

NHSN MONTHLY CHECKLIST FOR REPORTING TO CMS HOSPITAL IQR PROGRAM

March 2019

CCN: _____

Month/Year: _____/_____

STEP 1: Create Monthly Reporting Plans

CAUTI	CLABSI	MRSA bacteremia and CDI LabID	SSI
<input type="checkbox"/> ICUs* <input type="checkbox"/> Wards†	<input type="checkbox"/> ICUs* <input type="checkbox"/> NICUs <input type="checkbox"/> Wards†	<input type="checkbox"/> FacWideIN- MRSA (blood specimens only) <input type="checkbox"/> FacWideIN- CDI (all specimens) <input type="checkbox"/> ED/OBS locations (<i>will be added to plan automatically if FacWideIN is selected and ED/OBS location(s) mapped in NHSN</i>)	<input type="checkbox"/> COLO inpatient procedures <input type="checkbox"/> HYST inpatient procedures

HCP Influenza Vaccination (Healthcare Personnel Safety Component)

Quarter 4 (October – December) through Quarter 1 (January – March)

HCP Influenza Vaccination quality reporting is done on annual basis. For a checklist for *HCP Reporting To CMS Hospital, IRF and LTCH Quality Reporting Programs* please click the following link; [NHSN Checklist for HCP Reporting](#).

STEP 2: Enter Events/Procedures

CAUTI	CLABSI	MRSA bacteremia and CDI LabID‡	SSI
<input type="checkbox"/> ICUs* <input type="checkbox"/> Wards†	<input type="checkbox"/> ICUs* <input type="checkbox"/> NICUs <input type="checkbox"/> Wards†	<input type="checkbox"/> FacWideIN- MRSA (blood specimens only) <input type="checkbox"/> FacWideIN- CDI (all specimens) <input type="checkbox"/> ED/OBS locations	<input type="checkbox"/> COLO inpatient procedures <input type="checkbox"/> HYST inpatient procedures

STEP 3: Enter Summary (Denominator) Data

- “Device-Associated – Intensive Care Unit / Other Locations” form
 - Summary record for each inpatient location
 - Total Patient Days
 - Central Line Days
 - Urinary Catheter Days
 - Select “Report No Events”, for each event type, only if no events were identified that met the NHSN surveillance definition
- “MDRO and CDI Monthly Denominator – all Locations” form
 - One summary record per month for FacWideIN
 - Line 1: Total Facility Patient Days & Admissions
 - Line 2: Patient Days & Admissions
 - Line 3: Patient Days & Admissions
 - Indicate CDI test type (3rd month of each qtr)
 - March, June, September, December
 - Select “Report No Events”, for each organism, only if no events were identified that met the NHSN surveillance definition
 - Summary record for each ED/OBS location
 - Total Encounters
 - Select “Report No Events”, for each organism, only if no events were identified that met the NHSN surveillance definition

STEP 4: Resolve Alerts

- Incomplete Events
- Missing Events (*select “Report No Events” box, if applicable*)
- Incomplete Summary Data
- Missing Summary Data
- Incomplete Procedures
- Missing Procedures (*select “No Procedures Performed” box, if applicable*)
- Missing Procedure-associated Events (*select “Report No Events”, if applicable*)
- Unusual Susceptibility Profile
- Confirm CDI Test Type

STEP 5: Generate Datasets

- Generate new data sets before verifying data in CMS reports in STEP 6

* For 2011 and forward, includes those locations defined/mapped as adult and pediatric ICUs.

† For January 2015 and forward, includes those locations defined/mapped as adult/pediatric medical, surgical, and medical/surgical wards.

‡ All healthcare-onset, community-onset, incident, and recurrent events that meet NHSN definitions should be reported.



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STEP 6: Print/Save Copies of Quarterly CMS Reports

- "SIR - CLAB Data for Hospital IQR"
- "SIR - CAU Data for Hospital IQR"
- "SIR - Complex 30-Day SSI Data for Hospital IQR"
- "SIR - MRSA Blood FacWideIN LabID Data for Hospital IQR"
- "SIR - CDI FacWideIN LabID Data for Hospital IQR"

CMS Deadlines:

Quarter 1 (January – March): **August 15th**

Quarter 2 (April – June): **November 15th**

Quarter 3 (July – September): **February 15th**

Quarter 4 (October – December): **May 15th**

Quarter 4 & Quarter 1 (October 1 – March 31) Healthcare Personnel Influenza Vaccination Summary data: **May 15th**

For additional guidance on ensuring your data are accurately sent to CMS for Quality Reporting purposes, please visit our website and navigate to the appropriate section(s) for your facility type: <http://www.cdc.gov/nhsn/cms/index.html>. If you have any questions, please contact the NHSN Helpdesk: NHSN@cdc.gov. The NHSN Helpdesk is staffed Monday through Friday, 7am ET – 5pm ET, excluding Federal Holidays.

Additional Resources:

Catheter-Associated Urinary Tract Infection (CAUTI)

- 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: http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-CAUTI-Guidance_2015.pdf
- NHSN Surveillance for Urinary Tract Infections: <http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html>

Central Line-Associated Bloodstream Infection (CLABSI)

- Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements: <http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-CLABSI-Guidance-2015.pdf>
- NHSN Surveillance for Central Line-Associated Bloodstream Infections (CLABSI): <http://www.cdc.gov/nhsn/acute-care-hospital/clabsi/index.html>

***Clostridioides difficile* Infection (CDI) and Methicillin-Resistant *Staphylococcus aureus* (MRSA Bacteremia)**

- Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf>
- Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf>
- How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID events for the CMS Inpatient Quality Reporting Program: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf>
- NHSN Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections: <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>
- Denominator guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/AcuteCare-MRSA-CDI-LabIDDenominator-Reporting.pdf>

Surgical Site Infection (SSI)

- Operational Guidance for Reporting Surgical Site Infection Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements: http://www.cdc.gov/nhsn/PDFs/CMS/Final-ACH-SSI-Guidance_2015.pdf
- NHSN Surveillance for Surgical Site Infection (SSI) Events: <http://www.cdc.gov/nhsn/acute-care-hospital/index.html>