

NHSN Tip Sheet

NHSN Reporting Information

Nursing Home are required to report COVID-19 data elements to NHSN weekly by Sunday at 11:59 p.m. To ensure reporting compliance, consider these helpful tips and reminders.

	<ul style="list-style-type: none"> • Ensure more than one person has access to NHSN to complete mandatory reporting and is trained in data collection and reporting. <ul style="list-style-type: none"> ◦ Develop a plan for back-up reporting in the event the primary reporting person is absent, so there are no gaps in reporting by the facility. ◦ If turnover is anticipated, to get another staff member access ASAP to NHSN as this process can be lengthy (may take up to four weeks).
	<ul style="list-style-type: none"> • Avoid waiting until Saturday or Sunday to report. <ul style="list-style-type: none"> ◦ For consistent data submission, identify a day of the week to submit. ◦ Consider reporting twice a week.
	<ul style="list-style-type: none"> • If an outage occurs in the system when trying to submit data, keep a record/ document the outage and submit a ticket to nhsn@cdc.gov. <ul style="list-style-type: none"> ◦ This documentation may be helpful if the facility receives a F884 citation and wishes to IIDR. ◦ Reattempt to submit data as soon as the outage has resolved.
	<ul style="list-style-type: none"> • Review each pathway for complete data before submitting. <ul style="list-style-type: none"> ◦ Review the entire NHSN data reporting immediately after submission to ensure all required pathways are submitted. ◦ Double check data entered to ensure it meets data field requirements. ◦ Review up-to-date and other key data elements to ensure accurate reporting.
	<ul style="list-style-type: none"> • Take and save a screen shot from the NHSN Data Entry Screen for each Surveillance Reporting Pathway, COVID-19 Vaccination Module and HCP influenza summary data. Showing the dates that the data was created. This will be necessary in the event of a dispute.
	<ul style="list-style-type: none"> • Enforcement letters are routinely sent via email and placed in CASPER Facility folders. <ul style="list-style-type: none"> ◦ Ensure each facility has at least two persons who have access for CASPER (via CMSNet) and iQIES (must also have a HARP account). ◦ Identify a process for checking CASPER folders weekly.
	<ul style="list-style-type: none"> • Develop a QAPI plan if gaps in the reporting process are identified or noncompliance occurs.
	<ul style="list-style-type: none"> • Check the NHSN CDC LTC COVID-19 Module page routinely for updates.