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## HCP Vaccination ▪ MRSA Bacteremia ▪ CDI

A follow-up to the original *NHSN Survival Guide*, this guide was developed as a quick-reference resource to assist you in collecting and entering clinical data for CMS reporting, and to help improve the quality of your NHSN data. The first edition is focused on the CLABSI, CAUTI, and SSI measures, while this new edition is focused on Healthcare Professional (HCP) Influenza Vaccination, MRSA Bacteremia, and CDI measures. We encourage you to use both guides to support your data reporting efforts.

### OVERVIEW

#### NHSN Survival Guide, 1<sup>st</sup> Edition

<http://tiny.cc/NHSNguide>

- Data integrity basics
- CLABSI/CAUTI/SSI
- Key resource links

#### NHSN Survival Guide, 2<sup>nd</sup> Edition

- HCP Vaccination
- MRSA Bacteremia
- CDI

#### Companion Recorded Webinar: Surviving NHSN Reporting

<http://tiny.cc/edpage>

(Listed by date under “Other Trainings,”  
5/2/13)

- Hands-on, step-by step demonstration
- Tips for success
- Data quality essentials

#### Available August 2013: Companion Recorded Webinar Surviving NHSN Reporting – Part 2

<http://tiny.cc/edpage>

(Listed by date under “Other Trainings,”  
7/18/13)

**Reference:** Centers for Disease Control and Prevention. National Healthcare Safety Network (NHSN): Tracking infections in acute care hospitals/facilities. Available at: [www.cdc.gov/nhsn/acute-care-hospital/index.html](http://www.cdc.gov/nhsn/acute-care-hospital/index.html). Accessed July 1, 2013.

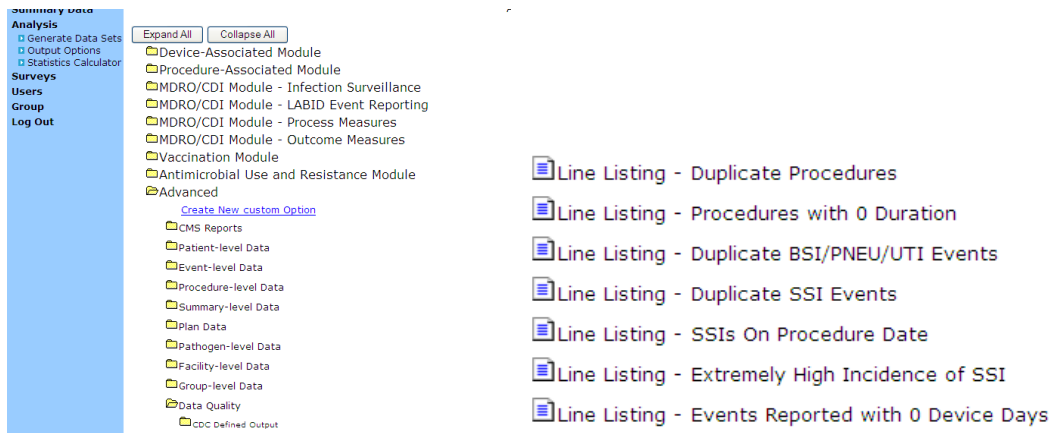
## QUALITY TIPS

**Tip:** Review your reports with enough time to make needed adjustments.

Print out the HCP Vaccination, MRSA Bacteremia, and CDI checklists (on pages 3-7) and keep them handy for monthly reporting. Time your reports to be run monthly, after the data entry is completed, and a couple of weeks before the quarterly data submission deadlines. This will allow the opportunity to identify issues and make corrections before NHSN takes the “final snapshot” of the data for CMS.

**Tip:** Download troubleshooting tips on the NHSN site.

Access the NHSN Data Quality Trouble Shooting Reports at [www.cdc.gov/nhsn](http://www.cdc.gov/nhsn):  
Analysis → Output Options → Advanced → Data Quality → CDC Defined Output



## GLOSSARY OF TERMS

- **CAUTI** – catheter-associated urinary tract infection
- **CDC** – Centers for Disease Control and Prevention
- **CLABSI** – central line-associated bloodstream infection
- **CMS** – The Centers for Medicare & Medicaid Services
- **ICP** – infection control practitioner
- **IPPS** – CMS Inpatient Prospective Payment System
- **IQR** – CMS Inpatient Quality Reporting program
- **NHSN** – CDC National Healthcare Safety Network
- **OPPS** – CMS Outpatient Prospective Payment System
- **OQR** – CMS Outpatient Quality Reporting program
- **SSI** – surgical site infection

# CMS IPPS HCP Flu Vaccination Data Quality Checklist

**Note:** *HCP Flu Vaccine data is submitted yearly.*

HCP Influenza Vaccination is entered into a separate module: Healthcare Personnel Safety.  
[www2.cdc.gov/vaccines/ed/nhsn/downloads/HCP%20InfluenzaReporting.09.28.12.pdf](http://www2.cdc.gov/vaccines/ed/nhsn/downloads/HCP%20InfluenzaReporting.09.28.12.pdf)

 **The following steps should be completed several weeks prior to the submission deadline.**

**Check the Monthly Reporting Plan**

Make certain that there is a plan for each month in the flu season (July 1<sup>st</sup> thru June 30<sup>th</sup>).

It is important to review closely what is entered for each month.

**Note:** When you select “Influenza Vaccination Summary,” the information is automatically updated on all reporting plans.



**IMPORTANT: NHSN will only submit data to CMS that is included in the monthly reporting plan.**

**Enter and Review Summary Data**

Enter your summary data in the provided grid.

Important points:

- An “employee” is defined as someone who is on payroll.
- All persons “must be physically present in the facility for at least 30 working days between October 1 and March 31.”

**IMPORTANT IF YOU ARE ENTERING DATA MONTHLY: The data is not automatically cumulative; all previously entered data will be overwritten.**

	*Employees (staff on facility payroll)	*Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants	*Adult students/trainees & volunteers	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 30 days between October 1 & March 31				
2. Number of HCP who received an influenza vaccination at this healthcare facility since influenza vaccine became available this season				
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season				
4. Number of HCP who have a medical contraindication to the influenza vaccine				
5. Number of HCP who declined to receive the influenza vaccine				
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)				

**Note:** The following report is important for validating data quality for CMS IPPS NHSN submission.

**Tip:** *Always generate a new data set before you run reports.*

**CMS Analysis Report**

(Analysis → Output Options → Advanced → CMS Reports → CDC Defined Output)

- Line Listing – HCP Flu Vaccination Data for CMS IPPS

[www.cdc.gov/nhsn/PDFs/CMS/CMS\\_IPPS\\_HCPFluVacc\\_LineList.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/CMS_IPPS_HCPFluVacc_LineList.pdf)

**IMPORTANT: These reports will show exactly what data will be submitted by NHSN to CMS.**

# CMS IPPS MRSA Bacteremia Data Quality Checklist



The following steps should be completed several weeks prior to the submission deadline.

Tip:

Prior to entering any data, all inpatient units should be mapped and entered into NHSN based on the *CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations* [www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions\\_current.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf).

## ❑ Check the Monthly Reporting Plan

Although most hospitals copy the Data Reporting Plan from month to month, it is important to **review closely** what is entered for each month.

- Facility-Wide
- Inpatient
- Lab ID Event
- Blood Specimens Only

Locations: FACWIDEIN - FacWideIN  
Specific Organism Type: MRSA - MRSA  
Process and Outcome Measures:  
Infection Surveillance:   
AST-Timing:   
AST-Eligible:   
Incidence Prevalence:   
Lab ID Event All Specimens:   
Lab ID Event Blood Specimens Only:   
HH GG:

**IMPORTANT: NHSN will only submit data to CMS that is included in the monthly reporting plan.**

## ❑ Entered Lab ID Events

Enter individually all MRSA positive blood specimens for a patient in a location with no prior MRSA positive blood specimen reported within **14 days for the patient and location**. It must be a specimen that is collected for diagnosis/treatment (NO surveillance cultures).

Tip: Be sure to always run the report **Line Listing for All MRSA Lab ID Events** to verify that you have all event-level data entered.

(Analysis→Output Options→MDRO/CDI Module - LABID Event Reporting→All LabID Events→All MRSA LabID Events→ CDC Defined Output→Line Listing for All MRSA LabID Events)

Event Procedure Summary Data Analysis  
Generate Data Sets  
Output Options  
Statistics Calculator  
Surveys  
Users  
Group  
Log Out

Patient Safety Component  
Analysis Output Options

Expand All Collapse All

- Device-Associated Module
- Procedure-Associated Module
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
  - All LabID Events
  - All MRSA LabID Events
    - CDC Defined Output
      - Line Listing for All MRSA LabID Events [Run] [Modify]
      - Frequency Table for All MRSA LabID Events [Run] [Modify]
      - Bar Chart for All MRSA LabID Events [Run] [Modify]
      - Pie Chart for All MRSA LabID Events [Run] [Modify]
      - Rate Tables for MRSA LabID Data [Run] [Modify]
      - SIR - MRSA Blood FacwideIN LabID Data [Run] [Modify]

## ❑ Entered Summary Data

**If denominator summary data is not entered, the data will not be submitted to CMS.**

- Total Patient Days
- Total Admissions

Logged into CHQP Memorial Hospital (ID: 10000) as ANDELA  
Facility CHQP Memorial Hospital (ID: 10000) is following the IP component.

### MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

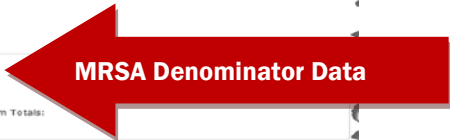
Mandatory fields assigned:

Facility ID\*: 10000 (CHQP Memorial Hospital)  
 Location Code\*: FACWIDEN-FacWideIN  
 Month\*: January  
 Year\*: 2012

General  
 Setting: Inpatient Total Patient Days\*: Total Admissions\*:  
 Setting: Outpatient (or Emergency Room) Total Encounters:

If monitoring C. difficile in a FACWIDE location, then subtract NCU and Well Baby counts from Totals:  
 Patient Days\*: Admissions\*: Encounters:

Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	Cephe-Klebsiella	Report No Events	CRE-EColi	Report No Events	CRE-Klebsiella	Report No Events	MRSA-Acinetobacter	Report No Events	C. difficile	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (all specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Automatically Populated

**❑ No Infections/ “No Events” Entered Properly**

If you did not have infections for the month, you must report “Report No Events” on the Summary page. Failure to do so will cause your data not to be submitted to CMS.

Logged into CHQP Memorial Hospital (ID: 10000) as ANDELA  
Facility CHQP Memorial Hospital (ID: 10000) is following the IP component.

### MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

Mandatory fields assigned:

Facility ID\*: 10000 (CHQP Memorial Hospital)  
 Location Code\*: FACWIDEN-FacWideIN  
 Month\*: January  
 Year\*: 2012

General  
 Setting: Inpatient Total Patient Days\*: Total Admissions\*:  
 Setting: Outpatient (or Emergency Room) Total Encounters:

If monitoring C. difficile in a FACWIDE location, then subtract NCU and Well Baby counts from Totals:  
 Patient Days\*: Admissions\*: Encounters:

Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	Cephe-Klebsiella	Report No Events	CRE-EColi	Report No Events	CRE-Klebsiella	Report No Events	MRSA-Acinetobacter	Report No Events	C. difficile	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (all specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Note:** The following report is important for validating data quality for CMS IPPS NHSN submission.

**Tip:** Always generate a new data set before you run reports.

**❑ CMS Analysis Report**

(Analysis → Output Options → Advanced → CMS Reports → CDC Defined Output)

- SIR – MRSA Blood FacWideIN LabID Data for CMS IPPS

[www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-MRSA-SIR.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-MRSA-SIR.pdf)

**IMPORTANT: These reports will show exactly what data will be submitted by NHSN to CMS.**

**Additional Recommended Resources:**

- ❑ Acute Care Hospitals MRSA Bacteremia Guidance  
[www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf](http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf)
- ❑ Helpful Tips for MRSA Blood Reporting  
[www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-MRSA-Blood-Reporting.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-MRSA-Blood-Reporting.pdf)
- ❑ How to Set Up and Report MRSA and CDI  
[www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf](http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf)

# CMS IPPS CDI Data Quality Checklist



**The following steps should be completed several weeks prior to the submission deadline.**

**Tip:** Prior to entering any data, all inpatient units should be mapped and entered into NHSN based on the *CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations* [www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions\\_current.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf).

## ☐ Check the Monthly Reporting Plan

Although most hospitals copy the Data Reporting Plan from month to month, it is important to **review closely** what is entered for each month.

- Facility-Wide
- Inpatient
- Lab ID Event
- All Specimens

The screenshot shows the 'Process and Outcome Measures' configuration screen. At the top, there are dropdown menus for 'FACWIDEIN - FacWideIN' and 'CDIF - C. difficile'. Below these are several sections with checkboxes and dropdowns: 'Infection Surveillance', 'AST-Timing', 'AST-Eligible', 'Incidence Prevalence', 'Lab ID Event All Specimens' (highlighted with a red box and checked), 'Lab ID Event Blood Specimens Only', and 'HH GG'. At the bottom, there are buttons for 'Add Rows', 'Clear All Rows', and 'Copy from Previous Month'.

**IMPORTANT: NHSN will only submit data to CMS that is included in the monthly reporting plan.**

## ☐ Entered Lab ID Events

- A toxin-positive *C. difficile* stool specimen for a patient in a location with no prior *C. difficile* specimen result reported within **14 days** for the patient **and** location.
- Any *C. difficile* toxin-positive laboratory result from the same patient and same location, following a previous *C. difficile* toxin-positive laboratory result within the past **14** days.

**Tip:** Be sure to always run the report **Line Listing for All MRSA Lab ID Events** to verify that you have all event-level data entered.

(Analysis→Output Options→MDRO/CDI Module – LABID Event Reporting→All LabID Events→All *C. difficile* LabID Events→ CDC Defined Output→Line Listing for All CDIF LabID Events)

The screenshot shows the 'Analysis Output Options' menu. On the left is a navigation sidebar with 'Summary Data', 'Analysis', 'Surveys', 'Users', 'Group', and 'Log Out'. The main area shows a tree view of modules. Under 'MDRO/CDI Module - LABID Event Reporting', there is a 'CDC Defined Output' section with several options, each with 'Run' and 'Modify' buttons. The 'Line Listing for All CDIF LabID Events' option is highlighted with a blue selection bar.

**❑ Entered Summary Data**

If denominator summary data is not entered, the data will not be submitted to CMS.

**IMPORTANT: For CDI Patient Days and Admissions denominator data, subtract NICU and Well Baby count from total:**

- Total Patient Days
- Total Admissions

Automatically Populated

**❑ No Infections/“No Events” Entered Properly**

If you did not have infections for the month, you must report “Report No Events” on the Summary page. Failure to do so will cause your data not to be submitted to CMS.

**Note:** The following report is important for validating data quality for CMS IPPS NHSN submission.

**Tip:** Always generate a new data set before you run reports.

**❑ CMS Analysis Report**

(Analysis→Output Options→Advanced→CMS Reports→CDC Defined Output)

- SIR – FacWideIN CDI LabID for CMS IPPS

[www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-CDI-SIR.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-CDI-SIR.pdf)

**IMPORTANT: These reports will show exactly what data will be submitted by NHSN to CMS.**

**Additional Recommended Resources:**

- ❑ Acute Care Hospitals CDI Guidance  
[www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf](http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf)
- ❑ Helpful Tips for CDI Reporting  
[www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-CDI-Reporting.pdf](http://www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-CDI-Reporting.pdf)
- ❑ How to Set Up and Report MRSA and CDI  
[www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf](http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/How-To-Set-Up-And-Report-MRSA-CDI.pdf)