

Helpful Tips for CAUTI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN

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 ICU 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 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 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! Beginning with 2012 data, 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/pscManual/NHSN-Alerts_6_5.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 – CAUTI Data for CMS IPPS" 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 – CAUTI Data for CMS IPPS" Output Option** on the NHSN website:

<http://www.cdc.gov/nhsn/library.html#psc>

Additional Resources:

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/FINAL-ACH-CAUTI-Guidance.pdf>

NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/TOC_PSCManual.html

Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS 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 ICU 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 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 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! Beginning with 2012 data, 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/pscManual/NHSN-Alerts_6_5.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 IPPS" 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 IPPS" Output Option** on the NHSN website:

<http://www.cdc.gov/nhsn/library.html#psc>.

Additional Resources:

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/FINAL-ACH-CLABSI-Guidance.pdf>

NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/TOC_PSCManual.html



Helpful Tips for SSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN

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

Enter procedure records for each procedure category and month under surveillance

Per the NHSN reporting requirements, facilities must enter a procedure record for each procedure performed that is included in the SSI surveillance per the monthly reporting plan.

If no events have been identified, check "Report No Events"

IMPORTANT! Beginning with 2012 data, facilities must appropriately **Report No Events** for those procedures 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/pscManual/NHSN-Alerts_6_5.pdf

If SSIs have been identified, enter these events and link to the attributable procedure record

Per the NHSN reporting requirements, facilities must enter a record for each SSI identified following the procedure categories under surveillance.

Use NHSN Analysis Tools to check for accuracy and completion

The NHSN Analysis Output Option, "SIR – Complex 30-Day SSI Data for CMS IPPS" was created in order to allow facilities to review those SSI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – Complex 30-Day SSI Data for CMS IPPS" Output Option** on the NHSN website: <http://www.cdc.gov/nhsn/library.html#psc>

Additional Resources:

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/FINAL-ACH-SSI-Guidance.pdf>

NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/TOC_PSCManual.html