

Operational Guidance for Applicable Cancer Hospitals to Report Catheter-Associated Urinary Tract Infection (CAUTI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's PPS-Exempt Cancer Hospital Quality Reporting Program Requirements

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 31, 2012 that include catheter-associated urinary tract infection (CAUTI) reporting from applicable cancer hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) program requirements for 2013. More specifically, the rule announced a reporting requirement for CAUTI data from applicable cancer hospitals beginning on January 1, 2013. This operational guidance provides additional information about reporting CAUTIs to NHSN as part of the PCHQR 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.

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/acute-care-hospital/CAUTI/index.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 in place for >2 days before date of the event), (which is defined as the date of the last element used to meet the UTI criterion). UTIs with date of event on the day of discontinuation or the day after discontinuation of an indwelling urinary catheter (which had been in place > 2 days) are considered CAUTI as well. CAUTI data must be reported from each patient care location in which facilities are required to monitor and report CAUTIs.



Applicable cancer hospitals must report CAUTIs and associated denominator data for infections that occur on or after January 1, 2013 from all inpatient care locations (i.e., adult and pediatric oncology intensive care units (ICUs), as well as oncology wards and step-down units.)

Monthly reporting plans must be created or updated to include CAUTI surveillance in all locations from which reporting is required, i.e., CAUTI surveillance must be “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).

Although 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, each quarter’s data must be entered into NHSN no later than 4 ½ months after the end of the quarter in order for it to be shared with CMS. 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 in order for data to be shared with CMS.

CAUTI data submitted to NHSN by PCHQR hospitals 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. CDC will provide location-specific CAUTI rates for each CDC location within the reporting hospital.