Catheter-Associated Urinary Tract Infection (CAUTI) Validation Template

In support of Centers for Medicare & Medicaid Services (CMS) inpatient data validation for the Fiscal Year (FY) 2022 Payment Determination:

• Each hospital selected for CAUTI validation is to produce a list of positive urine cultures for intensive care unit (ICU) patients.

• The line list should include all **final results** for all positive urine cultures with >= 10^5 colony-forming units (CFUs)/ml **collected during an ICU stay.**

• For each patient confirm:

1) The patient had an ICU admission during this hospital stay; and

2) The patient had a positive urine culture collected during the ICU stay with >= 10^5 CFU/ml. (**If the patient was not in the ICU when the culture was drawn, do not include these** on the Validation Template. Exclude positive cultures with more than 2 organisms present even if results are >=10^5 CFU/ml.)

FY 2022 - CAUTI Validation Template

(Use this template for 3Q19 & 4Q19 positive urine cultures - all quarters must be submitted on separate templates)

FIELD (* indicates required field)	DESCRIPTION	SECTION
NHSN Facility ID*	The National Healthcare Safety Network (NHSN)-assigned facility ID under which your hospital submits NHSN data.	**Hospital Information Section** Complete the first row in the spreadsheet. The information provided in the first row will be applied to all positive urine cultures listed on the template.
Provider ID/CCN*	Hospital's 6-digit CMS Certification Number (CCN). Do not include any hyphens.	
Hospital Name*	Hospital Name associated with CCN.	
State*	Enter the **2 character abbreviation** for the state in which the hospital is located.	
Calendar Quarter*	Select from the drop-down list the calendar quarter to which the CAUTI Validation Template 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 drop-down list. Does the hospital have any final results for positive urine cultures for **ICU patients** in the calendar quarter referenced?	
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.	**Patient & Urine Culture Section** Complete for every final positive urine culture.
Birthdate*	The patient date of birth using MM/DD/YYYY format.	
Sex*	Select Female, Male or unknown from the drop-down list to indicate the sex of 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. If a patient has not been discharged from the hospital enter "**Not Discharged**" for the Discharge Date field. Discharge dates that fall within the reporting quarter will be eligible for validation.	
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. Include only cultures collected during an ICU stay. **Only locations from the drop-down will be accepted; do not use a hospital-assigned location.**	
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. | |

For additional information, view the appropriate CAUTI Abstraction Manual posted on the Inpatient Chart-Abstracted Data Validation Resources page of QualityNet (direct link):   https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/resources

For the purposes of CMS inpatient chart-abstracted data validation, please note the differences between NHSN data submission and validation template/medical record submission, as described below:

Record Type	NHSN Data Submission	Validation Template Submission	Medical Record Submission to CDAC
Inpatient	Submit data per NHSN instruction.	Enter all positive cultures according to the instructions within the Validation Template.	Submit inpatient records, including corresponding ICU documentation.
CMS Inpatient Rehabilitation Facilities (IRF) and CMS Inpatient Psychiatric Facilities (IPF)	Submit data per NHSN instruction.	Do **NOT** enter positive cultures for patients that had only a rehabilitation or psychiatric stay. These are not valid for CMS data validation. Cultures submitted on the Validation Template that are not inpatient admissions may result in mismatch.	Rehabilitation and psychiatric stays are not valid for CMS data validation. Records submitted for validation that are not acute inpatient admissions will be considered **invalid**.

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

Birthdate*	Sex*	Admit Date*	Discharge Date*	First Name	Last Name	NHSN ICU Location*	Lab ID*	Urine Culture Date*

Urine Culture Time

NHSN Locations Included for Inpatient CAUTI R	
CDC LOCATION LABEL	**CDC LOCATION CODE**
Inpatient Adult Critical Care Units	
Burn Critical Care	IN:ACUTE:CC:B
Medical Cardiac Critical Care	IN:ACUTE:CC:C
Medical Critical Care	IN:ACUTE:CC:M
Medical-Surgical Critical Care	IN:ACUTE:CC:MS
Neurologic Critical Care	IN:ACUTE:CC:N
Neurosurgical Critical Care	IN:ACUTE:CC:NS
ONC Medical Critical Care	IN:ACUTE:CC:ONC_M
ONC Surgical Critical Care	IN:ACUTE:CC:ONC_S
ONC Medical-Surgical Critical Care	IN:ACUTE:CC:ONC_MS
Prenatal Critical Care	IN:ACUTE:CC:PNATL
Respiratory Critical Care	IN:ACUTE:CC:R
Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT
Surgical Critical Care	IN:ACUTE:CC:S
Trauma Critical Care	IN:ACUTE:CC:T
Inpatient Pediatric Critical Care Units	
ONC Pediatric Critical Care	IN:ACUTE:CC:ONC_PED
Pediatric Burn Critical Care	IN:ACUTE:CC:B_PED
Pediatric Surgical Cardiothoracic Critical Care	IN:ACUTE:CC:CT_PED
Pediatric Medical Critical Care	IN:ACUTE:CC:M_PED
Pediatric Medical-Surgical Critical Care	IN:ACUTE:CC:MS_PED
Pediatric Neurosurgical Critical Care	IN:ACUTE:CC:NS_PED
Pediatric Respiratory Critical Care	IN:ACUTE:CC:R_PED
Pediatric Surgical Critical Care	IN:ACUTE:CC:S_PED
Pediatric Trauma Critical Care	IN:ACUTE:CC:T_PED

LOCATION DESCRIPTION
Critical care area for the care of patients with significant/major burns.
Critical care area for the care of patients with serious heart problems that do not require heart surgery.
Critical care area for the care of patients who are being treated for nonsurgical conditions.
Critical care area for the care of patients with medical and/or surgical conditions.
Critical care area for the care of patients with life- threatening neurologic diseases.
Critical care area for the surgical management of patients with severe neurologic diseases or those at risk for neurologic injury as a result of surgery.
Critical care area for the care of oncology patients who are being treated for nonsurgical conditions related to their malignancy.
Critical care area for the evaluation and management of oncology patients with serious illness before and/or after cancer-related surgery.
Critical care area for the care of oncology patients with medical and/or surgical conditions related to their malignancy.
Critical care area for the care of pregnant patients 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.
Critical care area for the evaluation and treatment of patients with severe respiratory conditions.
Critical care area for the care of patients following cardiac and/or thoracic surgery.
Critical care area for the evaluation and management of patients with serious illness before and/or after surgery.
Critical care area for the care of patients who require a high level of monitoring and/or intervention following trauma or during critical illness related to trauma.
Critical care area for the care of oncology patients ≤18 years old who are being treated for surgical or nonsurgical conditions related to their malignancy.
Critical care area for the care of patients ≤18 years old with significant/major burns.
Critical care area for the care of patients ≤18 years old following cardiac and thoracic surgery.
Critical care area for the care of patients ≤18 years old who are being treated for nonsurgical conditions.
Critical care area for the care of patients ≤18 years old with medical and/or surgical conditions.
Critical care area for the surgical management of patients ≤18 years old with severe neurologic diseases or those at risk for neurologic injury as a result of surgery.
Critical care area for the evaluation and treatment of patients ≤18 years old with severe respiratory conditions.
Critical care area for the evaluation and management of patients ≤18 years old with serious illness before and/or after surgery.
Critical care area for 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.

---> The **FY 2022 Validation Template User Guide and Submission Instructions**, along with sup

To access, select **[Hospitals–Inpatient]**, and then **[Data Management]**, followed by **[Chart-Abstra**

https://www.qualitynet.org/inpatient/data-management/chart-abstracted-data-validation/resou

The only acceptable method of sending Validation Templates is through the QualityNet Secure
Validation Templates contain Protected Health Information (PHI) and cannot be sent via personal
workplace email, it would still be considered a security violation.

It is recommended to submit Validation Templates at least a week prior to the submission deadlin
transmitting files and to allow time for revisions/corrections when necessary.

If you are unable to log in to the Secure Portal, the first person to contact is your hospital's Qualit
If your Security Administrator is unable to reestablish your access, you will need to contact the Qu
It is recommended hospitals have two QualityNet Security Administrators at all times to ensure
Templates by the established submission deadlines.

Prior to submitting Validation Templates to CMS, **it is recommended that quality assurance is pe**
Review the [Definitions] tab to ensure correct information is entered in each field.

- ✓ Do not add, delete, rename, or change the order of the tabs.
- ✓ Do not add, delete, or rename column headings.
- ✓ Do not leave the first row blank or skip rows between patient data.
- ✓ Make sure the Provider ID/CCN field is exactly 6 numeric characters (do not add a h
- ✓ Make sure the State field contains the 2 character abbreviation for your state, not t
- ✓ Verify the Calendar Quarter listed on each Validation Template is correct.
- ✓ Review all dates for accuracy and correct format as specified on the [Definitions] ta
- ✓ If a patient has not been discharged from the hospital, enter 'Not Discharged' for th
- ✓ The 'Positive Urine Cultures' column cannot include rows listing both "Yes" and "No
- ✓ Ensure all NHSN ICU locations are within the approved NHSN drop down on the ten
- ✓ Be sure to populate all required fields on each consecutive row if there were multip
- ✓ Perform quality check of data entered into this template against what was entered
- ✓ Check to ensure any cases with a separate Inpatient Rehabilitation Facility (IRF) or I
- ✓ Append the file name with the 6-digit CMS Certification Number (CCN)/Provider ID,
  For example: *012345_3QYY_FYXX_CAUTI_ValTemp.xlsx*

- When submitting templates via the [Compose Mail] button under the Mailbox section on the Se
  with the 6-digit CCN/Provider ID, Submission Quarter, and Template type(s) attached.
  For example: *CCN 012345 3QYY CLABSI & CAUTI Validation Templates*

- When choosing recipients, do **NOT** select any individual person(s) from the recipient list; only s

Individual accounts are not regularly monitored—sending to any one individual risks d

- As soon as the Validation Support Contractor has downloaded the template(s), Secure File Tran
  know the file has been *downloaded.* After a file has been downloaded, it will be in the

- It is suggested that users verify a message has been sent by clicking on the [Sent] link under the
  The message should be in your Sent folder with a status of "Received".
  NOTE: *It typically takes a couple minutes for messages to appear in the Sent folder wit*
  multiple times, as this significantly delays processing and requires version confirmation

- You will receive email confirmation (usually within 2 business days of being downloaded) from t
  Templates were *processed.* If you do not receive a processing confirmation, please inc
  email to validation@telligen.com

porting documentation, can be found on *QualityNet*.

acted Data Validation]**, and lastly **[Resources]**:

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Portal Secure File Transfer Mailbox.

email -- even if a template were sent encrypted from a secure

e in case there are difficulties with

yNet Security Administrator.

aalityNet HelpDesk at (866) 288-8912.

the ability to upload Validation

rformed on the data within the template.

yphen)

the full state name.

b.

e Discharge Date field.

"; entering "No" indicates no positive cultures for the quarter.

nplate. Hospital-assigned locations will not be accepted.

le final positive cultures collected for the same patient.

into NHSN; stay mindful of differing CMS and NHSN deadlines.

npatient Psychiatric Facility (IPF) CCN are not included on the template.

followed by an underscore and the quarter.

ecure File Transfer screen, input the subject of the message

elect the "VALIDATION CONTRACTOR" recipient.

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sfer will deliver an automatic email letting the submitter
e queue for processing.

Mailbox section of the Secure File Transfer screen.

h a "Received" status.   *Please, do NOT re-send messages*
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the Validation Support Contractor letting you know the Validation
lude your hospital's 6-digit CCN/Provider ID in an