Operational Guidance for Inpatient Rehabilitation Facilities to Report Catheter-Associated Urinary Tract Infection (CAUTI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Quality Reporting Requirements

Updated November 2019

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 18, 2011 that include catheter-associated urinary tract infection (CAUTI) reporting from inpatient rehabilitation facilities (IRFs), including both free-standing IRFs and IRF units within hospitals, via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Inpatient Rehabilitation Facility Quality Reporting Program requirements for 2012. More specifically, the rule announced a reporting requirement for CAUTI data from free-standing IRFs and IRF units within hospitals beginning on October 1, 2012. This operational guidance provides additional information about reporting CAUTIs to NHSN as part of the Inpatient Rehabilitation Facility Quality Reporting Program. The requirements for CAUTI reporting to NHSN for this CMS program do not preempt or supersede any state mandates for CAUTI reporting to NHSN (specifically, hospitals in states with a CAUTI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

In February 2012 NHSN was modified to include a new facility survey and new location types specific to licensed free-standing IRFs, and a subset of required questions specific to licensed IRF units within hospitals. Each CMS-licensed free-standing IRF (the last 4 digits of the CMS Certification Number will be between 3025-3099) should enroll in NHSN as a separate facility (specifically, have a unique NHSN orgID). During enrollment they should identify themselves as a HOSP-REHAB, complete their facility survey, and accurately enter their CMS certification number (CCN) when it is requested during enrollment or by entering it on the Facility Information screen after enrollment. After enrollment is complete they should map each of their inpatient locations to the appropriate CDC-defined location types that are available for

free-standing IRFs. Each CMS-licensed IRF unit within a hospital (each will have either a "T" or an "R" in the 3rd position of the CCN) should be set up as an Inpatient Rehabilitation Ward location within an enrolled acute care or critical access facility type. There are additional questions which must be answered within NHSN, beginning on the Location Set-up screen, in order for this location to be appropriately identified as a CMS IRF unit within a hospital, and for the reported data to be accurately risk adjusted (specifically., required information includes unique IRF unit CCN and specific unit patient population demographics).

NHSN users reporting CAUTI data to the system must adhere to the definitions and reporting requirements for CAUTIs as specified in the NHSN Patient Safety Component Protocol Manual http://www.cdc.gov/nhsn/inpatient-rehab/CAUTI/index.html. This includes reporting of denominator data (patient days and urinary catheter days), as well as symptomatic urinary tract infections (SUTIs) and asymptomatic bacteremic urinary tract infections (ABUTIs) that are catheter-associated, specifically, the patient has an indwelling urinary catheter in place for >2 calendar days of the event (with the date of device placement being day 1) and an indwelling urinary catheter was in place on the date of the event or the day before. CAUTI data must be reported from each patient care location in which facilities are required to monitor and report CAUTIs.

Free-standing IRFs and IRF units within hospitals must report CAUTIs and associated denominator data for infections that occur on or after October 1, 2012 from all inpatients.

Monthly reporting plans must be created or updated to include CAUTI surveillance in all locations from which reporting is required, specifically, CAUTI surveillance must be "in-plan" for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the "no events" field for any month during which no CAUTI events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at http://www.cdc.gov/nhsn/CDA/index.html).

CDC/NHSN requires data submission on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month in which it is collected (for example, all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for data to be shared with CMS.

CAUTI data submitted to NHSN by IRFs and IRF units within hospitals that participate in the IRF Quality Reporting Program will be reported by CDC to CMS for each hospital. CDC will share all in-plan CAUTI data from locations that are required to report CAUTIs (all inpatient locations for free-standing IRFs and IRF units within hospitals). CDC will provide a CAUTI standardized infection ratio for each reporting IRF or IRF unit within a hospital by CMS Certification Number (CCN).