NHSN PM1 (formerly SHARP PM IV.1): Staffing and provision of NHSN technical assistance

Recipient

_____

NHSN PM1 (formerly SHARP PM IV.1): Staffing and provision of NHSN technical assistance Rationale: To inform CDC of the demand for TA, types of TA requested and provided, and facility setting types requesting assistance. CDC will use this information to improve NHSN user support and NHSN helpdesk experience. TA provided to facilities will strengthen the accuracy and timeliness of data reported in NHSN, thereby leading to actionable data for infection prevention activities.

Instructions: Complete the form below. Once complete mark as 'Complete' and select 'Save & Go to Next Form' from the drop down below.

NHSN Coordination Lead

Q1. Does your program have an NHSN Coordination Lead?

◯ Yes
◯ No

A. Please provide status update or challenges encountered in identify or hiring an NHSN Coordination Lead

_____

Response to Q1 A is required if you have not hired an NHSN Coordination Lead.

B. Staffing Directory is updated with required information for all staff leading and supporting NHSN activities

◯ Yes
◯ No

C. Please update the HAI/AR Program Staffing Directory.

Technical Assistance (TA) Request

Q2. Please answer the TA questions for the current reporting period August 1, 2023 - July 31, 2024.

A. Total number of TA requests received

_____

Provide the total number of TA requests received by your health department. A TA request refers to any one interaction (email, phone call, etc.), and may include more than one topic.

For example, one TA request comprised of three topics is reported as one TA request received.

B. Total number of TA requests completed

Provide the total number of TA requests completed by your health department. A TA request is considered complete if all topics were fully resolved.

For example, one TA request comprised of three topics with only two of three topics fully resolved is not reported as completed. One TA request comprised of three topics with three of three topics fully resolved is reported as one TA request completed.

_____

C. Percentage of Completed Requests (%)

_____

TA Requests by Topic

Q3. Provide the number of TA requests received and completed for each topic listed below. If you have additional topics to include, please use the blank rows at the bottom of the table to specify your topics.

Topic	Number of TA requests received	Number of TA requests completed
Data Analysis and Interpretation	_____	_____
Data Entry	_____	_____
Data Quality Assurance	_____	_____
Data Validation	_____	_____
Facility Administrator	_____	_____
Facility Enrollment	_____	_____
HAI Surveillance	_____	_____
Location Mapping	_____	_____
NHSN Access	_____	_____
NHSN Training Resources	_____	_____
Reporting Requirements	_____	_____
SAMS Access	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A general guide for determining technical assistance topic areas:

Data Analysis and Interpretation: Requests related to NHSN data analyses, interpretation of findings, and using data for decision making

Data Entry: Requests related to NSHN data entry errors and issues

Data Quality Assurance: Requests related to NHSN data correction and ensuring NHSN data quality

Data Validation: Requests related to NHSN data validation activities

Facility Administrator: Requests related to on-boarding/changing the NHSN facility administrator

Facility Enrollment: Requests related to enrolling a facility in NHSN

Healthcare-Associated Infection (HAI) Surveillance: Requests related to specific HAI surveillance and protocols

Location Mapping: Requests related to mapping patient care areas to location(s) as defined by NHSN

NHSN Access: Requests related to NHSN user access requests, issues accessing NHSN application

NHSN Training Resources: Requests related to NHSN trainings, resources, and education

Reporting Requirements: Requests related to NHSN reporting requirements for CMS, federal/state reporting mandates. etc.

SAMS Access: Requests related to SAMS access for NHSN users

Response to Q3 is required.

Number of facilities requesting TA, categorized by setting type and zip code.

Q4. Provide the number of facilities requesting technical assistance, categorized by setting type.

Number of facilities requesting TA by setting type
Acute Care Hospitals _____

Critical Access Hospitals _____

Ambulatory Surgery Centers _____

Long-term acute care hospitals _____

Inpatient rehabilitation facilities _____

Inpatient psychiatric facilities _____

Dialysis facilities _____

Assisted living facilities _____

Skilled nursing facilities _____

Home dialysis centers _____

LTCF for developmentally disabled _____

Other (please describe): _____ _____

Response to Q4 is required.

Q5. Comments (optional)
Please share any comments for CDC to consider regarding the NHSN Performance Measures data. _____

Date of Submission

_____

NHSN PM2 (formerly SHARP PM IV.2): NHSN data use agreements (DUAs) established or updated, documented by setting

Recipient

NHSN PM2 (formerly SHARP PM IV.2): NHSN data use agreements (DUAs) established or updated, documented by setting Note: This PM is only applicable to recipients participating in NHSN Activity 2

Rationale: To inform CDC of DUAs between jurisdictions and healthcare facilities. Established DUAs serve as an indicator of improved data information sharing and data-driven prevention. DUAs document a jurisdiction's access to NHSN data beyond data subject to reporting mandates. CDC can improve and modify the NHSN application based on knowledge of how jurisdictions are using data they access via DUAs, and provide examples for other jurisdictions.

Instructions: Complete the form below. Once complete mark as 'Complete' and select 'Save & Go to Next Form' from the drop down below.

Data Use Agreements

Q1. Does your jurisdiction currently have an established or updated DUA with healthcare facilities?

- ◯ Yes
- ◯ No

A. How is the accessed data being used?

Response to Q1 A is required.

B. Why has your jurisdiction not established or updated a DUA with healthcare facilities?

Response to Q1 B is required.

Date of Submission

NHSN PM3: NHSN healthcare-associated infection (HAI) validation

Recipient _____

NHSN PM3: NHSN healthcare-associated infection (HAI) validation
Note: This PM is only applicable to recipients participating in NHSN Activity 4

Rationale: To inform CDC of the progress made to complete HAI validation activities. Successful completion of HAI validation improves NHSN data quality. Ensuring data quality is integral to NHSN's ability to help facilities collect the data needed to identify areas needing prevention efforts, measure progress of prevention efforts, monitor antibiotic use and resistance, and push toward healthcare-associated infection elimination.

Please complete the form below. Once complete, mark as 'Complete' and select 'Save & Go to Next Form' from the drop down below.

Please select all HAI(s) that were validated for the current project period.

- ☐ CLABSI
- ☐ CAUTI
- ☐ SSI-HYST
- ☐ SSI-COLO
- ☐ MRSA
- ☐ PS-CDI
- ☐ LTCF-CDI
- ☐ Dialysis

Central Line-Associated Bloodstream Infection (CLABSI)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (CAUTI)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (HYST)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (COLO)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (MRSA)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (CDI)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (LTCFCDI)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

Central Line-Associated Bloodstream Infection (Dialysis)

Date validation project activities started:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Date validation project activities ended:

Please indicate whether this is the actual start date or anticipated start date.

_____

_____

Select which facility selection methodology was used.

_____

If any facility refused to participate, enter the number of refusals and any reasons given for refusing.

_____

_____

Enter the start and end date for time period of data being validated.

If validating a calendar year of data, enter start date as 1/1/YYYY and end date as 12/31/YYYY.

(start) _____ -
(end) _____

If validation data collection is completed, has de-identified data collected via Medical Record Abstraction Tool been sent to CDC? _____

After completing the sections above for each HAI your jurisdiction validated during this project period, please describe any additional barriers to completing validation, as applicable:

_____