

## NHSN Forms used for Current or Future CMS Quality Reporting Programs (QRPs) and State Mandates

| Form Number | Form Name   | No. of Respondents | Mandated for current or future CMS QRP | Mandated for current or future State Reporting |
|-------------|---|--------------------|--|--|
| 57.100      | NHSN Registration Form  | 2,000              | Yes                                    | Yes  |
| 57.101      | Facility Contact Information  | 2,000              | Yes                                    | Yes  |
| 57.103      | Patient Safety Component--Annual Hospital Survey  | 5,000              | Yes                                    | Yes  |
| 57.105      | Group Contact Information   | 1,000              | No                                     | Yes  |
| 57.106      | Patient Safety Monthly Reporting Plan   | 6,000              | Yes                                    | Yes  |
| 57.108      | Primary Bloodstream Infection (BSI)   | 6,000              | Yes                                    | Yes  |
| 57.111      | Pneumonia (PNEU)  | 6,000              | No                                     | Yes  |
| 57.112      | Ventilator-Associated Event   | 6,000              | Yes                                    | Yes  |
| 57.114      | Urinary Tract Infection (UTI)   | 6,000              | Yes                                    | Yes  |
| 57.116      | Denominators for Neonatal Intensive Care Unit (NICU)  | 6,000              | Yes                                    | Yes  |
| 57.117      | Denominators for Specialty Care Area (SCA)/Oncology (ONC)                                       | 6,000              | Yes                                    | Yes  |
| 57.118      | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)                    | 6,000              | Yes                                    | Yes  |
| 57.120      | Surgical Site Infection (SSI)   | 6,000              | Yes                                    | Yes  |
| 57.121      | Denominator for Procedure   | 6,000              | Yes                                    | Yes  |
| 57.123      | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 6,000              | No                                     | No   |
| 57.124      | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables     | 6,000              | No                                     | No   |
| 57.125      | Central Line Insertion Practices Adherence Monitoring   | 1,000              | No                                     | Yes  |
| 57.126      | MDRO or CDI Infection Form  | 6,000              | No                                     | Yes  |
| 57.127      | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring                         | 6,000              | Yes                                    | Yes  |
| 57.128      | Laboratory-identified MDRO or CDI Event   | 6,000              | Yes                                    | Yes  |
| 57.137      | Long-Term Care Facility Component – Annual Facility Survey                                      | 250                | No                                     | Yes  |
| 57.138      | Laboratory-identified MDRO or CDI Event for LTCF  | 250                | No                                     | Yes  |
| 57.139      | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF                            | 250                | No                                     | Yes  |
| 57.140      | Urinary Tract Infection (UTI) for LTCF  | 250                | No                                     | Yes  |
| 57.141      | Monthly Reporting Plan for LTCF   | 250                | No                                     | Yes  |
| 57.142      | Denominators for LTCF Locations   | 250                | No                                     | Yes  |
| 57.143      | Prevention Process Measures Monthly Monitoring for LTCF   | 250                | No                                     | No   |
| 57.150      | LTAC Annual Survey  | 400                | Yes                                    | Yes  |
| 57.151      | Rehab Annual Survey   | 1,000              | Yes                                    | Yes  |
| 57.200      | Healthcare Personnel Safety Component Annual Facility Survey                                    | 50                 | No                                     | No   |
| 57.203      | Healthcare Personnel Safety Monthly Reporting Plan  | 17,000             | Yes                                    | Yes  |
| 57.204      | Healthcare Worker Demographic Data  | 50                 | No                                     | No   |
| 57.205      | Exposure to Blood/Body Fluids   | 50                 | No                                     | No   |
| 57.206      | Healthcare Worker Prophylaxis/Treatment   | 50                 | No                                     | No   |
| 57.207      | Follow-Up Laboratory Testing  | 50                 | No                                     | No   |
| 57.210      | Healthcare Worker Prophylaxis/Treatment-Influenza   | 50                 | No                                     | No   |
| 57.300      | Hemovigilance Module Annual Survey  | 500                | No                                     | Yes  |
| 57.301      | Hemovigilance Module Monthly Reporting Plan   | 500                | No                                     | Yes  |
| 57.303      | Hemovigilance Module Monthly Reporting Denominators   | 500                | No                                     | Yes  |
| 57.304      | Hemovigilance Adverse Reaction  | 500                | No                                     | Yes  |
| 57.305      | Hemovigilance Incident  | 500                | No                                     | Yes  |
| 57.400      | Outpatient Procedure Component - Annual Facility Survey   | 5,000              | No                                     | No   |

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|--------------------|---|---------------------------|---|---|
| 57.401             | Outpatient Procedure Component - Monthly Reporting Plan           | 5,000                     | No  | No  |
| 57.402             | Outpatient Procedure Component Event                              | 5,000                     | No  | No  |
| 57.403             | Outpatient Procedure Component - Monthly Denominators and Summary | 5,000                     | No  | No  |
| 57.500             | Outpatient Dialysis Center Practices Survey                       | 6,500                     | Yes   | Yes   |
| 57.501             | Dialysis Monthly Reporting Plan                                   | 6,500                     | Yes   | Yes   |
| 57.502             | Dialysis Event  | 6,500                     | Yes   | Yes   |
| 57.503             | Denominator for Outpatient Dialysis                               | 6,500                     | Yes   | Yes   |
| 57.504             | Prevention Process Measures Monthly Monitoring for Dialysis       | 1,500                     | No  | No  |
| 57.505             | Dialysis Patient Influenza Vaccination                            | 325                       | No  | No  |
| 57.506             | Dialysis Patient Influenza Vaccination Denominator                | 325                       | No  | No  |