

DOH STATE OF NEW YORK
DEPARTMENT OF HEALTH

161 Delaware Avenue Delmar, NY 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 22, 2005

DAL/DQS:#05-19
Influenza Survey Nursing Home
Surveillance and Reporting System

Dear Long Term Care Facility Administrator:

In the DAL/DQS#05-18 Influenza and Pneumococcal Immunization Requirements in LTC Facilities dated November 18, 2005, you were informed that the Department would post a survey to the HPN to collect data to assess vaccine supply in facilities. The Influenza Survey will be posted on the Nursing Home Surveillance and Reporting System. The link to the application is <https://commerce.health.state.ny.us/doh3/applinks/nuhsur/mainMenu.do> and can be found on the Nursing Home page under Data Systems on the HPN, as well as on the HPN News Bulletin. Please complete the survey by the close of business on Wednesday November 30th.

The following roles in the Communications Directory have access to enter data into the Nursing Home Surveillance and Reporting System: Administrator, Director of Nursing, Safety/Security Director, Emergency Response Coordinator, HPN Coordinator, HPN Organizational Security Coordinator, Infection Control Practitioner, Medical Director, Plant Manager and Nursing Home Data Reporter. If you would like other staff to have access to enter data into the Nursing Home Surveillance and Reporting System, please have your HPN Coordinator add their contact information and HPN account ID to the Nursing Home Data Reporter role in the Communications Directory.

Attached you will find step by step instructions on how to access the Nursing Home Surveillance and Reporting System and how to complete and submit the Influenza Survey online. If you have any questions about how to access the application, need technical assistance or assistance in using the application please call the Commerce Trainers at 518-473-1809.

Sincerely,



Keith W. Servis, Director
Division of Quality and Surveillance
for Nursing Homes and ICFs/MR



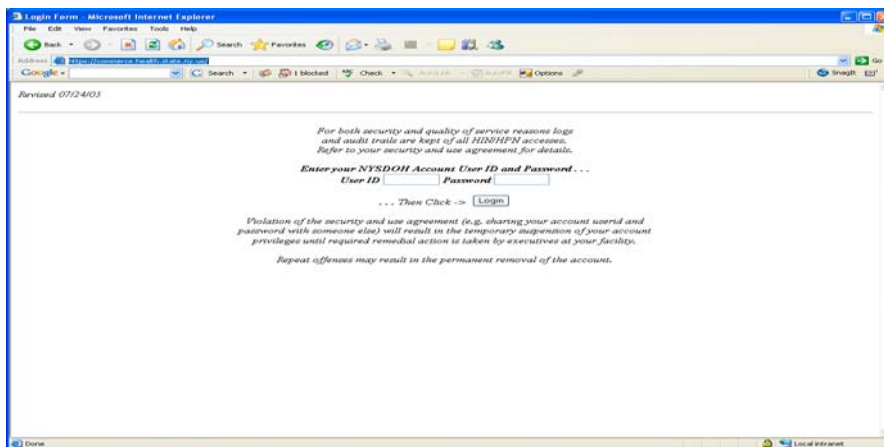
HPN Training Tip

Topic: Influenza Immediate Need Survey

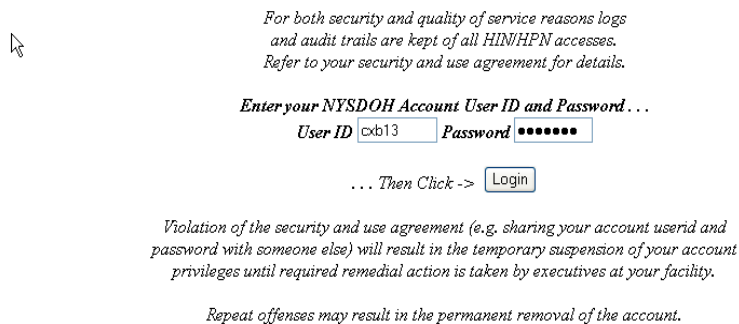
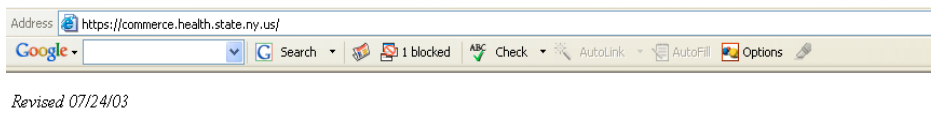
Description: This training tip gives detailed instructions for completing the Influenza Survey using the Nursing Home Surveillance and Reporting System.

Step 1: Start by logging onto the HPN website.

(<https://commerce.health.state.ny.us/>)



Step 2: Enter User ID and Password. Click “Login.”





HPN Training Tip

Step 3: Click “HPN: The Health Providers Network.”



**This is the New York State Department of Health
Internet Commerce Site.
Currently the services available at this site are:**

[HPN The Health Providers Network](#)
[HIN Local Health Departments' Health Information Network](#)

Send email questions or comments to [\(Web Administration\)](#).
Last Revised 11/06/02

Step 4: Click “Health Care Organizations” found on the left menu under
INFO by USER TYPE.



HPN Training Tip

Step 5: Choose “Nursing Homes.”

NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH PROVIDER NETWORK

Health Care Organization's Page

Find information by organization type:

- [Adult Care Facilities](#)
- [Certified Home Health Agencies](#)
- [Diagnostic & Treatment Centers \(D&TC\)](#)
- [Hospice](#)
- [Hospitals](#)
- [Laboratories](#)
- [Licensed Home Care Services Agencies](#)
- [Long Term Home Health Care Programs](#)
- [Managed Care](#)
- [Nursing Homes](#)

Step 6: Select “Influenza Survey.”

NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH PROVIDER NETWORK

NURSING HOMES' PAGE

[Data Systems](#) [Dear Administrator Letters](#) [Guidelines](#) [Public Health Preparedness](#) [Regulations](#) [Resources](#)

Data Systems

- [Influenza Survey](#)
Located in the new [Nursing Homes Surveillance and Response System \(NHSRS\)](#).
• Use this [Tutorial](#) to help you navigate the Survey application.

Step 7: On the main menu, click “Data Entry.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Main Menu

<p>Communication Links</p> <p>Send Us Your Comments</p> <p>Activity Functions</p> <p>Activity Status Management</p> <p>Data Entry Functions</p> <p>Data Entry</p> <p>Report Functions</p> <p>Completion Status Report</p> <p>Summary Report</p> <p>Standard Detail Report</p> <p>Entity Detail Report</p>	<p>Message List</p> <p>Message</p> <p> NH survey app coming soon Jun 14 2005 04:41 AM NH survey app coming soon </p>
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HPN Training Tip

Step 8: Select “Influenza Survey”. Click “Next Selection.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Select Activity/Nursing Home/Form [Main Menu](#)

Activity Name:

 [HIN Home Page](#) [Back to Main Menu](#)

Step 9: Confirm choice and click “Continue.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Select Activity/Nursing Home/Form [Main Menu](#)

You have made the following selections:

Activity Name: Influenza Survey
Entity Name: Internal Test Nursing Home (pfi - 8888)
Form Name: Flu Survey Form



HPN Training Tip

Step 10: On left menu, click “Flu Survey Questions.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System Time: 09:05 AM

Data Entry [Main Menu](#) > [Select Activity/Entity/Form](#)

Activity [Influenza Survey](#) Form [Flu Survey Form](#) Nursing Home [Internal Test Nursing Home \(pfi - 8888\)](#)

Navigation Style ▼

Navigation Frame	Data Entry Frame
<p><input type="button" value="Collapse All"/> <input type="button" value="Expand All"/></p> <p>Flu Survey Form *</p> <ul style="list-style-type: none">Flu Survey Questions *DirectionsContact Person *Title *Phone Number *Email Address *Vaccine *DosesDoses as of 11/17/2005Additional Resident Doses *Doses For Employees *Expected Fulfillment DateActual Fulfillment Date	<p><input type="button" value="Save"/></p> <p>Flu Survey</p> <p><input type="button" value="Save"/></p> <p><input type="button" value="Start"/> <input type="button" value=" < Back"/> <input type="button" value=" Next >"/> <input type="button" value="End"/></p>

* Required field
📁 Repeatable Section
📁 Field with data saved
● Field with data submitted to DOH



HPN Training Tip

Step 11: Enter data; click “Save.”

Date: 11/21/2005 Time: 09:06 AM

Nursing Home Surveillance and Reporting System

Data Entry [Main Menu](#) > [Select Activity/Entity/Form](#)

Activity: Influenza Survey Form: Flu Survey Form Nursing Home: Internal Test Nursing Home (pfi - 8888)

Navigation Style: Tree Menu

Navigation Frame

[Flu Survey Form](#)

[Flu Survey Questions](#)

- [Directions](#)
- [Contact](#)
- [Person *](#)
 - [Title *](#)
 - [Phone](#)
- [Number *](#)
- [Email](#)
- [Address *](#)
 - [Vaccine *](#)
 - [Doses](#)
 - [Doses as of 11/17/2005](#)
 - [Additional Resident Doses *](#)
 - [Doses For Employees *](#)
 - [Expected Fulfillment Date](#)
 - [Actual Fulfillment Date](#)

Data Entry Frame

Flu Survey Questions

Influenza season is upon us once again, and vaccination efforts are in full swing in communities across New York State. The amount of influenza vaccine available for distribution in the United States this year is expected to be more than 80 million doses, which is a near record amount. However, there have been delays in getting the vaccine out, and there may be areas where vaccine is not available in sufficient quantities. The New York State Department of Health (NYSDOH) is working with local health departments to help ameliorate disparities in the distribution of flu vaccine and help assure that those at highest risk for serious complications from influenza are vaccinated. Your response to this survey will help us determine if there are areas where the State and local health departments need to respond to unmet needs. Please take the time to answer these questions and, if necessary, contact your local health department about any problems concerning influenza vaccine.

*Contact Person Name	<input type="text" value="Chris Brennan"/>
*Contact Person Title	<input type="text" value="Nursing Home Data Reporter"/>
*Phone Number (XXX-XXX-XXXX)	<input type="text" value="118-473-1809"/>
*Email Address	<input type="text" value="cxb13@health.state.ny.us"/>
*Did you order a supply of influenza vaccine for the 2005-2006 season?	<input type="button" value="Yes"/> <input type="button" value="No"/>
How many doses did you order?	<input type="text" value="100"/>
How many doses have you received as of 11/17/2005?	<input type="text" value="50"/>
*Do you need any more doses for your residents?	<input type="button" value="Yes"/> <input type="button" value="No"/>
If so, how many?	<input type="text" value="50"/>
*Do you need any more doses for your employees?	<input type="button" value="No"/> <input type="button" value="Yes"/>
If so, how many?	<input type="text" value=""/>
If you have not received a part or all of your influenza vaccine order, have you been informed when the order will be filled?	<input type="button" value="Yes"/> <input type="button" value="No"/>
If yes, when do you expect the order to be filled (mm-dd-yyyy)?	<input type="text" value="01-15-2006"/>

Start:



HPN Training Tip

Step 12: A message indicating the data has been saved successfully will appear in upper left corner.

Date: 11/21/2005 **Nursing Home Surveillance and Reporting System**

Data Entry [Main Menu](#) > [Select Activity/Entity/Form](#)

Data has been saved successfully.

Activity Influenza Survey **Form** Flu Survey Form **Nursing Home** Internal Test Nursing Home (pfi - 8888)

Navigation Style ▼

Step 13: Click “Preview Data to be Submitted.”

Date: 11/21/2005 **Nursing Home Surveillance and Reporting System**

Data Entry [Main Menu](#) > [Select Activity/Entity/Form](#)

Data has been saved successfully.

Activity Influenza Survey **Form** Flu Survey Form **Nursing Home** Internal Test Nursing Home (pfi - 8888)

Navigation Style ▼



HPN Training Tip

Step 14: Preview data to ensure it is accurate and complete.

Note: Changes to data may still be made by clicking on question.

Date: 11/21/2005 Nursing Home Surveillance and Reporting System Time: 09:31 AM

Data Entry [Main Menu](#) > [Select Activity/Entity/Form](#)

Nursing Home: Internal Test Nursing Home (pf - 8888)
Activity: Influenza Survey
Form: Flu Survey Form

#	Field Description	Field Value	Data Location	Updated By	Updated On
1	Influenza season is upon us once again, and vaccination efforts are in full swing in communities across New York State. The amount of influenza vaccine available for distribution in the United States this year is expected to be more than 80 million doses, which is a near record amount. However, there have been delays in getting the vaccine out, and there may be areas where vaccine is not available in sufficient quantities. The New York State Department of Health (NYSDOH) is working with local health departments to help ameliorate disparities in the distribution of flu vaccine and help assure that those at highest risk for serious complications from influenza are vaccinated. Your response to this survey will help us determine if there are areas where the State and local health departments need to respond to unmet needs. Please take the time to answer these questions and, if necessary, contact your local health department about any problems concerning influenza vaccine.				
2	Contact Person Name *	Chris Brennan	Pending	cxb13	2005-11-21 09:26:41
3	Contact Person Title *	Nursing Home Data Reporter	Pending	cxb13	2005-11-21 09:26:41
4	Phone Number (XXX-XXX-XXXX) *	518-473-1809	Pending	cxb13	2005-11-21 09:26:41
5	Email Address *	cxb13@health.state.ny.us	Pending	cxb13	2005-11-21 09:26:41
6	Did you order a supply of influenza vaccine for the 2005-2006 season? *	Yes	Pending	cxb13	2005-11-21 09:26:41
7	How many doses did you order?	100	Pending	cxb13	2005-11-21 09:26:41
8	How many doses have you received as of 11/17/2005?	50	Pending	cxb13	2005-11-21 09:26:41
9	Do you need any more doses for your residents? *	Yes	Pending	cxb13	2005-11-21 09:26:41
10	If so, how many?	50	Pending	cxb13	2005-11-21 09:26:41
11	Do you need any more doses for your employees? *	No	Pending	cxb13	2005-11-21 09:26:41
12	If so, how many?				
13	If you have not received a part or all of your influenza vaccine order, have you been informed when the order will be filled?	Yes	Pending	cxb13	2005-11-21 09:26:41
14	If yes, when do you expect the order to be filled (mm-dd-yyyy)?	01-15-2006	Pending	cxb13	2005-11-21 09:26:41



HPN Training Tip

Step 15: Click “Proceed to Submit Data to DOH.”

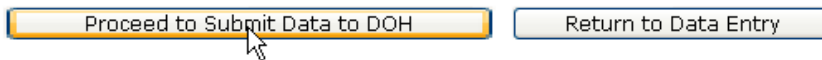
Date: 11/21/2005

Nursing Home Surveillance and Reporting System

Data Entry

[Main Menu](#) > [Select Activity/Entity/Form](#)

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity:Influenza Survey
Form:Flu Survey Form



Step 16: Data confirmation.

Date: 11/21/2005 Nursing Home Surveillance and Reporting System Time: 09:34 AM

Data Entry [Main Menu](#) > [Select Activity/Entity/Form](#)

Thank You. Data has been submitted to Department of Health

Activity: Influenza Survey Form: Flu Survey Form Nursing Home: Internal Test Nursing Home (pfi - 8888)

Navigation Style:

- * Required field
- 🔗 Repeatable Section
- 👉 Field with data saved
- 🟢 Field with data submitted to DOH

Step 17: To complete survey click “Main Menu.”

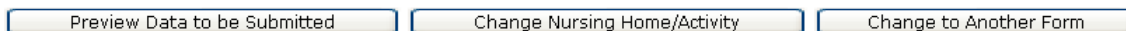
Date: 11/21/2005

Nursing Home Surveillance and Reporting System

Data Entry

[Main Menu](#) > [Select Activity/Entity/Form](#)

Activity: Influenza Survey **Form:** Flu Survey Form **Nursing Home:** Internal Test Nursing Home (pfi - 8888)





HPN Training Tip

Step 18: Click “Completion Status Report.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Main Menu

Communication Links Send Us Your Comments	Message List NH survey app coming soon	Message Jun 14 2005 04:41 AM NH survey app coming soon
Activity Functions Activity Status Management		
Data Entry Functions Data Entry		
Report Functions Completion Status Report Summary Report Standard Detail Report Entity Detail Report		

Step 19: Select “Influenza Survey,” click “Next Selection.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Select Activity/Nursing Home/Form [Main Menu](#)

Activity Name:

Step 20: Confirm selection, click “Continue.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Select Activity/Nursing Home/Form [Main Menu](#)

You have made the following selections:

Activity Name: Influenza Survey



HPN Training Tip

Step 21: Choose Nursing Home.

Date: 11/21/2005 Nursing Home Surveillance and Reporting System Time: 09:40 AM

Activity Status Report [Main Menu > Select Activity/Entity/Form](#)

Activity: Influenza Survey

Page Size: 10
Current Page: 1 of 1

Activity Status	Nursing Home	Form Status
Not Completed	Internal Test Nursing Home (pfi - 8888)	Flu Survey Form
		Submitted
Total: Not Completed 1/1 Completed 0/1	Total Entities on This Page: 1	Total: Submitted 1/1 Pending 0/1 Not Started 0/1

Step 22: Select "Completed."

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Activity Status Report [Main Menu > Select Activity/Entity/Form](#)

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity: Influenza Survey

Activity Status:

Not Completed
 Completed

Form Name	Form Description	Form Status	Form Data User@Time
Flu Survey Form	Flu Survey	Submitted	cxb13 @ Nov 21 2005 9:34AM

Step 23: Click "Set" to complete Activity.

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Activity Status Report [Main Menu > Select Activity/Entity/Form](#)

Nursing Home: Internal Test Nursing Home (pfi - 8888)
Activity: Influenza Survey

Activity Status:

Status updated at 11/21/2005 09:43 AM by cxb13

Form Name	Form Description	Form Status	Form Data User@Time
Flu Survey Form	Flu Survey	Submitted	cxb13 @ Nov 21 2005 9:34AM



HPN Training Tip

Step 24: Click “Back to Main Menu.”

Date: 11/21/2005 Nursing Home Surveillance and Reporting System

Activity Status Report [Main Menu > Select Activity/Entity/Form](#)

Nursing Home: Internal Test Nursing Home (pfi - 8888)
 Activity: Influenza Survey


Activity Status:

Status updated at 11/21/2005 09:43 AM by cxb13

Form Name	Form Description	Form Status	Form Data User@Time
Flu Survey Form	Flu Survey	Submitted	cxb13 @ Nov 21 2005 9:34AM

Legend

Form Status	<p>Not Started: No data has been saved or submitted.</p> <p>Pending: Data has been saved for the form.</p> <p>Submitted: Data has been submitted to DOH.</p>
Activity Status	<p>Not Completed: Activity has not been completed.</p> <p>Completed: Activity has been completed.</p>

 [HIN Home Page](#)
 [Back to Main Menu](#)
 Version: 1.4
 Revision: 11/03/2005

If you require technical assistance, please call 518-473-1809.