

Healthcare – Associated Infection (HAI) Module

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

Ti McCray, MPH

Leidos | Contractor for the Division of Healthcare Quality Promotion,
Surveillance Branch

August 2025

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

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Staff

Event

Summary Data

Respiratory Pathogens and
Vaccination

RPV Summary

Import/Export

Surveys

Analysis

Users

Facility

Group



Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Add

Find

Incomplete

Facility ID *:

Resident ID *: Find Find Events for Resident

Last Name:

Middle Name:

Sex *:

Ethnicity *:

Race *: ☐ American Indian/Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander
☐ White ☐ Middle Eastern or North African
☐ Declined to respond ☐ Unknown

Resident type *:

Date of First Admission
to Facility *:

Medicare number (or comparable railroad insurance number):

First Name:

Date of Birth *:

Date of Current Admission
to Facility *:

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 *:

Resident ID *: 1234

Medicare number (or comparable railroad insurance number):

Last Name:

First Name:

Middle Name:

Sex *: F - Female

Ethnicity *: UNK - Unknown

Race *: ☒ American Indian/Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian
☐ White ☐ Middle Eastern
☐ Declined to respond ☐ Unknown

Resident type *: LS - Long Stay

Date of First Admission to Facility *: 12/12/2011

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

Event Information

Event Type *:

Date of Event *:

Comments

LABID - Laboratory-identified MDRO or CDI Event
UTI - Urinary Tract Infection

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

The form is a vertical flowchart. It starts with a question about indwelling urinary catheter status. A blue arrow points down to a second question about other urinary device types. Another blue arrow points down to a third question about the type of other device. Red arrows point to the 'NEITHER' option in the first dropdown and the 'Y - Yes' option in the second dropdown.

ADD UTI Event: *Specify NHSN UTI Criteria Met (Check all that apply)*

Specify Criteria Used * (check all that apply):

Signs & Symptoms

- ☐ Fever: Single temperature $> 37.8^{\circ}\text{C}$ ($> 100^{\circ}\text{F}$) or $> 37.2^{\circ}\text{C}$ ($> 99^{\circ}\text{F}$) on repeated occasions, or an increase of $> 1.1^{\circ}\text{C}$ ($> 2^{\circ}\text{F}$) 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

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

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

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/mm³), or Left shift ($> 6\%$ or 1,500 bands/mm³)
- ☒ Positive blood culture with 1 matching organism in urine culture

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

Specific Event **:

ADDD 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 24-1

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

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

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 shows a web form titled 'Custom Fields' with a 'Help' icon. It contains a 'PRIOR HX:' label followed by a text input field containing 'YES'. Below this is a 'Comments' section with a large text area containing the text 'TRANSFER FROM STAYAWAY ACUTE CARE FACILITY.'. At the bottom right are 'Save' and 'Back' buttons. Three orange callout boxes with arrows point to specific elements: one to the 'PRIOR HX:' label, one to the 'Comments' text area, and one to the 'Save' button.

Custom Fields 

PRIOR HX:

Comments

TRANSFER FROM STAYAWAY ACUTE CARE FACILITY. |

Save Back

Optional, but must be set-up before reporting event

Free text

MONTHLY SUMMARY DATA

Subtitle

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: 12/31/27
www.cdc.gov/nhsn

Denominators for LTCF

Page 1 of 1 **Required for saving *Conditionally required based on monitoring selection in Monthly Reporting Plan

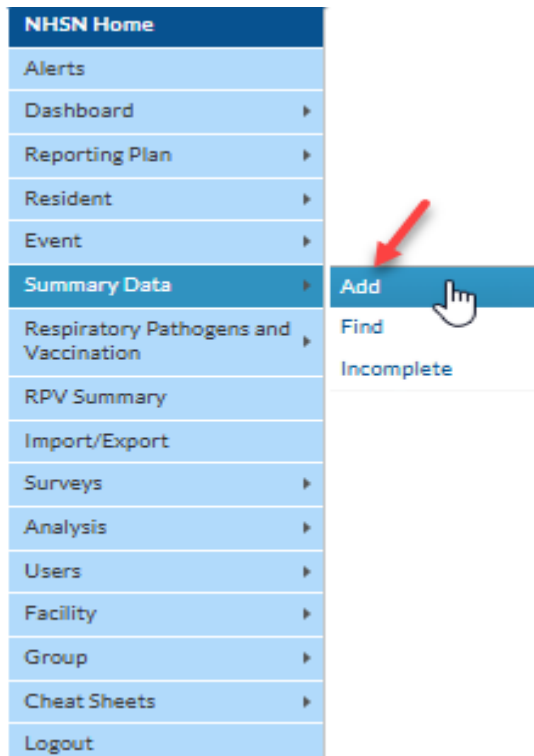
Facility ID:	**Location Code:			**Month:		**Year:	
Date	**Number of Residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of urine cultures ordered	*Resident Admissions	*Number of admissions on <i>C. diff</i> treatment	*Number of Residents Started on 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 has a header with the title 'Add Monthly Summary Data'. Below the header, there are instructions: 'Mandatory fields marked with *' and 'Fields required for record completion marked with **'. The form contains three dropdown menus: 'Facility ID' (set to 'Angela LTCF Test Facility (ID 39455)'), 'Month', and 'Year'. Below these is a section titled 'Denominators for Long Term Care Locations' which contains a table with columns for 'Location Code', 'Total Resident Days', 'Urinary Catheter Days', 'Report No UTI', 'New Antibiotic Starts for UTI Indication', and 'Number of Urine Cultures Ordered'. The first row of the table is 'Facility-wide Inpatient (FacWIDEIn)' with asterisks in the 'Total Resident Days' and 'Urinary Catheter Days' columns. Below the table is a 'Custom Fields' button.

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 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.
- Find 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. On the left is a sidebar with a menu. The 'Alerts' tab is highlighted with a yellow border and a red arrow pointing to it. The main content area has a header 'NHSN Long Term Care Facility Component Home Page' and a section titled 'Action Items' with the sub-header 'COMPLETE THESE ITEMS'. Below this, there is a yellow 'ALERTS' label and four white boxes with colored vertical bars on the left, each containing a large number and a description of the alert.

Alert Type	Count
Missing Events	16
Incomplete Events	9
Missing Summary Data	120
Incomplete Summary Data	7

Common Alerts for UTI Event Reporting:

Incomplete Events



The screenshot shows the NHSN Alerts page. The 'Alerts' tab is selected. The 'Incomplete Events' alert is highlighted with a red arrow. The alert details show a count of 1, a status of 'New', and a description of '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 #**

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Staff

Event

Summary Data

Respiratory Pathogens and Vaccination

RPV Summary

Import/Export

Surveys

Analysis

Users

Facility

Group

Cheat Sheets

Logout

NHSN Long Term Care Facility Component Home Page

Long Term Care Dashboard

Action Items

COMPLETE THESE ITEMS

Confer Rights

Not Accepted

ALERTS

15

Missing Events

8

Incomplete Events

15

Missing Summary Data

The following are incomplete "In Plan" events.

Page 1 of 1 10							View 1 - 1 of 1
Resident ID	Last Name	First Name	Sex	Date of Birth	Event	Event Type	
1963	DOE	TEST	M	01/04/1929	50545	UTI	
Page 1 of 1 10							View 1 - 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

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

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

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/mm³), or Left shift ($> 6\%$ or 1,500 bands/mm³)
- ☐ Positive blood culture with 1 matching organism in urine culture

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

Specific Event **:

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**.

Missing Events Incomplete Events Missing Summary Data Incomplete Summary Data

In-plan denominators reported for these locations with no associated events. [Print Form](#)

Page 1 of 1 10 View 1 - 1 of 1

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"/>

Page 1 of 1 10 View 1 - 1 of 1

Save Reset

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.

The image shows two overlapping screenshots of a web application interface. The top screenshot, titled 'Incomplete/Missing List', has a navigation bar with four tabs: 'Missing Events', 'Incomplete Events', 'Missing Summary Data' (highlighted with a red box), and 'Incomplete Summary Data'. Below the tabs, a message states 'In-plan locations with no associated summary data.' A table lists two entries for 01/2015 and 09/2015, both with the alert type 'Events but no LTC Denominators' and event type 'UTI'. Each entry has a green arrow pointing to an 'Add Summary' hyperlink. The bottom screenshot, titled 'Monthly Summary Data', shows a form for entering summary data. It includes fields for 'Facility ID' (Angela LTCF Test Facility (ID 39455)), 'Month' (January), and 'Year' (2015). Below these is a section titled 'Denominators for Long Term Care Locations' with a table. The table has columns: 'Location Code', 'Total Resident Days', 'Urinary Catheter Days', 'Report No UTI', 'New Antibiotic Starts for UTI Indication', and 'Number of Urine Cultures Ordered'. The first row is for 'Facility-wide Inpatient (FacWIDEIn)'. Green arrows point to the 'Total Resident Days', 'Urinary Catheter Days', 'Report No UTI', 'New Antibiotic Starts for UTI Indication', and 'Number of Urine Cultures Ordered' columns. At the bottom right, there are 'Save' and 'Back' buttons, with the 'Save' button highlighted by a green box.

Month/Year	Alert Type	Event Type
01/2015	Events but no LTC Denominators	UTI Add Summary
09/2015	Events but no LTC Denominators	UTI Add Summary

Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

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

Month *: January ▼

Year *: 2015 ▼

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)	*	*		*	*

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.

Page 1 of 1 10 View 1 - 2 of 2

Summary ID	Summary Data Type	Year	Month
22097	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	
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.

For any questions or concerns, contact the NHSN Helpdesk

- Use the new [NHSN-ServiceNow portal](#) to submit questions to the NHSN Help Desk.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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.

