In the Fiscal Year (FY) 2014 Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) proposed rule , we proposed, for the FY 2016 payment determination and future years, some minor modifications to the Catheter-Associated Urinary Tract Infection (CAUTI) Validation Template required to be completed by hospitals selected for validation as part of the Inpatient Quality Reporting Program.   We are providing the proposed Validation Template to invite public comment.

As proposed, each hospital selected for CAUTI validation is to produce a list of positive urine cultures for ICU patients.

• The line list should include all <u>final results</u> for all positive urine cultures with >= 10^3 colony-forming units (CFUs)/ml collected during an ICU stay.

For each patient confirm the patient had:

1) An ICU admission during this hospital stay; and

2) A positive urine culture collected during the ICU stay with >= 10^3 CFU/ml.

3) Exclude positive cultures with more than 2 organisms present even if results are >=10^3 CFU/ml.

Proposed FY 2016 - Positive Urine Culture Template (discharges beginning 4Q13)

FIELD	DESCRIPTION	
NHSN Facility ID*	The NHSN-assigned facility ID under which your hospital submits NHSN data.	
Provider ID/CCN*	Hospitals CMS Certification Number.	
Hospital Name*	Hospital Name associated with CCN.	
State*	Enter the 2 character abbreviation for the state in which the hospital is located.	**Hospital Information Section** These cells only need to be completed for the first row in the spreadsheet. They will be applied to all positive urine cultures listed on this template.
Calendar Quarter*	Select the calendar quarter to which the urine culture list pertains.	
Hospital Contact Name*	Hospital contact name for CMS to contact with questions.	
Contact Phone*	Phone number for hospital contact listed.	
Contact Email*	Email address for hospital contact listed.	
Positive Urine Cultures (Y/N)*	Select Yes or No from the dropdown list. Does the hospital have positive urine cultures for <u>ICU patients</u> in the calendar quarter referenced?	
Patient HIC*	The patient's Medicare Beneficiary Number, also known as the health insurance claim (HIC) number. No dashes, spaces or special characters should be included. Must be between 7 and 12 characters. This field is required for Medicare patients when the HIC number is known.	**Urine Culture Section** Complete for every positive urine culture.
Patient Identifier*	The patient identifier assigned by the hospital. Use the same patient identifier that would be submitted to NHSN if the episode of care (EOC) would be reported as a CAUTI event.	
Birthdate*	The patient date of birth using MM/DD/YYYY format.	
Sex*	Select Female, Male or unknown from the dropdown list to indicate the sex of the patient.	**Patient Information Section** Complete these cells once per patient.
Admit Date*	Enter date patient was admitted to hospital in MM/DD/YYYY format.	
Discharge Date*	Enter date patient was discharged from the hospital in MM/DD/YYYY format. This date is critical as patients with lengths of stay > 120 days will be excluded from the validation sample.	
First Name	First name of patient.	

Last Name	Last name of patient.	
NHSN ICU Location*	Select from the drop down list, the NHSN ICU location to which the patient was assigned when the positive urine culture was collected. Only cultures collected from ICU patients should be included on the list.	**Urine Culture Section** Complete for every positive urine culture.
Lab ID*	Lab ID, accession number or specimen number corresponding to positive urine culture.	
Urine Culture Date*	Provide the date the urine culture was collected in MM/DD/YYYY format.	
Urine Culture Time	Provide the time the urine was collected if easily available in hh:mm AM/PM format.	

* indicates required fields

NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Positive Urine Cultures (Y/N)*	Patient HIC*

Positive Urine Culture Tracking

Patient Identifier*	Birthdate*	Sex*	Admit Date*	Discharge Date*	First Name	Last Name	NHSN ICU Location*	Lab ID*

Positive Urine Culture Tracking

Urine Culture Date*	Urine Culture Time

NHSN Locations Included in the Hospital IQR Program's CAUTI Reporting			
Inpatient Adult Critical Care Units	Adult Burn Critical Care	Critical care area specializing in the care of patients with significant/major burns.	IN:ACUTE:CC:B
	Adult Cardiac Critical Care	Critical care area specializing in the care of patients with serious heart problems that do not require heart surgery.	IN:ACUTE:CC:C
	Adult Medical Critical Care	Critical care area for patients who are being treated for nonsurgical conditions.	IN:ACUTE:CC:M
	Adult Medical/Surgical Critical Care	An area where critically ill patients with medical and/or surgical conditions are managed.	IN:ACUTE:CC:MS
	Adult Neurologic Critical Care	Critical care area specializing in treating life-threatening neurological diseases.	IN:ACUTE:CC:N
	Adult Neurosurgical Critical Care	Critical care area specializing in the surgical management of patients with severe neurological diseases or those at risk for neurological injury as a result of surgery.	IN:ACUTE:CC:NS
	Adult Prenatal Critical Care	Critical care area specializing in the management of the pregnant patient with complex medical or obstetric problems requiring a high level of care to prevent the loss of the fetus and to protect the life of the mother.	IN:ACUTE:CC:PNATL
	Adult Respiratory Critical Care	Critical care area for the evaluation and treatment of the patient with severe respiratory conditions.	IN:ACUTE:CC:R
	Adult Surgical Cardiothoracic Critical Care	Critical care area specializing in the care of patients following cardiac and thoracic surgery.	IN:ACUTE:CC:CT
	Adult Surgical Critical Care	Critical care area for the evaluation and management of patients with serious illness before and/or after surgery	IN:ACUTE:CC:S
	Adult Trauma Critical Care	Critical care area specializing in the care of patients who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.	IN:ACUTE:CC:T
Inpatient Pediatric Critical Care Units	Pediatric Burn Critical Care	Critical care area specializing in the care of patients ≤ 18 years old with significant/major burns	IN:ACUTE:CC:B_PED
	Pediatric Cardiothoracic Critical Care	Critical care area specializing in the care of patients ≤ 18 years old following cardiac and thoracic surgery.	IN:ACUTE:CC:CT_PED
	Pediatric Medical Critical Care	Critical care area for patients ≤ 18 years old who are being treated for nonsurgical conditions. In the NNIS system, this was called Pediatric ICU (PICU).	IN:ACUTE:CC:M_PED
	Pediatric Medical Surgical Critical Care	An area where critically ill patients ≤ 18 years old with medical and/or surgical conditions are managed.	IN:ACUTE:CC:MS_PED
	Pediatric Neurosugical Critical Care	Critical care area specializing in the surgical management of patients ≤ 18 years old with severe neurological diseases or those at risk for neurological injury as a result of surgery.	IN:ACUTE:CC:NS_PED
	Pediatric Respiratory Critical Care	Critical care area for the evaluation and treatment of the patients ≤ 18 years old with severe respiratory conditions.	IN:ACUTE:CC:R_PED
	Pediatric Surgical Critical Care	Critical care area for the evaluation and management of patients ≤ 18 years old with serious illness before and/or after surgery.	IN:ACUTE:CC:S_PED
	Pediatric Trauma Critical Care	Critical care area specializing in the care of patients ≤ 18 years old who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.	IN:ACUTE:CC:T_PED