CHAPTER 5: GUIDANCE FOR THE REPORTING OF DATA INTO THE NATIONAL HEALTHCARE SAFETY NETWORK

5.1 Overview

The FY 2012 IPPS/LTCH prospective payment system (PPS) Final Rule [1] adopted that long-term care hospitals (LTCHs) are to report data on catheter-associated urinary tract infections (CAUTI) and central line-associated bloodstream infections (CLABSI) starting October 1, 2012, and that data for October 1, 2012, through December 31, 2012, will be used for FY 2014 payment update determination. The CMS IPPS/LTCH PPS FY 2013 Final Rule[2] adopted the requirement that LTCHs are to continue to report data on CAUTI and CLABSI for January 1, 2013, through December 31, 2013, and January 1, 2014, through December 31, 2014, to inform FY 2015 and FY 2016 payment update determination, respectively. Through the FY 2014 IPPS/LTCH PPS Final Rule[3], CMS adopted the requirement that LTCHs are to start reporting HCP Influenza Vaccination Summary data from October 1, 2014 through March 31, 2015 for the 2014-2015 influenza season for FY 2016 payment update determination and will begin to report data on Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia and *Clostridium difficile* infection (CDI) for the FY 2017 payment update determination. Facilities will use the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) for reporting and submitting data for CAUTI, CLABSI, HCP Influenza Vaccination, MRSA bacteremia LabID, and *C. difficile* LabID measures (NQF #0138, NQF #0139, NQF #0431, NQF #1716 and NQF #1717, respectively). Note that LTCHs are called *long-term acute care hospitals*, or LTACs, in NHSN. Each LTCH must submit data for the CLABSI and CAUTI measures on all patients from all inpatient locations, regardless of payer. Further, compliance with the LTCHQR Program requires submission of quality data, irrespective of whether your patients have CAUTI or CLABSI for the reporting period. In the event that no patients have CAUTI or CLABSI during a month of reporting, the LTCH is required to submit monthly denominator counts (i.e., device days and patient days) along with the "no event" indicators for CAUTI and CLABSI to the CDC NHSN. Each LTCH must submit the HCP Influenza

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[1] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment, Federal Register/Vol. 76, No. 160, August 18, 2011. http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf.

[2] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates; Hospitals' Resident Caps for Graduate Medical Education Payment Purposes; Quality Reporting Requirements for Specific Providers and for Ambulatory Surgical Centers; Final Rule, Federal Register/Vol. 77, No. 170, August 31, 2012. http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf.

[3] U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2014 Rates; Quality Reporting Requirements for Specific Providers; Hospital Conditions of Participation; Payment Policies Related to Patient Status; Final Rule, Federal Register/Vol. 78, No. 160, August 19, 2013. http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf.

Vaccination Summary data for all healthcare personnel physically working in the inpatient setting for at least 1 day between October 1) to March 31 of the influenza season.

CDC has prepared for LTCH data submission by developing a new annual facility survey that is specific to LTCHs and has created new locations unique to LTCHs. For more information, including operational guidance and updates on the reporting of CAUTIs, CLABSIs, HCP Influenza Vaccination Summary, MRSA, and CDI data under the LTCH Quality Reporting (LTCHQR) Program, please visit CDC's NHSN Web site at: http://www.cdc.gov/nhsn/LTACH/index.html.

For HAI reporting (e.g., CLABSI, CAUTI, MRSA, and *C. difficile*), the NHSN requires that data be submitted on a monthly basis and strongly encourages LTCHs to enter each month's data within 30 days of the end of the month in which they are collected (e.g., data for October 2014 should be entered into the NHSN by November 30, 2014) so that the information has the greatest impact on infection-prevention activities.

For the FY 2015 payment determination, reporting of data on CAUTI and CLABSI is required. The FY 2015 reporting period consists of the four quarters in calendar year (CY) 2013, with the fourth quarter's data to be submitted by May 15, 2014 (see **Table 5-1**). To fulfill the CMS quality measurement reporting requirements, each facility's data must be entered into the CDC NHSN no later than 135 days after the end of the reporting quarter. In other words, for first-quarter (Q1) data (January 1–March 31, 2013) to be shared with CMS, they must be entered into NHSN by August 15, 2013. CDC submits the data to CMS on behalf of the facility, according to the facility's monthly reporting plan. Data submitted to CDC NHSN more than 135 days after the end of the reporting quarter, such as data submitted to CDC NHSN after February 15, 2014 for third quarter of CY 2013, will not be provided to CMS. LTCHs are able to review data submitted to CMS on their behalf through the Analysis – Output Options function within NHSN. More information regarding the location and interpretation of these reports can be found on the CDC website: http://www.cdc.gov/nhsn/cms/index.html.

For the FY 2016 payment determination, reporting of CAUTI, CLABSI, and HCP Influenza Vaccination Summary data is required. For CAUTI and CLABSI, the FY 2016 reporting period consists of the four quarters in CY 2014, with the fourth quarter's data to be submitted by February 15, 2015 (see **Table 5-2**). To fulfill the CMS quality measurement reporting requirements, each facility's data for CAUTI and CLABSI must be entered into the CDC NHSN no later than 45 days after the end of the reporting quarter. In other words, for first quarter (Q1) data (January 1–March 31, 2014) to be shared with CMS, they must be entered into NHSN by May 15, 2014. CDC submits the data to CMS on behalf of the facility, according to the facility's monthly reporting plan. Data submitted to CDC NHSN more than 45 days after the end of the reporting quarter, such as data submitted to CDC NHSN after May 15 for Q1, will not be provided to CMS. LTCHs are able to review data submitted to CMS on their behalf through the Analysis – Output Options function within NHSN. More information regarding the location and interpretation of these reports can be found on the CDC website: http://www.cdc.gov/nhsn/cms/index.html.

For the FY 2017 payment determination, reporting of CAUTI, CLABSI, HCP Influenza Vaccination Summary, MRSA bacteremia LabID, and *C. difficile* LabID data is required. For

CAUTI, CLABSI, MRSA bacteremia and *C. difficile*, the FY 2017 reporting period consists of the four quarters in CY 2015, with the fourth quarter's data to be submitted by February 15, 2016 (see **Table 5-3**). To fulfill the CMS quality measurement reporting requirements, each facility's data for CAUTI, CLABSI, MRSA bacteremia, and *C. difficile* must be entered into the CDC NHSN no later than 45 days after the end of the reporting quarter. In other words, for first-quarter (Q1) data (January 1-March 31, 2015) to be shared with CMS, they must be entered into NHSN by May 15, 2015. CDC submits the data to CMS on behalf of the facility, according to the facility's monthly reporting plan. Data submitted to the CDC more than 45 days after the end of the reporting quarter, such as data submitted to the CDC NHSN after May 15 for Q1, will not be provided to CMS. LTCHs are able to review data submitted to CMS on their behalf through the Analysis – Output Options function within NHSN. More information regarding the location and interpretation of these reports can be found on the CDC website: http://www.cdc.gov/nhsn/cms/index.html.

For HCP Influenza Vaccination Summary data, the FY 2016 reporting period consists of the 2014-2015 Influenza season. Data collection will be required from October 1, 2014 (or whenever the vaccine becomes available) through March 31, 2015, and must be submitted by May 15, 2015. This will affect FY 2016 payment update determination (see **Table 5-4**). For HCP Influenza Vaccination Summary reporting, entering a single influenza vaccination summary report at the end of the reporting period for the influenza season will meet the minimum data requirements for NHSN participation. However, CDC/NHSN encourages that HCP influenza vaccination summary counts be updated on a monthly basis, and each update kept on printed paper copy, so they can be used at the facility level to impact influenza vaccination activities. The FY 2017 reporting period will consist of the 2015-2016 Influenza season. Data collection will be required from October 1, 2015 (or whenever the vaccine becomes available) through March 31, 2016 and must be submitted by May 15, 2016. This will affect FY 2017 payment update determination (see **Table 5-5**).

Table 5-1
CAUTI and CLABSI Data Collection and Submission Timeframes for FY 2015 Payment Update Determination

Data Collection Timeframe	Final submission deadline
Q1 (January-March 2013)	August 15, 2013
Q2 (April-June 2013)	November 15, 2013
Q3 (July-September 2013)	February 15, 2014
Q4 (October-December 2013)	May 15, 2014

Table 5-2
CAUTI and CLABSI Data Collection and Submission Timeframes for FY 2016 Payment Update Determination

Data Collection Timeframe	Final submission deadline
Q1 (January-March 2014)	May 15, 2014
Q2 (April-June 2014)	August 15, 2014
Q3 (July-September 2014)	November 15, 2014
Q4 (October-December 2014)	February 15, 2015

Table 5-3
CAUTI, CLABSI, MRSA bacteremia LabID and *C. difficile* LabID Data Collection and Submission Timeframes for FY 2017 Payment Update Determination

Data Collection Timeframe	Final submission deadline
Q1 (January-March 2015)	May 15, 2015
Q2 (April-June 2015)	August 15, 2015
Q3 (July-September 2015)	November 15, 2015
Q4 (October-December 2015)	February 15, 2016

Table 5-4
HCP Influenza Vaccination Summary Data Collection and Submission Timeframes for FY 2016 Payment Update Determination

Data Collection Timeframe	Final submission deadline
October 1 (or when the vaccine becomes available) 2014 – March 31, 2015	May 15, 2015

Table 5-5
HCP Influenza Vaccination Summary Data Collection and Submission Timeframes for FY 2017 Payment Update Determination

Data Collection Timeframe	Final submission deadline
October 1 (or when the vaccine becomes available) 2015 – March 31, 2016	May 15, 2016

For more information on reporting and data collection timeframes, please refer to pages 50858 and 50881 of the FY 2014 IPPS/LTCH PPS Final Rule: http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf.

CAUTI and CLABSI

For reporting of data on the CAUTI and CLABSI measures under the LTCHQR Program, LTCHs must adhere to the definitions and reporting requirements for CAUTIs and CLABSIs as specified in CDC's *NHSN Patient Safety Component Manual* available at : http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf and http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.

These requirements include reporting of denominator data (patient days, urinary catheter days, and central line days) by location, as well as CAUTIs and CLABSIs, to NHSN each month. Monthly denominator data must be reported on CAUTIs and CLABSIs, regardless of whether an infection occurred in the LTCH. Monthly reporting plans must be created or updated to include CAUTI and CLABSI surveillance in all locations that require reporting (i.e., surveillance must be "in-plan"). All required data fields in the numerator and the denominator, including the "no events" field for any month during which no CAUTIs or CLABSIs were identified, must be submitted to NHSN.

Healthcare Personnel Influenza Vaccination Summary Reporting

For reporting of data on the HCP Influenza Vaccination Summary measure under the LTCHQR Program, LTCHs must adhere to the definitions and reporting requirements for this measure as specified in CDC's *NHSN Healthcare Personnel Safety Component Protocol*, available at http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf.

In order to report Healthcare Personnel influenza vaccination summary data, the NHSN Healthcare Personnel Safety (HPS) Component must be activated. An HPS Component Reporting Plan (see pages 2-1 and 4-12 of *Healthcare Personnel Safety Component Protocol*) must be completed for every month that data are entered into NHSN; however, for HCP Influenza Vaccination Summary reporting, once the "Influenza Vaccination Summary" box is checked on one monthly reporting plan the system will auto-check that same box on every monthly reporting plan throughout the entire NHSN-defined influenza season (defined as the 12 months from July 1–June 30). Please note that NHSN uses the July 1 to June 30 time period to clearly identify the end of one influenza season and the beginning of the next influenza season. Reporting begins when the influenza vaccination becomes available. HCP are eligible for the measure if they are working at the LTCH for at least 1 working day between October 1 and March 31. The Instructions for Completion of Healthcare Personnel Safety Reporting Plan Form include brief instructions for collection and entry of each data element on the form. (See *Healthcare Personnel Safety Component Protocol* for report form and instructions.)

MRSA bacteremia LabID Events and *C. difficile* LabID Events

For reporting of data for the MRSA bacteremia LabID and *C. difficile* LabID Measures under the LTCHQR program, LTCHs must adhere to the definitions and reporting requirements for MRSA bacteremia and *C. difficile* as specified in CDC's *NHSN Multidrug-Resistant Organism (MDRO)*

and Clostridium difficile Infection (CDI) Module Protocol available at:
http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf.

These requirements include reporting data through Laboratory-Identified (LabID) Event reporting and reporting denominator data (patient days and admissions) to NHSN at the facility-wide inpatient level on a monthly basis. Numerator data will be reported using the *Laboratory-identified MDRO or CDI event form*.

For additional guidance on reporting this measure, please refer to:

- Operational Guidance for Acute Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) Clostridium difficile Infection (CDI) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements, available on the CDC website: http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf

- Operational Guidance for Acute Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) Methicillin-Resistant Staphylococcus aureus (MRSA) Blood Specimen (Bacteremia) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements, available on the CDC website: http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf.

To report data for the LTCHQR Program through CDC's NHSN, the LTCH must be enrolled in the NHSN. Enrollment steps are outlined in the *NHSN Facility Administrator Enrollment Guide* available at: http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf. The information in the rest of this chapter supplements information available to the LTCHs through the *NHSN Facility Administrator Enrollment Guide*.

If your LTCH is already enrolled as an LTCH in the NHSN, please do the following:

1) Confirm that your CMS Certification Number (CCN) is correctly entered on the Facility Information screen.
2) Take the NHSN trainings for CAUTI, CLABSI, Healthcare Personnel Safety Vaccination Module, MRSA bacteremia LabID and *C. difficile* LabID Event reporting if you haven't already done so.
3) Check your location mappings prior to reporting.

If you need assistance with these steps, please contact the CDC NHSN Helpdesk at nhsn@cdc.gov.

If your LTCH is not enrolled in the NHSN as a separate facility, and instead is currently submitting data as part of an acute-care hospital, it will have to be enrolled in NHSN as a separate facility with a unique orgID that is identified as an LTCH. CDC staff sent a letter to all LTCHs currently listed as locations within an acute-care hospital advising them to enroll as a separate facility to meet the CMS LTCHQR Program requirements. If you have questions or need assistance, please contact the CDC NHSN Helpdesk at nhsn@cdc.gov**.**

5.2   Before LTCH Begins Enrollment Process

- Consult technical and legal requirements for the NHSN at
  http://www.cdc.gov/nhsn/LTACH/enroll.html.

- Appoint a person from your facility as the NHSN Facility Administrator to complete the
  NHSN enrollment process. The person in charge of Infection Prevention/Control is an
  appropriate choice. This person will be responsible for enrolling the facility in NHSN and
  will serve as the contact person for NHSN.

- You will need your facility's CCN or relevant identifier code to complete the NHSN
  enrollment process.

- Note that after the facility is enrolled in NHSN, the NHSN Facility Administrator can add
  other users to assist with surveillance and reporting activities.

- Complete the required NHSN trainings that are available on the NHSN Web site at
  http://www.cdc.gov/nhsn/training/.

- Catheter-associated urinary tract infection criteria can be found here, starting on page 7-
  1: http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf.

- Central line-associated bloodstream infection criteria can be found here, starting on page
  4-1: http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf.

- Guidance on the Healthcare Personnel Safety Component and HCP Influenza
  Vaccination Summary reporting categories can be found here:
  http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf
  and http://www.cdc.gov/nhsn/faqs/FAQ-Influenza-Vaccination-Summary-
  Reporting.html.

- Guidance on the MRSA bacteremia LabID Event and *C. difficile* LabID Event criteria
  can be found here:
  http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf.

5.3   Basic Steps to NHSN Enrollment and Data Submission

1. Review the *NHSN Facility Administrator Enrollment Guide*:
   http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf.

2. Complete the following sections of the training, available at
   http://www.cdc.gov/nhsn/training/:

   - NHSN Enrollment and Facility Set-up (PDF Slide Sets)

   - Overview of the Patient Safety Component, Device-associated module (PDF Slide Set)

   - Data Entry, Surveillance, Analysis, Data Entry, Import, and Customization (PDF
     Slide Set)

   - Introduction to the Device-associated Module Training Course with Quiz

   - Catheter-Associated Urinary Tract Infection (CAUTI) Training Course with Quiz

- Central Line-Associated Bloodstream Infections (CLABSI) Training Course with Quiz

- Overview of the Healthcare Personnel Safety Component (PDF Slide Sets)

- Vaccination Module (PDF Slide Sets)

- MDRO and CDI LabID Event Training Course

3. Register for the NHSN, which includes accepting the NHSN Rules of Behavior and providing your contact information at http://nhsn.cdc.gov/RegistrationForm/index. If you use an identifier other than your CCN during the enrollment process, you will have to enter your CCN on NHSN's Facility Information screen after your facility is enrolled to ensure that the appropriate data are shared with CMS.

4. Apply for and install a digital certificate on your computer so you can access NHSN via CDC's Secure Data Network.

5. Electronically submit your facility's enrollment forms, including a Facility Contact form and a Facility Survey. It is recommended that you print and complete the paper forms and then enter the information online.

6. Print out and complete the *Agreement to Participate and Consent Form* that will be e-mailed to you. The form must be signed by a senior executive at your facility. The LTCH must complete and sign this form and fax it to CDC at (404) 929-0131 within sixty (60) days of receiving it.

7. Begin reporting data into the NHSN Web-based application. Paper forms that may be useful for CAUTI and CLABSI data collection are available at http://www.cdc.gov/nhsn/forms/57.114_UTI_BLANK.pdf and http://www.cdc.gov/nhsn/forms/57.108_PrimaryBSI_BLANK.pdf; and at http://www.cdc.gov/nhsn/forms/57-214-HCP-Influenza-Vaccination-Summary-Form.pdf for the HCP Influenza Vaccination Summary reporting. Paper forms that may be useful for MRSA bacteremia LabID and *C. difficile* LabID Event reporting are available at http://www.cdc.gov/nhsn/forms/57.128_LabIDEvent_BLANK.pdf and http://www.cdc.gov/nhsn/forms/57.127_MDROMonthlyReporting_BLANK.pdf.

8. All patient care units will need to be added as location(s) and mapped in NHSN in advance by a facility user. They must also be added to the monthly reporting plan under the device-associated module section for each month you plan on submitting CAUTI and CLABSI data to CMS. The FacWideIN location must also be selected in the Monthly Reporting Plan for both LabID MRSA Blood Only Specimens and LabID *C. difficile* All Specimens to meet the LabID Event reporting requirements.

   After adding the location, please remember to check the CAUTI box and the CLABSI box to ensure that the data will be appropriately sent to CMS.

9. Fill out a Urinary Tract Infection event form for each CAUTI identified in the LTCH location(s). The form itself and instructions for filling out the form can be found here: http://www.cdc.gov/nhsn/forms/57.114_UTI_BLANK.pdf.

10. Fill out a Primary Bloodstream Infection event form for each CLABSI identified in the LTCH location(s). The form itself and instructions for filling out the form can be found here: http://www.cdc.gov/nhsn/forms/57.108_PrimaryBSI_BLANK.pdf.

11. Complete a monthly summary form. The number of indwelling catheter days for the location must be reported, even if that number was zero. The number of central-line days for the location must be reported, even if that number was zero.

12. To report data, use the ICU/Other Denominator form found here along with instructions for filling out the form: http://www.cdc.gov/nhsn/forms/57.118_DenominatorICU_BLANK.pdf.

13. If no CAUTI events were identified for the month, the Report No Events: CAUTI box must be checked on the Denominator for Intensive Care Unit/Other Locations screen within the NHSN application. If no CLABSI events were identified for the month, the Report No Events: CLABSI box must be checked on the Denominator for Intensive Care Unit/Other Locations screen within the NHSN application. See pg. 14-22 for guidance on this: http://www.cdc.gov/nhsn/forms/instr/57_118.pdf.

14. Fill out the Healthcare Personnel Safety Monthly Reporting Plan Form and the Healthcare Personnel Influenza Vaccination Summary Form. These forms can be found here: http://www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html.

15. Instructions for filling out the form can be found in Chapter 4 of Healthcare Personnel Safety Component Protocol, available here: http://www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf.

16. Instructions for filling out the monthly summary form and LabID Events for MRSA bacteremia and *C. difficile* can be found here: http://www.cdc.gov/nhsn/forms/instr/57_127.pdf and http://www.cdc.gov/nhsn/forms/instr/57_128.pdf.

5.4   Additional Tips and Hints

• Follow the step-by-step instructions in the *Facility Administrator Enrollment Guide*, found here: http://www.cdc.gov/nhsn/PDFs/FacilityAdminEnrollmentGuideCurrent.pdf.

• **You must complete the steps *in order*.**

• Allow several days for this process, because several steps require you to wait for information from CDC.

• Use Internet Explorer, which is the only browser that supports the NHSN.

• Use the buttons and arrows on the NHSN Web pages instead of the browser's "back" button.

• Use your professional e-mail address, not your personal e-mail address, and be consistent. Use the same one for all fields requiring an e-mail address. The e-mail address you use to apply for your digital certificate must match the one you used to register in NHSN.

- Locate your facility's CCN or relevant identifier code.

- Remember the challenge phrase (password) you created when you applied for your digital certificate; that phrase will be required each time you access NHSN.

- Facilities with separate CMS Certification Numbers (CCNs) must register as separate facilities, and each facility will need to identify and set up its location types.

- You may join or organize a group that reports to NHSN collectively, but first you must enroll with NHSN. Once the facility is enrolled, the Group Administrator should send an invitation and password for the group. Your facility must report data individually, but the group will be able to see data for which you confer rights.

- It is strongly recommended that a unique organization ID be created for separate facilities at separate locations. If this is not done, the ability to clearly track and analyze infections by specific locations is compromised, and it becomes difficult to target prevention efforts effectively.

- NHSN is considering needs for further types of locations for LTCHs. Please send information about locations that do not fit well in the available categories to NHSN@cdc.gov. Location descriptions are available at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

- If a single unit has more than one type of patient population, report the location according to which population makes up 80% or more of the unit, on average, over a year. For example, if 80% of the patients in the unit are pediatric and 20% are adult, the location would be reported as pediatric. If no patient population in the unit fulfills this "80% rule," please see instructions for mapping patient care locations at: http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. If you still have questions, then you may contact the NHSN at NHSN@cdc.gov for additional guidance.

- Frequently asked questions about the NHSN enrollment process are available at http://www.cdc.gov/nhsn/faqs/FAQ_enrollment.html.

- Once a patient is entered into the NHSN, new events can be added for that patient using the Patient Find feature, provided that the same patient identifier is used.

- Be sure that all events entered into NHSN are completed. Although an event may be saved without "completing" the event, only data for completed events will be sent by CDC to CMS.

- Facilities have 135 days following the end of a quarter before NHSN freezes the data and CDC sends the data to CMS for the FY 2015 payment update determination. This applies to the January 1, 2013, to December 31, 2013, reporting period.

- Facilities have 45 days following the end of a quarter before NHSN freezes the data and CDC sends the data to CMS for the FY 2016 and FY 2017 payment update determination. This applies to the January 1, 2014, to December 31, 2014, reporting period. An LTCH patient's stay may exceed this freeze date, and so a potential death determination on the HAI Event record would not be possible. Users should enter the patient's status at the time of data entry, and then update this variable if AND when the

patient's status changes (i.e., the patient dies). This will ensure that all the data are marked as complete at the time of the freeze date and can be sent to CMS.

- You do not need to confer rights to CMS. CDC submits data to CMS on behalf of the LTCH.

- Remember, you are only required to report what is in your NHSN monthly reporting plan.

Notes on Reporting CAUTI

- Only patients who meet the NHSN's current CAUTI criteria should be reported. Those who do not meet these criteria should not be reported.

- If a patient has more than one CAUTI during his or her stay, a second CAUTI would be reportable only if there is appearance/reappearance of new symptoms and a change in organisms after the patient is treated for the first infection. This would suggest the acquisition of a second infection. If resolution of the first infection is not complete (i.e., symptoms of the infection remain) but a new organism is cultured from the urine, it is considered an extension of the first CAUTI, and the new pathogen should be added to the previously reported CAUTI event. Likewise, if the patient had not completed his treatment for the original CAUTI event, and a subsequent urine culture with the same organism is collected, this is not reported as a separate event because it is considered a failure of treatment.

- There is no exclusion for UTIs that are clinically believed to be related to an infection at another site (e.g., a wound). It must be reported if it otherwise meets the criteria of a reportable CAUTI and cannot be identified as secondary to another site of infection. Note that NHSN uses surveillance definitions, which may, at times, vary from clinical definitions.

- If your facility's monthly reporting plan requires reporting of both device-associated infections (e.g., CAUTI) and Lab ID events, then both events will need to be entered separately.

- Until sufficient LTCH baseline data have been collected, rates will be generated for CAUTI rather than Standardized Infection Ratios. Rates will not be risk adjusted.

- If a patient is transferred from another facility or location, and the date of infection is within 2 calendar days of transfer (i.e., all elements of the infection criterion are first fully present together on the day of transfer or the next day), the infection is attributed to the transferring facility/ location. Infections attributed to another facility do not need to be entered into NHSN by the receiving facility.

- Although it is not required, CDC strongly recommends sharing information about healthcare-acquired infections identified in transferred patients to ensure the accuracy of data reported from all facilities.

Notes on Reporting CLABSI

- A midline catheter is not considered a central line and would not be counted.

- You may want to work with your Information Services staff to develop a list of patients with central lines for ease of data retrieval.

- If your facility's monthly reporting plan requires reporting of both device-associated infections (e.g., CLABSI) and Lab ID events, then both events will need to be entered separately.

- Until sufficient LTCH baseline data have been collected, rates will be generated for CLABSI rather than Standardized Infection Ratios. Rates will not be risk adjusted.

- If a patient is transferred from another facility or location, and the date of infection is within 2 calendar days of transfer (i.e., all elements of the infection criterion are first fully present together on the day of transfer or the next day), the infection is attributed to the transferring facility/location. Infections attributed to another facility do not need to be entered into NHSN by the receiving facility.

- Although it is not required, CDC strongly recommends sharing information about healthcare-acquired infections identified in transferred patients to ensure the accuracy of data reported from all facilities.

Notes on Reporting HCP Influenza Vaccination Summary Data

- Individuals who physically work in the facility for 1 day from October 1 to March 31 are included in the count of HCP, regardless of clinical responsibility of patient contact.

- The monthly reporting plan (form found at http://www.cdc.gov/nhsn/forms/57-203-HPS-Component-Monthly-Reporting-Form.pdf) indicates to the NHSN system which modules and protocols a user intends to follow for surveillance purposes and must be completed before data can be entered for an influenza season.

- The summary report will need to be submitted only once to CMS.

- Facilities are required to report summary-level data and not individual-level data.

- NHSN defines influenza season as July 1 to June 30. However, LTCHs are not required to report on 12 months of data. LTCHs must report data for the period specified in the NHSN protocol, which is October 1 to March 31 in the denominator, including all vaccinations given during the influenza season in the numerator (October 1 (or whenever the vaccine became available) to March 31.

- Facilities will always be able to review the HCP Influenza Vaccination Summary data that are entered into NHSN. However, the HCP influenza vaccination summary reporting in NHSN consists of a single data entry screen per influenza season. Therefore, every time a user enters updated data for a particular influenza season, all previously entered data for that season will be overwritten and a new modified date will be auto-filled by the system. LTCHs wishing to maintain monthly records are encouraged to save their own copies of each data entry. Facilities will also always be able to review the final, healthcare personnel influenza vaccination summary data report that is transmitted to CMS.

- Frequently asked questions related to HCP Influenza Vaccination Summary data are located at http://www.cdc.gov/nhsn/faqs/FAQ-Influenza-Vaccination-Summary-Reporting.html.

Notes on Reporting MRSA bacteremia LabID Events

- Frequently asked questions related to MRSA data are located at http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf.

Notes on Reporting *C. difficile* LabID Events

- Frequently asked questions related to *C. difficile* data are located at http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf.

5.5 Additional Information

- Frequently asked questions about the NHSN in general are located at http://www.cdc.gov/nhsn/faqs/FAQ_general.html.

- Direct questions and/or comments about the **definitions, measure specifications, or the process of reporting and submitting CAUTI, CLABSI, HCP Influenza Vaccination Summary, MRSA bacteremia LabID or *C. difficile* LabID data via NHSN for the LTCHQR Program** to the CDC NHSN Helpdesk at nhsn@cdc.gov. Each message will be forwarded to the appropriate person and a response will be sent to you.

All other questions and/or comments about these measures for the LTCHQR Program should be e-mailed to LTCHQualityQuestions@cms.hhs.gov.