Updated April 2016

Monthly Checklist for the CMS Long Term Care Hospital Quality Reporting Program

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

☐ **CCN:** _____

Month/Year: _____

	CAUTI	CLABSI	Ventilator Associated Event (VAE)	FACWIDEIN LabID Event	HCP Influenza Vaccination (seasonal)
Monthly Plan	☐	☐	☐	☐ CDI ☐ MRSA	☐
Seasonal Influenza Vaccination Summary Data					☐
Monthly Denominator Data	☐	☐	☐	☐ FACWIDEIN	
If Zero Events, Report no Events	☐	☐	☐	☐ CDI ☐ MRSA	
Enter Events	☐	☐	☐	☐ CDI ☐ MRSA	
Check for Accuracy	☐	☐	☐	☐ CDI ☐ MRSA	☐
Save quarterly CMS Reports	☐	☐	☐	☐ CDI ☐ MRSA	☐

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Catheter-Associated Urinary Tract Infection (CAUTI)

Monthly checklist for CAUTI Reporting for the Centers for Medicare and Medicaid Services' Long Term Care Hospital Quality Reporting Program

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

- ☐ **Verify Your Facility's CMS Certification Number (CCN)**

  An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit CAUTI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

- ☐ **Check the Monthly Reporting Plan each month**

  When NHSN releases CAUTI data to CMS for those hospitals participating in the CMS Reporting Program, only those months and locations in which the facility included CAUTI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CAUTI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

- ☐ **Enter denominator data for each location and month under surveillance**

  Denominator data (i.e., patient days and urinary catheter days) can be entered using the Summary Data > Add option within NHSN and by selecting the appropriate Denominator Data type (e.g., ICU/Other).

- ☐ **If no events have been identified, check "Report No Events" on denominator data form**

  IMPORTANT! Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: http://www.cdc.gov/nhsn/PDFs/CMS/how-to-report-No-Events-CLAB-CAU.pdf

- ☐ **If CAUTI events have been identified, enter the appropriate events**

  CAUTI events can be entered by using the Event > Add option within NHSN.

- ☐ **Use NHSN Analysis Tools to check for accuracy and completion**

  The NHSN Analysis Output Option, "SIR – CAU Data for CMS LTCH PPS" was created in order to allow facilities to review those CAUTI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – CAU Data for CMS LTCH PPS" Output Option** on the NHSN website at http://www.cdc.gov/nhsn/cms/index.html.

Central Line-Associated Bloodstream Infection (CLABSI)

Monthly checklist for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Long Term Care Hospital Quality Reporting Program

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

- ☐ **Verify Your Facility's CMS Certification Number (CCN)**
  An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit CLABSI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

- ☐ **Check the Monthly Reporting Plan each month**
  When NHSN releases CLABSI data to CMS for those hospitals participating in the CMS Reporting Program, only those months and locations in which the facility included CLABSI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CLABSI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

- ☐ **Enter denominator data for each location and month under surveillance**
  Denominator data (i.e., patient days and central line days) can be entered using the Summary Data > Add option within NHSN and by selecting the appropriate Denominator Data type (e.g., ICU/Other, NICU).

- ☐ **If no events have been identified, check "Report No Events" on denominator data form**
  IMPORTANT! Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: http://www.cdc.gov/nhsn/PDFs/CMS/how-to-report-No-Events-CLAB-CAU.pdf

- ☐ **If CLABSI events have been identified, enter the appropriate events**
  CLABSI events can be entered by using the Event > Add option within NHSN.

- ☐ **Use NHSN Analysis Tools to check for accuracy and completion**
  The NHSN Analysis Output Option, "SIR – CLAB Data for CMS LTCH PPS" was created in order to allow facilities to review those CLABSI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – CLAB Data for CMS LTCH PPS" Output Option** on the NHSN website at http://www.cdc.gov/nhsn/cms/index.html#clabsi.

Ventilator Associated Event (VAE)

Monthly checklist for VAE Reporting for the Centers for Medicare and Medicaid Services' Long Term Care Hospital Quality Reporting Program

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

- ☐ **Verify Your Facility's CMS Certification Number (CCN)**

  An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit VAE data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

- ☐ **Check the Monthly Reporting Plan each month**

  When NHSN releases VAE data to CMS for those hospitals participating in the CMS Reporting Program, only those months and locations in which the facility included VAE in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan VAE). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

- ☐ **Enter denominator data for each location and month under surveillance**

  Denominator data (i.e., patient days and ventilator days) can be entered using the Summary Data > Add option within NHSN and by selecting the appropriate Denominator Data type (e.g., ICU/Other, NICU).

- ☐ **If no events have been identified, check "Report No Events" on denominator data form**

  IMPORTANT! Facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS.

- ☐ **If a VAE has been identified, enter the appropriate events**

  A VAE can be entered by using the Event > Add option within NHSN.

- ☐ **Use NHSN Analysis Tools to check for accuracy and completion**

  The NHSN Analysis Output Option, "Rate Table – VAE Data for CMS LTCH PPS" was created in order to allow facilities to review those VAE data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "Rate Table – VAE Data for CMS LTCH PPS" Output Option** on the NHSN website at http://www.cdc.gov/nhsn/pdfs/cms/vae/detailed-guidance-vae-rate-tables-for-ltach.pdf.

Clostridium difficile Infection (CDI)

Monthly checklist for FacWideIn CDI LabID Event Reporting for the Centers for Medicare and Medicaid Services' Long Term Care Hospital Quality Reporting (LTCHQR) Program

The following steps should be completed prior to the quarterly CMS Hospital IQR Program deadline:

- ☐ **Verify Your Facility's CMS Certification Number (CCN)**

  An accurate CCN is required for those facilities participating in CMS's LTCHQR Program, as this is the ID that will be used to submit FacWideIn CDI LabID data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

- ☐ **Check the Monthly Reporting Plan each month**

  When NHSN releases FacWideIn CDI LabID data to CMS for those long term care hospitals (LTCHs) participating in CMS's LTCHQR Program, only those months in which the facility included FacWideIn CDI LabID in its NHSN monthly reporting plan (MRP) will be included. It is the responsibility of each facility to check their MRPs for compliance with this requirement.

- ☐ **Enter FacWideIn denominator data for each month under surveillance**

  Overall, inpatient facility-wide denominator data (i.e., *C. diff* patient days and *C. diff* admissions) can be entered using the Summary Data > Add option within NHSN and selecting "MDRO and CDI Prevention Process and Outcomes Monthly Monitoring Form"

- ☐ **If no events have been identified, check "Report No Events" on denominator data form**

  IMPORTANT! Facilities must appropriately **Report No Events** for those months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see Step 5 of the document titled "How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA bacteremia and *C. difficile* LabID Events for the CMS Long Term Care Hospital Quality Reporting Program.", available from: http://www.cdc.gov/nhsn/cms/index.html#mrsa

- ☐ **If CDI LabID events have been identified, enter these events into NHSN**

  CDI LabID events can be entered by using the Event > Add option within NHSN. Note that you must specify the inpatient location where the specimen was collected.

- ☐ **Use NHSN Analysis Tools to check for accuracy and completion**

  The NHSN Analysis Output Option, "Rate Table – CDI LabID Data for LTCH PPS" was created in order to allow facilities to review those CDI LabID data that would be submitted to CMS on their behalf. For more information about this output option, please see the document **Using the "Rate Table – CDI LabID Data for LTCH PPS" Output Option** on the NHSN website: http://www.cdc.gov/nhsn/cms/index.html#mrsa

Methicillin-Resistant Staphylococcus aureus (MRSA Bacteremia)

Monthly checklist for FacWideIn MRSA Bacteremia LabID Event Reporting for the Centers for Medicare and Medicaid Services' Long Term Care Hospital Quality Reporting (LTCHQR) Program

The following steps should be completed prior to the quarterly CMS Hospital IQR Program deadline:

- ☐ **Verify Your Facility's CMS Certification Number (CCN)**

  An accurate CCN is required for those facilities participating in CMS's LTCHQR Program, as this is the ID that will be used to submit FacWideIn MRSA bacteremia LabID data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

- ☐ **Check the Monthly Reporting Plan each month**

  When NHSN releases FacWideIn MRSA bacteremia LabID data to CMS for those hospitals participating in CMS's LTCHQR Program, only those months in which the facility included FacWideIn MRSA LabID (either "All Specimens" or "Blood Specimens Only") in its NHSN monthly reporting plan (MRP) will be included. It is the responsibility of each facility to check their MRPs for compliance with this requirement.

- ☐ **Enter FacWideIn denominator data for each month under surveillance**

  Overall, inpatient facility-wide denominator data (i.e., patient days and admissions) can be entered using the Summary Data > Add option within NHSN and selecting "MDRO and CDI Prevention Process and Outcomes Monthly Monitoring Form"

- ☐ **If no events have been identified, check "Report No Events" on denominator data form**

  IMPORTANT! Facilities must appropriately **Report No Events** for those months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see Step 5 of the document titled "How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA bacteremia and *C. difficile* LabID Events for the CMS Long Term Care Hospital Quality Reporting Program.", available from: http://www.cdc.gov/nhsn/cms/index.html#mrsa.

- ☐ **If MRSA bacteremia LabID events have been identified, enter these events into NHSN**

  MRSA bacteremia LabID events can be entered by using the Event > Add option within NHSN. Note that you must specify the inpatient location where the specimen was collected. You must also specify Specimen Body Site/Source = CARD and Specimen Source = BLDSPC for NHSN to categorize the LabID event as MRSA bacteremia.

- ☐ **Use NHSN Analysis Tools to check for accuracy and completion**

  The NHSN Analysis Output Option, "Rate Table – MRSA blood LabID Data for LTCH PPS" was created in order to allow facilities to review those MRSA bacteremia LabID data that would be submitted to CMS on their behalf. For more information about this output option, please see the document **Using the "Rate Table – MRSA blood LabID Data for LTCH PPS" Output Option** on the NHSN website: http://www.cdc.gov/nhsn/cms/index.html#mrsa

Healthcare Personnel (HCP) Influenza Vaccination

Helpful Tips for Healthcare Personnel (HCP) Influenza Vaccination Reporting for the Centers for Medicare and Medicaid Services' Long Term Care Hospital Quality Reporting (LTCHQR) Program

The following steps should be completed prior to the CMS Reporting Program deadline:

- ☐ **Verify Your Facility's CMS Certification Number (CCN)**
  An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit HCP influenza vaccination data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*
- ☐ **Activate the Healthcare Personnel Safety Component**
  HCP Influenza Vaccination reporting is done through NHSN's Healthcare Personnel Safety (HPS) Component. The HPS Component must be activated by the NHSN Facility Administrator before the facility can report any data. Instructions for activating the HPS Component can be found in the HCP Influenza Vaccination training slideset at:

  http://www.cdc.gov/nhsn/PDFs/training/HCP-flu-Vaccination-Summary-Reporting-General-Training.pdf

- ☐ **Create a Monthly Reporting Plan in the HPS Component**
  HCP influenza vaccination data from NHSN will only be sent to CMS for those facilities participating in the CMS Reporting Program who have included the HCP influenza vaccination summary in their HPS Component monthly reporting plan. Unlike the other NHSN components and modules, when "Influenza Vaccination Summary" is selected on one reporting plan, the information is automatically updated on all reporting plans for the entire influenza season as defined by NHSN (which is July 1 to June 30).
- ☐ **Enter HCP influenza vaccination summary data for the entire influenza season**
  The HCP influenza vaccination summary data form must be completed (Flu Summary->Add) for each influenza season. There is only a single form for each influenza season, and the form must be completed by each season's reporting deadline. Each time a user enters updated data for an influenza season, all previously entered data for that season are overwritten.
- ☐ **Use NHSN Analysis Tools to check for accuracy and completion**
  The NHSN Analysis Output Option, "Line Listing – HCP Flu Vaccination Data for CMS LTCH PPS" was created to allow facilities to review the HCP influenza vaccination data that will be submitted to CMS on their behalf. For more information about this output option, please see **Using the "Line Listing – HCP Flu Vaccination Data for CMS LTCH PPS" Output Option** on the NHSN website at http://www.cdc.gov/nhsn/cms/index.html.

Additional Resources

Catheter-Associated Urinary Tract Infection (CAUTI)

- 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: http://www.cdc.gov/nhsn/PDFs/CMS/LTCH-CAUTI-Guidance_2015.pdf
- NHSN Surveillance for Urinary Tract Infections: http://www.cdc.gov/nhsn/LTACH/CAUTI/index.html

Central Line-Associated Bloodstream Infection (CLABSI)

- Operational Guidance for Long Term Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Quality Reporting Requirements: http://www.cdc.gov/nhsn/PDFs/CMS/LTCH-CLABSI-Guidance_2015.pdf
- NHSN Surveillance for Central Line-associated Bloodstream Infections (CLABSI): http://www.cdc.gov/nhsn/LTACH/clabsi/index.html

Ventilator Associated Event (VAE)

- Operational Guidance for Long Term Care Hospitals to Report Ventilator-associated Event (VAE) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Quality Reporting Requirements http://www.cdc.gov/nhsn/pdfs/cms/ltac/ltch_vae_guidance.pdf
- NHSN Surveillance for Ventilator Associated Event(VAE) http://www.cdc.gov/nhsn/ltach/vae/index.html

Clostridium difficile Infection (CDI)

- Operational Guidance for Long Term Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) Clostridium difficile Infection (CDI) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Long Term Care Hospital Quality Reporting Requirements: http://www.cdc.gov/nhsn/PDFs/CMS/LTACH-CDI-Op-Guidance2015.pdf
- NHSN Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections: http://www.cdc.gov/nhsn/LTACH/mdro-cdi/index.html

Methicillin-Resistant Staphylococcus aureus (MRSA Bacteremia)

- Operational Guidance for Long Term Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) Methicillin-Resistant Staphylococcus aureus (MRSA) Blood Specimen (Bacteremia) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Long Term Care Hospital Quality Reporting Requirements: http://www.cdc.gov/nhsn/PDFs/CMS/LTACH-MRSA-Bacteremia-Op-Guidance2015.pdf
- NHSN Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections: http://www.cdc.gov/nhsn/LTACH/mdro-cdi/index.html

Healthcare Personnel (HCP) Influenza Vaccination

- Operational Guidance for Long Term Care Hospitals to Report Healthcare Personnel (HCP) Influenza Vaccination Data to CDC's National Healthcare Safety Network (NHSN) for the Purpose of Fulfilling CMS's Long Term Care Hospital Quality Reporting (LTCHQR) Program Requirements: http://www.cdc.gov/nhsn/PDFs/HCP/Operational-Guidance-LTCH-HCP-Flu.pdf
- NHSN HPS Component Manual: http://www.cdc.gov/nhsn/PDFs/HPS-manual/HPS_Manual-exp-plus-flu-portfolio.pdf