

# Wisconsin Nursing Home NHSN CRE Reporting Requirements

## References

National Healthcare Safety Network (NHSN) public page for all long-term care (LTC) surveillance protocols:

<https://www.cdc.gov/nhsn/ltc/index.html>

Wisconsin Department of Health Services, Division of Public Health (DPH) NHSN resources (e.g., CRE mandate letter, enrollment links, conferring rights, tutorials, etc.):

<https://www.dhs.wisconsin.gov/hai/nhsn-resources.htm>

DPH guidance regarding required Category I disease reporting and CRE toolkits for resident management:

<https://www.dhs.wisconsin.gov/disease/cre.htm>

**YOU NEED TO ENTER A NHSN CRE REPORTING PLAN, NUMERATOR, AND DENOMINATOR EVERY MONTH, EVEN IF YOU DID NOT HAVE A POSITIVE CRE ISOLATE.**

## Reporting Plan

You need to enter a plan for each month of surveillance. This certifies that you are conducting CRE surveillance and following the NHSN definitions. This is the basis for NHSN missing data alert notifications. At a minimum, all Wisconsin nursing homes need to choose “CRE – CRE (CRE-*E. coli*, CRE-*Enterobacter*, CRE-*Klebsiella*)” from the LabID event module drop down. The “LabID Event All Specimens” box automatically checks based on the organism selection.

When you enter the month and year, the screen will return a “no data found” pop-up. This just means you have not entered a plan yet. Click “OK” and continue with plan entry. You may also receive a pop-up regarding a recommendation for six consecutive months of LabID reporting. You can also click OK on this. You need to start entry at some point to accumulate six months of data.

Facility ID \*: State Memorial Long-term Care Facility (ID 30203) ▼  
Month \*: October ▼  
Year \*: 2018 ▼  
 No Long Term Care Facility Component Modules Followed this Month

This box means you are not doing NHSN surveillance that month. No Wisconsin nursing homes should be checking this.

## HAI Module

	Locations	UTI
🗑️	Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>

## LabID Event Module

	Locations	Specific Organism Type	Lab ID Event All Specimens
🗑️	Facility-wide Inpatient (FacWIDEIn) ▼	CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella) ▼	<input checked="" type="checkbox"/>

Add Row Clear All Rows Copy from Previous Month

## Prevention Process Measure Module

	Locations	Hand Hygiene	Gown and Gloves Use
🗑️	Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>	<input type="checkbox"/>

Copy from Previous Month

State requirement:  
Monthly facility-wide CRE data entry via NHSN started June 2017 and continues indefinitely.

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# Wisconsin Nursing Home NHSN CRE Reporting Requirements

## Numerator – Event > Add on the left navigation bar

If you did not have any CRE events for a particular month, you need to indicate “report no events” so your numerator is entered as zero. See denominator section below for information on this. This section covers how to enter CRE events when a positive meeting NHSN LabID criteria is identified.

1. Fill out the required patient demographic info. Long-stay indicates residents in the facility for more than 100 days from the date of first admission. Short-stay are those in the facility equal to 100 days or less from the date of first admission. Date of current admission is the most recent date of entry for the resident. This can be different than the date of first admission if the resident was gone from the facility for more than two calendar days (i.e., hospitalized for more than two days before returning to the nursing home).

### Resident Information

Facility ID \*: State Memorial Long-term Care Facility (ID 30203) ▼

Resident ID \*: WI00001 Find Find Events for Resident

Social Security #:

Medicare number (or comparable railroad insurance number):

Last Name: Badger

First Name: Bucky

Middle Name:

Gender \*: M - Male ▼

Date of Birth \*: 04/17/1959

Ethnicity:

- Race:
- American Indian/Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian/Other Pacific Islander
  - White

Resident type \*: LS - Long Stay ▼

Date of First Admission to Facility \*: 06/13/2017

Date of Current Admission to Facility \*: 09/03/2018

2. Choose the LabID event type to change the event form fields for your specific HAI. The LabID form focuses on the specimen collection details. Complete the required fields identified by red asterisks.

### Event Information

Event Type \*: LABID - Laboratory-identified MDRO or CDI Event ▼

Date Specimen Collected \*: 10/10/2018

Specific Organism Type \*: CREECOLI - CRE-Ecoli ▼

Specimen Body Site/System \*: CARD - Cardiovascular/ Circulatory/ Lymphatics ▼

Specimen Source \*: BLDSPC - Blood specimen ▼

Resident Care Location \*: EAST WING - EAST WING - GENERAL NURSING ▼

Primary Resident Service Type \*: GENNUR - Long-term general nursing ▼

Has resident been transferred from an acute care facility in the past 4 weeks \*? N - No ▼

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month? N - No

### Comments

3. Remember to click “Save” at the bottom. You will receive a confirmation message that the event saved successfully.

Please contact Ashlie Dowdell, HAI Surveillance Coordinator, with NHSN questions at 608.266.1122 or [ashlie.dowdell@wi.gov](mailto:ashlie.dowdell@wi.gov).

# Wisconsin Nursing Home NHSN CRE Reporting Requirements

## Denominator – Summary Data > Add on the left navigation bar.

Denominators need to be entered monthly for every item identified in your monthly reporting plan, even if you did not have an infection. For CRE, this allows DPH to calculate a rate of the number of CRE events per statewide resident days and admissions.

1. Enter the month and year. The screen will flicker as it looks up your plan for that month and returns with red asterisks next to the required fields based on your plan selections.

Facility ID \*: State Memorial Long-term Care Facility (ID 30203) ▼  
 Month \*: October ▼  
 Year \*: 2018 ▼

2. The first row of the table to the right of “LabID Event (All Specimens)” has checkboxes to indicate which organisms you indicated in your reporting plan. Red asterisks are next to required fields for resident admissions, resident days, and next to “Report No Events” boxes for the organisms that have not had a CRE event entered.

A CRE event was already entered for CRE-*E. coli* in this example, so the “Report No Events” check box is grayed out and unavailable. The *Enterobacter* and *Klebsiella* boxes did not have an event, so they can be checked. The denominator looks for the population at risk, so monthly totals of facility-wide resident admissions and resident days should be entered for the month, not specifically those with a CRE or MDRO.

### Denominators for Long Term Care Locations

- No long term care locations selected on monthly reporting plan

### MDRO & CDI LabID Event Reporting

Location Code	Resident Admissions:	Resident Days:	LabID Event (All specimens)	Specific Organism Type							
				MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn)	25 *	1065 *	<input type="checkbox"/> LabID Event (All specimens) <input type="checkbox"/> Report No Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>

### Prevention Process Measures

- No long term care locations selected on monthly reporting plan

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If you did not have any events for the month, check the appropriate “Report No Events” boxes above.

If you did have an event, see Event entry section above. “Report No Events” box will be grayed out and unavailable to check once an event has been added.

Resident days and admissions should be monthly totals of the entire facility, not specifically those with a CRE or MDRO.

3. Remember to click “Save” at the bottom. You will receive a confirmation message that the data saved successfully.

# Wisconsin Nursing Home NHSN CRE Reporting Requirements

## Alerts

- Based on reporting plan entries.
- Available upon log-in and by going to “Alerts” on the left navigation bar.
- Click the hyperlinked number/words for more info on the alert (e.g., which month, module, location, etc.) and further details on addressing it (e.g., check the report no events box in the alert, be taken to the month of summary data in question, etc.).

## What Does This NHSN Alert Mean?

- **Conferred Rights Not Accepted:** The conferring rights template for one or more of the groups you share data with needs to be reaccepted. This could be because the group changed the template to request more/less data or significant changes to NHSN forced a reacceptance of the group’s template. This does not mean you have not conferred rights in the past. It just means you have not reaccepted the new template. The group will still have access to the data previously conferred, but will not have access to newly requested data until the rights are reaccepted.
- **Incomplete Events:** A submitted event form is missing some required field of data. This needs to be fixed before the events would be included in analytic reports.
- **Missing Events:** Enter an event or check the “Report No Events” check box to complete the numerator. Denominator data has already been entered for the module.
- **Incomplete Summary Data:** Summary data were entered, but a required field is missing within the form.
- **Missing Summary Data:** Enter summary data (denominator) for the indicated module/month. Once this is done, you will likely receive a “Missing Events” alert to enter an event or check the “Report No Events” box.

## Conferring Rights to DPH

Data are automatically available to DPH when you confer rights in NHSN to the Wisconsin DPH Group using the information below after clicking on Group > Confer Rights on the left navigation bar.

Wisconsin Division of Public Health

Group ID: 15341

Password: wjoin

Group Administrator: Ashlie Dowdell, [ashlie.dowdell@wi.gov](mailto:ashlie.dowdell@wi.gov), 608.266.1122

Once you enter the Group ID and password, click “Join Group” to the right of the password, click “OK” on the pop-up indicating that CDC doesn’t endorse specific groups, and scroll to the bottom of the template to click “Accept” to complete the data sharing link with DPH. You will receive a confirmation of the rights acceptance at the top of the screen.

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## How to Verify You Conferred Rights to DPH

If you go to Group > Confer Rights on the left navigation bar, you can see a list of groups to which you have conferred rights. You can also click on the alerts page from the left navigation bar to see any action items related to reconfering rights when a group updates the rights requested. DPH rarely updates the group template to initiate a request to reconfer rights. The list can be printed, captured by screenshot, or displayed on screen to show others evidence of conferred rights.



## Memberships

### Groups that have access to this facility's data

QIOTest Group (14220)  
State Test LTCF Group (30578)

Confer Rights

**WI DPH – LTCF (33839)**

Leave Group(s)

### Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password:

Join Group

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## How to Show Someone You Entered Data

Use the left navigation bar find feature under the type of data you want to display (Reporting Plan > Find, Event > Find, or Summary Data > Find). You can select a specific month from the drop down or leave the search fields blank and click “Find” at the bottom to pull up a list of all data entered. The list can be printed, captured by screenshot, or displayed on screen to show others evidence of data entry.



## Find Monthly Reporting Plan

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID:

Month:

Year:

Find

Clear

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## Monthly Reporting Plan List

Month ↕	Year	Facility ID
<a href="#">November</a>	2018	30203
<a href="#">October</a>	2018	30203
<a href="#">August</a>	2018	30203
<a href="#">March</a>	2018	30203
<a href="#">February</a>	2018	30203
<a href="#">January</a>	2018	30203
<a href="#">December</a>	2017	30203
<a href="#">November</a>	2017	30203
<a href="#">October</a>	2017	30203
<a href="#">September</a>	2017	30203

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Results will display in groups of 10. Use the page arrows at the bottom of the list to view additional entries.