



Healthcare – Associated Infection (HAI) Module

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

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Surveillance Branch**

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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

Facility ID *****:

Resident ID *****:

Last Name:
Middle Name:

Medicare number (or comparable railroad insurance number):
First Name:

Sex *****:
Ethnicity *****:

Date of Birth *****:

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 *****:

Date of Current Admission to Facility *****:

Add  **Find** **Incomplete**

ADD UTI Event: *Resident Type*

Resident Information

This is auto-populated in the NHSN system

Event Date minus First Admission Date

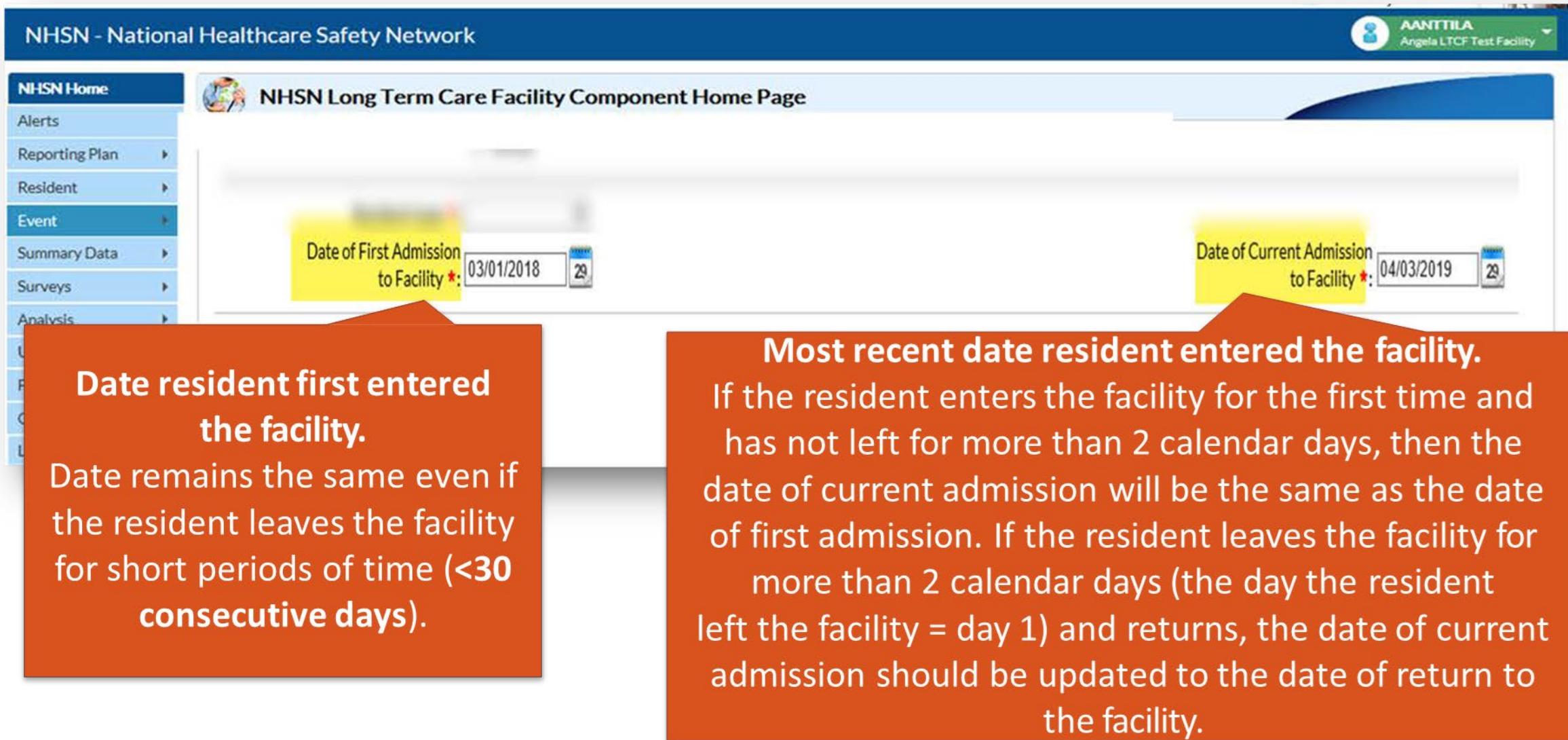
SS-Short-stay: On the date of specimen collection (event date), the resident has been in facility for 100 days or less from date of first admission.

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.

6

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 *:	<input type="text"/>
Resident ID *:	<input type="text" value="1234"/> <input type="button" value="Find"/> <input type="button" value="Find Events for Resident"/>
Last Name:	<input type="text"/>
Middle Name:	<input type="text"/>
Sex *:	<input type="text" value="F - Female"/> <input type="button"/>
Ethnicity *:	<input type="text" value="UNK - Unknown"/> <input type="button"/>
Race *:	<input checked="" type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Haw <input type="checkbox"/> White <input type="checkbox"/> Middle Eas <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown
Resident type *:	<input type="text" value="LS - Long Stay"/> <input type="button"/>
Date of First Admission to Facility *:	<input type="text" value="12/12/2011"/> <input type="button"/>

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 *:	<input type="text"/>
Comments	<p>LABID - Laboratory-identified MDRO or CDI Event UTI - Urinary Tract Infection</p>

Date of Event *:

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

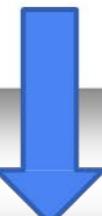
Indwelling Urinary Catheter status at time of event onset *:

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

Flowchart: A blue arrow points down from the first dropdown to the second. A red arrow points right from the 'NEITHER' option in the first dropdown to the 'N - No' option in the second dropdown. A blue arrow points down from the second dropdown to the third.

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

Laboratory & Diagnostic Testing

- Positive urine culture with no more than 2 species of organisms, at least one of which is a bacterium of $\geq 10^5 \text{ CFU/ml}$
- Leukocytosis ($> 10,000 \text{ cells/mm}^3$), or Left shift ($> 6\%$ or 1,500 bands/ mm^3)
- Positive blood culture with 1 matching organism in urine culture

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

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

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 ->

Pathogens

Pathogen 1:

Pathogen 2:

Pathogen 3:

Died within 7 days of Date of Event:

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																		
<table border="1"> <tr> <td>* <u>AMK</u></td> <td>* <u>AMP</u></td> <td>* <u>AMPSUL</u></td> <td><u>AMXCLV</u></td> <td>* <u>CE</u></td> </tr> <tr> <td><input type="radio"/> S</td> <td><input type="radio"/> R</td> <td><input type="radio"/> S</td> <td><input type="radio"/> R</td> <td><input type="radio"/> S</td> </tr> <tr> <td><input type="radio"/> I</td> <td><input type="radio"/> N</td> <td><input type="radio"/> I</td> <td><input type="radio"/> N</td> <td><input type="radio"/> I</td> </tr> </table>		* <u>AMK</u>	* <u>AMP</u>	* <u>AMPSUL</u>	<u>AMXCLV</u>	* <u>CE</u>	<input type="radio"/> S	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> I	<input type="radio"/> N	<input type="radio"/> I	<input type="radio"/> N	<input type="radio"/> I			
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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																		
LEVO	<u>MOXI</u>	* <u>COL</u>	<u>PB</u>	* <u>DORI</u>	<u>IMI</u>														
<input type="radio"/> S	<input type="radio"/> R	<input type="radio"/> I	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> R														
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<u>MINO</u>	<u>TETRA</u>	* <u>ERTA</u>	* <u>GENT</u>																
<input type="radio"/> S	<input type="radio"/> R	<input type="radio"/> S	<input type="radio"/> R																
<input type="radio"/> I	<input type="radio"/> N	<input type="radio"/> I	<input type="radio"/> N																

Enter up to 2 pathogens for UTI without secondary BSI. If secondary BSI is yes. User may enter up to 3 pathogens

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 software interface for adding a UTI event. At the top, a blue header bar contains the text 'ADD UTI Event: *Optional Custom Fields and Comments*'. Below the header, the main form area has a white background.

Custom Fields (Help): A section with a 'PRIOR HX: YES' input field. A blue callout box with a white border and a blue border at the bottom right contains the text: 'Optional, but must be set-up before reporting event'.

Comments: A section with a text input field containing the text 'TRANSFER FROM STAYAWAY ACUTE CARE FACILITY.' A blue callout box with a white border and a blue border at the bottom right contains the text: 'Free text'.

At the bottom of the form, there are two blue buttons: 'Save' and 'Back'. The 'Save' button is highlighted with a red border.

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

The image shows the NHSN software interface. On the left is a vertical navigation bar with the following items:

- NHSN Home
- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data** (highlighted in blue)
- Respiratory Pathogens and Vaccination
- RPV Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group
- Cheat Sheets
- Logout

A red arrow points to the 'Add' button in the 'Summary Data' menu. Below the navigation bar, there are three buttons: 'Add' (highlighted with a blue box and a cursor icon), 'Find', and 'Incomplete'.

The main window is titled 'Add Monthly Summary Data'. It contains the following fields:

- Mandatory fields marked with *
- Fields required for record completion marked with **
- Facility ID: Angela LTCF Test Facility (ID 39455)
- Month: (dropdown menu)
- Year: (dropdown menu)

A yellow box highlights the 'Denominators for Long Term Care Locations' section. This section contains a table with the following columns:

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	Number of Urine Cultures Ordered	Custom Fields
Facility-wide Inpatient (FacWIDEIn)						

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		
<input type="button" value=""/> Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<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	
<input type="button" value="Delete"/>	Facility-wide Inpatient (FacWIDEIn)	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	<input type="text"/> *	<input type="button" value="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="checkbox"/>	*	*
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
<input type="button" value="Delete"/>	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.

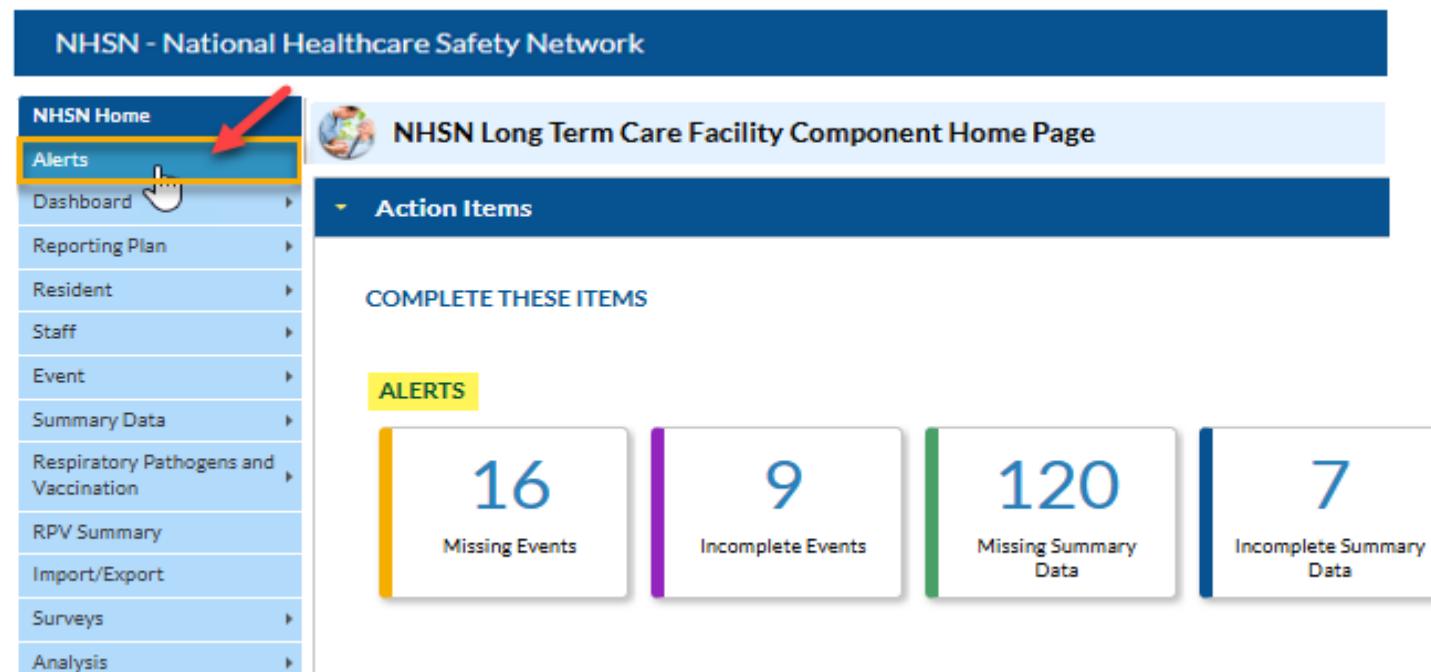
Denominators for Long Term Care Locations

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 shows the NHSN Long Term Care Facility Component Home Page. On the left, a sidebar menu is visible with the following items: NHSN Home, Alerts (highlighted with a yellow box and a red arrow), Dashboard (highlighted with a mouse cursor), Reporting Plan, Resident, Staff, Event, Summary Data, Respiratory Pathogens and Vaccination, RPV Summary, Import/Export, Surveys, and Analysis. The main content area is titled "NHSN Long Term Care Facility Component Home Page" and features a "Action Items" section. Below it, a "COMPLETE THESE ITEMS" section is titled "ALERTS". It displays four cards with the following data:

Category	Count	Sub-Category
Missing Events	16	
Incomplete Events	9	
Missing Summary Data	120	
Incomplete Summary Data	7	

Common Alerts for UTI Event Reporting: *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.

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

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 *?

Indwelling Urinary Catheter status at time of event onset *:

If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? *

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

Laboratory & Diagnostic Testing

Positive urine culture with no more than 2 species of organisms, at least one of which is a bacterium of $\geq 10^5 \text{ CFU/ml}$
 Leukocytosis ($> 10,000 \text{ cells/mm}^3$), or Left shift ($> 6\%$ or $1,500 \text{ bands/mm}^3$)
 Positive blood culture with 1 matching organism in urine culture

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

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

Specific Event **:

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**

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										
<p>In-plan denominators reported for these locations with no associated events.</p> <p>Print Form</p> <table border="1"><thead><tr><th>Month/Year</th><th>Alert Type</th><th>Event Type/Pathogen</th><th>Summary Data Form Type</th><th>Report No Events</th></tr></thead><tbody><tr><td>12/2018</td><td>Summary but no events</td><td>UTI</td><td>LTC DENOM</td><td><input checked="" type="checkbox"/></td></tr></tbody></table> <p>Page 1 of 1 View 1 - 1 of 1</p> <p>Save Reset</p>				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"/>
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"/>									

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 screenshots of a software application for reporting UTI events. The top screenshot is titled 'Incomplete/Missing List' and shows a table of 'In-plan locations with no associated summary data'. The 'Missing Summary Data' tab is selected. The bottom screenshot is titled 'Monthly Summary Data' and shows a form for entering 'Denominators for Long Term Care Locations'. The 'Facility ID' is set to 'Angela LTCF Test Facility (ID 39455)'. The 'Month' is 'January' and the 'Year' is '2015'. The 'Denominators for Long Term Care Locations' table has 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 'Total Resident Days' and 'Urinary Catheter Days' columns are highlighted in yellow and marked with a red asterisk, indicating they are mandatory fields. A green arrow points to the 'Total Resident Days' column. Another green arrow points to the 'Urinary Catheter Days' column. A third green arrow points to the 'Report No UTI' column. A fourth green arrow points to the 'New Antibiotic Starts for UTI Indication' column. A fifth green arrow points to the 'Number of Urine Cultures Ordered' column. A green box highlights the 'Save' button at the bottom right of the 'Monthly Summary Data' screen. A green arrow points to the 'UTI Add Summary' link in the 'Incomplete/Missing List' table.

Incomplete/Missing List

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

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Incomplete/Missing List

Missing Events Incomplete Events Missing Summary Data Incomplete Summary Data

In-plan locations with no associated summary data.

Month/Year

Alert Type

Event Type

UTI Add Summary

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

Incomplete/Summary Data

The following are incomplete "In Plan" summary data records.

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	Custom Fields
Facility-wide Inpatient (FacWIDEIn)	1234 *	12 *	**	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.

