



LTC Facilities NHSN Training Session Q & A

Introduction:

This document is intended for QIN-QIOs and contains questions and answers raised during six NHSN training sessions in January and February 2016.

These recorded training sessions are available on the Healthcare Communities website at:
<http://www.healthcarecommunities.org/Communities/MyCommunities/QIO11thSOW/QIN-QIO/Documents.aspx?CategoryID=832304&EntryID=93310>.

Session 1: NHSN Enrollment for LTC Facilities, Establishing User Access through SAMS 01/19/16	
Question	Answer
1. What if a facility administrator leaves and does not give notice or reassign his/her role to someone else?	<p>The NHSN facility administrator role will need to be reassigned if the previous NHSN facility administrator is no longer available.</p> <p>In order for the NHSN facility administrator role to be reassigned, someone at the facility must submit a written letter on facility letterhead requesting a new individual be assigned to the role. This request can come from an administrative or clinical leader in the facility or corporation, such as a Director of Nursing, Medical Director, Regional Manager, or Administrator. The letter should include the name of the new NHSN facility administrator; his/her phone number and email address, and the five-digit NHSN facility ID, if known. The letter may be faxed to NHSN at 404-929-0131 or scanned and emailed to nhsn@cdc.gov.</p> <p>Note: The individual submitting the request cannot be the same person being named as the new NHSN facility administrator.</p> <p>After NHSN receives the letter, the role of NHSN facility administrator will be reassigned to the designated person. If the new NHSN facility administrator does not already have access to NHSN, then he or she will be emailed SAMS instructions to register.</p> <p>A ticket may be submitted to nhsn@cdc.gov for additional instructions, if needed.</p>
2. Is this the same process for the QIN-QIOs to register? And if so, what is the identifier that QIN-QIOs would use?	<p>Remember, QIN-QIO staff obtains individual access to NHSN, usually as part of a group, not a facility. While the QIN-QIOs have to complete the same SAMS registration to access NHSN, they do not need a “facility identifier” during the process. QIN-QIO staff needs to be invited by an existing NHSN user to obtain access.</p>

<p>3. Why would an application be denied?</p>	<p>Applications can be denied if the information provided during registration (e.g., name and address) does not match the documents submitted for identity verification.</p> <ul style="list-style-type: none"> • It is recommended that applicants provide their home address, not work address, since most identification documents have their home address listed. • NHSN currently does not approve applicants with international addresses. • If an applicant's name on his/her document does not match (i.e., he/she got married and never updated his/her license), the applicant is able to send the marriage license or proof of the name change for verification. • Applicants can be denied during the SAMS process if the address and/or other pertinent information on the documents are not readable.
<p>4. If an NH staff NHSN facility administrator loses his/her SAMS Grid Card, what should he/she do?</p>	<p>Contact the SAMS Help Desk in order to receive a new Grid Card.</p> <p>One can reach the SAMS Help Desk between the hours of 8:00 am and 8:00 pm EST Monday through Friday (not including U.S. Federal holidays) at the following: Local: 404-498-6065 Toll Free: 877-681-2901 Email: SAMShelp@cdc.gov</p>
<p>5. Can a person be the NHSN facility administrator for multiple facilities?</p>	<p>Yes. The person can also use the same SAMS Grid Card to access all facilities as long as he/she is listed in NHSN with the same email address as listed on the SAMS account.</p>
<p>6. What is the SAMS Grid Card used for?</p>	<p>The SAMS Grid Card is used as part of the NHSN login process as an identity verification step to provide additional security. All users must have a SAMS Grid Card to access the NHSN application.</p>
<p>7. What are the instructions to QIN-QIOs for getting a group nominated by a nursing home in NHSN?</p>	<p>Instructions will be provided as a guidance document.</p>
<p>8. Who is included in the groups?</p>	<p>QIN-QIOs use NHSN-created group accounts for their staff. The group members are comprised of nursing homes that have been recruited for the CDI reporting.</p>
<p>9. When submitting ID proof, can applicants upload a photo taken with a smartphone? There may not be scanners in some nursing homes.</p>	<p>Applicants are permitted to upload photos of their documents taken with smartphones. However, scanned documents are preferred as they are easier to read. SAMS Help Desk can be reached at SAMShelp@cdc.gov.</p>
<p>10. What information can the QIN-QIOs access through their registration in NHSN?</p>	<p>QIN-QIOs can access group level data. Refer to Session 6 for more information.</p>
<p>11. Are facilities required to complete the Annual Facility Survey on a yearly basis?</p>	<p>Yes. The NHSN Annual Facility Survey must be completed at the beginning of every year, and the survey year represents the last full calendar year.</p>

12. What is the time frame for step four since it needs to be completed in one sitting? Nurses often get called from their desks. Does it time out?	If applicants have documents completed in paper form, they can complete the survey in 30 minutes.
13. Sometimes it takes nursing homes eight months to get their CCN, so do they have to receive eight temporary IDs?	<p>If a nursing home doesn't have a CCN, then a temporary ID can be obtained from NHSN to start and complete the enrollment process. The first temporary ID can be used to register the facility in NHSN to begin the process. Once the user has SAMS and NHSN access, and if a CCN is still not available, then a second temporary ID is needed to enroll the facility in the NHSN application.</p> <p>Note: A temporary ID can only be used once at any stage in the enrollment process.</p> <p>To receive a temporary ID, the user must contact the NHSN Help Desk at nhsn@cdc.gov, and request a temporary ID to complete registration.</p>

Session 2: NHSN Enrollment for LTC Facilities, Facility Enrollment in NHSN
01/21/16

Question	Answer
1. Can a nursing home join NHSN on their own if they do not have a CCN?	A CCN is not required to join NHSN. However, within the collaborative, the nursing home will not be able to receive star status without the facility having a star rating. DDST identifies nursing homes within the QIN-QIO's provider pool by star status and CCN.
2. Are the NHSN slides available in PowerPoint format so that QIN-QIOs can use them for training their nursing homes?	No, CDC NHSN policy prohibits sharing of the NHSN training slides in PowerPoint format. If specific information needs clarification or to be presented in a different way, please notify the QIN NCC.
3. If an "additional user" is the same person for several facilities, does he/she need a separate SAMS Grid Card for each facility?	No, if someone is a user in several facilities, as long as the email address is the same for every facility, he/she can use the same SAMS Grid Card.
4. Can the SAMS Grid Card be used by the next place of employment if a person leaves one nursing home and goes to another?	Yes, a person can keep his/her personal SAMS Grid Card. However, if the user's email address associated with his/her SAMS profile changes with the new employer, then the user will need to change his/her email address in SAMS, which can take up to 48 hours, in order to maintain access to NHSN. In addition, the individual must be added as a user by the nursing home using the new email address associated with his/her SAMS profile.

<p>5. When a facilitator is already registered through SAMS, how can he/she add a facility in addition to the one he/she is reporting on (e.g., he/she works for a CAH but wishes to add reporting to his/her LTC facility)?</p>	<p>The facility would need to be enrolled separately as the facility type cannot be changed. CAH generates a different survey for LTC facilities.</p> <p>If one already has a SAMS Grid Card, follow steps four and five to enroll a new facility (steps one through three would already be complete).</p>
<p>6. Is it recommended to have people use their home email address so that they don't need to have multiple SAMS Grid Cards?</p>	<p>NHSN and SAMS do not endorse this, but this is an option.</p>
<p>7. Can the QIN NCC create a tip sheet and add acronym definitions?</p>	<p>The CDC and QIN NCC will create a glossary with common terms and definitions.</p>
<p>8. If corporate changes one's email address, is there a way to have that changed at one's level or must one reapply for SAMS?</p>	<p>To maintain access to NHSN, a user will need to have his/her email address changed in both NHSN and in the SAMS user profile. The NHSN facility administrator or a user with administrative rights for a facility can change other users' email addresses.</p> <p>A user can submit an email change request within SAMS, but the change can take up to 48 hours. A confirmation email is sent to the new email address once the change has been completed. This change must be confirmed by the user via email for the new email address to be implemented.</p> <p>Note: If one needs to maintain his/her old email address within NHSN, then he/she would have to apply for another SAMS Grid Card specific to the new email address.</p>
<p>9. Would the enrollment of an LTC facility within a CAH not be very similar to the IPF unit within a hospital?</p>	<p>NHSN has different approaches for how healthcare facilities and units should enroll into NHSN based on their CCN number and physical location. The March 2015 NHSN newsletter (pages 7-9) provides detailed information on this process: http://www.cdc.gov/nhsn/pdfs/newsletters/nhsn-nl-march_2015.pdf.</p>
<p>10. After QIN-QIO staff members get SAMS Grid Cards, can they enroll nursing home staff?</p>	<p>Nursing home facility staff can only be added as new NHSN users by the NHSN facility administrator or a facility user with administrative rights.</p> <p>Remember, QIN-QIO staff obtain individual access to NHSN usually as part of a group, not as a facility. So, a QIN-QIO staff member would have to be a designated user for a facility in order to add new nursing home staff to NHSN.</p>
<p>11. Would it be possible for the CDC to set up an "auto reply" when facilities submit paperwork so they know it was received?</p>	<p>There is no an auto reply for SAMS registration. However, the CDC proofing authority (SAMS) notifies the applicants of receipt of documentation when documents are uploaded electronically. If documents are not sent electronically (i.e., faxed or mailed), the CDC NHSN team recommends that applicants follow-up with SAMS via email or phone after submitting verification documents to confirm receipt and legibility of the documents.</p>

12. Only a facility can enroll itself, correct?	A facility can only enroll in NHSN as a facility. QIN-QIOs are enrolled as NHSN groups. The facility decides who is assigned to enroll the facility in NHSN.
13. Can QIN-QIOs enter data for nursing homes?	The decision about QIN-QIOs entering data for nursing homes is at the discretion of the QIN-QIO.

**Session 3: NHSN Set-up for LTC Facilities and Enrollment Refresher
01/26/16**

Question	Answer
1. For an email address change, should one make the change first in NHSN and then in the SAMS profile or vice versa?	<p>Change the email in SAMS first. One will be able to login to NHSN using his/her old email address until it is changed in SAMS.</p> <p>Note: If the email address is changed in NHSN first, an invitation to join SAMS will be generated, which will cause the user to have to email the Help Desk to have the account deleted. The email will show as a duplicate and will not allow the change in SAMS.</p>
2. When adding a facility, does each individual unit have to be entered separately?	Yes. Most LTC facilities have different physical locations where residents reside and receive care within the building. These locations might be known as units, wards, floors, neighborhoods, pods, etc. Each resident care location in a facility should be mapped to a CDC location code/description. This provides information about the type of residents or care services in that place.
3. For C. difficile, is it facility-wide or by unit?	Actual CDI LabID Events are reported by unit (i.e., the location of the resident at the time of specimen collection). However, participating NHSN facilities must agree to facility-wide inpatient (FacWideIN) CDI LabID Event reporting when completing the NHSN monthly reporting plan. This means a facility agrees to conduct surveillance for C. difficile throughout the entire facility.
4. If a facility is small or wants to do surveillance for the facility as one unit, can it set up just one unit for the facility?	<p>The facility must choose the appropriate CDC location description that best describes the resident population in the unit. A description of CDC locations for LTC facilities is located on the NHSN website: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_currenrent.pdf (beginning on page 28).</p> <p>If the facility has only one unit in which the majority (80%) of the residents housed in the unit fit a single CDC location description, then the unit can be set up as a single unit for the facility.</p>
5. Will users be able to verify within NHSN that facilities have set up their monthly reporting plan for the minimum 10 months?	<p>Yes. There is an output option for NHSN groups, titled "Plan Data," in analysis that allows group users to see the monthly reporting plan data for all facilities in their group. This option is available under the advanced output options folder.</p> <p>One can also use the reporting plans tab from the NHSN group navigation bar to view reporting plans from facilities that have conferred rights to that group.</p>

6. If the physical structure of the nursing home is 18 beds on one floor with no additional units, they only have one location. For very small facilities like this, one location is all that would need to be set up, correct?	Correct. If the facility has only one unit in which the majority (80%) of the residents housed in the unit fit a single CDC location description, then the unit can be set up as a single unit for the facility.
7. Is there a cutoff time to make changes to the surveillance that the facility wants to do? For example, they decided to do CDI, and they are finding an increase in UTIs towards the end of the month; can they go in and update the plan?	No. Facilities can enter a new monthly reporting plan or edit an existing monthly reporting plan retrospectively.

Session 4: CDI LabID Event Reporting using NHSN for LTC Facilities 01/28/16	
Question	Answer
1. Is there a "test environment" to allow QIN-QIOs to work through the reporting process before training the nursing homes?	Yes. NHSN does have a demo test site for QIN-QIOs to explore the application. It can be found here: http://www.cdc.gov/nhsn/training/demo/index.html .
2. When can the QIN-QIOs begin requesting the LTC test facility for their group within NHSN?	An LTC test facility will be created for QIN-QIOs. However, it is not presently available. A QIN-QIO staff member will need SAMS access and an NHSN user ID to receive access to an LTC test facility. More details will follow.
3. Wouldn't you consider the 1/3/2016 as the first positive to consider 1/20 as a not duplicate because the 1/9/2015 was not counted. If a user wants to enter an event would the computer prompt an alert if the date is less than 14 days?	Users determine duplicate specimens based on the date of the most recent previous positive test, regardless of whether that result was entered into NHSN as a LabID Event. If these are the only three C. difficile positive specimens collected from a resident while receiving care in the LTC facility, only the specimen collected on 1/3/16 is considered as a non-duplicate LabID Event and should be entered into the NHSN application as a CDI LabID Event since this is the first positive C. difficile specimen for the resident. The positive specimen on 1/9 is within 14 days of the positive test on 1/3 and considered a duplicate. The specimen on 1/20 is within 14 days of the positive test on 1/9 and is considered a duplicate. Only non-duplicate C. difficile positive laboratory tests should be entered as CDI LabID Events.
4. Is there an option for "I don't know" regarding the question about whether the resident was on antibiotic therapy for CDI when transferred to the facility?	No. This question must be answered by the user when entering a CDI LabID Event for a resident. Users only answer "Yes" if the resident is receiving C. difficile therapy at the time of admission to the nursing home. The information can be obtained by reviewing the nursing home admission medication list for the resident.

<p>5. How does one indicate if there were no new <i>C. difficile</i> infections for a month?</p>	<p>On the MDRO and CDI Module summary data form, checkboxes for “Report No Events” are found underneath each organism. If LabID Events have already been reported during the month for the specific organism, the “Report No Events” box will be disabled, preventing it from being checked.</p> <p>Note: If a LabID Event for an organism is identified and entered in NHSN after checking “Report No Events,” the “Report No Events” box will automatically uncheck.</p>
<p>6. Is completing the NHSN denominator form not required?</p>	<p>Monthly denominator data must be entered into the NHSN application. NHSN numerator and denominator forms are available for optional use by the facilities to collect daily denominator counts. Facilities may elect to use their own denominator forms and data collection methods (e.g., electronically).</p>
<p>7. Regarding slide 41, under the column of "number of admissions on <i>C. difficile</i> treatment," does this mean, counting the number of residents on antibiotic therapy for <i>C. difficile</i> regardless of whether or not they have a current or most recent LabID Event.</p>	<p>Correct. This question is separate from CDI LabID Events. This number reflects the number of residents on antibiotic therapy for <i>C. difficile</i> at the time of admission or readmission during that month.</p>
<p>8. What is included as an acute care facility?</p>	<p>An acute care facility includes hospitals, long-term acute care hospitals, and inpatient rehabilitation facility.</p>
<p>9. Is there a cutoff date for facilities to correct alerts?</p>	<p>The NHSN application does not cutoff an LTC facility or freeze the ability for a user to resolve NHSN alerts. As part of the CDI project, the expectation is that alerts are resolved in a timely manner so data can be analyzed. Remember, incomplete data is excluded from analysis. The CDC recommends users resolve alerts by the end of the following month for the previous month. For example, if a user has alerts for data entered in November, the alerts should be resolved no later than the end of December.</p>
<p>10. Acute care facilities are asked to put in Medicare numbers when entering patients. Is this a best practice for LTC facilities? It is not a mandatory field in either facility types.</p>	<p>Currently, the Medicare number is not required when entering an event for a resident.</p>
<p>11. Will LTC physicians be provided with best practice recommendations for ordering <i>C. difficile</i> lab tests (e.g., regarding frequency, type, and symptomology)?</p>	<p>The QIN NCC is developing train-the-trainer sessions on <i>C. difficile</i>. The training will include an overview of guidelines for ordering <i>C. difficile</i> lab tests.</p>

Session 5: Introduction to Facility and Group Level Analysis for CDI and NHSN Data Quality Checks
02/02/16

Question	Answer
1. Does the NHSN application have definitions embedded that pop-up to help the individual entering the data to clarify how he/she should answer the question?	The application does not have "active" help buttons for users to click. However, it does have a Table of Instructions (TOI) available on the NHSN LTC facilities website under the forms tab for every form. The TOI provides step-by-step instructions for answering each question in the application.
2. Are there going to be any tip sheets or other educational materials available for the nursing homes on entering NHSN data and running reports on the data?	The PowerPoint presentations in PDF form will be available for use. NHSN also has other training resources available on the NHSN website. The website will be updated as new education materials are developed. QIN-QIOs have received a guidance document entitled "NHSN Roles and Responsibilities." Additional guidance documents will be provided, including a weekly task list for NHSN enrollment and one on defining and conferring rights. The CDC and QIN NCC will provide additional information on data reports and analysis.
3. Does the CDC provide a change package educational piece for those with high incidence of C. difficile - community, admitted, and nosocomial?	The QIN NCC provides train-the-trainer sessions for QIN-QIOs on topics such as C. difficile, antibiotics and antibiotic resistance, antibiotic stewardship, infection control and prevention, and Team STEPPS communication strategies.
4. Although this is about the LTC facilities, can these analysis reports also be used by IPPS hospitals?	It's the understanding that IPPS hospitals are acute care hospitals. Therefore, LTC facility analysis reports are not appropriate to use for these hospitals. One can find more information and analysis resources on the CMS page on the NHSN website: http://www.cdc.gov/nhsn/cms/index.html .
5. Over time, is the data going to be available for comparison using specific facility characteristics?	As more nursing homes begin reporting into NHSN, the CDC will be able to create benchmarks that are adjusted for facility-level characteristics.

Session 6: Managing Group Functions and Reports and NHSN Training Wrap-Up
02/02/16

Question	Answer
1. Can the facility users see the group aggregate reports?	No. Facility users only see their facility's data. They do not have access to group level data and reports.
2. Can corporate set up their nursing homes as a group?	No. Corporate users should be using a NHSN group account and facility users should be using a NHSN facility account. Nursing homes enroll as a facility in NHSN, and then join their corporate's NHSN group to confer rights.
3. Would we be able to remove the NA option for facilities?	No. This is a standard template application feature.

4. In what portion of the NHSN enrollment process does the facility confer rights to the QIN NCC and QIN-QIO?	The facility administrator can confer rights to a group after he/she has obtained SAMS access and has enrolled the facility in NHSN.
5. Is the QIN-QIO administrator able to create the group?	Yes. Anyone can initiate the group creation process. However, the QIN-QIO must reach out to a facility that is already active in NHSN to nominate the QIN-QIO's group. The group nomination process is done by an active facility.
6. What role does the Quality Improvement Coordinator have?	Each QIN-QIO can determine their staffing structure, roles, and responsibilities for the nursing home CDI work. The tasks for the work are described in the QIN-QIO scope of work.
7. Will the QIN NCC be sending screen shots of the template for the invite?	Yes. The QIN NCC will provide the QIN-QIOs with a document on how nursing homes can join and confer rights to their NHSN group.
8. Can a hospital SNF be part of the hospital group?	<p>A single NHSN group can include both hospitals (in the patient safety component) and nursing homes/skilled nursing facilities (in the LTC facility component). However, once facilities join the group, group users have to specify which component they want to access in order to determine which facilities data they are able to review.</p> <p>If a hospital SNF enrolls as a nursing home in the LTC facility component, then the SNF data will not be included in the "hospital group," which is part of the patient safety component.</p>
9. If a QIN-QIO already has a group, can it add the LTC facility to the group?	<p>Yes. If LTC facilities are planning to use already existing NHSN QIN-QIO groups, someone from those existing groups must add them as group users and assign them with LTC facility component rights. They will need to complete the SAMS registration if they have not already done so.</p> <p>Then, once they are users in the existing groups and have LTC facility rights, they must login to the LTC facility component from the NHSN landing page. When they login to the LTC facility component of the group's account, they can begin to set up their LTC facility group rights template.</p>
10. Why can't each QIN-QIO be a group? Can't the CDC create a group for each QIN-QIO?	It is up to the QIN-QIO whether or not to create multiple groups in NHSN or use an existing group. Group creation is formed by the entity or organization requesting to data share with facilities.
11. Can a NHSN IPPS acute care hospital nominate the QIN-QIO for a new group that will then be used for the LTC facility NHSN surveillance component or does it need to be a nursing home that does the nominating?	Yes. Any active facility enrolled in NHSN can nominate a group. It does not have to be a nursing home facility.
12. Are current NHSN participating nursing homes notified by the CDC of the possibility of working with the QIN-QIO for this project?	The CDC communicates with nursing homes currently participating in NHSN to make them aware of the opportunity to work with QIN-QIOs in this initiative and provide QIN-QIO contact information.

13. Is there a dummy "practice" group or facility? If yes, what is the facility ID so that one may practice?	An LTC test facility will be created for QIN-QIOs. However, it is not presently available. A QIN-QIO staff member will need SAMS access and an NHSN ID to receive access to the LTC test facility. More details will follow.
14. Does one have to create a new group for the LTC facilities separate from the hospitals?	Not necessarily - A QIN-QIO has to choice either to create a new group for LTC facilities or to use an existing group.
15. What is a QIN-QIO considered to be in NHSN? Is it considered a "group" or a "facility"?	QIN-QIO staff are considered group users in NHSN. Nursing home facility staff are considered facility users.
16. Which QIN-QIOs have already been working on the CDI initiative?	The CDI reporting and reduction work with nursing homes is currently in the procurement phase with QIN-QIOs. All QIN-QIOs have experience in working with hospital NHSN reporting.
17. Can individuals use the demo over and over again in multiple 24-hour sessions?	Yes, individuals can request access to the NHSN demo as many times as they would like. As soon as NHSN receives the request, an email will be sent which includes the URL to access the demo, along with a username and password for use that day (demo access ends at midnight). On occasion, the spaces available for the NHSN demo get filled for a day, so submit the request early: http://www.cdc.gov/nhsn/training/demo/index.html .
18. How many people can be signed into the demo? Is there a maximum number of people at one given time?	The NHSN LTC facilities demo has a maximum of 100 people.
19. At what level is the group set if one uses the same C.1 hospital structure?	A single NHSN group can include both hospitals (in the patient safety component) and nursing home/skilled nursing facilities (in the LTC facility component). The group ID and password to invite new facilities to join the group are the same. However, once facilities join the group, group users have to specify which component they want to access to determine which facilities data they are able to review. QIN-QIOs that decide to use their existing C.1 NHSN group do not have to go through the group nomination process for creating a new group for nursing homes. However, the LTC facility component template of rights needs to be defined for nursing homes joining the group to share data. Also, any new QIN-QIO staff who aren't currently listed as group users in the C.1 NHSN group account need to be added and assigned rights to the LTC facility component by the group administrator.
20. Are the QIN NCC group ID and joining password the same as C.1 for C.2?	Yes, the QIN NCC's group ID and password is the same as C.1.
21. Is there a list of terms/definitions available?	The CDC and QIN NCC will create a glossary with common terms and definitions.

22. Does the nursing home participating in the NHSN cohort have to join two groups and accept two group rights templates - the group set up by the QIN-QIO, which may be at the local, state, or regional level, and the one set up by the QIN NCC?	Yes, that is correct.
23. What is the QIN NCC group ID and password?	QIN NCC group ID: 38648 Password: DMAIC
24. Is there QIN NCC group instructions with screen shots and a cover letter for the nursing home CDI, similar to what was provided for C.1 work?	The CDC and QIN NCC will provide guidance documents for facilities on how to join a group. The QIN NCC will review other tools and resources created for the C.1 (hospital HAI) work and provide similar helpful tools for QIN-QIOs when appropriate.
25. Is it recommended that nursing home teams have an IT or some tech savvy person available for the enrollment process?	Although it may not be available in most nursing homes, it would be recommended that a tech savvy person be available. If that is not available, one may email the NHSN Help Desk (nhsn@cdc.gov) for further assistance with technical issues during enrollment.
26. Is it correct that the facility will only see its data, not group data reports?	Correct. Facility users will only see their facility's data. They will not have access to group level data and reports.
27. If each state has a separate group, is it possible to consolidate data from multiple groups for one data report? Or should one set the group at the QIN-QIO level?	The QIN-QIO can pull this data from the individual groups and compile it outside of NHSN. QIN-QIO analysts will likely be doing this. QIN-QIOs may set the group at the QIN-QIO level per the QIN-QIOs preference and preferred workflow processes.
28. If one uses an existing group and wants to change the group name, will that force an alert to facilities already in the group or cause any other issues?	No, it will not. The CDC NHSN team recommends using the "send email" option to inform all of the member facilities of any changes to the group, if needed. Changing the group name will not cause any other issues in NHSN.

Additional questions?

If you have additional NHSN related questions, please contact the NHSN Help Desk at nhsn@cdc.gov.

SAMS related questions should be directed to the SAMS Help Desk at SAMShelp@cdc.gov or toll free at 877-681-2901.

QIN NCC questions can be submitted here:

<https://app.smartsheet.com/b/form?EQBCT=29409b7777374d8c9e62fe742af2c500>.