

Chapter, Page Number	Text as it appears in LTCH QRP Manual Version 4.0	Updates to Text	Description of update(s)
Chapter 1, 1-1	<ul style="list-style-type: none"> Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) 	<ul style="list-style-type: none"> Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680) <ul style="list-style-type: none"> This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPSPS/LTCH PPS final rule (83 FR 41632 through 41633). Please see: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf. 	Add sub bullet that measure is removed from the LTCH QRP effective October 1, 2018.
Chapter 1, 1-2	The items on the LTCH CARE Data Set that are necessary to calculate the quality measures and the items that are specified as standardized patient assessment data elements can be found in Appendix D of this LTCH QRP Manual.		Remove text. The <i>LTCH QRP Table for Reporting Assessment-Based Measures for the LTCH QRP</i> document is available on the LTCH Quality Reporting Measures Information web site.
Chapter 1, 1-2	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus 	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus 	Add sub bullet that measure is

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	(MRSA) Bacteremia Outcome Measure (NQF #1716)	<p>(MRSA) Bacteremia Outcome Measure (NQF #1716)</p> <ul style="list-style-type: none"> This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41628 through 41630). Please see: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf. 	removed from the LTCH QRP effective October 1, 2018.
Chapter 1, 1-2	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure (NQF N/A) 	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure (NQF N/A) <ul style="list-style-type: none"> This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41630 through 41632). Please see: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf. 	Add sub bullet that measure is removed from the LTCH QRP effective October 1, 2018.
Chapter 1, 1-4	NQF #1716, National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure, January 1, 2018–December 31, 2018	NQF #1716, National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure, January 1, 2018–September 30, 2018	Revise FY 2020 LTCH QRP data collection time frame.
Chapter 1, 1-4	National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure, January 1, 2018–December 31, 2018	National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure, January 1, 2018–September 30, 2018	Revise FY 2020 LTCH QRP data collection time frame.

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Chapter 1, 1-5	<table><tr><td>July 1–September 30 for NQF #0680 Only</td><td>February 15</td></tr><tr><td>October 1–December 31 for NQF #0680 Only</td><td>May 15</td></tr><tr><td>January 1–March 31 for NQF #0680 Only</td><td>August 15</td></tr><tr><td>April 1–June 30 for NQF #0680 Only</td><td>November 15</td></tr></table>		July 1–September 30 for NQF #0680 Only	February 15	October 1–December 31 for NQF #0680 Only	May 15	January 1–March 31 for NQF #0680 Only	August 15	April 1–June 30 for NQF #0680 Only	November 15		Remove NQF #0680 data collection time frame and final submission deadlines from Table 1-3.
July 1–September 30 for NQF #0680 Only	February 15											
October 1–December 31 for NQF #0680 Only	May 15											
January 1–March 31 for NQF #0680 Only	August 15											
April 1–June 30 for NQF #0680 Only	November 15											
Chapter 1, 1-8			<ul style="list-style-type: none">FY 2019 IPPS/LTCH PPS final rule (83 FR 41624 through 41634): https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf	Add link to FY 2019 final rule in which measure removals were finalized.								
Chapter 3, O-1			Note: In the FY 2019 IPPS/LTCH PPS final rule (83 FR 41632 through 41633), the patient influenza measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018. Please see: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf . However, items O0250A, O0250B, and O0250C will remain on the LTCH CARE Data Set until the next version is released, and LTCHs should enter a dash or any valid code for these items beginning October 1, 2018 until the next LTCH CARE Data Set is released. Use of a dash for these items, for patients admitted or	Add guidance for coding influenza vaccine items effective October 1, 2018.								

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		discharged after October 1, 2018, will not result in a 2 percent reduction in the LTCH's APU.	
Chapter 5, 5-1	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716) 	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716) <ul style="list-style-type: none"> This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41628 through 41630). Please see: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf. 	Add sub bullet that measure is removed from the LTCH QRP effective October 1, 2018.
Chapter 5, 5-1	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure 	<ul style="list-style-type: none"> National Healthcare Safety Network (NHSN) Ventilator-Associated Event (VAE) Outcome Measure <ul style="list-style-type: none"> This measure was finalized for removal from the LTCH QRP, effective with patients admitted or discharged on or after October 1, 2018, in the FY 2019 IPPS/LTCH PPS final rule (83 FR 41630 through 41632). Please see: https://www.gpo.gov/fdsys/pkg/FR-2018-08-17/pdf/2018-16766.pdf. 	Add sub bullet that measure is removed from the LTCH QRP effective October 1, 2018.
Chapter 5, 5-2	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	Each LTCH must submit data for the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) on all patients from	Remove references to NHSN MRSA Bacteremia

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	#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.	all inpatient locations, regardless of payer.	Outcome Measure and NHSN VAE Outcome Measure.
Chapter 5, 5-2	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.	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), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717), 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.	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE Outcome Measure.
Chapter 5, 5-2	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...	For reporting of the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717)...	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE

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			Outcome Measure.
Chapter 5, 5-2	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/ .	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 CDI Outcome Measure (NQF #1717), and the Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) data under the LTCH QRP, please visit the CDC's NHSN Web site at: www.cdc.gov/nhsn/ltach/ .	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE Outcome Measure.
Chapter 5, 5-2 – 5-3	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	Reporting of the NHSN CAUTI Outcome Measure (NQF #0138), the NHSN CLABSI Outcome Measure (NQF #0139), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) 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), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) must be entered into the CDC's NHSN no later than 135 days after the end of the reporting quarter.	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE Outcome Measure.

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	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.		
Chapter 5, 5-3	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 .	More information regarding the location and interpretation of these reports can be found on the CDC Web site: https://www.cdc.gov/nhsn/cms/index.html .	Update link to web site.
Chapter 5, 5-4	<p>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</p> <p>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 <i>Multidrug-Resistant Organism (MDRO) and Clostridium difficile Infection (CDI) Module Protocol</i>, available at www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf.</p>	<p>NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) Reporting</p> <p>For reporting data on 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 CDI as specified in CDC's NHSN <i>Multidrug-Resistant Organism (MDRO) and Clostridium difficile Infection (CDI) Module Protocol</i>, available at www.cdc.gov/nhsn/pdfs/pscmanual/12pscmdro_cdadcurrent.pdf.</p> <p>These requirements include reporting data through Laboratory-Identified (LabID) Event forms 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 <i>Laboratory-identified MDRO or CDI event form</i>.</p>	Remove guidance on reporting NHSN MRSA Bacteremia Outcome Measure. Remove reference to MRSA Bacteremia and MDRO.

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	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 <i>Laboratory-identified MDRO or CDI event form</i> .		
Chapter 5, 5-4	<p>NHSN VAE Outcome Measure Reporting</p> <p>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 <i>NHSN Patient Safety Component Manual</i> 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</p>		Remove guidance on NHSN VAE Outcome Measure reporting.

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	identified, must be submitted to NHSN. For additional guidance on reporting this measure, please refer to www.cdc.gov/nhsn/ltach/vae/index.html .		
Chapter 5, 5-5	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 .	2. Take the NHSN trainings for CAUTI, CLABSI, Healthcare Personnel Safety Vaccination Module, and CDI 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 .	Remove references to MRSA Bacteremia and VAE.
Chapter 5, 5-6	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Guidance on 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. 	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE Outcome Measure.
Chapter 5, 5-6	1. Review the <i>NHSN Facility Administrator Enrollment Guide</i> : www.cdc.gov/nhsn/pdfs/gen-support/facilityadminenrollmentguidecurrent.pdf . Complete the following sections of the training, available at www.cdc.gov/nhsn/training/ :	1. Review the <i>NHSN Facility Administrator Enrollment Guide</i> : www.cdc.gov/nhsn/pdfs/gen-support/facilityadminenrollmentguidecurrent.pdf . Complete the following sections of the Patient Safety training, available at www.cdc.gov/nhsn/training/ .	Add “Patient Safety” for clarity.
Chapter 5, 5-7 – 5-8	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),	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) and	Remove references to NHSN MRSA

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	<p>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.</p> <p>9. The FacWideIN location must also be selected in the Monthly Reporting Plan for both LabID MRSA Blood Only Specimens and LabID <i>C. difficile</i> All Specimens to meet the LabID Event reporting requirements.</p> <p>10. Begin reporting data into the NHSN Web-based application.</p> <p>...</p> <p>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.</p> <p>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.</p>	<p>the NHSN CLABSI Outcome Measure (NQF #0139) data to CMS. After adding the location, please remember to check the “CAUTI” and “CLABSI” boxes to ensure that the data will be appropriately sent to CMS.</p> <p>9. The FacWideIN location must also be selected in the Monthly Reporting Plan for all LabID <i>C. difficile</i> specimens to meet the LabID Event reporting requirements.</p> <p>10. Begin reporting data into the NHSN Web-based application.</p> <p>...</p> <p>c) Fill out a Laboratory-identified MDRO or CDI Event form for each 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.</p> <p>11. Complete a monthly summary form for the device-associated data. The number of patient days, indwelling catheter days, and central-line 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</p>	<p>Bacteremia Outcome Measure and NHSN VAE Outcome Measure.</p> <p>Remove references to MRSA, MDRO, and VAE.</p>

	<p>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.</p> <p>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.</p> <p>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.</p> <p>14. If no MRSA or CDI laboratory-identified events were identified for the month, the “Report</p>	<p>are available here: www.cdc.gov/nhsn/forms/instr/57_128.pdf.</p> <p>12. If no CAUTI or CLABSI 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.</p> <p>13. Complete a monthly summary form for the 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.</p> <p>14. If no 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.</p>	
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	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.		
Chapter 5, 5-9	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) data, and CDC sends the data to CMS. 	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE Outcome Measure.
Chapter 5, 5-10	<ul style="list-style-type: none"> Frequently asked questions related to CAUTI surveillance are located at https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs-uti.pdf. 	<ul style="list-style-type: none"> Frequently asked questions related to CAUTI surveillance are located at https://www.cdc.gov/nhsn/faqs/faq-uti.html. 	Update link to web site.
Chapter 5, 5-11	<ul style="list-style-type: none"> Frequently asked questions related to CLABSI surveillance are located at https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs-bsi.pdf. 	<ul style="list-style-type: none"> Frequently asked questions related to CLABSI surveillance are located at https://www.cdc.gov/nhsn/faqs/faq-bsi.html. 	Update link to web site.
Chapter 5, 5-11	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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 under the FAQ tab. 	Add “under the FAQ tab” for clarity.

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Chapter 5, 5-11 – 5-12	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 <ul style="list-style-type: none"> 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 <i>C. difficile</i> LabID data are located at https://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs_mdrcd_cdi.pdf 	Notes on Reporting NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) LabID Events <ul style="list-style-type: none"> 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. CDI SIRs will be generated using 2015 national LTCH data as the baseline for data from 2015 and forward. Frequently asked questions related to <i>C. difficile</i> LabID data are located at https://www.cdc.gov/nhsn/faqs/faq-mdro-cdi.html 	Remove reference to NHSN MRSA Bacteremia Outcome Measure and update link to web site.
Chapter 5, 5-12	Notes on Reporting NHSN VAE Outcome Measure <ul style="list-style-type: none"> 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 		Remove guidance on reporting NHSN VAE Outcome Measure.

Chapter, Page Number	Text as it appears in LTCH QRP Manual Version 4.0	Updates to Text	Description of update(s)
	<p>Complication (IVAC) to Possible Ventilator-Associated Pneumonia (PVAP).</p> <ul style="list-style-type: none"> • 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 		
Chapter 5, 5-12	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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), and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) 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. 	Remove references to NHSN MRSA Bacteremia Outcome Measure and NHSN VAE Outcome Measure.