



## National Healthcare Safety Network (NHSN) Influenza Reporting

### Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)

“...requires that the provider submit a minimum of one report to the NHSN by the data submission deadline of May 15 for each influenza season following the close of the data collection period each year to meet our requirements.”

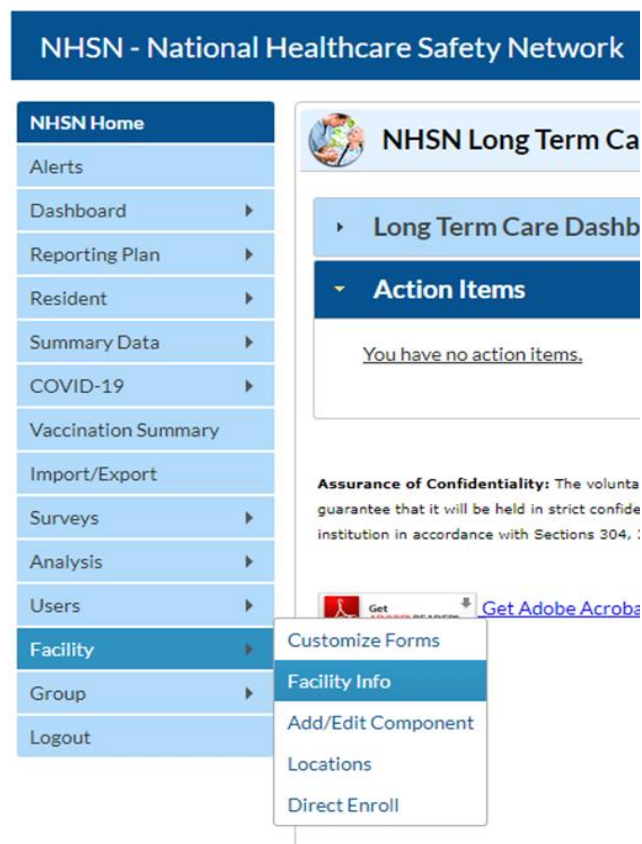
Detailed information is available on the [Federal Register](#) website.

- If QRP questions arise, please contact [SNFQualityQuestions@cms.hhs.gov](mailto:SNFQualityQuestions@cms.hhs.gov)
- Report influenza vaccinations for staff only

To add the influenza (flu) reporting component to NHSN, you must have Level 3 Secure Access Management Services (SAMS) access, meaning you log in with either a grid card or the Entrust app on your phone.

The NHSN Administrator for your facility must add the new component. To check who is listed as the NHSN Administrator, follow the steps outlined below:

#### Facility > Facility Info




---

If you do not have the **Facility** tab, you are not the designated NHSN Administrator. Therefore, you will need to request other users (even at corporate/regional level) to log in and verify who is the named Administrator. If your facility has [conferred rights to Telligen](#), we will also be able to identify your NHSN Administrator.

---



On the **Facility Info** page, scroll down to the bottom to verify the named Facility Administrator in the **Contact Information** rows:

<input type="checkbox"/>	Long Term Care Facility	02/01/2023			<a href="#">View Agreement</a>
<input type="checkbox"/>	Medication Safety (pilot facilities only)				
<input type="checkbox"/>	Neonatal				
<input type="checkbox"/>	Outpatient Procedure				
<input type="checkbox"/>	Patient Safety				

### Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<a href="#">Edit</a>	Facility Administrator	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>
<a href="#">Edit</a>	Long Term Care Facility Primary Contact	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>

If the listed Facility Administrator is no longer at your facility, please contact [Telligen](#) for assistance updating the named contact. This process may require a few business days to complete.

The Administrator must add the **Healthcare Personnel Safety** component:

### Components Followed

Follow/ Followed	Component	Activated	Deactivated	Agreement Accepted	View Agreement
<input type="checkbox"/>	Biovigilance				
<input type="checkbox"/>	Dialysis				
<input type="checkbox"/>	Healthcare Personnel Safety				
<input checked="" type="checkbox"/>	Long Term Care Facility	02/01/2023		Y	<a href="#">View Agreement</a>
<input type="checkbox"/>	Medication Safety (pilot facilities only)				
<input type="checkbox"/>	Neonatal				
<input type="checkbox"/>	Outpatient Procedure				
<input type="checkbox"/>	Patient Safety				

### Contact Information

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<a href="#">Edit</a>	Facility Administrator	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>
<a href="#">Edit</a>	Long Term Care Facility Primary Contact	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>



After selecting the **Healthcare Personnel Safety** checkbox, a pop-up window appears stating a primary user must be designated for the new component, as shown below:

**Components Followed**

Follow/ Followed	Component
<input type="checkbox"/>	Biovigilance
<input type="checkbox"/>	Dialysis
<input checked="" type="checkbox"/>	Healthcare Personnel Safety
<input checked="" type="checkbox"/>	Long Term Care Facility
<input type="checkbox"/>	Medication Safety (pilot facilities only)
<input type="checkbox"/>	Neonatal
<input type="checkbox"/>	Outpatient Procedure
<input type="checkbox"/>	Patient Safety

**Warning**

You must define the Primary Contact for this component before you can start following it. Go to the Contact Data section of the page to enter the Primary Contact information. Note: You will be required to complete a survey for the most recently completed calendar year if Healthcare Personnel Exposure reporting is selected on your monthly plan. Please print the survey from the Print Survey Form link next to the component.

**OK**

**Contact Information**

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<a href="#">Edit</a>	Facility Administrator	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>
<a href="#">Edit</a>	Long Term Care Facility Primary Contact	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>
<a href="#">Edit</a>	HCP - Healthcare Personnel Primary Contact				

After clicking **OK**, a new pop-up window will appear:

Facility: Y  
Facility type \*: LTC-ASSIST - Assisted Living Residence

Was this facility operational in the year prior to NHSN enrollment (i.e., last year)? \*:  Yes  No

Will this facility report COVID-19 data separately (one or more facility-within-facility using the same OrgID and CCN)?  
Before making a selection, please refer to the Facility-within-facility Reporting COVID-19 hospital and ambulatory care settings scenarios for COVID-19.

IHS Facility:  Contact Type: **HCP - Healthcare Personnel Primary Contact**

Status: A -

**Components Followed**

Follow/ Followed	Component
<input type="checkbox"/>	Biovigilance
<input type="checkbox"/>	Dialysis
<input checked="" type="checkbox"/>	Healthcare Personnel Safety
<input checked="" type="checkbox"/>	Long Term Care Facility
<input type="checkbox"/>	Medication Safety (pilot facilities only)
<input type="checkbox"/>	Neonatal
<input type="checkbox"/>	Outpatient Procedure
<input type="checkbox"/>	Patient Safety

**Contact Information**

	Contact Type	Contact Name	Phone No.+ext	Email	Action
<a href="#">Edit</a>	Facility Administrator	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>
<a href="#">Edit</a>	Long Term Care Facility Primary Contact	Ives, Kristen	123-444-5657	KIVES@TELLIGEN.COM	<a href="#">Reassign</a>
<a href="#">Edit</a>	HCP - Healthcare Personnel Primary Contact				

**Edit Record**

Use Existing NHSN User  Create new NHSN User

Existing NHSN User Email:

Username:

First Name:

Last Name:

Middle Name:

Phone:  Ext:

Email:

Title:

[Click to copy mailing address from the facility](#)

Address Line 1:

Address Line 2:

Address Line 3:

City:

State:

Zip Code:  Zip Code Ext:

Fax:

Pager Number:

**Submit** **Cancel**

**Update** **Back**





When initially entering the Healthcare Personnel Safety (HPS) component, you are asked to accept the agreement notification appearing on the screen. This is a one-time task.

Once you are in the HPS component, you need to provide other users access. Please note current Long Term Care Facilities (LTCF) component users will NOT automatically have access to the HPS component.

To grant access use the following steps:

- Go into your user list (in either component)
- Select the user
- Click **Edit**
- Then click **Edit Rights**

In addition to the four LTCF check boxes, select the **Administrator** and **All Rights** boxes under HPS. Then click **Save**.

To report staff flu vaccinations:

The screenshot shows the NHSN National Healthcare Safety Network interface. At the top, there are logos for the CDC (Centers for Disease Control and Prevention) and NHSN (National Healthcare Safety Network). The user is logged in as KIVES KRISTEN'S LONG TERM CARE. The main content area is titled "NHSN Healthcare Personnel Safety Component Home Page" and features an "Action Items" section with the message "You have no action items." Below this, there is a section for "Assurance of Confidentiality" with a disclaimer. A sidebar on the left contains navigation links such as "NHSN Home", "Alerts", "Reporting Plan", "HCW", "Lab Test", "Exposure", "Prophy/Treat", "Import/Export", "Vaccination Summary", "Surveys", "Analysis", "Users", "Facility", "Group", and "Logout". The "Vaccination Summary" link is highlighted, and a dropdown menu is open, showing options for "Add", "Find", and "Incomplete".

After completing the above steps, the flu reporting form will open. Please refer to the [NHSN Healthcare Personnel \(HCP\) Flu Vaccination](#) resource page for facility-specific trainings and the Table of Instructions (TOI) for Annual Reporting. Note that the Other Contract Personnel column is not required.

Flu data can be entered when convenient. However, after March 31 (conclusion of flu season) ensure the most accurate data is entered. The deadline for data entry is May 15.