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

Form Number	Form Name	No. of Respondents	Form data used by CDC to report on behalf of healthcare facilities to fulfill a CMS reporting requirement	Accompanying CMS rule	Requirement for NHSN participation or 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	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	Yes
57.105	Group Contact Information	1,000	No		Yes
57.106	Patient Safety Monthly Reporting Plan	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	Yes
57.108	Primary Bloodstream Infection (BSI)	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH	Yes

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				Final Rule	
57.111	Pneumonia (PNEU)	6,000	No		Yes
57.112	Ventilator-Associated Event	6,000	Yes	LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule	Yes
57.113	Pediatric Ventilator-Associated Event (PedVAE)	2,000	No		No
57.114	Urinary Tract Infection (UTI)	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule, IRFQR = FY 2012 IRF PPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule	Yes
57.115	Custom Event	2,000	No		Yes
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule	Yes
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule	Yes
57.118	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule	Yes
57.120	Surgical Site Infection (SSI)	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	Yes

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57.121	Denominator for Procedure	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	Yes
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	6,000	No	MU3 = Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017	No
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	6,000	Yes	MU3 = Electronic Health Record Incentive Program-Stage 3 and Modifications to Meaningful Use in 2015 Through 2017	No
57.125	Central Line Insertion Practices Adherence Monitoring	100	No		Yes
57.126	MDRO or CDI Infection Form	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, IRFQR = FY 2012 IRF PPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	Yes
57.127	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, IRFQR = FY 2012 IRF PPS Final Rule,	Yes

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				PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	
57.128	Laboratory-identified MDRO or CDI Event	6,000	Yes	IQR = Initial program requirements were included in the CY FY 2011 IPPS Final Rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, IRFQR = FY 2012 IRF PPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule	Yes
57.129	Adult Sepsis	50	No		No
57.137	Long-Term Care Facility Component – Annual Facility Survey	2,600	No		Yes
57.138	Laboratory-identified MDRO or CDI Event for LTCF	2,600	No		Yes
57.139	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF	2,600	No		Yes
57.140	Urinary Tract Infection (UTI) for LTCF	2,600	No		Yes
57.141	Monthly Reporting Plan for LTCF	2,600	No		Yes
57.142	Denominators for LTCF Locations	2,600	No		Yes
57.143	Prevention Process Measures Monthly Monitoring for LTCF	2,600	No		No
57.150	LTAC Annual Survey	400	Yes	LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule	Yes
57.151	Rehab Annual Survey	1,000	Yes	IRFQR = FY 2012 IRF PPS Final Rule	Yes
57.200	Healthcare Personnel Safety Component Annual Facility Survey	50	No		No
57.203	Healthcare Personnel Safety Monthly Reporting Plan	17,000	Yes	IRFQR = FY 2012 IRF PPS Final Rule, PCHQR = initial program requirements were included in FY 2013 IPPS/LTCH Final Rule, ASCQR = Initial program requirements	Yes

Form Number	Form Name	No. of Respondents	Form data used by CDC to report on behalf of healthcare facilities to fulfill a CMS reporting requirement	Accompanying CMS rule	Requirement for NHSN participation or state reporting
				were included in the CY 2014 OPPS/ASC Final Rule, IPFQR = 2015 IPF PPS final rule, LTCHQR = FY 2012 IPPS/LTCH PPS Final Rule, OQR = Initial program requirements were included in the CY 2014 OPPS/ASC Final Rule, ESRD QIP = initial program requirements were included in the ESRD PPS Final Rule for CY 2011	
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 – Acute Care Facility	500	No		Yes
57.301	Hemovigilance Module Monthly Reporting Plan	500	No		Yes
57.303	Hemovigilance Module Monthly Reporting Denominators	500	No		Yes
57.305	Hemovigilance Incident	500	No		Yes
57.306	Hemovigilance Module Annual Survey – Non-Acute Care Facility	200	No		No
57.307	Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	500	No		No
57.308	Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	500	No		No
57.309	Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	500	No		No
57.310	Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	500	No		No
57.311	Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	500	No		No

Form Number	Form Name	No. of Respondents	Form data used by CDC to report on behalf of healthcare facilities to fulfill a CMS reporting requirement	Accompanying CMS rule	Requirement for NHSN participation or state reporting
57.312	Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	500	No		No
57.313	Hemovigilance Adverse Reaction - Infection	500	No		No
57.314	Hemovigilance Adverse Reaction - Post Transfusion Purpura	500	No		No
57.315	Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	500	No		No
57.316	Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease	500	No		No
57.317	Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	500	No		No
57.318	Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	500	No		No
57.319	Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	500	No		No
57.320	Hemovigilance Adverse Reaction - Other Transfusion Reaction	500	No		No
57.400	Outpatient Procedure Component - Annual Facility Survey	5,000	No		No
57.401	Outpatient Procedure Component - Monthly Reporting Plan	5,000	No		No
57.402	Outpatient Procedure Component Same Day Outcome Measures	5,000	No		No
57.403	Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures	5,000	No		No
57.404	Outpatient Procedure Component - Annual Facility Survey	5,000	No		No
57.405	Outpatient Procedure Component - Surgical Site (SSI) Event	5,000	No		No
57.500	Outpatient Dialysis Center Practices Survey	7,000	Yes	ESRD QIP = initial program requirements were included in the ESRD PPS Final Rule for CY 2011	Yes
57.501	Dialysis Monthly Reporting Plan	7,000	Yes	ESRD QIP = initial program requirements were included in the ESRD PPS Final Rule for CY 2011	Yes
57.502	Dialysis Event	7,000	Yes	ESRD QIP = initial program requirements were included in the ESRD PPS Final Rule for CY 2011	Yes

Form Number	Form Name	No. of Respondents	Form data used by CDC to report on behalf of healthcare facilities to fulfill a CMS reporting requirement	Accompanying CMS rule	Requirement for NHSN participation or state reporting
57.503	Denominator for Outpatient Dialysis	7,000	Yes	ESRD QIP = initial program requirements were included in the ESRD PPS Final Rule for CY 2011	Yes
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	2,000	No		No
57.505	Dialysis Patient Influenza Vaccination	325	No		No
57.506	Dialysis Patient Influenza Vaccination Denominator	325	No		No
57.507	Home Dialysis Center Practices Survey	350	Yes	ESRD QIP = initial program requirements were included in the ESRD PPS Final Rule for CY 2011	No

CMS Program Definitions:
End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP) - ESRD QIP
Hospital Inpatient Quality Reporting Program - IQR
Hospital Outpatient Quality Reporting Program - OQR
Long Term Care Hospital* Quality Reporting Program - LTCHQR
Inpatient Rehabilitation Facility Quality Reporting Program - IRFQR
Ambulatory Surgery Centers Quality Reporting Program - ASCQR
PPS-Exempt Cancer Hospital Quality Reporting Program - PCHQR
Inpatient Psychiatric Facility Quality Reporting Program - IPFQR
Meaningful Use Stage 3- MU3