

CHAPTER 5: GUIDANCE FOR REPORTING DATA INTO THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S NATIONAL HEALTHCARE SAFETY NETWORK

5.1 Overview

Beginning with the FY 2012 IPPS/LTCH PPS Final Rule,¹ and currently, the Centers for Medicare & Medicaid Services (CMS) adopted the requirement that long-term care hospitals (LTCHs) are to report data on a total of six National Healthcare Safety Network (NHSN) measures:

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
- National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139)
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716)
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717)
- National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure

Note: In the Centers for Disease Control and Prevention's (CDC's) NHSN, LTCHs are referred to as long-term acute-care hospitals (LTACHs). CMS refers to these hospitals as long-term care hospitals (LTCHs). These two terms are used for the purpose of identifying the same hospital type.

Each LTCH must submit data for the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) on all patients from all inpatient locations, regardless of payer. Each LTCH must submit data for the NHSN VAE Outcome Measure for all adult inpatient locations, regardless of payer. Additionally, each LTCH must submit Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data for all

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>.

health care personnel (HCP) physically working in the inpatient locations for at least 1 day between October 1 and March 31.

Compliance with the LTCH Quality Reporting Program (QRP) requires submission of data for the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), and the NHSN VAE Outcome Measure irrespective of whether patients have the infection or event of interest during the reporting period. In the event that no patients have the infection or event of interest during the reporting period, the LTCH is still required to submit monthly denominator counts (i.e., device days and patient days) along with the "no event" indicators to CDC's NHSN.

For reporting of the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), and the NHSN VAE Outcome Measure, CDC's 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 should be entered into the NHSN by November 30). While CMS strongly agrees with CDC's recommended reporting time frames (providers should report an infection within 30 days following the event), for the purpose of meeting data submission requirements related to applicable annual payment updates (APU), providers must submit all data collected during a given calendar year (CY) quarter no later than the quarterly data submission deadlines, as identified in **Chapter 1** of this manual (approximately 4.5 months or 135 days following the end of each CY quarter). Although providers must submit monthly data, providers are not required to log onto the NHSN on a monthly basis to submit these data. Providers may log on and submit data for all 3 months within a given CY quarter at the same time, providing that data are submitted prior to the CY quarterly deadlines, as identified in **Chapter 1** of this manual and the respective FY IPPS/LTCH PPS Final Rules.

CDC has an annual facility survey that is specific to LTCHs and has specific location types to support facilities with data submission for the LTCH QRP. For more information, including operational guidance and updates on the reporting of the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), the Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431), and the NHSN VAE Outcome Measure data under the LTCH QRP, please visit the CDC's NHSN Web site at: www.cdc.gov/nhsn/ltach/.

Reporting of the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), and the NHSN VAE Outcome Measure data are required. For these quality measures, the reporting period consists of the four quarters in a given CY, with the fourth quarter's data to be submitted by May 15 of the subsequent year. To fulfill the CMS LTCH QRP requirements, each facility's data for the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient

Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), and the NHSN VAE Outcome Measure must be entered into the CDC's 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) to be shared with CMS, data must be entered into NHSN by August 15.

CDC submits the data to CMS on behalf of the facility, according to the facility's monthly reporting plan. Data submitted to CDC more than 135 days after the end of the reporting quarter, such as data submitted to the CDC NHSN after August 15, for Q1, of that same CY will not be provided to CMS and will not be considered for the purpose of compliance determination. LTCHs are able to review data submitted to CMS on their behalf through the "Analysis – Reports" function within NHSN. More information regarding the location and interpretation of these reports can be found on the CDC Web site: <https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html>.

For Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data, the reporting period consists of the influenza vaccination season. Data collection is required from October 1 of a given year (or whenever the seasonal influenza vaccine becomes available) through March 31 of that subsequent year, and must be submitted by May 15 of the same subsequent year.

For Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) 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 encourages that HCP influenza vaccination summary counts be updated on a monthly basis, and each update be kept on printed paper copy, so that they can be used at the facility level to impact influenza vaccination activities.

For more information on data collection time frames and data submission deadlines, please refer to **Chapter 1** of this manual or the LTCH Quality Reporting Data Submission Deadlines Web site, available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html>.

NHSN CAUTI Outcome Measure (NQF #0138) and NHSN CLABSI Outcome Measure (NQF #0139) Reporting

For reporting data on the NHSN CAUTI Outcome Measure (NQF #0138) and the NHSN CLABSI Outcome Measure (NQF #0139) under the LTCH QRP, 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 <https://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf> and https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf.

These requirements include reporting denominator data (patient days, urinary catheter days, and central line days) by location, as well as CAUTIs and CLABSIs (event data), 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.

NHSN Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) Reporting

For reporting data on the Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) measure under the LTCH QRP, LTCHs must adhere to the definitions and reporting requirements for this measure as specified in the CDC’s *NHSN Healthcare Personnel Safety Component Protocol*, available at <https://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/hps-flu-vaccine-protocol.pdf>.

To report Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data, the NHSN Healthcare Personnel Safety (HPS) Component must be activated. An HPS Component Reporting Plan (see pages 2-1 and 4-2 of *Healthcare Personnel Safety Component Protocol*) must be completed for every month that data are entered into NHSN; however, for Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) 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 the 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 *Healthcare Personnel Safety Reporting Plan* form includes brief instructions for collecting and entering each data element. (See *Healthcare Personnel Safety Component Protocol* for the report form and instructions.) Please note that whereas the NHSN allows reporting of this quality measure data throughout the CY, CMS only requires that LTCHs collect and report this data between October 1 and March 31 (what is considered the influenza vaccination season) to meet compliance requirements for reporting Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data.

NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716) and NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) Reporting

For reporting data on the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716) and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) under the LTCH QRP, LTCHs must adhere to the definitions and reporting requirements for MRSA Bacteremia and CDI as specified in CDC’s *NHSN Multidrug-Resistant Organism (MDRO) and Clostridium difficile Infection (CDI) Module Protocol*, available at www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf.

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

For additional guidance on reporting these measures, please refer to www.cdc.gov/nhsn/ltach/cdiff-mrsa/index.html.

NHSN VAE Outcome Measure Reporting

For reporting data on the NHSN VAE Outcome Measure under the LTCH QRP, LTCHs must adhere to the definitions and reporting requirements for VAEs as specified in the CDC's *NHSN Patient Safety Component Manual* available at https://www.cdc.gov/nhsn/pdfs/pscmanual/10-vae_final.pdf. These requirements include reporting denominator data (patient days, ventilator days, and episodes of mechanical ventilation) by location, as well as VAEs, to NHSN each month. Note that episodes of mechanical ventilation is an optional reporting requirement for in-plan VAE surveillance. Monthly denominator data must be reported on VAEs for all adult locations, regardless of whether a ventilator-associated infection or another event occurred in the LTCH. Monthly reporting plans must be created or updated to include VAE surveillance in all locations that are required to report (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 VAEs were identified, must be submitted to NHSN. For additional guidance on reporting this measure, please refer to www.cdc.gov/nhsn/ltach/vae/index.html.

General NHSN Reporting

To report data for the LTCH QRP 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 www.cdc.gov/nhsn/pdfs/gen-support/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) and CCN Effective Date are correctly entered on the Facility Information screen. Specific guidance for adding/updating your facility's CCN or CCN Effective Date within NHSN can be found here: www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf.
2. Take the NHSN trainings for CAUTI, CLABSI, Healthcare Personnel Safety Vaccination Module, MRSA Bacteremia, CDI, and VAE reporting if you have not already done so. Trainings can be found on the event-specific NHSN Web site by starting here: www.cdc.gov/nhsn/ltach/index.html.
3. Check your location mappings prior to reporting.
4. Use the NHSN Monthly Checklist for the CMS Long-Term Care Hospital Quality Reporting Program to ensure complete reporting: www.cdc.gov/nhsn/pdfs/cms/ltch-monthly-checklist-cms-iqr.pdf.

If you need assistance with these steps, please contact the CDC NHSN Help Desk 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. If you have questions or need assistance, please contact the CDC NHSN Help Desk at nhsn@cdc.gov.

5.2 Before LTCH Begins Enrollment Process

- Consult technical and legal requirements for the NHSN at 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. We strongly urge each LTCH to set up an alternative or substitute user ensuring the LTCH's ability to submit timely data, regardless of staff absence or turnover.
- Complete the required NHSN trainings that are available on the NHSN Web site at www.cdc.gov/nhsn/training/.
- NHSN CAUTI Outcome Measure (NQF #0138) criteria can be found here: www.cdc.gov/nhsn/ltach/cauti/index.html.
- NHSN CLABSI Outcome Measure (NQF #0139) criteria can be found here: www.cdc.gov/nhsn/ltach/clabsi/index.html.
- Guidance on the Healthcare Personnel Safety Component and Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) reporting categories can be found here: <https://www.cdc.gov/nhsn/ltach/vaccination/index.html>.
- Guidance on the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716) and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) criteria can be found here: www.cdc.gov/nhsn/ltach/cdiff-mrsa/index.html.
- Guidance on the criteria for the NHSN VAE Outcome Measure can be found here: www.cdc.gov/nhsn/ltach/vae/index.html.

5.3 Basic Steps to NHSN Enrollment and Data Submission

1. Review the *NHSN Facility Administrator Enrollment Guide*: www.cdc.gov/nhsn/pdfs/gen-support/facilityadminenrollmentguidecurrent.pdf. Complete the following sections of the training, available at 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
2. Register for the NHSN, which includes accepting the NHSN Rules of Behavior and providing your contact information at <https://nhsn.cdc.gov/RegistrationForm/index>. If you use an identifier other than your CCN during the enrollment process, you must enter your CCN on NHSN's Facility Information screen after your facility is enrolled to ensure that the appropriate data are shared with CMS.
 3. Register for Secure Access Management Services (SAMS) and complete the Identity Proofing Verification form.
 4. 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.
 5. Print 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 60 days of receiving it.
 6. All patient care units will need to be added as location(s) and mapped in NHSN in advance by a facility user.
 7. Use the Monthly Checklist for CMS Long Term Care Hospital Quality Reporting Program available here: www.cdc.gov/nhsn/pdfs/cms/ltch-monthly-checklist-cms-iqr.pdf.
 8. The locations must also be added to the monthly reporting plan under the device-associated module section for each month you plan on submitting the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), and the NHSN VAE Outcome Measure data to CMS. After adding the location, please remember to check the "CAUTI," "CLABSI," and "VAE" boxes to ensure that the data will be appropriately sent to CMS.

9. 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.
10. Begin reporting data into the NHSN Web-based application.
 - a) Fill out a Urinary Tract Infection event form for each CAUTI identified in the LTCH location(s). The form can be found here: www.cdc.gov/nhsn/forms/57.114_UTI_BLANK.pdf. Instructions for completing the form can be found here: www.cdc.gov/nhsn/forms/instr/57_114.pdf.
 - b) Fill out a Primary Bloodstream Infection event form for each CLABSI identified in the LTCH location(s). The form can be found here: www.cdc.gov/nhsn/forms/57.108_PrimaryBSI_BLANK.pdf. Instructions for completing the form can be found here: www.cdc.gov/nhsn/forms/instr/57_108.pdf.
 - c) Fill out a Ventilator-Associated Event form for each VAE identified in the LTCH location(s). The form can be found here: www.cdc.gov/nhsn/forms/57.112_VAE_BLANK.pdf. Instructions for completing the form can be found here: www.cdc.gov/nhsn/forms/instr/57_112_VAE.pdf.
 - d) Fill out a Laboratory-identified MDRO or CDI Event form for each MRSA and CDI laboratory-identified event in the LTCH facility. The form can be found here: www.cdc.gov/nhsn/forms/57.128_labidevent_blank.pdf. Instructions for completing the form can be found here: www.cdc.gov/nhsn/forms/instr/57_128.pdf.
11. Complete a monthly summary form for the device-associated data. The number of patient days, indwelling catheter days, central-line days, and ventilator days for the location must be reported, even if that number was zero. To report data, use the Denominators for Intensive Care Unit/Other Locations form, which can be found here: www.cdc.gov/nhsn/forms/57.118_DenominatorICU_BLANK.pdf. Instructions for completing the form are available here: www.cdc.gov/nhsn/forms/instr/57_118.pdf.
12. If no CAUTI, CLABSI, or VAE events were identified for the month, the “Report No Events” box must be checked for the appropriate surveillance type on the Denominator for “Intensive Care Unit/Other Locations” screen within the NHSN application.
13. Complete a monthly summary form for the MDRO and CDI data. The number of patient days and admissions for the LTCH facility must be reported, even if no events were identified that month. To report data, use the MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting form, which can be found here: www.cdc.gov/nhsn/forms/57.127_mdromonthlyreporting_blank.pdf. Instructions for completing the form are available here: www.cdc.gov/nhsn/forms/instr/57_127.pdf.
14. If no MRSA or CDI laboratory-identified events were identified for the month, the “Report No Events” box must be checked for the appropriate surveillance type on the Denominator for “MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring” screen within the NHSN application.

15. Fill out the Healthcare Personnel Safety Monthly Reporting Plan Form and the Healthcare Personnel Influenza Vaccination Summary Form for Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431). These forms can be found here: www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html. Instructions for completing the form can be found in Chapter 4 of *Healthcare Personnel Safety Component Protocol*, available here: www.cdc.gov/nhsn/PDFs/HPS-manual/vaccination/HPS-flu-vaccine-protocol.pdf.

5.4 Additional Tips and Hints

- Follow the step-by-step instructions in the *NHSN Facility Administrator Enrollment Guide*, found here: www.cdc.gov/nhsn/pdfs/gen-support/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 SAMS credentials must match the one you used to register in NHSN.
- Locate your facility's CCN or relevant identifier code.
- Remember the password you created when you applied for your SAMS credentials; that password will be required each time you access NHSN.
- Facilities with separate 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.
- NHSN requires that a unique organization ID be created for separate facilities at physically separate locations, even if those facilities share a CCN. 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.
- 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 www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf. If you still

have questions, then you may contact the NHSN Help Desk at NHSN@cdc.gov for additional guidance.

- Frequently asked questions about the NHSN enrollment process are available at 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 will have approximately 135 days following the end of a quarter before NHSN freezes the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), and the NHSN VAE Outcome Measure data, and CDC sends the data to CMS.
- An LTCH patient’s stay may exceed this freeze date. If so, a potential death determination on the Healthcare-associated Infections (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.
- LTCHs do not need to confer rights to CMS. CDC submits data to CMS on behalf of the LTCH.

Notes on Reporting the NHSN CAUTI Outcome Measure (NQF #0138)

- Only those events that meet the NHSN’s current CAUTI criteria should be reported. Those that do not meet these criteria should not be reported.
- If a patient has more than one CAUTI event during his or her stay, an additional CAUTI would be reportable only if it occurs outside the 14-day Repeat Infection Timeframe. For more guidance on identification and reporting of repeat infections, please refer to www.cdc.gov/nhsn/PDFs/pscManual/2PSC_IdentifyingHAIs_NHSNcurrent.pdf.
- There is no exclusion for CAUTIs that are clinically believed to be related to an infection at another site (e.g., a wound). It must be reported if it meets the criteria of a reportable CAUTI. 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 LabID events, then individual and separate events for each will need to be entered separately.
- A CAUTI Standardized Infection Ratio (SIR) will be generated using the 2015 national LTCH data as the baseline for data from 2015 and forward.

- If a patient is transferred from another facility or location, and the date of event is 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 with the transferring facility about HAIs identified in transferred patients to ensure the accuracy of data reported from all facilities.
- Frequently asked questions related to CAUTI surveillance are located at <https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs-uti.pdf>.

Notes on Reporting the NHSN CLABSI Outcome Measure (NQF #0139)

- Only those events that meet the NHSN's current CLABSI criteria should be reported. Those that do not meet these criteria should not be reported.
- A midline catheter is not considered a central line and would not be counted in central line day counts, nor would associated infections be reported in the NHSN CLABSI Outcome Measure (NQF #0139) data.
- 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 LabID events, then individual and separate events for each will need to be entered separately.
- A CLABSI SIR will be generated using 2015 national LTCH data as the baseline for data from 2015 and forward.
- If a patient is transferred from another facility or location, and the date of event is 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 with the transferring facility about HAIs identified in transferred patients to ensure the accuracy of data reported from all facilities.
- Frequently asked questions related to CLABSI surveillance are located at <https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs-bsi.pdf>.

Notes on Reporting Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)

- Individuals who physically work in the facility for at least 1 day from October 1 to March 31 are included in the count of healthcare personnel, regardless of clinical responsibility or patient contact.
- The monthly reporting plan (form found at https://www.cdc.gov/nhsn/forms/57.203_hcpsafetyplan_blank.pdf) indicates to the NHSN system which modules and protocols a user intends to follow for surveillance

purposes. This form must be completed before influenza vaccination data can be entered for an influenza season.

- The influenza vaccination summary data report will need to be submitted only once/annually to CMS.
- Facilities are required to report summary-level vaccination data and not individual-level vaccination 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 seasonal influenza vaccine became available, to March 31).
- Facilities will always be able to review the Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data that are entered into NHSN. However, the Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) 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 reporting Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data are located at www.cdc.gov/nhsn/LTACH/hcp-flu-vac/index.html.

Notes on Reporting NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716) and NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) LabID Events

- A LabID Event calculator is available on the NHSN Web site to help with data entry decisions regarding the 14-day rule: www.cdc.gov/nhsn/labid-calculator/index.html.
- MRSA and CDI SIRs will be generated using 2015 national LTCH data as the baseline for data from 2015 and forward.
- Frequently asked questions related to MRSA Bacteremia and *C. difficile* LabID data are located at https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs_mdrcd-cdi.pdf
- Additional information related to LabID Event reporting is located at www.cdc.gov/nhsn/LTACH/mdro-cdi/index.html.

Notes on Reporting NHSN VAE Outcome Measure

- A VAE calculator is available on the NHSN Web site to assist in making VAE determinations: www.cdc.gov/nhsn/VAE-calculator/index.html.
- When making VAE determinations note that date of mechanical ventilation initiation is mechanical ventilation day 1 not the date of admission to the LTCH.

- Conducting in-plan VAE surveillance means assessing patients for the presence of ALL events included in the algorithm—from Ventilator-Associated Condition (VAC) to Infection-related Ventilator-Associated Complication (IVAC) to Possible Ventilator-Associated Pneumonia (PVAP).
- There is a hierarchy of definitions within VAE. Report the VAE event at the highest level that is met in the VAE algorithm.
- A Total VAE SIR, as well as an IVAC Plus SIR, will be generated using 2015 national LTCH data as the baseline for data from 2015 and forward.
- Frequently asked questions related to reporting VAE surveillance are located at www.cdc.gov/nhsn/pdfs/faqs/psc/faqs-vae.pdf.
- Additional information related to VAE reporting is located at <https://www.cdc.gov/nhsn/ltach/vae/index.html>.

5.5 Additional Information

- Frequently asked questions about the NHSN in general are located at 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 the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), the Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431), the NHSN Facility-wide Inpatient Hospital-onset MRSA Bacteremia Outcome Measure (NQF #1716), the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), or the NHSN VAE Outcome Measure data via NHSN for the LTCH QRP to the CDC NHSN Help Desk 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 LTCH QRP should be e-mailed to LTCHQualityQuestions@cms.hhs.gov.

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