

Each form change and associated burden are described below.

**Long-Term Care Component, COVID-19 Module (57.144, 57.145, 57.158)**

1. The Resident Impact and Facility Capacity form (57.144) collects info regarding the number of positive tests in the facility each week (non-cumulative number: facilities only report new counts since the last time data was reported to NHSN). This form also collects information regarding resident deaths, COVID-19 vaccination status of newly positive residents, influenza, testing availability, and PPE supply. With the Public Health Emergency ending, the COVID-19 pathways will be scaled down and this will include removing elements from the RIFC form. Those variables include Admissions, Not Vaccinated, Partial Vaccination, Complete Primary Vaccination Series, Additional or Booster Vaccination, One Booster, Two or More Boosters, Testing Availability, Influenza and PPE Supply

**Time Burden:** estimate 15 minutes to complete the form

**Change in Time Burden:** decreased by 30 minutes

2. The Staff and Personnel Form (57.145) collects info regarding the number of positive tests in the facility each week (non-cumulative number: facilities only report new counts since the last time data was reported to NHSN). This form also collects information regarding COVID-19 staff deaths, influenza, and staffing shortages. Staff deaths, influenza, and staffing shortages will be removed from this form/pathway.

**Time Burden:** estimate 5 minutes to complete the form

**Change in Time Burden:** decreased by 10 minutes

3. The Therapeutics form (57.158) currently collects information regarding the number of Therapeutics that have been administered each week as well as where the stock of the therapeutics was stored (non-cumulative number: facilities only report new counts since the last time data was reported to NHSN). This pathway will be removed, and facilities will no longer need to report these data.

**Time Burden:** estimate 0 minutes to complete the form

**Change in Time Burden:** decreased by 10 minutes

Justification for changes:

*The COVID-19 Surveillance Pathways will be revised/condensed to remove data elements that are no longer required for reporting federal pandemic response activities (PHE ending).*

**NHSN COVID-19 Hospital Module**

With the end of the Public Health Emergency (PHE) for COVID-19, NHSN is reducing the number of data elements required by healthcare facilities and reducing the frequency in which data will be reported to NHSN. The elements removed are no longer required for federal pandemic response activities. Specifically for hospitals, required data elements will be reduced from 62 to 44. Data elements made optional can still be collected by jurisdictional partners to meet their needs and will remain on the reporting templates in NHSN. Reporting cadence will change from a daily to a weekly requirement, with values reported for each day of the previous week. The compliance enforcement period will be expanded from 14 days to 28 days.

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
<b>Resident Impact and Facility Capacity Form (57.144)</b>				
<p>ADMISSIONS: Number of residents admitted or readmitted from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based precautions. Excludes recovered residents.</p>	Remove	Remove	This data element is no longer required for reporting federal pandemic response activities (PHE ending).	Decrease
<p>Vaccination Status: Primary Series</p> <ul style="list-style-type: none"> <li>• Not Vaccinated: Include residents who have not been vaccinated with a COVID-19 vaccine OR residents whose first dose was administered 13 days or less before the specimen collection date</li> <li>• Partial Vaccination: Include residents who have received Only 1-dose of a two-dose primary vaccine series.</li> <li>• Complete Primary Vaccination Series: Include residents who have received Dose 1 and √Dose 2 of a two-dose primary vaccine series OR 1 Dose of the Janssen COVID-19 Vaccine.</li> </ul> <p>Additional/Booster</p> <ul style="list-style-type: none"> <li>• Additional or Booster Vaccination: Include newly positive residents who have received any additional dose(s) or booster dose(s) of COVID-19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.</li> <li>• One Booster: Include residents who have received only one booster dose of COVID-19 vaccine (any manufacturer) AND 14 days or more have passed before the specimen collection date.</li> <li>• Two or More Boosters: Include residents who have received two or more booster doses of COVID-19</li> </ul>	<p><b>UP TO DATE:</b> Up to Date: Include residents who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date.</p> <p><b>NOT UP TO DATE:</b> Based on the counts entered for POSITIVE TESTS, NOT VACCINATED, and UP TO DATE, the count for residents who are NOT considered up to date based on the NHSN Surveillance definition has been calculated above. This count is not editable, to edit please update the count entered for UP TO DATE.</p>	Deletion/Revision	The specific doses of each COVID-19 vaccine are not used in vaccine effectiveness studies and there are no plans for future use. The priority for estimating vaccine effectiveness among residents/staff primarily focuses on vaccination status of not vaccinated at all and up to date status.	Decrease

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
vaccine since March 29, 2022, AND14 days or more have passed before the specimen collection date. <ul style="list-style-type: none"> <li>Up to Date: Include residents who are up to date with COVID-19 vaccines 14 days or more before the specimen collection date.</li> </ul>				
<b>TESTING AVAILABILITY:</b> Does the LTCF have the ability to perform or to obtain resources for performing SARS-CoV-2 viral testing (NAAT [PCR] or antigen) on all residents, staff and facility personnel if needed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Remove	Deletion	Testing Availability and testing supplies have become more readily available and with the PHE ending this no longer needs to be collected for surveillance.	Decrease
Supplies and PPE <b>Urgent Need:</b> Indicate if facility will no longer have any PPE supply items in 7 days <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Urgent Need:</b> Indicate if facility will no longer have the PPE supply item in 7 days N95 Respirator Face mask Eye Protection, including goggles or face shields Gowns Gloves	Remove	Deletion	These data are no longer required for reporting federal pandemic response activities (PHE ending).	Decrease
<b>INFLUENZA:</b> Number of Residents with new influenza (flu).	Remove	Deletion	These data are no longer required for reporting federal pandemic response activities (PHE ending).	Decrease
Do not currently have these variable on the RIFC form	<b>Hospitalizations with a positive COVID-19 Test:</b> Number of residents who have been hospitalized with a positive COVID-19 test. Note: Only include residents who have been hospitalized during this reporting period and had a	Addition	With a heavy focus on morbidity vs. mortality at this stage in the COVID-19 pandemic, these data will allow for surveillance of disease severity among LTCF residents.	Increase

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
	<p>positive COVID-19 test in the 10 days prior to the hospitalization, date of specimen collection is calendar day 1.</p> <p>COVID-19</p> <p><b>Hospitalizations with a positive COVID-19 Test and Up to Date:</b> Based on the number reported above for “Hospitalizations with a positive COVID-19 Test”, indicate the number of residents who were hospitalized with a positive COVID-19 test and also up to date with COVID-19 vaccinations.</p>			
<b>Staff and Personnel Impact</b>				
<b>COVID-19 DEATHS:</b> Number of staff and facility personnel with COVID-19 who died.	Remove	Deletion	These data are no longer required for reporting federal pandemic response activities (PHE ending). The death rates are low and there is more focus on morbidity vs. mortality	Decrease
<b>INFLUENZA:</b> Number of staff and facility personnel with a new influenza (flu).	Remove	Deletion	These data are no longer required for reporting federal pandemic response activities (PHE ending).	Decrease
<b>Does your organization have a shortage of staff and/or personnel?</b>	Remove	Deletion	These data are no longer required for reporting federal pandemic response	Decrease

Current	Proposed	Type of Change	Reason for Change	Impact to Burden
<p><b>Nursing Staff:</b> registered nurse, licensed practical nurse, vocational nurse</p> <p><b>Clinical Staff:</b> physician, physician assistant, advanced practice nurse</p> <p><b>Aide:</b> certified nursing assistant, nurse aide, medication aide, and medication technician</p> <p><b>Other staff or facility personnel,</b> regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services)</p>			activities (PHE ending).	
<b>Therapeutics</b>				
All variables on the form/pathway	Remove entire pathway	Deletion	These data are no longer required for reporting federal pandemic response activities (PHE ending).	Decrease
<b>Hospital Covid</b>				
<p><b>NHSN COVID-19 Hospital Module</b></p> <p>Currently 62 federally required reporting elements are being used. The reporting cadence is currently daily with the compliance enforcement period being 14 days.</p>	44 federally required reporting elements. The reporting cadence will be changed to weekly with the compliance enforcement period will be expanded to 28 days.	Decrease	In accordance with the end of the Public Health Emergency (PHE) for COVID-19, NHSN is reducing the number of data elements required by healthcare facilities and reducing the frequency in which data will be reported to NHSN. These elements are no longer federally required.	No Change

Note:

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Impact to Burden: Yes = reduction or increase (if increase, please summarize impact), None.