

# CMS Infection Event Data Submission Requirements

It is required to document peritoneal dialysis infections for all patients when these events occur. The information below details requirements for infection data submission.

## Data Submission Requirements

### Included Infections

While additional infections may be required at a later date, patient data for the following infection event is currently expected:

- *Peritonitis*

### Submission Process and Timeframe

In event-based submissions, submitters are required to provide patient data regarding infections only when an infection event occurs. Anytime a qualifying event occurs, the facility should submit data within 90 days of the event. However, users can continue to edit and/or add additional data after submission to enhance data quality and completeness.

Users can save data entry progress within the module and return later to complete the remaining required fields until it is ready to be submitted. Data within the Infections module remains editable even after submission.

### Level of Detail by Infection

It is expected that as much detail as practical is provided for all infections. It is expected that facilities should be able to report full details for infection events that occurred at the facility. For infection events which occurred at another provider or via self-report, as much detail as available is expected.

### Nested Fields and Table Formatting

Conditional fields (sub-fields that appear conditionally based on the response to the main field) are highlighted in grey in the table below. The cells are darker the more “nested” they are under the top-level field. The maximum level of nested fields is four.

## Peritonitis

Question/Field Label	Possible Responses	Required or Optional Response
Date of event	<ul style="list-style-type: none"> <li>Exact date (DD/MM/YYYY)</li> </ul>	Required
Date peritoneal dialysis training was completed	<ul style="list-style-type: none"> <li>Exact date (DD/MM/YYYY)</li> </ul>	Optional
Date of PD catheter insertion	<ul style="list-style-type: none"> <li>Exact date (DD/MM/YYYY)</li> <li>Date unknown</li> </ul>	Required
Date of first use of catheter	<ul style="list-style-type: none"> <li>Exact date (DD/MM/YYYY)</li> <li>Date unknown</li> </ul>	Required
How many days was the PD catheter used in the reporting month?	<ul style="list-style-type: none"> <li>Numeric entry field, cannot exceed '31'</li> </ul>	Required
Was PD suspended?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ul>	Required
<i>If "Yes", PD was suspended:</i>		
Date PD was suspended	<ul style="list-style-type: none"> <li>Exact date (DD/MM/YYYY)</li> <li>Date unknown</li> </ul>	Required
Did contamination occur within the reporting month?	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Unknown</li> </ul>	Required
Who performs PD treatment? Select all that apply.	<ul style="list-style-type: none"> <li>Patient</li> <li>Family member</li> <li>Healthcare worker</li> <li><b>Other</b></li> </ul>	Required
<i>If "Other" individual performing PD treatment is selected:</i>		
Other individual(s) performing PD treatment	<ul style="list-style-type: none"> <li>Open text field, 500 characters maximum</li> </ul>	Required

Did the patient experience an invasive procedure within 14 days prior to peritonitis diagnosis?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
<i>If "Yes", patient experienced an invasive procedure within 14 days prior to peritonitis diagnosis:</i>		
Select all invasive procedures/incidents the patient experienced within 14 days prior to peritonitis diagnosis.	<ul style="list-style-type: none"> <li>• Colon surgery</li> <li>• Colonoscopy</li> <li>• Gynecological procedure</li> <li>• Recent abdominal injury</li> <li>• Dental procedure</li> <li>• <b>Other</b></li> </ul>	Required
<i>If "Other" invasive procedures/incidents is selected:</i>		
Other invasive procedures/incidents	<ul style="list-style-type: none"> <li>• Open text field, 500 characters maximum</li> </ul>	Required
Was there a catheter exit site infection within 14 days prior to peritonitis diagnosis?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
Was there a tunnel infection within 14 days prior to peritonitis diagnosis?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
Was effluent drawn for a culture test?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
<i>If "Yes", effluent was drawn for culture test is selected:</i>		
Date peritoneal fluid was drawn	<ul style="list-style-type: none"> <li>• Exact date (DD/MM/YYYY)</li> </ul>	Optional
PD fluid cell count	<ul style="list-style-type: none"> <li>• Numeric entry field: cells/microliter</li> </ul>	Required
Percentage of leukocytes that were neutrophils	<ul style="list-style-type: none"> <li>• Numeric entry field, cannot exceed '100'</li> </ul>	Required
Was the culture test positive?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
<i>If "Yes", culture test positive is selected:</i>		

What cultures were detected? Select all that apply.	<ul style="list-style-type: none"> <li>● Coagulase-negative Staphylococci</li> <li>● Pseudomonas</li> <li>● Acinetobacter</li> <li>● Streptococcus</li> <li>● Escherichia Coli</li> <li>● Enterococcus</li> <li>● Staphylococcus</li> <li>● Stenotrophomonas Maltophilia</li> <li>● Candida Albicans</li> <li>● Candida Parapsilosis</li> <li>● Aspergillus</li> <li>● <b>Other</b></li> </ul>	Required
<i>If "Other" cultures detected is selected:</i>		
Other cultures detected	<ul style="list-style-type: none"> <li>● Open text field, 500 characters maximum</li> </ul>	Required
Were antibiotics administered?	<ul style="list-style-type: none"> <li>● Yes</li> <li>● No</li> <li>● Unknown</li> </ul>	Required
<i>If "Yes", antibiotics were administered:</i>		

<p>What antibiotics were administered? Select all that apply.</p>	<ul style="list-style-type: none"> <li>• Amikacin</li> <li>• Amikacin</li> <li>• Gentamicin</li> <li>• Netilmicin</li> <li>• Tobramycin</li> <li>• Cefazolin</li> <li>• Cefepime</li> <li>• Cefotaxime</li> <li>• Ceftazidime</li> <li>• Ceftriaxone</li> <li>• Penicillin G</li> <li>• Amoxicillin</li> <li>• Ampicillina</li> <li>• Ampicillin/sulbactam</li> <li>• Piperacillin/tazobactam</li> <li>• Ticarcillin/clavulanic acid</li> <li>• Fluconazole</li> <li>• Voriconazole</li> <li>• Aztreonam</li> <li>• Ciprofloxacin</li> <li>• Clindamycin</li> <li>• Daptomycin</li> <li>• Fosfomycin</li> <li>• Imipenem/cilastatin</li> <li>• Ofloxacin</li> <li>• Polymyxin B</li> <li>• Quinupristin/dalfopristin</li> <li>• Meropenem</li> <li>• Teicoplanin</li> <li>• Vancomycin</li> <li>• Amoxicillin</li> <li>• Ciprofloxacin</li> <li>• Clarithromycin</li> <li>• Colistin</li> <li>• Dalbavancin</li> <li>• Daptomycin</li> <li>• Ertapenema</li> <li>• Levofloxacin</li> <li>• Linezolid</li> <li>• Linezolid</li> <li>• Moxifloxacin</li> <li>• Rifampicin</li> <li>• Ticarcillin/clavulanic acid</li> <li>• Tigecycline</li> <li>• Trimethoprim/sulfamethoxazole</li> <li>• Amphotericin B desoxycholate</li> <li>• Amphotericin B (liposomal)</li> <li>• Anidulafungin</li> <li>• Caspofungin</li> <li>• Fluconazole</li> <li>• Flucytosine</li> <li>• Isavuconazole</li> <li>• Micafungin</li> <li>• Posaconazole</li> <li>• Voriconazole</li> </ul>	
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	<ul style="list-style-type: none"><li>• Other</li></ul>	
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<i>If "Other" antibiotics administered is selected:</i>		
Other antibiotics administered	<ul style="list-style-type: none"> <li>• Open text field, 500 characters maximum</li> </ul>	Required
Was there abdominal pain?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
Was effluent cloudy?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
Was there other evidence of intraabdominal process?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
Was there loss of the PD catheter?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
<i>If "Yes", PD catheter was lost is selected:</i>		
Date PD catheter was removed	<ul style="list-style-type: none"> <li>• Exact date (DD/MM/YYYY)</li> <li>• Date unknown</li> </ul>	Required
Was there a secondary blood-stream infection (BSI)?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
<i>If "Yes", there was a secondary BSI is selected:</i>		
What cultures were detected? Select all that apply.	<ul style="list-style-type: none"> <li>• Coagulase-negative Staphylococci</li> <li>• Pseudomonas</li> <li>• Acinetobacter</li> <li>• Streptococcus</li> <li>• Escherichia Coli</li> <li>• Enterococcus</li> <li>• Staphylococcus</li> <li>• Stenotrophomonas Maltophilia</li> <li>• Candida Albicans</li> <li>• Candida Parapsilosis</li> <li>• Aspergillus</li> <li>• <b>Other</b></li> </ul>	Required
<i>If "Other" cultures detected is selected:</i>		

Other cultures detected	<ul style="list-style-type: none"> <li>• Open text field, 500 characters maximum</li> </ul>	Required
Was the patient hospitalized for the infectious event?	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Unknown</li> </ul>	Required
<i>If "Yes", patient was hospitalized for the infectious event is selected:</i>		
Date patient was hospitalized for infectious event	<ul style="list-style-type: none"> <li>• Exact date (DD/MM/YYYY)</li> <li>• Date unknown</li> </ul>	Required