Partnering to improve health outcomes through relationships and data

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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 <u>SNFQualityQuestions@cms.hhs.gov</u>
- 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 <u>conferred rights to Telligen</u>, we will also be able to identify your NHSN Administrator.

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

| _ | Long term care racincy | 02/01/2020 | | VIEW ASI CONTENT |
|---|---|------------|--|------------------|
| | Medication Safety (pilot facilities only) | | | |
| | Neonatal | | | |
| | Outpatient Procedure | | | |
| | Patient Safety | | | |

Contact Information

| | Contact Type | Contact Name | Phone No.+ext | Email | Action |
|------|---|---------------|---------------|--------------------|----------|
| Edit | Facility Administrator | Ives, Kristen | 123-444-5657 | KIVES@TELLIGEN.COM | Reassign |
| Edit | Long Term Care Facility Primary Contact | Ives, Kristen | 123-444-5657 | KIVES@TELLIGEN.COM | Reassign |

If the listed Facility Administrator is no longer at your facility, please contact <u>Telligen</u> 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:

| Component | ts Followed | | | | |
|---------------------|---|------------|-------------|-----------------------|----------------|
| Follow/ Followed | Component | Activated | Deactivated | Agreement Accepted | View Agreement |
| | Biovigilance | | | | |
| | Dialysis | | | | |
| | Healthcare Personnel Safety | | | | |
| | Long Term Care Facility | 02/01/2023 | | Y | View Agreement |
| | Medication Safety (pilot facilities only) | | | | |
| | Neonatal | | | | |
| | Outpatient Procedure | | | | |
| | Patient Safety | | | | |

Contact Information

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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:

| Follow/ Followed | Component | Warning | Warning | | | |
|---------------------|---|---------------------|---|--------------------|-------|---------|
| | Biovigilance | You must define th | 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 | | | |
| | Dialysis | component before | | | | |
| | Healthcare Personnel Safety | Go to the Contact | | | | |
| | Long Term Care Facility | Note: You will be r | | | | |
| | Medication Safety (pilot facilities only) | survey for the mos | t recently completed | | | |
| | Neonatal | calendar year if He | ealthcare Personnel | | | |
| | Outpatient Procedure | monthly plan. Plea | monthly plan. Please print the survey from | | | |
| | Patient Safety | the Print Survey F | orm link next to the | | | |
| ontact I | nformation | | ок | | | |
| | Contact Type | Contact Name | Phone No.+ext | | Email | Action |
| Edit | Facility Administrator | Ives, Kristen | 123-444-5657 | KIVES@TELLIGEN.CON | 4 | Reassig |
| Edit | Long Term Care Facility Primary Contact | Ives, Kristen | 123-444-5657 | KIVES@TELLIGEN.CON | 4 | Reassig |
| | | | | | | |

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

| was this fac | ility operational i | n the year prior to NHS | N enrollment (i.e., last year)? | : 🔍 Yes 🔍 No | | | | |
|--|--|-------------------------|---------------------------------|-----------------------------|----------|----------|-------|----------|
| Will this faci Before maki | lity report COVI ng a selection, pl | Edit Record | or more) tacility-within-tac | lity using the same OralD a | od CCNP | × | | |
| Facility-with reporting C have the satisfacility sce | thin-facility Desc COVID-19 hospit ime CCN and the narios for COVIE | Existing NHSN User Er | OUse Existing NHSN Us mail | er Create new NHSN Us | er | | | |
| | | Username * | | | | | | |
| | IHS Facility: 🔿 | Contact Type | HCP - Healthcare Per | sonnel Primary Contact | | | | |
| | Status: A - | First Name * | | | | | | |
| | | Last Name * | | | | | | |
| Compone | nts Followed | Middle Name | | | | | | |
| Follow/ | | Dhose t | | | | | | |
| Followed | Disulailanas | Phone * | | Ext: | | | | |
| | Dialysis | Email * | | | | | - | |
| | Healthcare Pe | Title | | | | | - | |
| | Long Term Car | 📳 Click to copy mai | ling address from the facility | | | | - | |
| | Medication Sa | Address Line 1 * | | | | | | |
| | Neonatal | Address Line 1 | | | | | | |
| | Outpatient Pr | Address Line 2 | | | | | | |
| | Patient Safety | Address Line 3 | | | | | J | |
| | | City * | | | | | | |
| Contact In | formation | State * | | | | ~ | | |
| | | Zip Code * | | Zip Code Ext: | | | Email | Action |
| Edit F | acility Administr | Fax | | | | | OM | Reassign |
| Edit L | ong Term Care F | | | | | | юм | Reassig |
| Edit | ICP - Healthcare | Pager Number | | | | | | |
| | | 4 | | | B Submit | × Cancel | | |



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🔤 NHSI

At the top of the pop-up window there is an option for **Use Existing NHSN User**. After selecting, you can enter the existing NHSN user's email address. This contact can be the NHSN Administrator or a different user. Once you fill in the email address, the rest of the form will populate. Click **Submit**.

After completing that step, you will need to press the **Update** button at the bottom of the screen to save the changes.

Using the left-hand navigation, click the top tab NHSN Home.



kives@telligen.com

Select component: Long Term Care Facility

Select facility/group

Submit

Fac: LTC Kristen (ID 91971)

From the NHSN Landing Page, use the Select component dropdown to choose Healthcare Personnel Safety. Enter your facility and click Submit.



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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.

| CDC Cente CDC 24/7 | rs fo 7: Savii | r Disease Control and Prevention ng Lives, Protecting People™ NHSN NATIONAL HEALTHCAR SAFETY NETWORK |
|-----------------------------------|-------------------|---|
| NHSN - Nation | nal H | lealthcare Safety Network |
| NH5N Home Alerts | | NHSN Healthcare Personnel Safety Component Home Page |
| Reporting Plan HCW Lab Test | > > > | Action Items You have no action items. |
| Exposure Prophy/Treat | > > | 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 |
| Vaccination Summary Surveys | * | Annual Vaccination Flu Summary Add 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 Find Find Incomplete es |
| Users Facility | * | |
| Logout | | |

After completing the above steps, the flu reporting form will open. Please refer to the <u>NHSN Healthcare Personnel (HCP)</u> <u>Flu Vaccination</u> 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.

This material was prepared by Telligen, the Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 12SOW-QIN-03/15/23-4747

To report staff flu vaccinations: