

Using the “SIR – CAUTI Data for PCH QRP (2022 Baseline)” Report

September 2025

Introduction

The NHSN Analysis Report, “SIR – CAUTI Data for PCH QRP (2022 Baseline)” was created to allow facilities to review those CAUTI data that would be submitted to CMS on their behalf.

It is important to keep in mind the following as you begin to use this report:

- a. These data will only be submitted for those facilities that are participating in the CMS PPS- Exempt Cancer Hospital Quality Reporting Program (PCH QRP), as indicated by their CCN recorded in NHSN.
- b. This report will only include **in-plan CAUTI data for all oncology ICU, ward and step-down locations beginning with 2022 data**. Other locations/earlier years for which you may have reported CAUTI data will not be included in this output.
- c. **IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified.
- d. This output option represents an SIR for each hospital, not each CCN. If your hospital shares a CCN, this SIR will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found on the [Group Users page](#).
- e. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Quality Net Provider Participation Report is not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS. **EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter. For example, Q1 data will be frozen as of 7am UTC* (3am ET) on August 16th. Any changes made to this data in NHSN after the final submission deadline will not be reflected in later months on the Quality Net Provider Participation Report or on Hospital Compare.
- f. To learn more about the standardized infection ratio (SIR), including how it is calculated for device-associated data, please see the [NHSN SIR Guide \(2022 Baseline\)](#).

**All NHSN timestamps are displayed in the UTC Time Standard. To convert UTC to Eastern Time:*

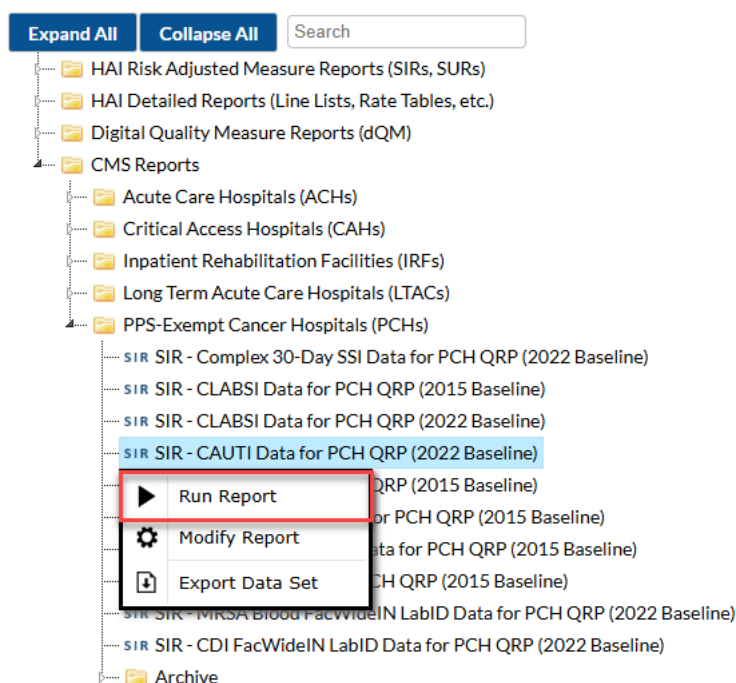
- *Between second Sunday in March – first Sunday in November: subtract 4 hours from UTC to get Eastern Daylight Time (EDT).*
- *Between first Sunday in November – second Sunday in March: subtract 5 hours from UTC to get Eastern Standard Time (EST).*

Example of the “SIR – CAUTI Data for PCH QRP (2022 Baseline)”: Interpretation and Data Checking

All data shown in this document are fictitious and intended for illustrative purposes.

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility. To help generate datasets, go to Analysis > Generate Data Sets, then click on “Generate Reporting Data Sets”

1. After selecting Analysis > Reports, navigate through the following folders: CMS Reports > PPS-Exempt Cancer Hospitals (PCHs). Click **Run Report** next to “SIR – CAUTI Data for PCH QRP (2022 Baseline).”
2. By default, the results will appear in an HTML window. **Note:** If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.



3. Within the output, there will be four tables, each described below:
 - i. **Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) – By OrgID**

The first table represents an overall, single SIR for your facility, per calendar-year quarter, as shown below. This is the information that will be submitted to CMS for each PCHQR participating facility, as indicated by the facility’s CCN. NOTE: This table will include in-plan CAUTI data for all oncology ICU, ward, and step-down locations.

National Healthcare Safety Network

Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) - By OrgID

As of: September 25, 2025 at 6:04 PM UTC

Date Range: BS3_CAU_RATESONC_CMS summaryYQ After and Including 2025Q1

if (((utiPlan = "Y")))

orgID=14461

orgID	ccn	summaryYQ	CAUCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
14461	220162	2025Q1	12	1.791	3433	6.700	0.0000	3.630, 11.390

Using the above table, one can conclude the following:

- This facility identified 12 CAUTI (infCount) among 3,433 urinary catheter days (numucathDays) during the 1st quarter of 2025 (summaryYQ).
- The number of CAUTIs predicted (numPred), based on 2022 national data, was 1.791.
- The overall SIR for this facility during this time period is 6.700, indicating that this facility observed approximately 670% more infections than expected. Based on the p-value (SIR_pval) and the 95% confidence interval (SIR95CI), the SIR for this facility is statistically different from 1, indicating that there were significantly more infections identified than were predicted.

ii. Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) – By OrgID/Location Type

The second table provides an SIR for each quarter and location type (e.g., ICU) with reported in-plan CAUTI data during each time period. “CC_ONC” in this table will represent all adult and pediatric oncology ICUs; “WARD_ONC” in this table will represent oncology wards and “STEP_ONC” will represent oncology step down units

National Healthcare Safety Network

Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) - By OrgID/Location Type

As of: September 25, 2025 at 6:04 PM UTC

Date Range: BS3_CAU_RATESONC_CMS summaryYQ After and Including 2025Q1

if (((utiPlan = "Y")))

orgID=14461

orgID	ccn	locationType	summaryYQ	CAUCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
14461	220162	CC_ONC	2025Q1	8	1.135	2400	7.051	0.0000	13.389
14461	220162	STEP_ONC	2025Q1	1	.142	300	.	.	.
14461	220162	WARD_ONC	2025Q1	3	.515	733	.	.	.

The data in this table can be interpreted like the first SIR table, described above. Note that this table will allow you to see how many CAUTIs and device days were reported in each location type, as defined by CDC.

iii. Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) – By OrgID/CDC Location Code

The third table provides an SIR for each quarter and CDC location (e.g., adult medical oncology ICU, pediatric medical/surgical oncology ICU). **Note:** if your facility reports data for more than one location of the same CDC type (for example, 2 medical oncology ICUs), these locations will be grouped into one SIR in this table.

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Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) - By OrgID/CDC Location Code

As of: September 26, 2025 at 6:04 PM UTC

Date Range: BS3_CAU_RATESONC_CMS summaryYQ After and Including 2025Q1

if (((utiPlan = "Y")))

orgID=14461

orgID	ccn	locCDC	summaryYQ	CAUCount	numPred	numcathdays	SIR	SIR_pval	sir95ci
14461	220162	IN:ACUTE:CC:ONC_M	2025Q1	2	0.425	900	-	-	-
14461	220162	IN:ACUTE:CC:ONC_MS	2025Q1	3	0.236	500	-	-	-
14461	220162	IN:ACUTE:CC:ONC_S	2025Q1	3	0.473	1000	-	-	-
14461	220162	IN:ACUTE:STEP:ONC	2025Q1	1	0.142	300	-	-	-
14461	220162	IN:ACUTE:WARD:ONC HSCT	2025Q1	3	0.515	733	-	-	-

iv. Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) – By OrgID/Location

The fourth table provides an SIR for each quarter and individual location within your facility. This is also the only table that will allow you to see how many months of data are included in each location's quarterly SIR. For example, looking at the "RBCCMS" location below, we can see that the "months" column shows a value of 2, indicating that 2 months of data have contributed to the quarterly SIR for this location, which is fewer months than would be predicted. If less than 3 months contribute to a quarterly SIR, then this will indicate that the SIRs in this output option are incomplete and additional data checking is needed.

National Healthcare Safety Network

Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for PCH QRP (2022 Baseline) - By OrgID/Location

As of: September 26, 2025 at 6:04 PM UTC

Date Range: BS3_CAU_RATESONC_CMS summaryYQ After and Including 2025Q1

if (((utiPlan = "Y")))

orgID=14461

orgID	ccn	location	summaryYQ	months	CAUCount	numPred	numcathdays	SIR	SIR_pval	sir95ci
14461	220162	RBCCMS	2025Q1	2	0	1.166	2062	0.000	0.3117	2.570
14461	220162	RBCCS	2025Q1	3	0	0.075	133	-	-	-
14461	220162	RBCC_M	2025Q1	3	0	0.079	140	-	-	-
14461	220162	RBHONC	2025Q1	3	0	0.156	200	-	-	-
14461	220162	RBHSCT	2025Q1	3	0	0.137	135	-	-	-
14461	220162	RBMIXED	2025Q1	3	0	0.176	225	-	-	-

4. What can be done if data are incomplete or if the number of infections or urinary catheter days is incorrect?
 - a. Check that the summary data for this location have been entered for each month in the quarter. This includes urinary catheter days and patient days.
 - b. If summary data have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that each location is included in your monthly reporting plan, with the CAUTI box checked.
 - c. If summary data have been entered and no CAUTIs have been identified, be sure to check the 'Report No Events' box on the summary record, next to the Urinary Catheter days count.
 - d. If the number of infections is less than you reported *and* you have confirmed that the summary data have been entered in-plan, double check the UTI events in NHSN: if urinary catheter is entered as "NEITHER", the event is not considered a CAUTI and will not appear in this report. Note that you can edit the event with the correct information, if necessary

REMEMBER: If you have made any changes to your data, regenerate your datasets to review your output options with the most up-to-date data in NHSN.

Additional Resources:

- [CMS Resources for NHSN Users](#)
- [Operational Guidance](#)
- [Analysis Quick Reference Guides](#):
- [NHSN's Guide to the SIR](#)

