



National Healthcare Safety Network

Long-term Care COVID-19 Module

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Long-term Care Facility Component

Goals

- Augment case reporting to understand facility specific impact
- Identify resource needs and prioritize public health action

Data Elements

- Resident Impact and Facility Capacity
- Ventilator Capacity and Supplies
- Supplies and Personal Protective Equipment
- Staff and Personnel Impact
- Ventilator Capacity and Supplies

Resident Impact and Facility Capacity

Section 1: Resident Impact

_____	ADMISSIONS: Residents admitted or re-admitted who were previously hospitalized and treated for COVID-19
_____	CONFIRMED: Residents with new laboratory positive COVID-19
_____	SUSPECTED: Residents with new suspected COVID-19
_____	TOTAL DEATHS: Residents who have died in the facility or another location
_____	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location

Section 2: Facility Capacity and Laboratory Testing

_____	ALL BEDS (FIRST SURVEY ONLY)
_____	CURRENT CENSUS: Total number of beds that are currently occupied
	TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what laboratory type? <i>Select all that apply.</i> <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other

Supplies & Personal Protective Equipment

Supply Item	Do you currently have adequate supply?	Do you have enough for next week?
N95 masks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Surgical masks	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Eye protection, including face shields or goggles	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gowns	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Gloves	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Alcohol-based hand sanitizer	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Staff and Personnel Impact

_____	CONFIRMED: Staff and facility personnel currently with lab-confirmed COVID-19
_____	SUSPECTED: Staff and facility personnel currently with suspected COVID-19 who are being managed as though they have it.
_____	COVID-19 DEATHS: Staff and facility personnel with suspected or confirmed COVID-19 who died in the facility or another location
Does your organization have a shortage of staff and/or personnel?	
Staffing Shortage?	Staff and Personnel Groups
<input type="checkbox"/> YES <input type="checkbox"/> NO	Nursing Staff: registered nurse, licensed practical nurse, vocational nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	Clinical Staff: physician, physician assistant, advanced practice nurse
<input type="checkbox"/> YES <input type="checkbox"/> NO	Aide: certified nursing assistant, nurse aide, medication aide, and medication technician
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)

Ventilator Capacity & Supplies (if applicable)

_____	MECHANICAL VENTILATORS: Total number of available in your facility	
_____	MECHANICAL VENTILATORS IN USE: Total number of mechanical ventilators in use for residents that have suspected or lab-confirmed COVID-19	
Ventilator Supplies		
Supply Item	Do you currently have adequate supply?	Do you have enough for next week?
Ventilator supplies (any, including tubing)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Enrollment and Reporting

- Expedited SAMS credentialing for new users
- Existing users automatically have access
- Weekly data reporting
- Not all elements are required by CMS
- Enable group user reporting and data access
 - State and local health department
 - Conferral of rights by facilities not required
 - Long-term care corporation
 - Rights need to be conferred by facilities

Training and Support

- Web-based training
 - Recorded and posted on NHSN LTC webpage
- Forms and instructions
 - Posted on NHSN webpage
- Recurrent office hours
 - Replay pre-recorded web training followed by Q&A
- User Support Desk
 - Questions about enrollment, technical difficulties, group functions, etc.
- E-mail updates
 - Most up-to-date information from NHSN

Data Sharing with External Partners

- NHSN dashboard
 - Within application
 - Accessible to facilities and group users
- CDC webpage
 - Report aggregate national data
- File Sharing Software
 - SharePoint
 - ShareFile

Challenges

- Limited data collection
 - Gaps may be filled by other CDC response activities
- Variable data quality
- Several facilities not enrolled in NHSN
 - CMS will assist with communication and outreach
 - Will need help from partners
 - LTC provider associations
 - State and local health departments
 - QIN-QIOs

Questions?



CDC

**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

**EDWARD R. ROYBAL
CAMPUS**

Thank You!

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