



National Healthcare Safety Network

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

January 8, 2020

February 5, 2020

Updates for 2020 Calendar Year



What's New in 2020?

Where can I find a list of the updates?

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

Impacted Infection Event/Module	Summary of Modifications
LTCF Component	<ul style="list-style-type: none">• Event Reporting: <i>Resident Type</i> (short stay verses long stay) will now auto-populate based on the <i>Date of First Admission to Facility</i> and the <i>Date of Event</i> entered.
Urinary Tract Infection (UTI) infection event Module	<ul style="list-style-type: none">• Event Reporting: <i>Form and interface modification only.</i> Removed options for reporting a positive urine culture based on specimen collection method. Now, there is only one option for reporting a positive urine culture. This modification does not represent a change in surveillance protocol.• No significant protocol changes made to module.
Laboratory-identified (LabID) Multidrug-Resistant Organism (MDRO) & <i>Clostridioides difficile</i> Infection (CDI) event Module	<ul style="list-style-type: none">• Analysis and Event Reporting: For each organism under surveillance, all positive specimens that are collected while the resident is receiving care in the LTCF must be reported as a LabID Event. This new reporting rule removes user burden of determining if the specimen is a duplicate verses non-duplicate. The NHSN application will assign each submitted positive specimen as either a duplicate or non-duplicate specimen based on the most recent positive specimen submitted to NHSN. Only non-duplicate LabID Events will be included in NHSN calculated rates.• Analysis and Monthly MDRO Summary: MSSA added as a separate column to allow for MSSA-specific data analysis.
Prevention Process Measures Module	<ul style="list-style-type: none">• No significant protocol changes made to the module.

What's New in 2020?

LTCF Event Reporting: *Resident Type*

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

Resident type *:

SS - Short-stay
LS - Long Stay

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

LS-Long-stay: On the event date, the resident has been in facility for more than 100 days from date of first admission

What's New in 2020?

LTCF Event Reporting: *Resident Type*

 **Add Event**

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *: Pike Nursing Home (ID 11106) ▼

Resident ID *: 32189

Last Name:

Middle Name:

Gender *: F - Female ▼

Ethnicity:

Race: American Indian/Alaska Native Black or African American White

Social Security #:

Medicare number (or comparable railroad insurance number):

First Name:

Date of Birth *: 12/01/1952

Resident type *: LS - Long Stay

Date of First Admission to Facility *: 12/02/2004

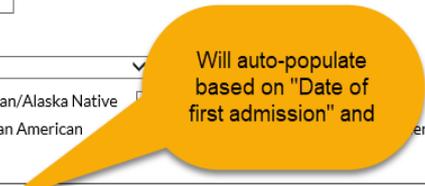
Date of Current Admission to Facility *: 12/02/2004

Event Information

Event Type *: UTI - Urinary Tract Infection ▼

Date of Event *: 10/17/2019

Will auto-populate based on "Date of first admission" and



What's New in 2020?

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

- Specimen collection type removed from form and NHSN interface. Only one option for urine culture laboratory selection.

Specify Criteria Used * (check all that apply):

Signs & Symptoms

Fever (oral temperature of $\geq 38.3^{\circ}\text{C}$ (101°F) or $>37.2^{\circ}\text{C}$ increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$))

Laboratory & Diagnostic Testing

Specimen collected from clean voided urine 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

Specimen collected from in/out straight 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

Specimen collected from indwelling 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

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

Positive blood culture with 1 matching organism in urine culture

Laboratory & Diagnostic Testing

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

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

Positive blood culture with 1 matching organism in urine culture

New and/or marked increase in (check all that apply):

Urgency

Frequency

Incontinence

Costovertebral angle pain or tenderness

Suprapubic tenderness

Visible (gross) hematuria

One Option for Urine Culture

What's New in 2020?

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

INCLUDES DUPLICATES!

CDI LabID Event

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

OR

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

MDRO LabID Event

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

OR

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

CDI & MDRO LabID Event Key Points

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

CDI & MDRO LabID Event Key Points

- **ALL** CDI & MDRO positive specimens must be reported as LabID Events.
 - ❖ **Excludes:**
 - MDRO tests related to active surveillance testing, such as nasal or rectal swabs
 - Specimens collected during a resident's admission in another facility
 - Specimens collected prior to admission to the reporting LTCF

Example Scenario 1 –

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

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

Should a CDI LabID Event be submitted to NHSN?

Example Scenario 1 – cont.

YES

Since the specimen was collected in the ED and Mr. T returned to the LTCF within 2 calendar days, the specimen collected in the ED **should be** submitted to NHSN as a CDI LabID Event for the LTCF.

Example Scenario 2 –

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

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

Should a MRSA LabID Event be submitted to NHSN?

Example Scenario 2 – cont.

NO

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

Although the nasal swab was MRSA positive, it was obtained as part of an active surveillance program, so it is not a reportable event to NHSN.

Example Scenario 3 –

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

- Ms. Smith was admitted to your LTCF today, on May 1. According to her chart she was recently treated by another facility for VRE in a surgical wound, but continues to have episodes of pain and copious discharge. The attending physician ordered a culture of the wound and the specimen was collected the following day, on May 2. The results were positive for VRE, so a VRE LabID Event was submitted to NHSN for Ms. Smith.
- Over the next several days, Ms. Smith's condition seemed to worsen, as she developed a fever that would not respond to medication. A blood, urine, and wound culture were ordered. The specimens were collected on May 10 and came back with the following results: Blood +VRE; Wound +VRE and +MRSA; Urine +VRE.

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

Example Scenario 3 – cont.

YES

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

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

Example Scenario 4 –

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

- Ms. Smith was admitted to your LTCF today. According to her chart she was recently treated for CDI but continues to have episodes of diarrhea.
- The attending physician ordered a *C. difficile* test and the specimen was collected on the following day.
- The results were positive for *C. difficile* toxin A.

Should a CDI LabID Event be entered for Ms. Smith?

Example Scenario 4 – cont.

YES

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

Categorizations of LabID Events

Duplicate vs Non-duplicate – Who determines?

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

Important Notes:

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

Categorizations of LabID Events:

Example of a Line Listing for submitted All LabID Events

National Healthcare Safety Network

Line Listing - All LabID Events

As of: January 8, 2020 at 11:07 AM

Date Range: LTCLABID_EVENTS eventDate 01/01/2020 to 01/30/2020

Facility Org ID	Resident ID	Date of Current Admission	Event ID	Event Date	Specific Organism	Specimen Source	Location	Transferred from Acute Care Facility in Past 3 Months?	Transferred from Acute Care Facility in Past 4 Weeks?	LabID Duplicate?
39455	1111	01/01/2020	33783	01/01/2020	CDIF	STOOL	4 GEN		N	
39455	1111	01/01/2020	33795	01/01/2020	MRSA	ABSCCESS	4 GEN		N	
39455	1111	01/01/2020	33796	01/02/2020	MRSA	URINARSPC	4 GEN		N	Y
39455	1111	01/01/2020	33784	01/03/2020	CDIF	STOOL	4 GEN		N	Y
39455	1111	01/01/2020	33797	01/06/2020	MRSA	BLDSPC	4 GEN		N	
39455	1111	01/01/2020	33798	01/07/2020	CDIF	STOOL	4 GEN		N	Y

Highlighted events are duplicate events and will be excluded from rates

Categorizations of LabID Events:

Example of a Line Listing for submitted All CDI LabID Events

National Healthcare Safety Network

Line Listing - All CDI LabID Events

As of: January 8, 2020 at 11:09 AM

Date Range: LTCLABID_EVENTS eventDateYr 2020 to 2020

Facility Org ID	Resident ID	Date of Current Admission	Event ID	Event Date	Specific Organism	Specimen Source	Location	Transferred from Acute Care Facility in Past 4 Weeks*	CDI Assay	Onset	Onset Description	Days: Admit to Event	LabID Duplicate?
39455	1111	01/01/2020	33783	01/01/2020	CDIF	STOOL	4 GEN	N	Incident	CO	CO - Community-Onset	1	
39455	1111	01/01/2020	33784	01/03/2020	CDIF	STOOL	4 GEN	N	Duplicate	CO	CO - Community-Onset	3	Y
39455	1111	01/01/2020	33798	01/07/2020	CDIF	STOOL	4 GEN	N	Duplicate	LO	LO - Long-term Care Facility-Onset	7	Y

*. cdiAssay is "Incident" for any CDI LabID Event from a specimen obtained > 56 days after the most recent CDI LabID Event, or where no previous CDI LabID Event has been entered for that resident.

!. cdiAssay is "Recurrent" for any CDI LabID Event from a specimen obtained > 14 days and <= 56 days after the most recent CDI LabID Event for that resident.

Sorted by eventDate location

Data contained in this report were last generated on January 8, 2020 at 11:05 AM to include all data.

Ignore Onset if duplicate

- If *LabID Duplicate?* = Y, the event(s) are excluded from rates
- Ignore "Onset" column if *LabID Duplicate?* = Y since these are excluded from further analysis (rates)

Changing NHSN Facility Administrator

- A new form available to expedite the process of changing an NHSN Facility Administrator
- Will be accessible to complete electronically
 - Anticipated for late January or early February.



Date of Request: _____
Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/xxxx
www.cdc.gov/nhsn

NHSN Facility Administrator Change Request Form

Facility Name: _____
Facility Street Address: _____
City, State and ZIP: _____ Date of Request: _____
Facility OrgID: _____ Facility CCN (if applicable): _____

Currently Listed NHSN Facility Administrator

Name: _____
Email: _____
Phone: _____

New NHSN Facility Administrator

Name: _____
Email: _____
Phone: _____

Is the currently listed NHSN Facility Administrator still active at the facility? (Select one)

Yes No N/A

If yes, please explain why the currently listed NHSN Facility Administrator is unable to make the reassignment:

Important Reminders for NHSN Facility Administrator:

- The NHSN Primary Facility Contact information must be updated in the NHSN application if the listed contact is no longer active at the facility.
- NHSN users who are no longer active at the facility must be deactivated in the NHSN application to avoid unauthorized access to the facility data.

By signing below you are certifying that you are an **executive, director, or in a leadership role for the aforementioned facility**. You also certify that all of the information provided above is true and correct to the best of your knowledge and that the NHSN Facility Administrator for the aforementioned NHSN facility should be reassigned by CDC as indicated above.

Name: _____ Job Title/Role: _____
Email: _____
Signature: _____ Date: _____

Please allow up to 5 business days for the change request to be verified and completed. For an immediate

2019 ANNUAL FACILITY SURVEY IS DUE



Important Information

- **2019** Annual Facility Surveys are available for completion now!
 - ❖ Deadline to complete survey is **March 1, 2020**.
- Most survey questions are based on facility characteristics and practices during the previous calendar year.
- Accuracy is important-responses in the annual survey may be used for future risk adjustment of data.

Important Information, *continued*

- Recommend collecting all required information using NHSN paper form.
- NHSN provides instructions for completing the form in the Table of Instructions (TOI).
- Surveys may be viewed, edited, and printed anytime after submitting.
- NHSN helpdesk is your friend! nhsn@cdc.gov with “LTCF” in subject line.

Getting Started with your Annual Facility Survey

Before Getting Started!

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



Form Approved
OMB No. 0920-0666
Exp. Date: 10/01/2018
www.cdc.gov/nhsn

Long Term Care Facility Component—Annual Facility Survey

Page 1 of 6

*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:	

Getting Started with your Annual Facility Survey

Log-in to SAMS

1. Go to <https://sams.cdc.gov>
2. Sign-in using your SAMS Grid card

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

SAMS Grid Card

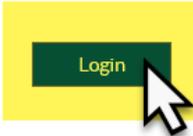


	A	B	C	D	E	F	G	H	I	J	
1	E	Q	X	3	T	5	N	4	M	Q	1
2	E	3	K	6	J	M	9	F	8	6	2
3	C	1	6	M	3	J	H	M	P	Y	3
4	T	W	W	1	4	V	6	0	7	2	4
5	8	6	7	W	6	J	5	M	P	X	5

Serial #

OR

Click the Login button to sign on with a SAMS Grid Card



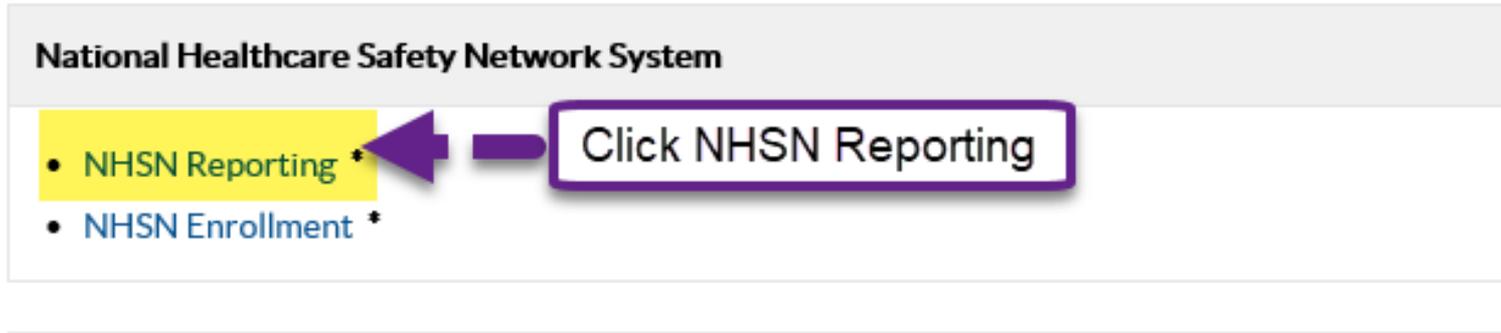
For External Partners who have been issued a SAMS Grid Card.

Getting Started with your Annual Survey

Select NHSN Reporting

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

Note: facility that have already enrolled in NHSN should **NOT** enroll again, even if the NHSN administrator changes



Getting Started with your Annual Survey

Open 2019 Annual Facility Survey

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



NHSN Long Term Care Facility Component Home Page

▶ Long Term Care Dashboard

▼ Action Items

COMPLETE THESE ITEMS



Getting Started with your Annual Facility Survey

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

To Access Previously Submitted Survey:

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

NHSN Home

- Alerts
- Dashboard
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Import/Export
- Surveys ▶**
- Analysis ▶
- Users ▶
- Facility ▶

Find Annual Survey

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

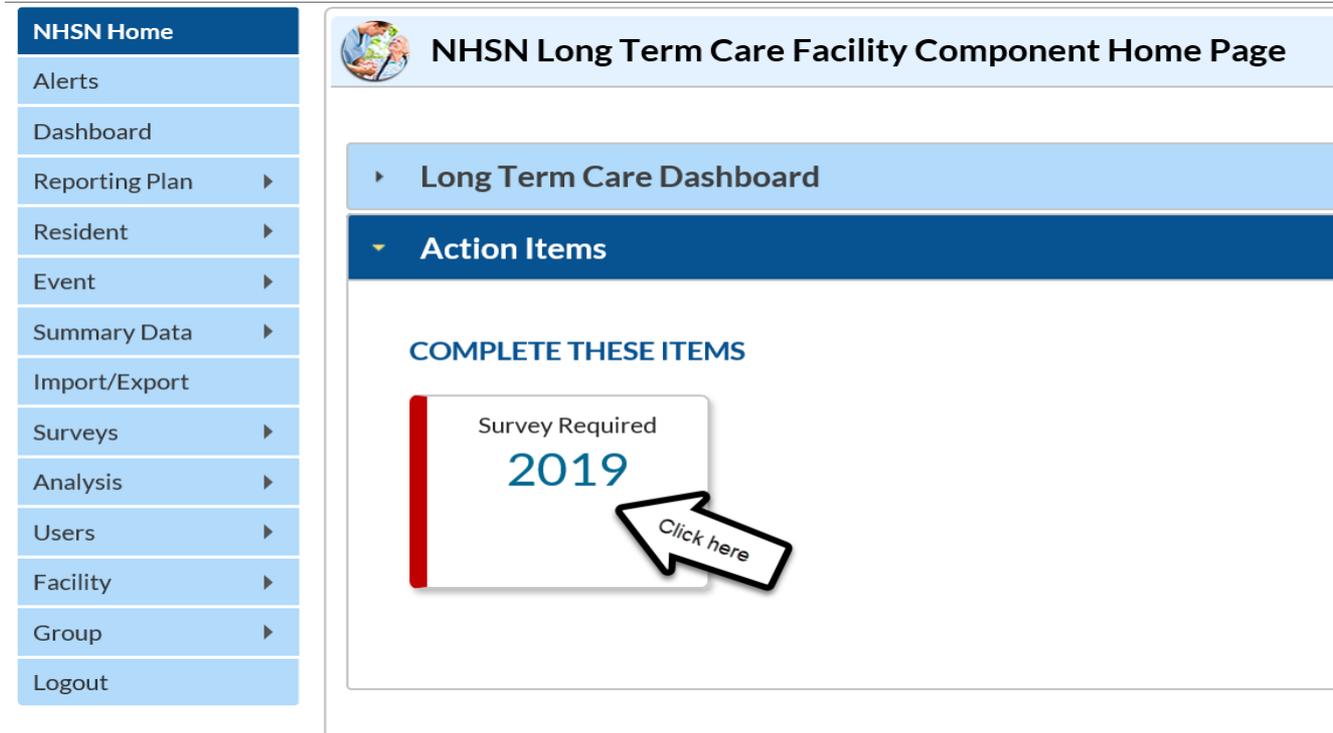
Facility ID: Angela LTCF Test Facility (ID 39455) ▼

Survey Year: 2018 ▼

Find **Clear** **Back**

Getting Started with your Annual Survey

Open 2019 Annual Facility Survey



The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a vertical navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area has a header with a globe icon and the text 'NHSN Long Term Care Facility Component Home Page'. Below the header are two expandable sections: 'Long Term Care Dashboard' and 'Action Items'. The 'Action Items' section is expanded and contains a notification box with a red vertical bar on the left. The notification text reads 'Survey Required 2019' with '2019' in a larger font. A white arrow with a black outline points to the text, labeled 'Click here'.

NHSN Home	NHSN Long Term Care Facility Component Home Page
Alerts	
Dashboard	
Reporting Plan ▶	▶ Long Term Care Dashboard
Resident ▶	▼ Action Items
Event ▶	
Summary Data ▶	
Import/Export	
Surveys ▶	COMPLETE THESE ITEMS
Analysis ▶	Survey Required
Users ▶	2019
Facility ▶	Click here
Group ▶	
Logout	

Getting Started with your Annual Survey

Add Required Information

Red *asterisk = required

 **Add Annual Survey**

Mandatory fields marked with *

Facility ID *: Tr's Test Facility (ID 56233)

National Provider ID *:

State Provider #:

Survey Year *: 2019

Facility Characteristics

Facility ownership *:

Certification *:

Affiliation *:

In the previous calendar year,

Average daily census *:

Total number of short-stay residents *:

Total number of long-stay residents *:

Total number of new admissions *:

Total Number of Beds *:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) *:

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):

Primary Service Type	Service Provided?	Number of residents
a. Long-term general nursing *	<input type="checkbox"/>	<input type="text"/>
b. Long-term dementia *	<input type="checkbox"/>	<input type="text"/>

Survey Year = 2019

Total Number of Short-Stay Residents

In the previous calendar year,

Average daily census *:

Total number of short-stay residents *:

Total number of long-stay residents *:

Total number of new admissions *:

Total Number of Beds *:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) *:

Total number of unique residents who stayed ≤ 100 days in the previous calendar year.

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

Total Number of Long-Stay Residents

In the previous calendar year,

Average daily census *:

Total number of short-stay residents *:

Total number of long-stay residents *:

Total number of new admissions *:

Total Number of Beds *:

Average length of stay for short-stay residents:

Average length of stay for long-stay residents:

Number of Pediatric Beds (age <21) *:

Total number of unique residents who stayed > 100 days in the previous calendar year.

On the day you complete this survey..

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the 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 checked="" type="checkbox"/>	<input type="text" value="47"/>
b. Long-term dementia *:	<input checked="" type="checkbox"/>	<input type="text" value="20"/>
c. Skilled nursing/Short-term (subacute) rehabilitation *:	<input checked="" type="checkbox"/>	<input type="text" value="20"/>
d. Long-term psychiatric (non dementia) *:	<input type="checkbox"/>	<input type="text"/>
e. Ventilator *:	<input type="checkbox"/>	<input type="text"/>
f. Bariatric *:	<input type="checkbox"/>	<input type="text"/>
g. Hospice/Palliative *:	<input checked="" type="checkbox"/>	<input type="text" value="10"/>
h. Other *:	<input type="checkbox"/>	<input type="text"/>
Total Resident Census on Survey Day:		97

Its Survey Time – What Services are being Provided?

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

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

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 complete)

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
a. Long-term general nursing *:	<input checked="" type="checkbox"/>	47
b. Long-term dementia *:	<input checked="" type="checkbox"/>	20
c. Skilled nursing/Short-term (subacute) rehabilitation *:	<input checked="" type="checkbox"/>	20
d. Long-term psychiatric (non dementia) *:	<input type="checkbox"/>	
e. Ventilator *:	<input type="checkbox"/>	
f. Bariatric *:	<input type="checkbox"/>	
g. Hospice/Palliative *:	<input checked="" type="checkbox"/>	0
h. Other *:	<input type="checkbox"/>	

Total Resident Census on Survey Day:

97

Total Resident Census on Survey Day

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

<u>Primary Service Type</u>	<u>Service Provided?</u>	<u>Number of residents</u>
a. Long-term general nursing *	<input checked="" type="checkbox"/>	47
b. Long-term dementia *	<input checked="" type="checkbox"/>	20
c. Skilled nursing/Short-term (subacute) rehabilitation *	<input checked="" type="checkbox"/>	20
d. Long-term psychiatric (non dementia) *	<input type="checkbox"/>	
e. Ventilator *	<input type="checkbox"/>	
f. Bariatric *	<input type="checkbox"/>	
g. Hospice/Palliative *	<input checked="" type="checkbox"/>	10
h. Other *	<input type="checkbox"/>	
Total Resident Census on Survey Day:		97

Total Resident Census on Survey Day must be less than or equal to **Total Number of Beds** provided in previous section of survey

In the previous calendar year,

Average daily census *: 90

Total number of short-stay residents *: 25

Total number of long-stay residents *: 75

Total number of new admissions *: 20

Total Number of Beds *: 100

Primary Testing Method for *C. difficile*

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

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

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

Uncommon Testing Methods for *C. difficile*

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

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

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

Lab Testing methods

- What if our facility changes labs this year and the testing methods are different?
- ✓ **You will add the new lab to next year's survey. Remember, for the 2019 survey, you are only including facility characteristics and practices for the 2019 calendar year. If labs changed mid-way through the year, include the primary lab tests your facility used for the majority of 2019.**

Remember to **SAVE** completed survey



EDIT Annual Facility Survey

NHSN - National Healthcare Safety Network

NHSN Home

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NHSN Long Term Care Facility Component Home Page

Action Items

Find Annual Survey

COMPLETE THESE ITEMS

- Add
- Find

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

Facility ID: Tt's Test Facility (ID 56233) ▼

Survey Year: 2019 ▼

Find Clear Back

Edit Back



QUESTIONS ?

Send all questions to nhsn@cdc.gov and type “LTCF” in the subject line

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

This webinar will be offered again
Wednesday, February 5th – 1:30-2:30 pm EST.

