

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

Updated August 2025

Introduction

The NHSN Analysis Output Option, “SIR– CAUTI Data for IRF QRP (2022 Baseline)” was created in order to allow both free-standing inpatient rehabilitation facilities (IRFs), acute care hospital (ACH) and long term acute care hospital (LTACH) rehabilitation wards designated as CMS IRF units to review those CAUTI data that would be submitted to CMS on their behalf if they are participating in the CMS IRF Quality Reporting Program. It’s 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 IRF Quality Reporting Program, as indicated by their CCN recorded in NHSN.
- b. **IMPORTANT NOTE FOR ACHs and LTACHs!** CAUTI data for IRF units within both hospital settings are submitted to CMS separately from ICU CAUTI data submitted to CMS as part of the Inpatient Quality Reporting Program. CAUTI data from IRF units will NOT be included in either ACH or LTACH hospital’s CMS reports in NHSN Analysis; it will be included in the “SIR – CAUTI Data for CMS IRF QRP (2022 Baseline)” report.
- c. This report will only include **in-plan CAUTI data for each IRF location beginning with January 2025 data**. Earlier time periods for which you may have reported CAUTI data will not be included in this output.
- d. **IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no CAUTI events were identified.
- e. This output option provides an SIR for each IRF, not each CCN. If your IRF shares a CCN, the SIR will only represent the data that your IRF has contributed to the overall SIR for all IRFs that share the CCN. You may wish to use the Group function in NHSN to be able to view the SIR for all IRFs that share a CCN. More information about the Group function can be found on the [Group Users page](#).
- f. The SIR that will be shared with CMS and presented in this output option is calculated at the IRF level. Separate SIRs will be calculated for each IRF location (if applicable) to allow for data accuracy checks.
- g. The data in this report will represent data current as of the last time you generated datasets. 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, Q4 data will be frozen as of 7am UTC* (3am ET on May 16th). Any changes made to these data in NHSN after the final submission deadline will not be reflected in data shared with CMS.

**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).*

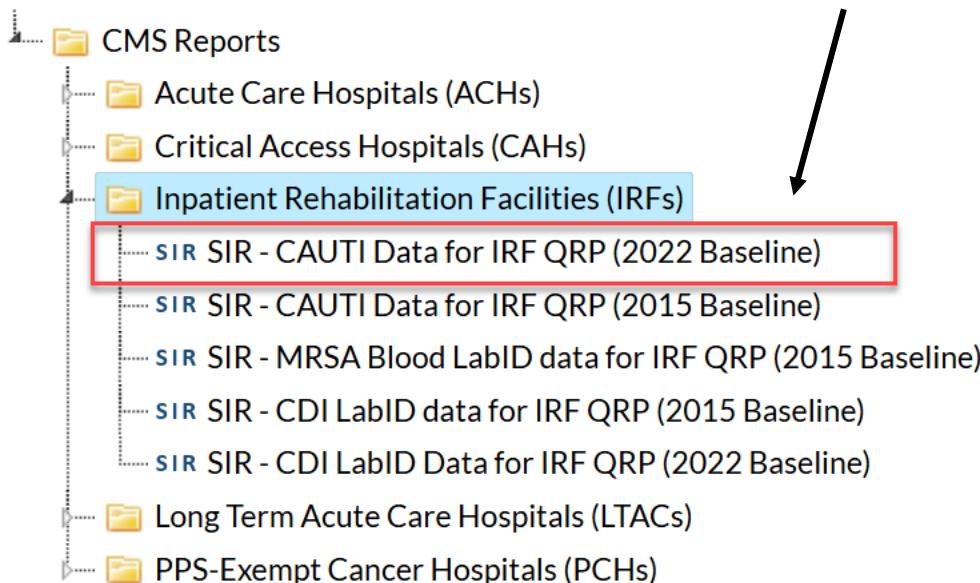
- h. The information in this document should be used in conjunction with the document, “Helpful Tips for CAUTI Reporting for the Centers for Medicare and Medicaid Services’ Inpatient Rehabilitation Facility Quality Reporting Program”, available at <http://www.cdc.gov/nhsn/cms/index.html>



Example of how to access, generate, interpret and perform data quality checks on the “SIR – CAUTI Data for IRF QRP (2022 Baseline)”

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

1. After selecting Analysis > Reports, navigate through the following folders: CMS Reports > Inpatient Rehabilitation Facilities (IRFs). Click “Run Report” next to “SIR – CAUTI Data for IRF QRP (2022 Baseline)”, as shown below:



2. By default, the results will appear in an HTML window. 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. There will be four tables within the output, each described below:

- i. **“Standardized Infection Ratio for Urinary Catheter-associated UTI Data for IRF QRP (2022 Baseline) – By OrgID”**

The first table presents an SIR for each calendar-year quarter for the IRF. This is the information that will be submitted to CMS on behalf of your facility.

National Healthcare Safety Network									
Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for IRF QRP (2022 Baseline) - By OrgID									
As of: August 21, 2025 at 2:19 PM UTC									
Date Range: BS3_CAU_RATESIRF_CMS summaryYQ After and Including 2025Q1									
If (((utiPlan = "Y")))									
orgID=97141									
orgID	ccn	irfccn	summaryYQ	caucount	numPred	numucathdays	SIR	SIR_pval	sir95ci
97141	100001	02TA02	2025Q1	0	1.517	840	0.000	0.2193	, 1.974

1. The SIR is only calculated if the number predicted (numPred) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed events > 0 .
2. The number of predicted events is calculated based on national 2022 NHSN data. Please see the SIR Guide for details on the HAI-specific risk adjustments and inclusion/exclusion criteria: <https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html>
3. Only in-plan CAUTI data from 2022 and forward are included in this report.

Source of aggregate data: 2022 NHSN CAUTI Data
Data contained in this report were last generated on August 6, 2025 at 8:51 PM UTC to include data beginning January 2022 .

From this output, we can conclude the following:

- For the first quarter of 2025 (*summaryYQ*), this IRF reported 0 CAUTIs and 840 urinary catheter days (*numucathdays*).
- Based on the National baseline data, 1.517 CAUTIs were predicted (*numPred*). This results in an SIR of 0.000 (SIR).
- The p-value is 0.2193 (SIR_pval) and the 95% confidence interval is (, 1.974) (sir95ci); The p-value results indicate that the facility's SIR is not statistically significantly different than 1.
- Be sure to review all footnotes, as they provide important context and explanations for interpreting the data.

ii. **“Standardized Infection Ratio for Urinary Catheter-associated UTI Data for CMS IRF QRP (2022 Baseline) – By OrgID/Location Type”**

National Healthcare Safety Network Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for IRF QRP (2022 Baseline) - By OrgID/Location Type																																
As of: August 21, 2025 at 2:19 PM UTC																																
Date Range: BSS_CAU_RATESIRF_CMS summaryYQ After and Including 2025Q1																																
If ((utiPlan = "Y"))																																
orgID=97141																																
<table border="1"> <thead> <tr> <th>orgID</th><th>ccn</th><th>irfccn</th><th>locationType</th><th>summaryYQ</th><th>caucount</th><th>numPred</th><th>numucathdays</th><th>SIR</th><th>SIR_pval</th><th>sir95ci</th></tr> </thead> <tbody> <tr> <td>97141</td><td>100001</td><td>02TA02</td><td>WARD</td><td>2025Q1</td><td>0</td><td>1.517</td><td>840</td><td>0.000</td><td>0.2193</td><td>, 1.974</td></tr> </tbody> </table>											orgID	ccn	irfccn	locationType	summaryYQ	caucount	numPred	numucathdays	SIR	SIR_pval	sir95ci	97141	100001	02TA02	WARD	2025Q1	0	1.517	840	0.000	0.2193	, 1.974
orgID	ccn	irfccn	locationType	summaryYQ	caucount	numPred	numucathdays	SIR	SIR_pval	sir95ci																						
97141	100001	02TA02	WARD	2025Q1	0	1.517	840	0.000	0.2193	, 1.974																						
<p>1. The SIR is only calculated if the number predicted (numPred) is ≥ 1. Lower bound of 95% Confidence Interval only calculated when number of observed events > 0.</p> <p>2. The number of predicted events is calculated based on national 2022 NHSN data. Please see the SIR Guide for details on the HAI-specific risk adjustments and inclusion/exclusion criteria: https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html</p> <p>3. Only in-plan CAUTI data from 2022 and forward are included in this report.</p>																																
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The second table provides an SIR for each quarter and location type. Since IRFs are only able to report data under one location type (based on whether the IRF is free-standing or a unit within an acute care hospital), the data in this table will be the equivalent of the first table but will be labeled as location type “IRF” or “WARD”. IRF locations are categorized as follows:

Facility Type	Location Type	CDC Location Description	CDC Location Code (<i>locCDC</i>)
Free-standing IRF	IRF	REHAB Ward	IN:ACUTE:IRF
Free-standing IRF	IRF	REHAB Pediatric Ward	IN:ACUTE:IRF:PED
Acute Care Hospital	WARD	Inpatient Rehabilitation Ward	IN:ACUTE:WARD:REHAB
Acute Care Hospital	WARD	Inpatient Pediatric Rehabilitation Ward	IN:ACUTE:WARD:REHAB_PED

iii. **“Standardized Infection Ratio for Urinary Catheter-associated UTI Data for CMS IRF QRP (2022 Baseline) – By OrgID/CDC Location Code”**

The third table provides an SIR for each quarter and CDC location (e.g., REHAB ward). Note that if your facility reports data for more than one location of the same CDC location code (for example, 2 REHAB Wards), these locations will be grouped into one SIR in this table. Otherwise, the data in the table will be the equivalent of the first table.

National Healthcare Safety Network**Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for IRF QRP (2022 Baseline) - By OrgID/CDC Location Code**

As of: August 21, 2025 at 2:19 PM UTC

Date Range: BS3_CAU_RATESIRF_CMS summaryYQ After and Including 2025Q1
if (((utiPlan = "Y"))

orgID=97141

orgID	ccn	irfcn	locCDC	summaryYQ	CAUCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
97141	100001	02TA02	IN:ACUTE:WARD:REHAB	2025Q1	0	1.057	585	0.000	0.3476	,2.835
97141	100001	02TA02	IN:ACUTE:WARD:REHAB_PED	2025Q1	0	0.461	255	.	.	.

1. The SIR is only calculated if the number predicted (numPred) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed events > 0 .
2. The number of predicted events is calculated based on national 2022 NHSN data. Please see the SIR Guide for details on the HAI-specific risk adjustments and inclusion/exclusion criteria: <https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html>
3. Only in-plan CAUTI data from 2022 and forward are included in this report.

Source of aggregate data: 2022 NHSN CAUTI Data

Data contained in this report were last generated on August 6, 2025 at 8:51 PM UTC to include data beginning January 2022 .

From the output above, we can conclude:

- For the first quarter of 2025 (2025Q1), IN:ACUTE:WARD:REHAB (*locCDC*) reported 0 CAUTI (*CAUCount*) and 585 urinary catheter days (*numucathdays*). The facility's pediatric location (IN:ACUTE:WARD:REHAB_PED) reported 0 CAUTI (*CAUCount*) and 255 urinary catheter days (*numucathdays*) in 2025Q1.
- Based on the National baseline data, 1.057 CAUTIs were predicted (numPred) for IN:ACUTE:WARD:REHAB. This results in an SIR of 0.000 (SIR). And 0.461 CAUTIs were predicted (numPred) for CDC location code IN:ACUTE:WARD:REHAB_PED in 2025Q1. The number predicted is less than 1 for IN:ACUTE:REHAB_PED CDC location code so SIR is not calculated.
- The p-value is 0.3476 (SIR_pval) and the 95% confidence interval is (, 2.835) (sir95ci). The p-value result indicates that the facility's SIR is not statistically significantly different than 1.

iv. "Standardized Infection Ratio for Urinary Catheter-associated UTI Data for CMS IRF QRP (2022 Baseline) – By OrgID/Location"

The fourth table provides an SIR each quarter and individual location within the IRF. 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 RBCAUIRF location below, we can see that the "months" column shows a value of 3, indicating that three months of data have contributed to the quarterly SIR. We should expect to see three months of data contributing for each location and quarter.

If fewer than three months of data contribute to a quarterly SIR, then this indicates that the SIR for that quarter is incomplete and additional data verification is needed.

National Healthcare Safety Network
Standardized Infection Ratio for Urinary Catheter-Associated UTI Data for IRF QRP (2022 Baseline) - By OrgID/Location

As of: August 21, 2025 at 2:19 PM UTC
 Date Range: BS3_CAU_RATESIRF_CMS summaryYQ After and Including 2025Q1
 If ((uiPlan = "Y"))

orgID=97141

orgID	ccn	irfcnn	location	summaryYQ	months	CAUCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
97141	100001	02TA02	IRFADULT	2025Q1	1	0	0.903	500	.	.	.
97141	100001	02TA02	IRFPED	2025Q1	1	0	0.226	125	.	.	.
97141	100001	02TA02	PDRHBINC	2025Q1	1	0	0.081	45	.	.	.
97141	100001	02TA02	PRHABIRFEX	2025Q1	1	0	0.154	85	.	.	.
97141	100001	02TA02	REHABIRFEX	2025Q1	1	0	0.154	85	.	.	.

1. The SIR is only calculated if the number predicted (numPred) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed events > 0 .
 2. The number of predicted events is calculated based on national 2022 NHSN data. Please see the SIR Guide for details on the HAI-specific risk adjustments and inclusion/exclusion criteria: <https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html>
 3. Only in-plan CAUTI data from 2022 and forward are included in this report.

Source of aggregate data: 2022 NHSN CAUTI Data
 Data contained in this report were last generated on August 6, 2025 at 8:51 PM UTC to include data beginning January 2022.

From the output above, we can conclude:

- For 2025Q1, IRFADULTS location had 0 CAUTIs and 500 urinary catheter days (numcatdays); IRFPED had 0 CAUTIs and 125 numcatdays; PDRHBINC had 0 CAUTIs and 45 numcatdays; PRHABIRFEX and REHABIRFEX had 0 CAUTIs and 85 numcatdays.
- Based on the National baseline, the number of CAUTI predicted for IRFADULT was 0.903, for IRFPED 0.226, for PDRHBINC 0.081; and 0.154 for both PRHABIREX and REHABIRFEX. The numPred value is less than one so the SIR is not calculated.

4. What can be done if data are incomplete, or if the number of infections or urinary catheter days is incorrect?

- To pinpoint which months are missing from the quarter, the report can be modified to display by month. To make this modification, after selecting Analysis > Reports, navigate through the following folders: CMS Reports > Inpatient Rehabilitation Facilities (IRFs). Click **Modify** next to "SIR – CAUTI Data for IRF QRP (2022 Baseline)."
 - On the Analysis SIR modification page, navigate to "Display Option" tab. Use the drop-down menu next to "Group by" to select "Summary YM" to display the SIR report by month. Click the blue **Run** button to run the report.

Modify "SIR – CAUTI Data for IRF QRP (2022 Baseline)"

Show descriptive variable names ([Print List](#))

Analysis Data Set: bs3_CAU_RATESIRF_CMS Type: SIR Last Generated ([UTC](#)): July 22, 2025 12:35 PM

Title/Format	Time Period	Filters	Display Options
<p>SIR Options:</p> <p>Group by: <input type="button" value="summaryYM"/></p>			
<input style="border: 2px solid red; padding: 2px; margin-right: 10px;" type="button" value="Run"/> <input type="button" value="Save..."/> <input type="button" value="Export..."/> <input type="button" value="Close"/>			

- Once the missing months have been identified, double check the below data elements:

- i. Check that the summary data for this location have been entered for the month. This includes urinary catheter days and patient days.
- ii. If summary data have been entered, double-check your monthly reporting plan for that month. Check to make sure that each location is included in your monthly reporting plan, with the CAUTI box checked.
- iii. If summary data have been entered and no CAUTIs have been identified, be sure to check the 'Report No Events' box either on the summary record, next to the Urinary Catheter days count, or through the "Missing Events" tab on the Alerts page.
- iv. If the number of infections is less than you reported *and* you've 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.

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](#)

