. **Long-term Care Hospital (LTCH):** A hospital in which extended medical and rehabilitative care is provided to individuals with clinically complex problems, such as multiple acute or chronic conditions, that need hospital-level care for relatively extended periods. Also referred to by the NHSN as long-term acute care (LTAC).
31. **Long-term Care Facility (LTCF):** Facilities providing a spectrum of medical and non-medical supports and services to frail or older adults unable to reside independently in the community. The following LTCFs are able to use NHSN for surveillance: nursing homes (NH) and skilled nursing facilities (SNF), intermediate/chronic care facilities for the developmentally disabled, and assisted living facilities and residential care facilities.
32. **MDRO:** Multidrug resistant organism. See [Laboratory-identified Multidrug-Resistant Organism \(MDRO\) & Clostridium difficile Infection \(CDI\) Events for Long-term Care Facilities \(LTCFs\) module](#).
33. **Missing Event Alert:** Occurs when a module and event type is selected on the monthly reporting plan, but no events were reported for that month and the monthly summary data submission is either missing or does not indicate that in-plan events were not identified during the month (referred to on the monthly summary page as “Report No Events”).
34. **Missing Summary Data Alert:** Occurs when a module and event type is selected on the monthly reporting plan, but no summary/denominator was submitted for the month. Complete summary data are required to be submitted before data are considered complete and included in analyses for the month.
35. **MRP:** Monthly reporting plan. The Monthly Reporting Plan informs the NHSN which modules and events a facility will be tracking for the month. A facility must have a MRP for each month in which the facility will perform surveillance in the NHSN.
36. **NHSN:** National Healthcare Safety Network.
37. **NHSN Facility Administrator:** A specific individual identified by a healthcare facility as the person who will be managing the facility within the NHSN application. This person



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

serves as the primary point of contact for NHSN communication to the facility, and is responsible for NHSN facility enrollment and set-up and adding and inactivating users. The NHSN facility administrator is often the person who oversees infection prevention program activities and *does not* have to be the organization's facility administrator or part of the executive leadership.

38. **Nursing Home (NH):** A nursing facility providing primarily long-term maintenance and restorative care for individuals needing support with their activities of daily living. A large percentage of certified nursing homes in the U.S. provide a combination of long-term nursing care or restorative services and skilled nursing services.
39. **Org ID:** Organization ID. The unique identification number created by NHSN, which is assigned to a facility at the time of enrollment.
40. **PSC:** Patient Safety Component. Used by hospitals and other acute care and healthcare facilities for infection reporting.
41. **Resident Days:** A daily count of the number of residents in a long-term care facility location during a time period. To calculate resident days, for each day of the month, at the same time each day, record the number of residents. When resident days are available from electronic databases, these sources may be used as long as the counts are not substantially different (+/- 5%) from manually collected counts. At the end of the month, sum the daily counts and enter the total into NHSN.
42. **SAMS:** Secure Access Management Services. SAMS provides secure online access to and exchange of information between CDC and healthcare facilities and public health partners. U.S. law requires federal government agencies like CDC to perform an identity check on each person before granting access to non-public information.
43. **Skilled Nursing Facility (SNF):** A facility engaged primarily in providing skilled nursing care and rehabilitation services for residents who require such care because of injury,



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

disability, or illness. A large percentage of SNFs are dually certified as both SNFs and nursing homes.

44. **SAMS Grid Card:** A grid card issued through Secure Access Management Services (SAMS) that adds a layer of security when users access NHSN through a web-based portal to submit data to CDC. Users will receive a SAMS grid card after successfully registering through SAMS.
45. **Summary Data:** Also referred to as denominator data that must be entered for each month a facility is participating in NHSN reporting. Examples of denominator/summary data include total resident days for the month, total admissions for the month, and total urinary catheter days, to name a few. The required data depends on which module(s) a facility participated during the given month. Best practice is to complete denominator data by the end of the following month. For example, denominator data for July should be submitted to NHSN by the end of August. Timely and complete event and summary data submission ensures complete data are included in analyses.
46. **Surveillance Cultures:** Those cultures reported as part of infection prevention and control surveillance including, but not limited to perirectal cultures for vancomycin-resistant *Enterococci* (VRE) and/or nasal swabs for methicillin-resistant *Staphylococcus aureus* (MRSA) surveillance. Not for use in resident diagnosis. Also called active surveillance cultures or testing (ASC/AST). Positive surveillance cultures do not contribute or preclude a resident from meeting NHSN HAI or LabID event criteria. Also see [Active Surveillance Culture/Testing \(ASC/AST\)](#).
47. **Temperature:** See [Vital Signs](#). The temperature value applied to meet surveillance criteria should be the value documented in the medical record regardless of site tested (for example, tympanic, oral, or axillary).
48. **UTI:** Urinary tract infection. See NHSN LTCF [UTI protocol](#).



NHSN Key Terms, Acronyms, and Definitions

Long-term Care Facility Component

49. **Vital Signs:** If a specific value for a vital sign is not stated in a CDC/NHSN HAI definition criterion (for example, hypotension), the facility should use the vital sign parameters as stated in its policies and procedures for clinical practices. For fever, which NHSN does have as a stated value, use the temperature documented in the patient's medical record (specifically, no conversion of temperature based on route of collection).



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

TOPIC	QUESTION	ANSWER
General Questions		
Deactivate a current NHSN use	How do I de-active a user from accessing out NHSN data?	<p>The current NHSN facility administrator or another NHSN user with facility administrative rights may deactivate a current NHSN user by following the below directions:</p> <ol style="list-style-type: none"> 1. Log into NHSN 2. On the left navigation pane, select Users>Find> 3. Select Find again for a list of users to populate 4. From the list, select the box to the left of the person's name and click the Deactivate button and confirm OK. <p>-OR-</p> <ol style="list-style-type: none"> 1. Follow steps 1-3 above 2. From the populated list of users, select the hyperlink (user's name) 3. When the user's profile opens, select Edit and change User Active from Yes to "NO".
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.



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

TOPIC	QUESTION	ANSWER
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 by clicking or copying and pasting the URL of the below link. Please note, users must scroll to the “adding/mapping LTCF locations” section of the presentation. https://www.cdc.gov/nhsn/PDFs/LTC/slides/Facility_Set_up_slides_LTCF_v5_Final_with_508_3-2015.pdf
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 current NHSN facility administrator is leaving or no longer working at the facility.</p> <p>OPTION 1 (preferred option)-The preference is for the outgoing NHSN facility administrator to re-assign the role to a current or new NHSN user in the NHSN application before he/she is deactivated as a facility user (or is no longer working at the facility). This can be done by the outgoing NHSN Facility Administrator by completing the following steps</p> <ol style="list-style-type: none"> 1. Log-in to NHSN using SAMS credentials 2. From left navigation bar, select “Facility” 3. Then select “Add/Edit Component” 4. From the Facility Information Page, scroll down to “Contact Information” 5. Click on “Reassign” next to the outgoing NHSN Facility Administrator 6. On the <i>Users Reassign List</i>, either select a listed NHSN user or select “Add User” to reassign the NHSN Facility Administrator role. Once selected, follow the instructions on the screen. <p>Important Notes:</p> <ul style="list-style-type: none"> • If adding a new NHSN users, you will be required to assign an NHSN “user ID” in which you will make up. For example, use the first initial and last name of the new user (TWright) • Additionally, you will be required to add the legal name (must match identity documents, such as driver license), a phone number, and a correct e-mail address. <p>OPTION 2: If the role of NHSN facility administrator cannot be re-assigned by the outgoing NHSN facility administrator,</p>



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

TOPIC	QUESTION	ANSWER
		<p>the facility must request NHSN to manually re-assign the role. This request can be made by completing the NHSN Facility Administrator Change Request Form (CDC 57.104), which can be accessed by clicking the lined title above or by copying and pasting the following URL in your web-browser: https://www.cdc.gov/nhsn/facadmin/index.html</p> <p>Important Notes:</p> <ol style="list-style-type: none"> 1. The individual signing the written request cannot be the same person being named as the new NHSN facility administrator. 2. Allow up to 5 business days for the change request to be verified and completed. 3. After NHSN completes the process 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 receive an e-mail with instructions to register with SAMS. SAMS registration is required before the new NHSN Facility Administrator can gain access to the NHSN application
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 most 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.



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

TOPIC	QUESTION	ANSWER
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. Surveys must be completed by March 1. Failure to complete the survey by March 1 will result in users not being able to submit monthly reporting plans or event data to NHSN until the survey is submitted.
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.



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

TOPIC	QUESTION	ANSWER
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 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	Must my skilled nursing facility (SNF) 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.



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

TOPIC	QUESTION	ANSWER
CCN	Do I need to update the CMS Certification Number (CCN)? If so, how to I update the CCN for our facility?	<p>Yes. Every facility must have the correct CCN listed in the NHSN application. If 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 add or edit a facility CCN, please see following guidance document under Guidance Documents on NHSN LTCF home page: Adding/Editing a CMS Certification Number within NHSN or copy and paste the following URL into your Internet browser: https://www.cdc.gov/nhsn/pdfs/cms/Changing-CCN-within-NHSN.pdf</p>
E-mail address	Can an employee use their own personal email address (for example, Gmail account) to enroll in NHSN and SAMS?	<p>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.</p>
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?	<p>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.</p>
Purpose of SAMS grid card	What is the SAMS grid used for?	<p>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.</p>



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

TOPIC	QUESTION	ANSWER
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 can 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.



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

TOPIC	QUESTION	ANSWER
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/ltc/lcf-uti-protocol-current.pdf</p>



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

TOPIC	QUESTION	ANSWER
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 does NHSN define confusion and/or functional decline?	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 versus 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.



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

TOPIC	QUESTION	ANSWER
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 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 as 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



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

TOPIC	QUESTION	ANSWER
		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> a resident returns 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.
Resident admitted with a history of CDI	If the resident was admitted to our facility with <i>C. difficile</i> and our doctor orders another stool culture on the resident, do I have to report positive <i>C. difficile</i> LabID event if the specimens collected in our facility is positive?	Yes. All positive <i>C. difficile</i> assays collected by a resident housed in the reporting LTCF must be reported even if the resident has a history of CDI prior to admission to the reporting LTCF. A positive specimen collected prior to admission to the reporting LTCF (for example, during an admission in another healthcare facility) does not preclude reporting for the LTCF.



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

TOPIC	QUESTION	ANSWER
2-step testing NAAT, plus EIA If NAAT, if positive	Should I report a CDI LabID event if the PCR is positive, but the confirmatory EIA is negative?	<p>Yes. Beginning January 1, 2020, all positive LabID specimens must be reported when collected from a resident physically located in the reporting LTCF, as well as positive specimens collected during a brief outpatient visit when the resident returns to the LTCF within two calendar days.</p> <p>It will be important for LTCFs to select the correct answer on the Annual Facility Survey for <i>Primary testing method for C. difficile</i> (for example, 2-step testing NAAT, plus EIA If NAAT if positive) so future risk adjustment methodologies may be applied to data.</p>
CDI treatment start	Should a resident be counted in the “Number of residents started on antibiotic treatment for C. diff if he only received treatment for 1 day?	<p>YES. A resident started on medication-antibiotic treatment for <i>C. difficile</i> infection should also be captured in the summary data count for “Number of residents started on antibiotic treatment for C. diff” if treatment was started. This includes residents that had a negative PCR or EIA test and those residents in which treatment was discontinued after 1 or more days or given empirically. Please see the form instructions for additional information, which can be reviewed by clicking on or copying and pasting the following URL into your Internet browser- https://www.cdc.gov/nhsn/forms/instr/57.139-toi-mdro-monthly-reporting.pdf</p>
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?	<p>No. Any specimens collected during an admission in another healthcare facility are excluded from LabID event reporting for your LTCF.</p>
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?	<p>Yes. Beginning January 1, 2020, all positive LabID specimens must be reported when collected from a resident physically located in the reporting LTCF, as well as positive specimens collected during a brief outpatient visit when the resident returns to the LTCF within two calendar days. NHSN LabID event reporting is designed to capture both community-onset (CO) and LTCF-onset (LO) events. NHSN will categorize submitted events as Community-onset (CO) or LTCF-onset (LO) based on the current admission date for the resident and the specimen collection date.</p>



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

TOPIC	QUESTION	ANSWER
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 in 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 does the second CDI result get classified and should it be entered in NHSN?	Beginning January 1, 2020, all positive LabID specimens must be reported to NHSN. The NHSN application will categorize submitted events as duplicate or non-duplicate based on event dates in the 14-day window period. 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 should still be submitted, but NHSN will categorize the event as a duplicate CDI assay and it will be excluded from calculated analysis, such as rates.
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?	<p>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 C. diff Treatment.”</p> <p>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 or during a brief outpatient visit when the resident returns to the LTCF within two calendar days.</p> <p><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></p>



Table of Contents

Note: This document serves as an abbreviated list of locations specifically for LTCFs. The *Master CDC Locations and Descriptions* document is located on the LTCF website under the *Supporting Materials* tab - https://www.cdc.gov/nhsn/pdfs/psemanual/15locationsdescriptions_current.pdf

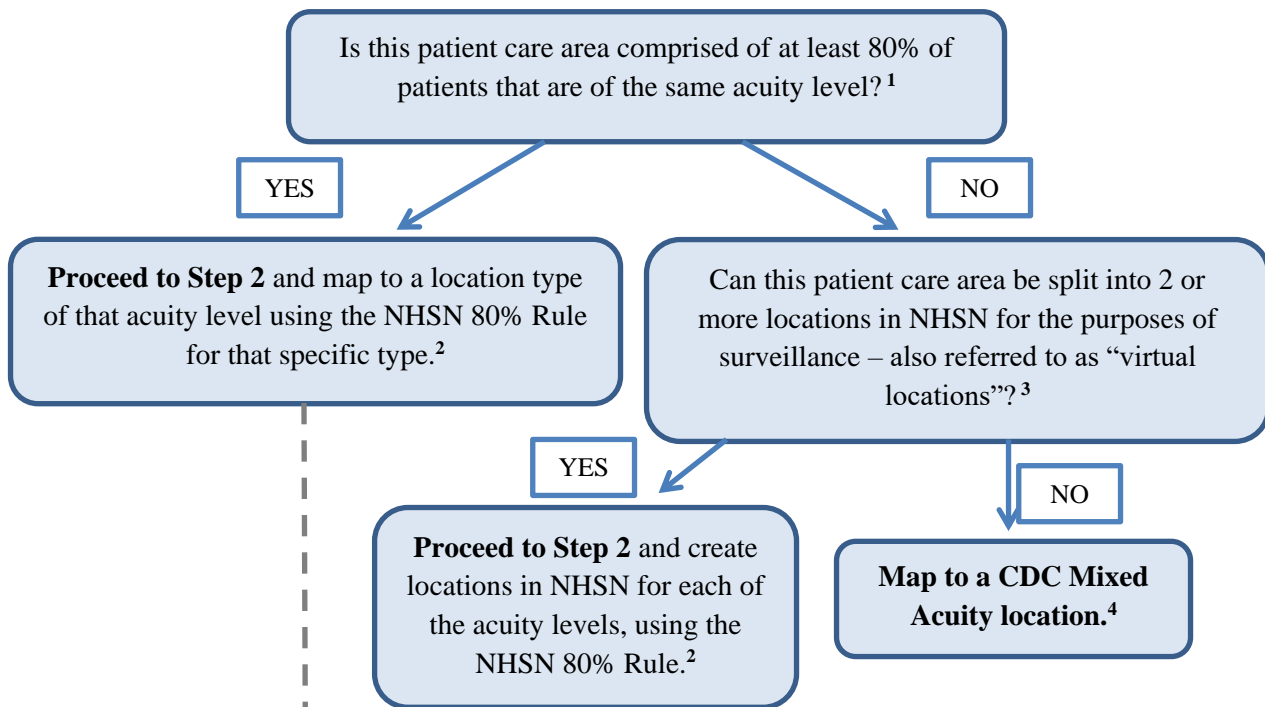
Instructions for Mapping Patient/Resident Care Locations in NHSN	
Appendix: Creation and Management of Locations in NHSN	
Master CDC Locations and Descriptions	
Long term care facilities	



Instructions for Mapping Patient Care Locations in NHSN

NHSN requires that 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 has been a significant change in patient mix (e.g., merging of units, taking on a new service).

Step 1: Define the acuity level for the location

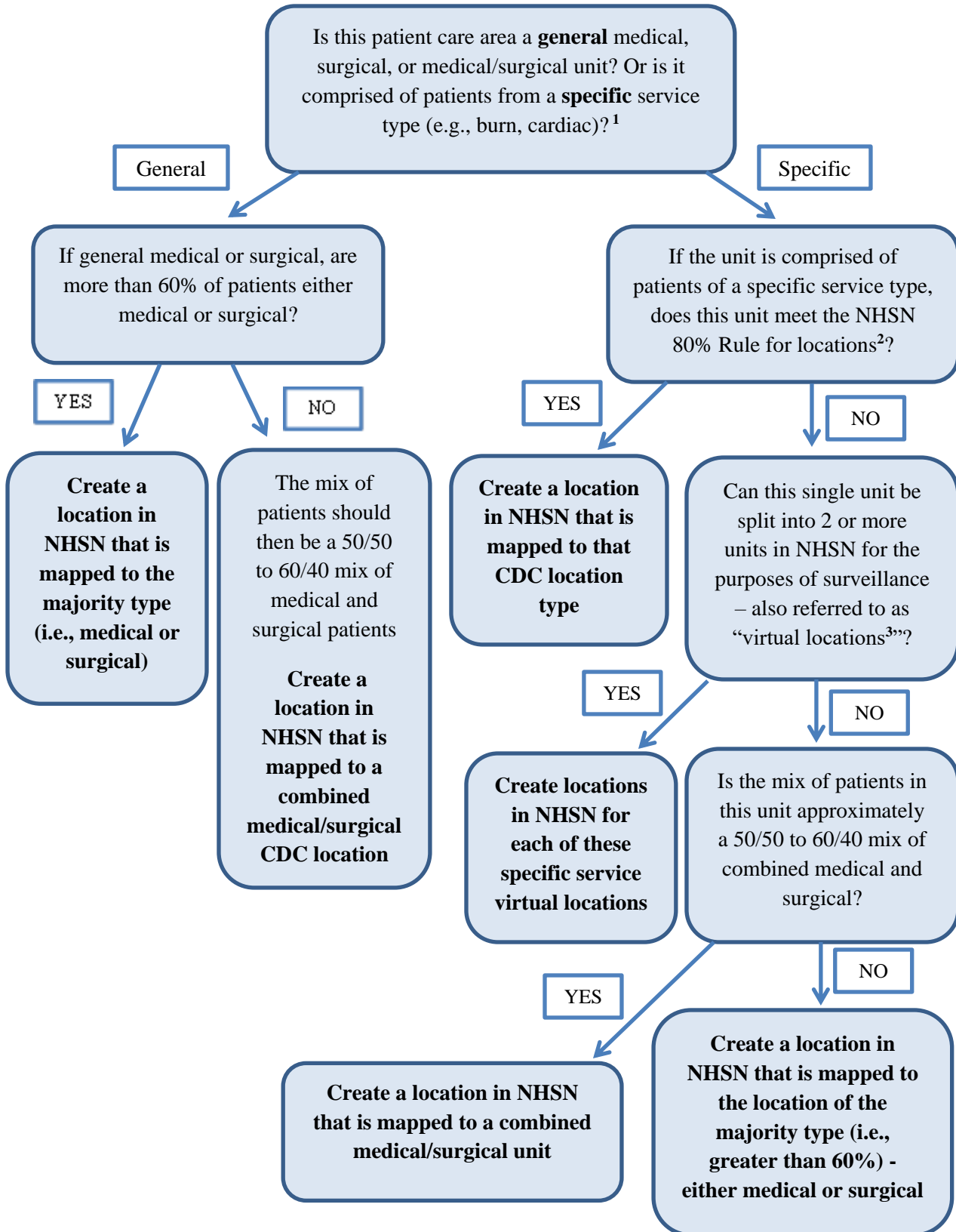


List of Acuity Levels:

- | | |
|-------------------------------------|------------------------------|
| 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 | |



Step 2: Define the type of service for the location





Please see the [CDC Location descriptions](#) for definitions of each CDC Location used for NHSN surveillance in this chapter.

1. Patient mix: 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. If a full year is not available, facilities should review patient mix based on the data they have available for that unit. When determining the acuity level, as well as the specific service type of a location, the admission/transfer diagnosis should be used when determining the appropriate location mapping. The admission diagnosis is considered the most accurate depiction of the patient's illness and reason for being admitted to a particular unit.

2. NHSN 80% Rule: Each patient care area in a facility that is monitored in NHSN is "mapped" to one CDC Location. The specific CDC Location code is determined by the type of patients cared for in that area according to the 80% Rule. That is, if 80% of patients are of a certain type (e.g., pediatric patients with orthopedic problems) then that area is designated as that type of location (in this case, an Inpatient Pediatric Orthopedic Ward).

3. Virtual locations: Virtual locations are created in NHSN when a facility is unable to meet the 80% rule for location designation in a single physical unit but would like to report their NHSN surveillance data for each of the major, specific patient types in that unit. The use of virtual locations is recommended only for those physical units that are geographically split by patient service or those in which beds are designated by service. For example, a facility has an ICU – called 5 West – that is comprised of approximately 50% neurology patients and 50% neurosurgery patients. Additionally, the neurology patients are housed in beds 1 thru 10 and the neurosurgery patients are housed in beds 11 thru 20. Rather than map as a medical/surgical critical care unit, the facility decides to create 2 new locations in NHSN:

5WEST_N: Neurologic Critical Care (10 beds)

5WEST_NS: Neurosurgical Critical Care (10 beds)

This facility will collect and enter data for 5WEST_N and 5WEST_NS separately. The facility will also be able to obtain rates and standardized infection ratios (SIRs) for each location separately. Note that the data collected and reported for each virtual location will be limited to the designated 10 beds assigned (i.e., overflow from 5WEST_N into 5WEST_NS will be counted with **5WEST_NS**). For those facilities that use an electronic source for collecting their data, we recommend that you discuss compatibility of virtual locations in NHSN with your facility's EHR contact prior to reporting data for these locations.

4. Mixed Acuity Unit: This location is intended for those units comprised of patients with varying levels of acuity.

NOTE: Mapping a location in NHSN to the CDC "Mixed Acuity" designation may have implications on data that your facility reports for the CMS Hospital Inpatient Quality Reporting Program and/or your state's reporting mandate(s). Although a Mixed Acuity location may have ICU beds and ICU patients, it is not considered an ICU location type for the purposes of NHSN reporting and therefore, would not be included in any ICU-specific reporting requirements. Mixed Acuity units are also excluded from ward-specific reporting requirements. For information about how this location designation may impact your facility's compliance with CMS HAI reporting measures, please contact your Quality Improvement Organization (QIO). For information about how this location designation may impact your facility's compliance with your state mandate (if applicable), please contact your state HAI coordinator: www.cdc.gov/HAI/state-based/index.html.



Examples

Example 1: An ICU that is 85% Burn patients, 15% Trauma

CDC Location: Burn Critical Care (IN:ACUTE:CC:B)

Why? Meets 80% rule for critical care acuity level and 80% rule for specific service (burn)

Example 2: An ICU that is 55% medical and 45% surgical

CDC Location: Medical/Surgical Critical Care (IN:ACUTE:CC:MS)

Why? Meets 80% rule for critical care acuity level and does not meet the 60% rule for designation as either medical or surgical service level alone, therefore, use combined medical/surgical designation

Example 3: A unit that is comprised of 60% medical inpatients and 40% general observation patients

CDC Location: Medical Ward (IN:ACUTE:WARD:M)

Why? This is a special scenario due to the mix of inpatients and outpatients in this unit. A location where at least 51% of the patients have been formally admitted to the facility should be mapped as inpatient unit, rather than an outpatient observation unit. The 60% rule for general service and the 80% rule for specific service still apply when deciding on the specific type of inpatient location to use; this location met the 60% rule for medical service. All patients housed in this unit should be included in the surveillance efforts for this location.

Example 4: An ICU that is 40% Neurosurgical, 40% Surgical, and 20% Medical

Option 1 - Single CDC Location: Surgical Critical Care

Why? Meets 80% rule for critical care acuity level and does not meet the 80% rule for a specific service level alone, but when surgical patients are combined, that total does equal 80%.

Option 2 - Multiple CDC Virtual Locations: Neurosurgical Critical Care and Surgical Critical Care, with the medical patients reported with the Surgical Critical Care location since the general surgical designation is the least specific of the two

Why? By splitting this unit into 2 virtual locations, each meets the 80% rule for critical care acuity level and one meets the 80% rule for designation as Neurosurgical Critical Care, while the other meets the 60% rule as general surgical service (when combining surgical and medical patients).

Example 5: A unit that is comprised of 60% Medical ICU and 40% Step Down patients

Option 1 - Single CDC Location: Mixed Acuity Unit

Why? This location is not comprised of at least 80% of the patients of the same acuity level and therefore meets the single location definition of a mixed acuity unit. Note that this location is not considered an ICU location type for the purposes of NHSN reporting and therefore, would not be included in any ICU-specific reporting requirements.

Option 2 - Multiple CDC Virtual Locations: Medical Critical Care and Step Down Unit

Why? By splitting this unit into 2 virtual locations, each meets the 80% rule for the appropriate acuity level and each meets the 80% rule for type of service.



Example 6: A pediatric ward that is comprised of 70% neurosurgical patients and 30% orthopedic patients

Option 1 - Single CDC Location: Pediatric Surgical Ward

Why? Meets 80% rule for ward-level acuity and does not meet the 80% rule for a specific service level alone, but meets the 60% rule for general surgical service.

Option 2 - Multiple CDC Virtual Locations: Pediatric Neurosurgical Ward and Pediatric Orthopedic Ward

Why? By splitting this unit into 2 virtual locations, each meets the 80% rule for the appropriate acuity level and each meets the 80% rule for type of service.



Appendix: Creation and Management of Locations in NHSN

Create New Locations:

If there are any operational locations in your hospital that are not already set-up in NHSN, you will need to create these locations for the purposes of NHSN surveillance and reporting.

Locations can be set up by following these steps:

1. Go to Facility > Locations.
2. On the Locations screen, enter a location code (“Your Code”) and location label (“Your Label”).
3. Select a CDC Location Description from the drop-down menu. NOTE: When selecting a CDC Location Description, your location must meet the 80% Rule in order to be assigned as that CDC Location Description.
4. Make sure the Status is set to “Active” and then enter the number of beds that are set up and staffed in that location.
5. Once all information for this new location is entered, click ‘Add’.

Manage Existing Locations:

Facilities should make sure that the only locations with an “Active” status in NHSN are those that are operational units within the facility. The number of beds indicated for each location should also be checked for accuracy and, if necessary, updated to reflect the current number of beds set up and staffed.

Location information can be updated by following these steps:

1. Go to Facility > Locations.
2. On the Locations screen, click ‘Find’.
3. Review the information that appears in the Location Table at the bottom of the screen. Review the Status of each location, as well as Bedsize.
4. If a location’s information needs to be updated, click the location code under the “Your Code” column; the location’s information will auto-fill in the fields above the Location Table.
5. Make any modifications to the Status and/or Bed size, then click ‘Save’.

Manage Physically Moved Locations

Units within a facility may physically move to another area of the same facility, and be given a different name. If the staff are moving with these locations, and the type of patients remains the same (i.e., the only difference is the geographical location and/or Bed size), then it's recommended to change “Your Code” and “Your Label” (and Bed size, if appropriate) on the existing location records. These fields can be updated by following the instructions for “Manage Existing Locations” above. Updating the value of “Your Code” will also update all previously-entered records for these locations, allowing for continuous analysis and reporting.

Inaccurate CDC Location Description

Please note that the CDC Location Description cannot be edited after a location is mapped in NHSN. If you believe that the CDC Location Description assigned to your existing location is incorrect, there are additional steps you will need to follow, depending on the scenario:

Scenario 1: The patient population in this unit has changed such that the current CDC Location Description, using the 80% rule, is inaccurate.

Solution: Because the patient population has changed, a new location should be created in NHSN and should be mapped to a CDC Location Description that most accurately reflects the type of patients receiving care in that location, using the 80% rule. The old location should be put into “Inactive” status. When creating a new location, you will need to use a different “Your Code” and



“Your Label” value. Note that data that have been reported from inactive locations can continue to be analyzed within NHSN for the months during which they appear in the Monthly Reporting Plans. Please note that these inactive locations will not be linked to new, active locations.

Scenario 2: The CDC Location Description initially assigned has been inaccurate for much, if not all, of the reporting to NHSN, based on the updated location guidance for 2016.

Solution: Users cannot change the CDC Location Description on existing locations within NHSN. Facilities should ensure that the locations set up in NHSN are accurate for 2016 reporting per the updated guidance. If a new CDC Location Description is needed, users must create a new location in NHSN and inactivate the old location, per the instructions above. Note that data for the old location can still be analyzed, but these data will not be connected to data reported under the new location. To connect data to the new location, facility administrators must edit the older location event and summary records to the newly created locations. This **must** be done before the old location is put into “Inactive” status. Once the new location is active, facilities need to change their monthly reporting plan to record the change and capture the new location data.



CDC Locations and Descriptions for Long-term Care Facilities

Note: This document serves as an abbreviated list of locations specifically for LTCFs. The *Master CDC Locations and Descriptions* document is located on the LTCF website under the *Supporting Materials* tab -

https://www.cdc.gov/nhsn/pdfs/pscmanual/15locationsdescriptions_current.pdf

CDC Location Label	NHSN Healthcare Service Location Code	CDC Location Code	Location Description
LONG TERM CARE FACILITIES			
Long Term Care Facility Inpatient Hospice Unit	1254-2	IN:NONACUTE:LTCF:HSP	A unit or designated area which provides palliative and supportive care services to individuals diagnosed with life limiting (terminal) conditions.
Long Term Care Facility Dementia Unit	1255-9	IN:NONACUTE:LTCF:DEM	A unit or designated area which provides specialized care for individuals diagnosed with dementia or related conditions, including Alzheimer's disease.

CDC Location Label	NHSN Healthcare Service Location Code	CDC Location Code	Location Description
Long Term Care Facility Psychiatric Unit	1256-7	IN:NONACUTE:LTCF:PSY	Unit or designated area which provides specialized care for individuals diagnosed with psychiatric or behavioral disorders.
Long Term Care Facility Skilled Nursing-Short Term Rehabilitation	1257-5	IN:NONACUTE:LTCF: REHAB	A unit or designated area which primarily provides short term (<90 days), medical, skilled nursing orrehabilitation services to individuals requiring restorative care following recent hospitalization.
Long Term Care Facility General Nursing Unit	1258-3	IN:NONACUTE:LTCF:GEN	A unit or designated area which primarily provides nursing, rehabilitative or custodial services to individuals with varying levels of chronic conditions or disability requiring long term (>90 days) support.
Long Term Care Facility Ventilator Dependent Unit	1259-1	IN:NONACUTE:LTCF:VEN	A unit or designated area which provides nursing and respiratory care to individuals who require mechanical ventilation.
Long Term Care Facility Bariatric Unit	1260-9	IN:NONACUTE:LTCF:BAR	A unit or designated area which provides specialized care for individuals who are preparing for or have undergone bariatric surgery.