

## **Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infection (CAUTI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements**

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 5, 2011 that include catheter-associated urinary tract infection (CAUTI) reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals program requirements for 2012. More specifically, the rule announced a reporting requirement for CAUTI data from acute care hospitals beginning on January 1, 2012. This operational guidance provides additional information about reporting CAUTIs to NHSN as part of the IPPS program. The requirements for CAUTI reporting to NHSN for this CMS program do not preempt or supersede any state mandates for CAUTI reporting to NHSN (i.e., hospitals in states with a CAUTI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting CAUTI data to the system must adhere to the definitions and reporting requirements for CAUTIs as specified in the NHSN Patient Safety Component Protocol Manual [http://www.cdc.gov/nhsn/psc\\_da.html](http://www.cdc.gov/nhsn/psc_da.html). This includes reporting of denominator data (patient days and urinary catheter days), as well as symptomatic urinary tract infections (SUTIs) and asymptomatic bacteremic urinary tract infections (ABUTIs) that are catheter-associated (i.e., patient has an indwelling urinary catheter at the time of or within 48 hours before onset of the event), from each patient care location in which facilities are required to monitor and report CAUTIs.

Acute care hospitals must report CAUTIs and associated denominator data for infections that occur on or after January 1, 2012 from all adult and pediatric intensive care units (ICUs).

Reporting is not required from neonatal ICUs. At this time, reporting is not required from any other (non-ICU) patient care location types within acute care hospitals.



Monthly reporting plans must be created or updated in NHSN to include CAUTI surveillance in all locations from which reporting is required, i.e., CAUTI surveillance must be in the monthly reporting plans (“in-plan”) in order for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the “no events” field for any month during which no CAUTI events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at [http://www.cdc.gov/nhsn/CDA\\_eSurveillance.html](http://www.cdc.gov/nhsn/CDA_eSurveillance.html)).

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month’s data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility’s data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for data to be shared with CMS. CAUTI data submitted to NHSN by IPPS hospitals that have completed their Annual Payment Update (APU) pledges will be reported by CDC to CMS for each hospital. CDC will share all in-plan CAUTI data from locations that are required to report CAUTIs (adult and pediatric ICUs for acute care hospitals). CDC will provide a hospital-specific CAUTI standardized infection ratio (SIR) for each reporting hospital.

