

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

*\*Note that Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN.*

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 18, 2011 that include catheter-associated urinary tract infection (CAUTI) reporting from long term care hospitals (LTCHs) via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the Long Term Care Hospital Quality Reporting Program requirements for 2012. More specifically, the rule announced a reporting requirement for CAUTI data from LTCHs beginning on October 1, 2012. This operational guidance provides additional information about reporting CAUTIs to NHSN as part of the Long Term Care Hospital Quality Reporting 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.

Each licensed LTCH should enroll in NHSN as a separate facility (i.e., they will have a unique NHSN orgID), even if they are currently defined as locations within an acute care facility. During enrollment they should identify themselves as a HOSP-LTAC or HOSP-PEDLTAC and complete their LTCH facility survey, and they should accurately enter their CMS certification number (CCN) either when it is requested on enrollment or by entering it on the Facility Information screen after enrollment. After enrollment is complete they should map each of their inpatient locations to the appropriate CDC-defined location type.

LTCHs must report CAUTI and associated denominator data for infections that occur on or after October 1, 2012 from all inpatient locations.

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



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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 the onset of the event), from each patient care location in which facilities are required to monitor and report CAUTIs.

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” 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 hospitals that participate in the Long Term Care Hospital Quality Program 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 (all inpatient locations for LTCHs). CDC will provide location-specific CAUTI rates for each reporting hospital.

