

## INTRODUCTION AND BACKGROUND

- A coordinated approach to public health surveillance is necessary to prevent the spread of healthcare-associated infections (HAIs).
- Much work is needed to increase the availability of standardized surveillance data from non-acute healthcare settings.
- To address this surveillance gap, the National Healthcare Safety Network (NHSN) Long-Term Care (LTC) module was released in 2012 to track HAIs within LTC facilities.
- In December 2016, the District of Columbia (DC) implemented a new regulation mandating skilled nursing facilities (SNFs) to report *Clostridium difficile* infections (CDI) and selected multidrug-resistant organisms (MDROs) to the Department of Health (DOH) through NHSN.
- Lessons learned during a pilot round of trainings will be used to improve and customize trainings for the remaining facilities.

Facility Capability	Transitions	Stoddard Baptist	Stoddard Baptist WCAS	Forest Hill of DC	Carrol Manor	TOTAL median (range) or n(%)
Bed Size	360	164	262	50	252	252 (50, 360)
Admission 24hours/day	YES	YES	YES	NO	YES	4 (80%)
Alzheimer's Locked Unit	NO	NO	YES	NO	YES	2 (40%)
Blood Transfusions	NO	NO	NO	NO	NO	0 (0%)
Dialysis, On site	YES	NO	NO	NO	NO	1 (20%)
Dialysis, w/community chair	YES	YES	YES	YES	YES	5 (100%)
Enteral Nutrition	YES	YES	YES	YES	YES	5 (100%)
HIV/Aids Care	YES	YES	YES	YES	YES	5 (100%)
Isolation: MRSA/VRE, Cdiff	YES	YES	YES	NO	YES	4 (80%)
IV Meds	YES	YES	YES	NO	YES	4 (80%)

Table 1. Overview of the SNF pilot group's demographics and clinical capabilities; provided by the District of Columbia Healthcare Association.

## OBJECTIVES

The goal of this pilot training program was to:

- Prepare an initial group of SNFs to use the NHSN LTC CDI module
- Understand the barriers DC SNFs face as they work towards being in compliance with the new DC HAI reporting mandate
- Obtain feedback that can be used to design a DC-wide SNF NHSN training program

## RESULTS

New reporting requirements and the use of NHSN were well received by the SNFs:

- Five SNFs were enrolled in NHSN by the end of November 2016
- Four completed facility mapping in December 2016

Major challenges identified with some or all of the SNFs during the onboarding process included:

- Understanding technical specifications required for the NHSN system
- Being able to complete seemingly basic logistical tasks
- Routinely needing one-on-one assistance, either in-person or over the phone
- Determining one's role as an NHSN user at their facility

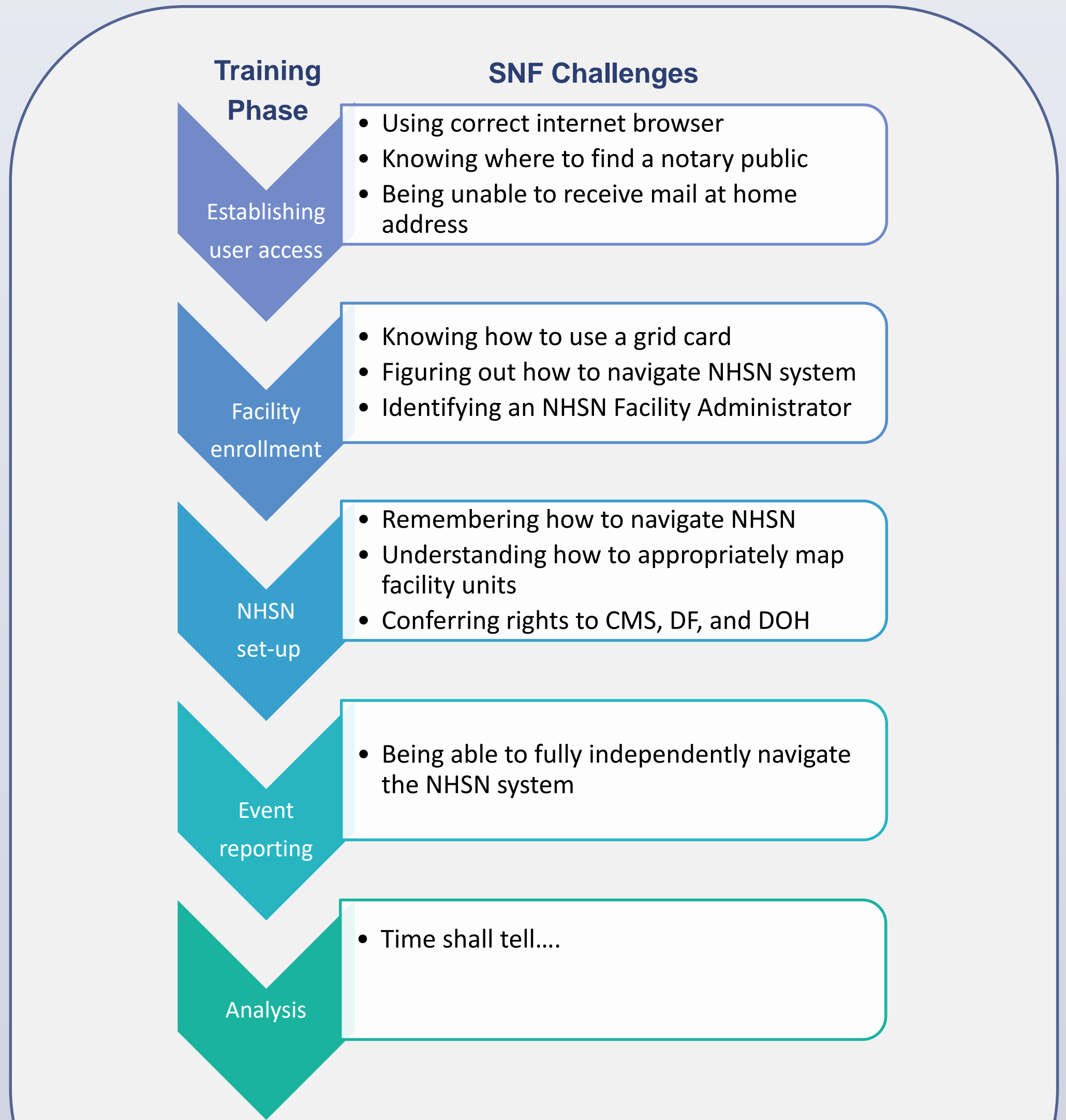


Figure 1. Challenges experienced by the SNF pilot group during each phase of the NHSN LTC training process.

## METHODS

- DC DOH presented the updated regulations to the DC Healthcare Association (DCHCA), which represents the 18 DC SNFs, and partnered with Delmarva Foundation (DF), the DC quality improvement organization (QIO), to conduct a pilot NHSN training.
- DF recruited five SNFs to participate in online trainings twice a month between September and November 2016. These webinars:
  - Reiterated the importance of surveillance
  - Highlighted benefits of NHSN
  - Provided step-by-step NHSN enrollment instructions
- DF led the training webinars:
  - Slides from CDC and DF were used
  - DC DOH assisted with and had a presence on all the webinars
- Each SNF was assigned a mentor from DF or DOH who provided additional one-on-one assistance. Mentors conducted:
  - Telephone check-ins to keep facilities engaged
  - On-site visits to assist with unit mapping and conferring of rights

## CONCLUSION

- Successful implementation of the NHSN LTC module requires personalized and proactive hands-on technical support to ensure all facilities understand the fundamental principles of standardized infectious disease surveillance.
- Special attention should be paid to seemingly basic logistical tasks when designing NHSN training programs for SNFs.
- One-on-one assistance is absolutely critical to successfully onboard new SNF facilities into NHSN and train novice SNF NHSN users.

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