Table 3. Instructions for Completion of the Long-term Care Facility Component – Denominators for LTCF (CDC 57.142)

Data Field	Instructions for Form Completion
Facility ID	**Required.** The NHSN-assigned facility ID number will be auto populated by the system.
Month	**Required.** Using the drop-down menu, select the correct month during which the data were collected.
Year	**Required.** Using the drop-down menu, select the correct year during which the data were collected.
Denominators for Long Term Care Locations	
Location Code	**Required.** NHSN will auto populate the code for the location where the monthly monitoring data was collected. Since Long-term Care Facilities are required to perform surveillance for all resident care locations, the code will populate as *Facility-wide Inpatient (FacWideIN).* There is not an option to change the code.
Total Resident Days (*Number of Residents*)	**Required.** For each day of the month, record the number of residents in the facility and submit the **total count** for the calendar month and year as *Total Resident Days*. Do not include residents for whom a bed is being held but are not actually present in the facility. **Important Notes:** • To calculate resident days, for each day of the month, at the same time each day, record the number of residents in the facility. At the end of the month, sum the daily counts and enter the total into NHSN. • When resident days are available from electronic databases (for example, ADT-admission, discharge, transfer records), these sources may be used as long as the counts are not substantially different (+/- 5%) from manually collected counts.
Urinary Catheter Days (*Number of residents with a urinary catheter)*	***Conditionally required***. Complete only if the facility performed urinary tract infection (UTI) surveillance for the selected calendar month and year. For each day of the month, count and record the number of residents in the facility who have an *indwelling urinary catheter*. The total count for the calendar month is to be entered as the *Urinary Catheter Days*. Important **Note**: • An indwelling urinary catheter is a drainage tube inserted in the urinary bladder *through the urethra*, is left in place, and is connected to a collection system; also called a Foley catheter. Do not include non-indwelling urinary collection devices in count. Examples include straight in-and-out catheters, suprapubic catheters, or external catheters.

Data Field	Instructions for Form Completion
Report No UTI	*Conditionally required*. If the facility did not submit at least one UTI event to NHSN during the selected calendar month and year, as indicated by double red asterisk next to the box, the user must click in the box to add a check-mark as confirmation that surveillance was performed for the entire calendar month for NHSN UTI events and that no events were identified for UTI event submission. **Important Notes:** - Selections for *Report No Events* will be disabled if at least one UTI event was submitted to NHSN during the calendar month. - If a UTI event is submitted after the Monthly Summary Data has been saved, NHSN will auto-update the information by unselecting the "report no events" box.
New Antibiotic Starts for UTI Indication	*Conditionally required*. Complete only if the facility performed urinary tract infection (UTI) surveillance for the selected calendar month and year. For each day of the month, count and record the number of new prescriptions for an antibiotic given for residents suspected or diagnosed with having a UTI, (includes both catheter-associated and not catheter associated). The total count for the calendar month should be submitted as *New Antibiotic Starts for UTI Indication*. **Important Notes**: - Include all new antibiotic orders, regardless of how many doses the resident received or how many days the resident was on the medication. - Include new antibiotic orders even if the resident did not complete the antibiotic or switched to a new antibiotic. - If the resident was switched to a new antibiotic, include the first and new order in the count (count as two new orders). - Include only antibiotics for UTI indication that are started while the resident received care in your facility or written/started by outside providers who saw the resident during a brief outpatient visit (for example an outpatient clinic or emergency department) when the resident returned to the reporting LTCF on the calendar day of the visit or the next calendar day (not admitted to another facility). - Do not include new antibiotic orders written while the resident was admitted in another facility, even if the resident continued to take the antibiotic during admission or readmission back to your facility.

Data Field	Instructions for Form Completion
Number of Urine Cultures Ordered	***Conditionally required.*** Complete only if the facility performed urinary tract infection (UTI) surveillance for the selected calendar month and year. For each day of the month, count and record the number of urine cultures ordered for residents under the care of your facility. The total count for the calendar month is to be submitted as the *Number of Urine Cultures Ordered*. Capture all new urine culture orders for a resident (see important notes below). regardless of whether the resident met NHSN UTI criteria. **Important Notes:** • Include only urine cultures ordered while the resident received care in your facility or ordered by outside providers who saw the resident during a brief outpatient visit (for example an outpatient clinic or emergency department) when the resident returned to the reporting LTCF on the calendar day of the visit or the next calendar day. • Do not include urine cultures ordered while resident was admitted in another facility.
Resident Admissions	***Conditionally required***. Complete only if the facility performed MDRO and/or CDI LabID event surveillance for the selected calendar month and year. For each day of the month, count and record the number of residents admitted or readmitted to the facility. Only the total count for the calendar month is to be submitted to NHSN as *Resident Admissions*. **Important Notes:** • A readmission is defined as a resident that was out of the facility for more than two (2) calendar days and then returned. • If the facility also performed LabID event surveillance for the same calendar month and year, one *Resident Admissions* field will be used for all event types.
Number of Admissions On *C. diff* Treatment	***Conditionally required***. Complete only if the facility performed CDI LabID event surveillance for the selected calendar month and year. For each day of the month, count and record the number of residents who were receiving medication therapy (such as antibiotics) for the treatment of *C.difficile* infection at the time of admission or readmission to your facility. Only the total count for the calendar month is submitted to NHSN as the *Number of Admissions on C. diff Treatment*. See important notes below. **Important Notes:** • A readmission is defined as a resident that was out of the facility for more than two (2) calendar days and then returned to the reporting facility.

Data Field	Instructions for Form Completion
	• A resident admitted or readmitted on CDI treatment should be included in this count even if they did not have an NHSN defined CDI LabID event or positive *C. difficile* test result. • Common medications used to treat *Clostridioides difficile* infection may include oral (PO) vancomycin, oral (PO) metronidazole (Flagyl), and/or Fidaxomicin. o In the absence of CDI documentation, users are encouraged to consult with the physician or nurse to verify treatment for *C. difficile* since these medications could be prescribed for other conditions.
Number of Residents Started on Antibiotic Treatment for C. diff (*C. difficile)*	***Conditionally required.*** Complete <u>only</u> if the facility performed CDI LabID event surveillance for the selected calendar month and year. For each day of the calendar month, count and record the number of new prescriptions or orders for a medication (for example, antibiotic) given for residents suspected or diagnosed with having a *C. difficile* infection in the facility. Only the total count for the calendar month is submitted to NHSN as the *Number of Residents Started on Antibiotic Treatment for C. diff.* **Important Notes:** • Include all new CDI medication/treatment orders regardless if the resident had a positive *C. difficile* test result or met NHSN CDI LabID event criteria. • Include all new CDI medication/treatment orders (for example, antibiotic orders) regardless of how many doses the resident received or how many days the resident was on the medication. • Include new CDI medication/treatment orders (for example, antibiotic orders) even if the resident did not complete the antibiotic or switched to a new antibiotic. • If the resident was switched to a new antibiotic, include the first and new order in the count (count as two new orders) • Include only CDI medications that were started while the resident received care in your facility or by outside providers who saw the resident during a brief outpatient visit (for example an outpatient clinic or emergency department) when the resident returned to the reporting LTCF on the calendar day of the visit or the next calendar day (resident was not admitted to another facility). • Do not include new antibiotic orders written while the resident was admitted in another facility, even if the resident continued to take the medication after admission or readmission back to your facility. • Common medications used to treat *Clostridioides difficile* infection (previously referred to as *Clostridium difficile* infection) may include oral (PO) vancomycin and/or oral (PO) metronidazole (Flagyl); and Fidaxomicin. • In the absence of CDI documentation, users are encouraged to consult with the physician or nurse to verify treatment for *C. difficile* since these medications could be prescribed for other conditions.

Data Field	Instructions for Form Completion
Monthly Total For: • Resident-days, • Urinary catheter-days, • New antibiotic starts for UTI indication, • Total urine cultures ordered, • Resident admissions, • Resident admissions on *C. difficile* treatment, • Number of C. diff treatment starts	***Conditionally required.*** Complete based on the modules a facility included in the NHSN Monthly Reporting Plan for the selected calendar month and year. For each applicable column, calculate the total by adding/summing the numbers recorded for each calendar day of the month. The total for selected columns is to be submitted to NHSN for the selected calendar month and year. Alternatively, if available, these monthly totals can be obtained from LTCF administrative data sources in place of performing daily counts.
Custom Fields	***Optional.*** Up to 50 fields may be customized for local- or group-use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. **Note**: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use.