



New Reporting Requirement Specific to Nursing Facilities

June 26, 2024

2:00 – 3:00pm EST



Participant Reminders



Please mute your audio.



Please submit questions via the webinar chat feature.



We will address as many questions as possible at the end of today's webinar. For those questions we are unable to get to, answers will be posted on the MHDO website here
<https://mhdo.maine.gov/nursingFacilityUTIsubmitters.htm>



A recording of the webinar and FAQ will be available on the MHDO website here
<https://mhdo.maine.gov/nursingFacilityUTIsubmitters.htm>

Agenda



- Welcome & Review of Agenda
- Overview of MHDO
- Review New UTI Reporting Requirement
 - Rule 90-590 Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets*
 - Protocol for UTI Surveillance and Reporting
 - NHSN and UTI Data Submission and Access
- Questions
- Support Resources
- Closing Remarks

Maine Health Data Organization (MHDO)

MHDO.Maine.gov

The MHDO was created by the Legislature in 1995 as an independent executive agency (Title 22 Chapter 1683) that operates under the supervision of a multi-stakeholder Board of Directors.

The Governor appoints the members of the board. Board composition includes representation from: Payers, Hospitals, Providers, Home Health Care, Chiropractic, Consumers, Employers and, Government.

MHDO's purpose defined in law (Title 22, Chapter 1683) is to create and maintain a useful, objective, reliable and comprehensive health information data warehouse that is used to improve the health of Maine citizens and to promote transparency of the cost and quality of healthcare in the State of Maine by procedure, payer, facility, and provider in collaboration with the Maine Quality Forum (MQF).

Maine Health Data Organization

The MHDO is responsible for the collection, secure storage, management and authorized release of healthcare data and information per the requirements defined in **Title 22, Chapter 1683, and thirteen agency rules, including Rule Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets***

Data Sets submitted to MHDO include private and public claims data, hospital inpatient and outpatient encounter data, hospital quality data, pharmacy data and hospital financial and provider organizational data.

MHDO maintains over 1 billion healthcare records and that number grows every month when new data is submitted.

MHDO Rule Chapter 270, Uniform Reporting System for Health Care Quality Data Sets

Rule Chapter 270 defines the health care quality data sets and the provisions for filing the data sets to the Maine Health Data Organization.

The provisions include:

- Identification of the organizations required to report;
- Establishment of requirements for the content, form, medium, and time for filing health care quality metrics data;
- Establishment of standards for the data reported; and
- Compliance provisions.

(Note: Failure to report may result in up to a \$25,000 penalty as described in MHDO Rule Chapter 100, *Enforcement Procedures*)

MHDO Rule Chapter 270

Health Care Facility means any hospital, mental health facility, State institution, ambulatory surgical facility, nursing home, residential care facility, rest home, sanatorium, convalescent home, federally qualified health center, or rural health clinic, as defined by 22 M.R.S.A. Chapter 1683 §8702(4)Ch. 270, 1. G.

Chapter 270, Section 2. F., 2. I., and 2. J.

F. Each nursing facility to submit to the US CDC's National Healthcare Safety Network a quarterly submission of data, separated by month, for Urinary Tract Infections (UTIs) for all locations within facility scope of service in accordance with NHSN specifications **beginning July 1, 2024.**

I. Each health care facility shall authorize Maine CDC to have access to the NHSN for facility-specific reports of data, including all patient identifiers, submitted for any measure under a state or federal mandate, and shall authorize the Maine CDC to use this data for data validation, public health surveillance and performance improvement purposes. Such data accessed and used by Maine CDC is not considered MHDO data but is protected by 22 M.R.S.A. §42(5) to the extent it is individually identifiable.

J. Each health care facility shall authorize the MHDO to have access to the NHSN for facility-specific reports of data, including all patient identifiers, submitted for any measure under a state or federal mandate. For public reporting, all patient identifiers will be protected by MHDO and remain confidential.

Section 10. Chapter 270

10. Summary Table of the Subset of NHSN Fields Required Under this Rule by Measure and Facility

	Social Security #	Patient/Resident Name (Last, First, Middle)	Ethnicity	Race
Hospital Measures				
HAI -1 CLABSI	√	√	√	√
HAI-2 CLABSI	√	√	√	√
HAI -6 CAUTI	√	√	√	√
HAI-7	√	√	√	√
HAI-8	√	√	√	√
MRSA	√	√	√	√
CDI	√	√	√	√
Nursing Facilities Measures				
CDI		√		
UTI		√		

Note: NHSN already requires fields for Nursing Facilities that include SSN#, Ethnicity and Race

Reporting Timeline

Data Surveillance Begins on July 1, 2024.

- Data collected during each calendar quarter shall be submitted no later than the 15th day of the 5th month following the end of each quarter.
- The first quarterly data submission will be for data collected for the months of July-September 2024. **The submission deadline is February 15th, 2025.**
- Although facilities are required to make quarterly data submissions, separated out by month, **facilities are urged to submit their data to NHSN each month.**

Filing Periods and Deadlines

The Filing Periods and Deadlines are as Follows:

Collection Quarter	Months	Submission Date (no later than)
1 st Quarter	January, February, March	August 15 th
2 nd Quarter	April, May, June	November 15 th
3 rd Quarter	July, August, September	February 15 th
4 th Quarter	October, November, December	May 15 th

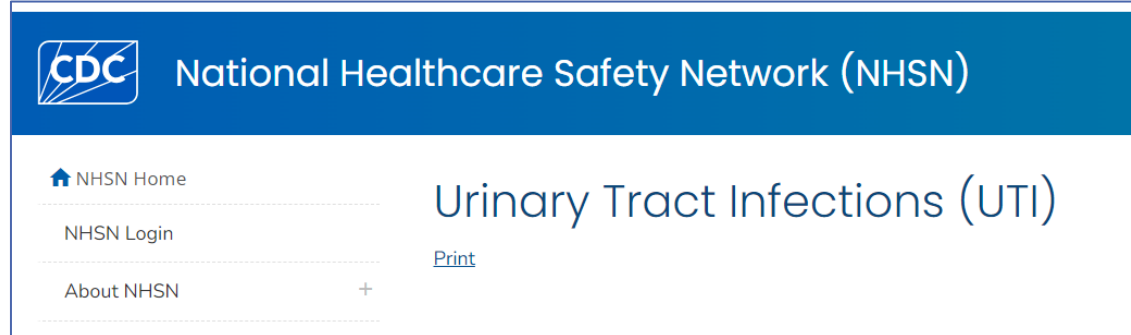
Implementation of New Reporting Requirement and Suggested Timelines

June 2024	Informational webinar hosted by the Maine Health Care Association	
June 2024	Educational materials (including a copy of the webinar) will be available online at the MHDO website https://mhdo.maine.gov/nursingFacilityUTISubmitters.htm	
July 2024	UTI event surveillance begins	
Recommended Reporting Timeline	Surveillance Month & Data	Report Data to NHSN
	July 2024	August 2024
	August 2024	September 2024
	September 2024	October 2024
	October 2024	November 2024
	November 2024	December 2024
December 2024	January 2025	

Protocol for UTI Data Collection and Reporting

National Health Safety
Network (NHSN) –
LTCFs

Resource Page: [NHSN LTCF UTI resource page: Urinary Tract Infections \(UTI\) | LTCF | NHSN | CDC](#)



Protocol: [HAI Surveillance Protocol for UTI Events for LTCF \(cdc.gov\)](#)



Surveillance

Surveillance includes both catheter and non-catheter associated urinary tract infection (UTI) events.


Only urinary tract infection events where the **date of event** (the date the first clinical evidence [signs/symptoms] appear or the date of specimen collection, whichever comes first) **is more than 2 calendar days after admission to the reporting LTCF** (date of admission = day 1) are considered facility onset events that must be submitted to NHSN.

Example:				
July 4 - Admitted	July 5	July 6	July 7	July 8
Day 1	Day 2	Day 3	Day 4	Day 5
Not a LTCF reportable UTI event		LTCF reportable UTI event		

Note: Surveillance for UTI after resident transfer or discharge is not required. HOWEVER, if discovered, a UTI event with the event date on the day of discharge or the next calendar day is attributable to the discharging LTCF and should be included in UTI submitted to NHSN for that LTCF.

Numerator “The Event”

- Event Form: [NHSN LTCF UTI Event Form 57.140 \(cdc.gov\)](https://www.cdc.gov/nhsn/litcf/uti-event-form-57.140)
- - Any information with an “*” is required information.

 NHSN NATIONAL HEALTHCARE SAFETY NETWORK		Form Approved OMB No. 0920-0666 Exp. Date: 01/31/25 www.cdc.gov/nhsn	
Urinary Tract Infection (UTI) for LTCF			
*Required for saving			
*Facility ID:		Event #:	
*Resident ID:			
Medicare number (or comparable railroad insurance number):			
Resident Name, Last:		First:	Middle:
*Gender: M F Other		*Date of Birth: / /	
*Ethnicity (specify): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown		*Race (specify): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown	
*Date of First Admission to Facility: / /		*Date of Current Admission to Facility: / /	

- Table of Instructions for Completion of the UTI for LTCF Event Form:
- [Instructions for Completion of UTI for LTCF Event Form \(cdc.gov\)](https://www.cdc.gov/nhsn/litcf/uti-event-form-57.140)

Data Field	Instructions for Form Completion
Resident information	
Facility ID	Required. The NHSN-assigned facility ID number will be auto populated by the
Event ID	Event ID number will be auto populated by the system.
Resident ID	Required. Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all admissions and stays.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.

Denominator

➤ Denominator Form (daily and monthly totals):

[57.142 Denominators Form for LTCF \(cdc.gov\)](#)

➤ **Number of residents**

Daily census of residents in the facility

➤ **Number of residents with a urinary catheter**

Daily count of residents in the facility with an indwelling urinary device. Counts should be done at the same time each day.

➤ **New antibiotic starts for UTI indication**

New prescriptions for an antibiotic ordered for a resident receiving care in your facility who is suspected of having or diagnosed with a UTI, either catheter-associated or non-catheter associated, regardless of whether that UTI meets the NHSN event definition.

➤ **Number of urine cultures ordered**

New urine cultures ordered for a resident receiving care in your facility regardless of whether the resident has a UTI meeting the NHSN event definition.

Surveillance

Helpful hint

- **Denominator:** Need all urine cultures ordered (regardless of negative or positive result)
- **Surveillance:** Every surveillance category has in common the requirement of “a positive urine with no more than 2 species of microorganism, at least one of which is a bacterium of $\geq 10^5$ (100,000) CFU/ml.”


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NHSN Long-term Care Facility Component
Urinary Tract Infection

Table 2. Criteria for Symptomatic Urinary Tract Infection (SUTI)

Criterion	For residents without an indwelling catheter in place or removed >2 calendar days prior to the date of event, where day of catheter removal is equal to day 1:
1	<p>Either of the following (Signs & Symptoms):</p> <ol style="list-style-type: none"> Acute dysuria Acute pain, swelling, or tenderness of the testes, epididymis, or prostate <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p>
2	<p>Either of the following:</p> <ol style="list-style-type: none"> Fever* [Single temperature $\geq 37.8^\circ\text{C}$ ($>100^\circ\text{F}$), or $>37.2^\circ\text{C}$ ($>99^\circ\text{F}$) on repeated occasions (more than once), or an increase of $>1.1^\circ\text{C}$ ($>2^\circ\text{F}$) over baseline] Leukocytosis [defined by NHSN as $> 10,000$ cells/mm³, or Left shift ($> 6\%$ or 1,500 bands/mm³)] <p>AND</p> <p>One or more of the following (New and/or marked increase):</p> <ol style="list-style-type: none"> Costovertebral angle pain or tenderness Suprapubic tenderness Visible (Gross) hematuria Incontinence Urinary urgency Urinary frequency <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p>
3	<p>Two or more of the following (New and/or marked increase):</p> <ol style="list-style-type: none"> Costovertebral angle pain or tenderness Incontinence Urinary urgency Urinary frequency Suprapubic tenderness Visible (gross) hematuria <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p> <p>Footnote: *Since fever is a non-specific symptom, it should be used to meet SUTI criteria even if the resident has another possible cause for the fever (for example, pneumonia).</p>

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NHSN Long-term Care Facility Component
Urinary Tract Infection


Table 3. Criteria for Catheter-associated Symptomatic Urinary Tract Infection (CA-SUTI)

Criterion	For residents with an indwelling catheter in place, or removed within 2 calendar days prior to event onset, where day of catheter removal is equal to day 1:
	<p>One or more of the following (Signs and Symptoms and Laboratory and Diagnostic Testing):</p> <ol style="list-style-type: none"> Fever* [Single temperature $\geq 37.8^\circ\text{C}$ ($>100^\circ\text{F}$), or $>37.2^\circ\text{C}$ ($>99^\circ\text{F}$) on repeated occasions (more than once), or an increase of $>1.1^\circ\text{C}$ ($>2^\circ\text{F}$) over baseline] Rigors New onset hypotension, with no alternate non-infectious cause New onset confusion/functional decline with no alternate diagnosis AND Leukocytosis [defined by NHSN as $> 10,000$ cells/mm³, or Left shift ($> 6\%$ or 1,500 bands/mm³)] New or marked increase in suprapubic tenderness New or marked increase in costovertebral angle pain or tenderness Acute pain, swelling, or tenderness of the testes, epididymis, or prostate Purulent discharge from around the catheter insertion site Acute Dysuria* <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p> <p>Footnote:</p> <p>* Since fever is a non-specific symptom, it should be used to meet CA-SUTI criteria even if the resident has another possible cause for the fever (for example, pneumonia). * Only when "REMOVE" has been selected for catheter status will the system populate CA-SUTI for a selection of acute dysuria and a positive urine culture.</p>

Table 4. Criteria for Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Criterion	Resident with or without an indwelling urinary catheter.
	<p>No qualifying fever or signs or symptoms (specifically, no urinary urgency, urinary frequency, acute dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness). If no catheter is in place, fever alone would not exclude ABUTI if other criteria are met.</p> <p>AND</p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml</p> <p>AND</p> <p>A positive blood culture with at least 1 matching bacteria to the urine culture.</p>

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Checklist and Quick References

Start checklist	Resources
<input type="checkbox"/> Accept the updated rights template from: MHDO nursing facility quality data	<input type="checkbox"/> LTCF UTI Event Protocol https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-uti-protocol-current.pdf
<input type="checkbox"/> Submit monthly reporting plan	<input type="checkbox"/> Surveillance Data Form https://www.cdc.gov/nhsn/forms/57.140_UTI_LTCF_BLANK-p.pdf
<input type="checkbox"/> Verify the annual facility survey is submitted	<input type="checkbox"/> Surveillance Data Instructions https://www.cdc.gov/nhsn/forms/57.140-toi-uti-p.pdf
<input type="checkbox"/> Have a process for identifying all residents who have had a urine culture ordered	<input type="checkbox"/> Denominator Form https://www.cdc.gov/nhsn/forms/57.142_DenominatorLTCF_BLANK.pdf
<input type="checkbox"/> Have a method for gathering denominator data	<input type="checkbox"/> Denominator Instructions https://www.cdc.gov/nhsn/forms/instr/57.142-toi-denominators-ltcf.pdf
	<input type="checkbox"/> LTCF Reporting FAQs (page 9-11) https://www.cdc.gov/nhsn/pdfs/ltc/ltcf-faqs-508.pdf
	<input type="checkbox"/> UTI Reporting Introduction video https://www.youtube.com/watch?v=IFdOuVMKWaM

NHSN LTCF Component for Urinary Tract Infection (UTI)

The NHSN manual states the following:

“Facilities are encouraged to perform surveillance and reporting for at least 6 consecutive months to provide meaningful measures for analysis, but there is not a minimum reporting requirement (page 5)”

This is true at the federal level.

HOWEVER, the State of Maine requirement per the provisions in MHDO Rule Chapter 270, requires nursing facilities to report all 12 months of the calendar year.

Access to NHSN Data

Chapter 270, Section 2(J) of Chapter 270 states, “Each health care facility shall authorize the MHDO to have access to the NHSN for facility-specific reports of data, including all patient identifiers, submitted for any measure under a state or federal mandate. For public reporting, all patient identifiers will be protected by MHDO and remain confidential.”

Access to NHSN Data

Step 1: Nursing Facilities report required Chapter 270 data into NHSN under the established MHDO group named: “MHDOnursingfacilityqualitydata”.

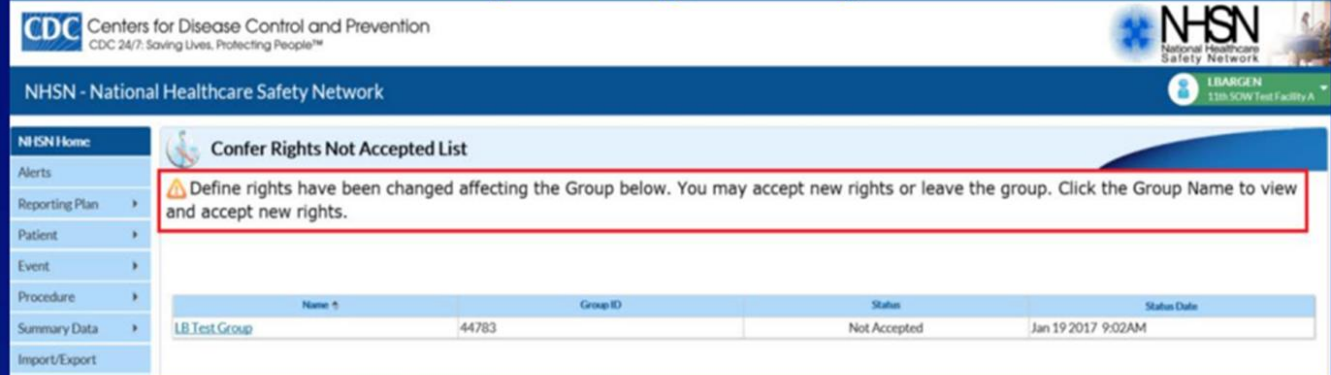
Step 2: **By July 8th Nursing Facilities must confer rights to the MHDOnursingfacilityqualitydata group in NHSN.**

The next time a facility logs in to NHSN they will be immediately notified that MHDOnursingfacilityqualitydata group’s rights template has been changed and needs to be accepted by the Nursing Facility - this is conferring rights. **Click on the Group name link where you will see the Rights Template to review and accept.**

Access to NHSN Data

Notification you can expect to receive in NHSN.

New or Updated Template – Facility Notification (Facility View)



The screenshot shows the NHSN interface with a notification banner. The notification text is: "Define rights have been changed affecting the Group below. You may accept new rights or leave the group. Click the Group Name to view and accept new rights." Below the notification is a table with the following data:

Name	Group ID	Status	Status Date
LB Test Group	44783	Not Accepted	Jan 19 2017 9:02AM

- ❑ The next time a facility in the Group logs in to NHSN, they will be immediately notified that Group's template has been sent
- ❑ Facility can click on the Group's Name link to view the new template and accept proposed data rights
- ❑ Facility is not required to accept template immediately, but will be prompted every time they log in to NHSN

NHSN Data Access

More Instructions:

For detailed instructions on how to join the Group and to agree to confer rights, you can access the NHSN document titled, “Data Sharing in NHSN: Joining a Group and Accepting the Confer Rights Template” here:

<http://www.cdc.gov/nhsn/pdfs/groups-startup/joingroup-current.pdf>

This short video walks through the process of joining a group and conferring rights in NHSN:

<https://www.youtube.com/watch?v=nCmh6oRJhoE>

NHSN Resources

Long-term Care Facility (LTCF) Component Training:

<https://www.cdc.gov/nhsn/training/ltc/index.html>

Guide for Long-term Care Facilities (LTCFs) Enrolling in NHSN:

<https://www.cdc.gov/nhsn/ltc/enroll.html>

Long-Term Care Facility (LTCF) Component Roadmap:

<https://www.cdc.gov/nhsn/training/roadmap/ltc-roadmap.html>

Protocols, Data Collection Forms and Instructions:

<https://www.cdc.gov/nhsn/ltc/uti/index.html>



Support Resource

Compliance Issues and General Questions

Kimberly Bonsant, Compliance Officer, Maine Health Data Organization

Email: Kimberly.Bonsant@maine.gov

Phone (207) 287-2296

NHSN User Support

Contact NHSN Help Desk:

Request Support: [NHSN-ServiceNow Customer Service Portal](#)

FAQs on using ServiceNow Portal: [NHSN-SN Customer FAQs](#)

Hours: Monday – Friday; 7am – 5pm EST

Email: nhsn@cdc.gov (Type “LTCF” in subject line for quickest routing to LTCF Team)