



# HEALTHCARE-ASSOCIATED INFECTION (HAI) MODULE

## Part Two

# Urinary Tract Infections (UTI): Event and Monthly Summary Submission

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# Learning Objectives

- Illustrate the steps to entering monthly summary and UTI events into the NHSN module.
- Describe how to resolve Data Quality Alerts

# SUBMITTING A UTI EVENT TO NHSN

# ADD UTI Event

NHSN - National Healthcare Safety Network

AANTILA  
Angela LTCF Test Facility

NHSN Home

- Alerts
- Reporting Plan
- Resident
- Event**
- Summary Data
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

NHSN Long Term Care Facility Component Home Page

COMPLETE THESE ITEMS

- Add
- Find
- Incomplete

## Add Event

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

**Resident Information**

Facility ID \*: Angela LTCF Test Facility (ID 39455) ▼

Resident ID \*: 1234 Find Find Events for Resident

Last Name: Betty

Middle Name:

Gender \*: F - Female ▼

Ethnicity: ▼

Race:  American Indian/Alaska Native  Asian  
 Black or African American  Native Hawaiian/Other Pacific Islander  
 White

Resident type \*: ▼

Date of First Admission to Facility \*: 12/28/2016 10

Social Security #: 111-11-1111

Medicare number (or comparable railroad insurance number):

First Name: Boop

Date of Birth \*: 01/10/1939 10

Date of Current Admission to Facility \*: 10

# ADD UTI Event: *Resident Type*

## Resident Information

This is auto-populated in the NHSN system

### Event Date minus First Admission Date

**SS-Short-stay:** On the date of specimen collection (event date), the resident has been in facility for 100 days or less from date of first admission.

**LS-Long-stay:** On the date of specimen collection (event date), the resident has been in facility for more than 100 days from date of first admission.

Resident type \*:

SS - Short-stay  
LS - Long Stay

# ADD UTI Event:

## *Date of First and Current Admission to Facility*

NHSN - National Healthcare Safety Network

AANTILA  
Angela LTCF Test Facility

NHSN Home

Alerts

Reporting Plan

Resident

Event

Summary Data

Surveys

Analysis

NHSN Long Term Care Facility Component Home Page

Date of First Admission to Facility \*: 03/01/2018

Date of Current Admission to Facility \*: 04/03/2019

### **Date resident first entered the facility.**

Date remains the same even if the resident leaves the facility for short periods of time (<30 consecutive days).

### **Most recent date resident entered the facility.**

If the resident enters the facility for the first time and has not left for more than 2 calendar days, then the date of current admission will be the same as the date of first admission. If the resident leaves the facility for more than 2 calendar days (the day the resident left the facility = day 1) and returns, the date of current admission should be updated to the date of return to the facility.

# ADD UTI Event:

## *Event Type and Date of Event*

### Add Event

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

#### Resident Information

Facility ID \*: Angela LTCF Test Facility (ID 39455)

Resident ID \*: 2468

Last Name: Summer

Middle Name:

Gender \*: F - Female

Ethnicity: NOHISP - Not Hispanic or Not Latino

Race:  American Indian/Alaska Native  
 Black or African American  
 White

Resident type \*: LS - Long Stay

Date of First Admission to Facility \*: 12/10/2014

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#### Event Information

Event Type \*:

Date of Event \*:

The date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the urine culture specimen used to meet the infection criteria was collected, whichever comes first

# ADD UTI Event:

## *Resident Care Location*

Resident Care Location \*:

1 D - DEMENTIA UNIT  
1 SOUTH - GENERAL  
2 PSY - PSYCHIATRIC  
2W - 2 WEST DEMENTIA  
3 REHAB - SHORT TERM REHAB  
4 GEN - GENERAL UNIT  
5 HOS - HOSPICE UNIT  
DEMENTIA - LOCKED UNIT

Select location of resident on the date of event. *Note:* These are locations set-up by the facility



# ADD UTI Event:

## *Primary Resident Service Type*

Event Information

Primary Resident Service Type \*

- BARIA - Bariatric
- HOSP - Hospice/Palliative
- DEMENT - Long-term dementia
- GENNUR - Long-term general nursing**
- PSYCH - Long-term psychiatric
- SKNUR - Skilled nursing/short term rehab
- VENT - Ventilator

**Select the NHSN Primary Resident Service Type on the date of event**

# ADD UTI Event: *Transfer from Acute Care Facility*

## Event Information

Event Type \*: UTI - Urinary Tract Infection

Resident Care Location \*: 4 GEN - GENERAL UNIT

Primary Resident Service Type \*: GENNUR - Long-term general nursing

Has resident been transferred from an acute care facility in the past 4 weeks \*?

Y - Yes  
N - No

Was the resident directly admitted to your facility from an acute care facility in past 4 weeks? If 'YES' is selected, additional data must be entered

If Yes, *date of last transfer* from acute care to your facility \*:  15

If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? \*:

# ADD UTI Event:

*Urinary Catheter status at time of event onset...*

**Event Information**

Indwelling Urinary Catheter status at time of event onset \*:

- INPLACE - In place
- NEITHER - Not in place
- REMOVE - Removed within last 2 calendar days

If indwelling urinary catheter status In place or Removed within last 2 calendar days:

Site where indwelling urinary catheter Inserted \*:

Date of indwelling urinary catheter Insertion:

# ADD UTI Event:

## *Urinary Catheter status at time of event onset...*

Indwelling Urinary Catheter status at time of event onset \*:

INPLACE - In place  
NEITHER - Not in place  
REMOVE - Removed within last 2 calendar days

If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? \*

Y - Yes  
N - No

If Yes, other device type :

SUPRA - Suprapubic  
EXTDRAIN - External drainage (male or female)  
INTER - Intermittent straight catheter

# ADD UTI Event:

## *Specify NHSN UTI Criteria Met (Check all that apply)*

Specify Criteria Used \* (check all that apply):

### Signs & Symptoms

- Fever: Single temperature > 37.8° C (>100° F) or >37.2°C (>99°F) on repeated occasions, or an increase of > 1.1°C (>2°F) over baseline
- Rigors
- New onset confusion/functional decline
- New onset hypotension
- Acute pain, swelling or tenderness of the testes, epididymis, or prostate
- Acute dysuria
- Purulent drainage at catheter insertion site

### Laboratory & Diagnostic Testing

- Positive urine culture with no more than 2 species of organisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Leukocytosis (> 10,000 cells/mm<sup>3</sup>), or Left shift (> 6% or 1,500 bands/mm<sup>3</sup>)
- Positive blood culture with 1 matching organism in urine culture

New and/or marked increase in (check all that apply):

- Urgency
- Frequency
- Incontinence
- Costovertebral angle pain or tenderness
- Suprapubic tenderness
- Visible (gross) hematuria

Specific Event \*\*:

Once NHSN UTI Criteria met, the "Specific Event" will auto-populate

# ADD UTI Event: *Additional Questions*

This will auto populate depending on the selections from the *Specify Criteria Used* section

Specific Event \*\*: SUTI - Symptomatic UTI

Secondary Bloodstream Infection \*: Y - Yes

Transfer to acute care facility within 7 days \*:

Pathogens identified \*: Y - Yes If Yes, specify below ->

Died within 7 days of Date of Event :

## Pathogens

Pathogen 1:

Pathogen 2:

Pathogen 3:

Yes. if the resident transferred to acute care facility for any reason in the 7 days after the date of event

Optional. Yes, if resident died from any cause within 7 days after the date of event

# ADD UTI Event:

## Select Pathogens Identified in Urine Culture

Pathogens

Pathogen 1: Escherichia coli - EC

* <u>AMK</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>AMP</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>AMPSUL</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>AMXCLV</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N
* <u>CEFOT</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>CEFTRX</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>CEFTAVI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>CEFTAZ</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>CEFTOTAZ</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>CEFUR</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	
<u>LEVO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>MOXI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>COL</u> <input type="radio"/> I <input type="radio"/> R <input type="radio"/> N	<u>PB</u> <input type="radio"/> I <input type="radio"/> R <input type="radio"/> N	* <u>DORI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>IMI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	
<u>MINO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	<u>TETRA</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>ERTA</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	* <u>GENT</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N			

Enter up to 2 pathogens for UTI without secondary BSI. If secondary BSI is yes. User may enter up to 3 pathogens

Code	Description
ABISP	Abiotrophia - ABISP
GRADJ*2	Abiotrophia adiacens - GRADJ
GRADJ*3	Abiotrophia adjacens - GRADJ
STRDF	Abiotrophia defectiva - STRDF
GRANELEG*1	Abiotrophia elegans - GRANELEG
ACHOSP	Acholeplasma - ACHOSP
ACHOLAID	Acholeplasma laidlawii - ACHOLAID
ACHOOCUL	Acholeplasma oculi - ACHOOCUL
ACHSP	Achromobacter - ACHSP
ACHDENI	Achromobacter denitrificans - ACHDENI

S= Susceptible  
I = Intermediate  
R = Resistant  
NS = Non-susceptible  
S-DD = Susceptible dose dependent  
N= Not tested

# ADD UTI Event:

## *Optional: Custom Fields and Comments*

The screenshot displays a software interface for adding a UTI event. It features two main sections: "Custom Fields" and "Comments".

**Custom Fields:** This section includes a label "Custom Fields" with a help icon. Below it is a text input field labeled "PRIOR HX:" containing the text "YES". An orange callout box points to this field with the text "Optional, but must be set-up before reporting event".

**Comments:** This section has a label "Comments" and a large text area containing the text "TRANSFER FROM STAYAWAY ACUTE CARE FACILITY." followed by a cursor. An orange callout box points to this text area with the text "Free text".

**Buttons:** At the bottom right, there are two blue buttons: "Save" and "Back". The "Save" button is highlighted with an orange rectangular box.



# MONTHLY SUMMARY DATA

# Monthly Summary Data

## ■ CDC 57.142: Denominators for LTCF

- One optional worksheet for the month to collect UTI denominator data (*may also be used to collect LabID event data*)
- Allows daily counts that must be summed at the end of the month
- Only the monthly totals will be entered into the NHSN application

Forms and Table of Instructions (TOIs) available under *Data Collection Forms*

at: [Urinary Tract Infections \(UTI\) | LTCF | NHSN | CDC](#)



Form Approved  
OMB No. 0920-0666  
Exp. Date: 12/31/22  
www.cdc.gov/nhsn

### Denominators for LTCF

Page 1 of 1      \*\*required for saving      \*conditionally required based on monitoring selection in Monthly Reporting Plan

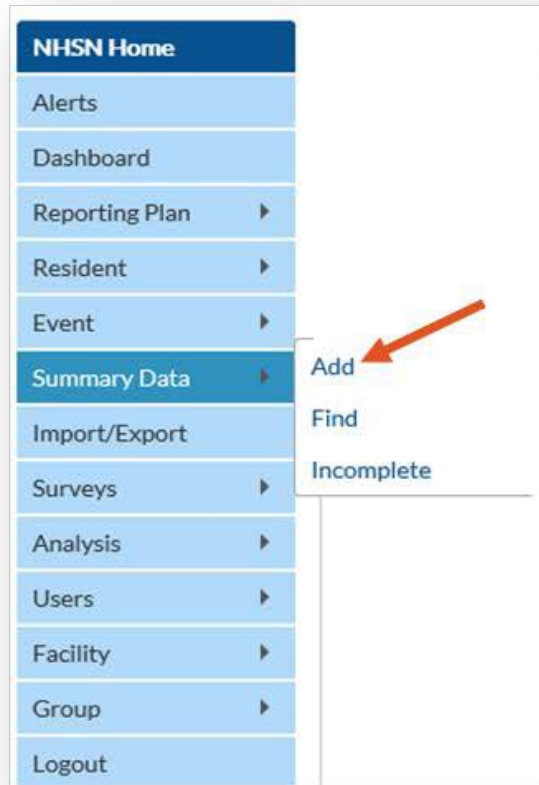
Facility ID:		**Location Code:			**Month:		**Year:
Date	**Number of Residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of urine cultures ordered	*Resident Admissions	*Number of admissions on <i>C. diff</i> treatment	*Number of Residents Started on Antibiotic Treatment for <i>C. diff</i>
1							
2							
3							
4							

*Monthly Total	Total resident days	Urinary-Catheter Days	New antibiotic starts for UTI indication	Number of urine cultures ordered	Resident admissions	Resident admissions on <i>C. diff</i> treatment	Number of residents started on antibiotic treatment for <i>C. diff</i>
Label: _____							
Data: _____							

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee

# Submitting Monthly Summary Data into NHSN

- At the end of the month, enter monthly totals
- Locate 'Summary Data' on left-hand navigation Bar, and then 'Add'
- Enter the Facility ID, month, and year for which denominator data will be reported




A screenshot of the 'Add Monthly Summary Data' form. The form includes fields for Facility ID (Angela LTCF Test Facility (ID 39455)), Month, and Year. Below these fields is a table titled 'Denominators for Long Term Care Locations'.

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	Custom Fields
Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields

# Total Resident Days

For each day of the month, record the total number of residents in the facility and at the end of the month, add the daily counts and enter the total as **Total Resident Days**.


- Data may come from electronic medical record, if available
- Users may also calculate based on facility occupancy.
  - 100 bed facility at 100% occupancy for June: 100 residents x 30 days = 3,000 total resident days
  - 100 bed facility at 90% occupancy for June: 90 residents x 30 days = 2,700 total resident days

Denominators for Long Term Care Locations							
	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields

# Urinary Catheter Days

- Allows facility to calculate UTI rates based on urinary catheter status.
- Facilities can calculate urinary catheter utilization ratio for each month.
- For each day of the month, count and record the number of residents in the facility who have an indwelling urinary catheter. The aggregate count for the calendar month should be entered as the total Urinary-Catheter Days.
  - **DO NOT** include straight in-and-out catheters, suprapubic catheters, external catheters or Nephrostomy tubes in your count.


## Denominators for Long Term Care Locations

	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields

# Report No UTI

- If UTI surveillance **was** included on the NHSN Monthly Reporting Plan (MRP), but the facility did **not** identify and report at least one UTI event during the month, as identified by a red **\*\*asterisk**, a check mark must be placed in the box “Report No UTI”
- The box will be grayed out and without red asterisk if at least one UTI event was submitted for that organism during the calendar month.
- If a UTI event is entered after summary data submitted, the application will auto-update.


## Denominators for Long Term Care Locations

	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields

# New Antibiotic Starts for UTI Indication

- Monthly sum of all new prescriptions/orders for antibiotics given to residents suspected or diagnosed with having a UTI. (includes both catheter-associated and not catheter associated).
- Count antibiotic starts even if the infection being treated did not meet NHSN criteria for a symptomatic UTI event.
- Capture all new antibiotic orders, regardless of number of doses or days of therapy.
- **Do not include** antibiotic courses started by another healthcare facility prior to the resident's admission or readmission back to your facility, even if the resident continues to take the antibiotic while in the facility.


## Denominators for Long Term Care Locations

	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields

# Number of Urine Cultures Ordered

- New urine cultures ordered for a resident regardless of whether the resident has a UTI meeting the NHSN event criteria.
- Do not include urine cultures ordered by another healthcare facility prior to the resident's admission or readmission back to your facility.
- Data may be collected daily or summarized at the end of each month.

## Denominators for Long Term Care Locations

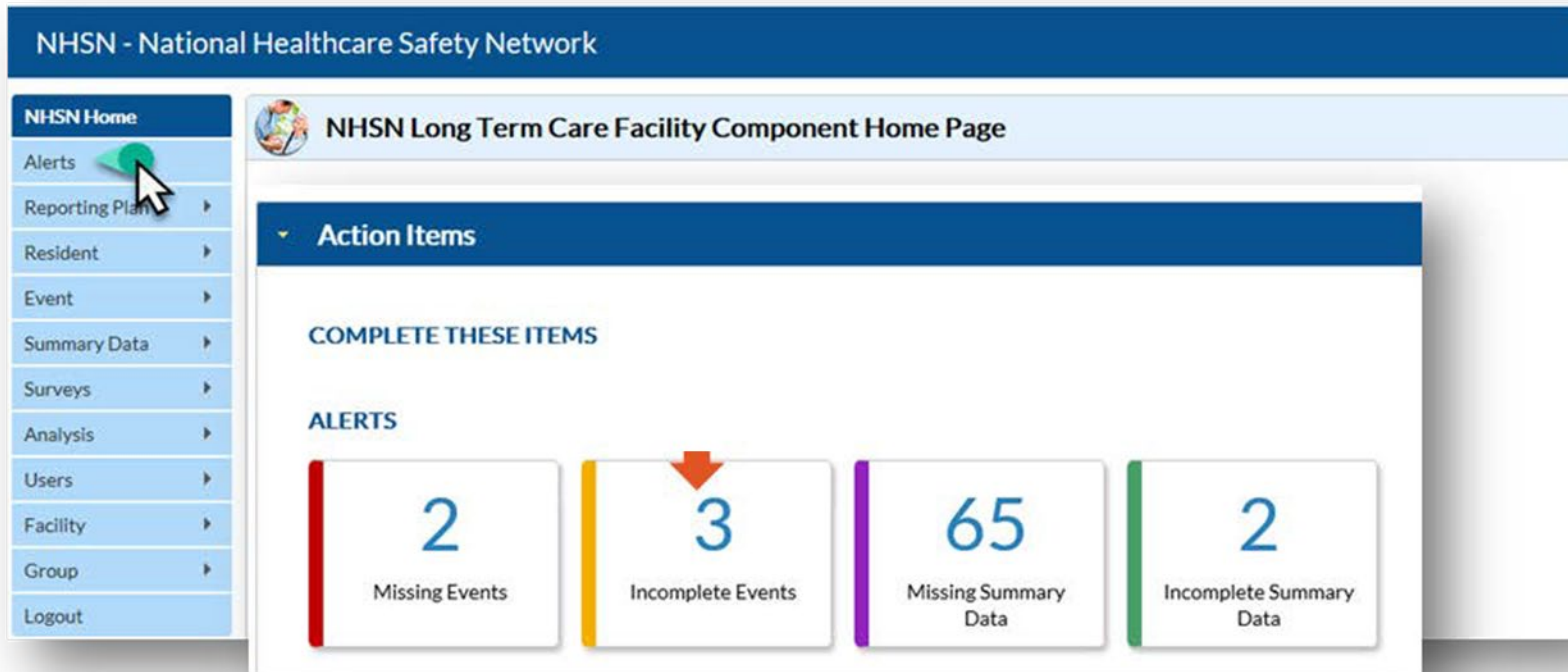
	Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	
	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	Custom Fields



**DATA QUALITY- RESOLVE ALERTS**

# Alerts

- Automatic checks in the NHSN that remind users of incomplete or missing in-plan data.
- Monthly data that are not considered complete and will be excluded from analysis unless resolved.
- Before using the analysis function, make sure to clear all (relevant) alerts.
- Found on the Home Page, or by clicking on the 'Alerts' tab on the sidebar.



The screenshot displays the NHSN Long Term Care Facility Component Home Page. The page features a sidebar on the left with navigation options: NHSN Home, Alerts, Reporting Plans, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area is titled 'NHSN Long Term Care Facility Component Home Page' and includes an 'Action Items' section. Under 'Action Items', there is a 'COMPLETE THESE ITEMS' section and an 'ALERTS' section. The alerts are displayed as four colored boxes: a red box for 'Missing Events' with the number 2, a yellow box for 'Incomplete Events' with the number 3 and a red arrow pointing down, a purple box for 'Missing Summary Data' with the number 65, and a green box for 'Incomplete Summary Data' with the number 2.

Alert Category	Count
Missing Events	2
Incomplete Events	3
Missing Summary Data	65
Incomplete Summary Data	2

# Common Alerts for UTI Event Reporting: *Incomplete Events*

- An incomplete UTI event submitted and saved
  - **Remember**—only events for residents who meet NHSN UTI criteria should be reported
- To resolve alert:
  - Click on the hyperlinked Event #

The screenshot shows the NHSN Long Term Care Facility Component Home Page. On the left is a navigation menu with 'Alerts' highlighted. The main content area shows 'Long Term Care Dashboard' and 'Action Items'. Under 'COMPLETE THESE ITEMS', there are two cards: 'ALERTS' (boxed in red), 'Incomplete Events' (with a large blue '1' and a red arrow pointing to it), and 'Missing Summary Data' (with a large blue '66').

The following are incomplete "In Plan" events.

Resident ID	Last Name	First Name	Gender	Date of Birth	Event #	Event Type
123456	Boat	MissThe	F	09/29/1935	<a href="#">30546</a>	UTI

Page 1 of 1

# Common Alerts for UTI Event Reporting: *Incomplete Events, cont.*

- Review/edit data with **red asterisk(s)**
- Missing positive urine culture
- Missing SUTI criteria
- Specific event is not auto-populated

Has resident been transferred from an acute care facility in the past 4 weeks \*? [N - No]

Indwelling Urinary Catheter status at time of event onset \*: [NEITHER - Not in place]

If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? \* [N - No]

Specify Criteria Used \* (check all that apply):

**Signs & Symptoms**

- Fever: Single temperature > 37.8° C (>100° F) or >37.2°C (>99°F) on repeated occasions, or an increase of > 1.1°C (>2°F) over baseline
- Rigors
- New onset confusion/functional decline
- New onset hypotension
- Acute pain, swelling or tenderness of the testes, epididymis, or prostate
- Acute dysuria
- Purulent drainage at catheter insertion site

**Laboratory & Diagnostic Testing**

- Positive urine culture with no more than 2 species of organisms, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml
- Leukocytosis (> 10,000 cells/mm<sup>3</sup>), or Left shift (> 6% or 1,500 bands/mm<sup>3</sup>)
- Positive blood culture with 1 matching organism in urine culture

**New and/or marked increase in (check all that apply):**

- Urgency
- Frequency
- Incontinence
- Costovertebral angle pain or tenderness
- Suprapubic tenderness
- Visible (gross) hematuria

Specific Event \*\*: [ ]

**Warning**

Specific criteria you have entered do not meet protocol definition for Symptomatic UTI or Asymptomatic Bacteremic UTI. Protocol definition must be met in order for record to be complete. Please review protocol and edit record accordingly or click OK to save the record anyway.

OK Cancel

# Common Alerts for UTI Event Reporting: *Missing Events*

- UTI event module selected in the monthly reporting plan, but no UTI events submitted for the month and the *Report No UTI* event box **not selected** in the Monthly Summary. **To resolve alert:**
  - ✓ Submit UTI event(s) for calendar month
  - OR
  - ✓ If no UTI events to report for the month, Click Box to indicate **Report No Events**

The screenshot shows a software interface with a navigation bar at the top containing four tabs: 'Missing Events' (highlighted in green), 'Incomplete Events', 'Missing Summary Data', and 'Incomplete Summary Data'. Below the tabs, a message reads 'In-plan denominators reported for these locations with no associated events.' and a 'Print Form' link is visible on the right. A table displays the following data:

Month/Year	Alert Type	Event Type/Pathogen	Summary Data Form Type	Report No Events
12/2018	Summary but no events	UTI	LTC DENOM	<input checked="" type="checkbox"/>

Below the table, there are two buttons: 'Save' (highlighted with a red box) and 'Reset'. The interface also includes pagination controls showing 'Page 1 of 1' and 'View 1 - 1 of 1'.

# Common Alerts for UTI Event Reporting: *Missing Summary Data*

- Summary Data has not been completed for the calendar month

## To resolve:

- Click **Add Summary** hyperlink
- Enter Summary Data under “**Denominators for Long Term Care Locations**”
- Remember to **SAVE** before exiting

**Incomplete/Missing List**

Missing Events | Incomplete Events | **Missing Summary Data** | Incomplete Summary Data

In-plan locations with no associated summary data.

Page 1 of 7

Month/Year	Alert Type	Event Type
01/2015	Events but no LTC Denominators	UTI <a href="#">Add Summary</a>
09/2015	Events but no LTC Denominators	UTI <a href="#">Add Summary</a>

**Monthly Summary Data**

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

Facility ID \*: Angela LTCF Test Facility (ID 39455) v

Month \*: January v

Year \*: 2015 v

**Denominators for Long Term Care Locations**

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered
Facility-wide Inpatient (FacWIDEIn)	*	*	<input type="checkbox"/>	*	*

**Save** **Back**

# Common Alerts for UTI Event Reporting: *Incomplete Summary Data*

- Summary Data page is missing required data for the calendar month

## To resolve alert:

- Click on Summary ID hyperlink
- Complete missing data fields, as indicated by **red asterisk(s)**
- Remember to **SAVE** before exiting

**Incomplete/Missing List**

Missing Events   Incomplete Events   Missing Summary Data   **Incomplete Summary Data**

The following are incomplete "In Plan" summary data records.

Summary ID	Summary Data Type	Year	Month
<a href="#">22097</a>	HAI	2017	May

**Edit Monthly Summary Data**

Mandatory fields marked with \*

Fields required for record completion marked with \*\*

Facility ID \*: Angela LTCF Test Facility (ID 39455)  
Month \*: December  
Year \*: 2018

**Denominators for Long Term Care Locations**

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	Custom Fields
Facility-wide Inpatient (FacWIDEIn)	1234 *	12 *	<input type="checkbox"/> **	10 *	3 *	Custom Fields



**Review**



# Review

- ✓ Select Healthcare Associated Infection Module when submitting an MRP to indicate your facility will be reporting UTI data for the given month
- ✓ Facility-wide inpatient (FacWideIN) must be selected on the NHSN monthly reporting plan and UTI surveillance must be performed for all resident care locations.

# Review

- ✓ **Date of Event** is the date when the first clinical evidence (signs/symptoms) of the UTI appeared or the date the specimen used to make diagnosis was collected, whichever comes first
- ✓ Infections should be attributed as an HAI for the LTCF if
  - ✓ (a) there is no evidence of an incubating infection at the time of admission to the facility (*on the basis of clinical documentation of appropriate signs and symptoms and not solely on screening microbiologic data*); and
  - ✓ (b) onset of clinical manifestation occurs >2 calendar days after admission

# Review

- ✓ **Resident Type:** A resident type must be selected as either a Short Stay (100 or less calendar days) or Long Stay (> 100 calendar days) from the date of first admission .
- ✓ **Resident Care Locations:** Locations the facility added during NHSN enrollment (should reflect all resident care locations within facility).
- ✓ **Date of First Admission:** Date of initial admission (remains the same even if resident leaves facility for short periods of time (<30 consecutive days)).
- ✓ **Date of Current Admission:** Most recent date the resident entered the facility or date resident is re-admitted (if occurred greater than 2 days).  
\*Otherwise, the date would reflect the same as “Date of first admission”.

# Review

- ✓ UTI denominator data should be entered into the NHSN application each month.
  - ❑ There are four denominators which must be submitted
    - Total Resident Days
    - Urinary Catheter Days
    - New Antibiotic Starts for UTI Indication
    - Number of Urine Cultures Ordered
  - ❑ A total for each column should be calculated by summing the numbers recorded for each individual day of the month.

# Review

- ✓ The NHSN system will send an alert to the user notifying there missing event info, an incomplete event, missing summary data or incomplete summary data.
- ✓ Be sure to clear those alerts to ensure the most accurate facility data is being captured to run your analysis.



**THANK YOU**  
**Questions?**  
**nhsn@cdc.gov**

Add “UTI Reporting”  
to the subject line in  
order to have your  
inquiry routed to the  
appropriate subject  
matter expert

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

Web: <http://www.cdc.gov/nhsn>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.