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Important Dates:

- October 1
- 2Q2019 PC-01 Web-based Data Collection Tool open for submission
- October 2**
- 2Q2019 HCAHPs Data
- November 4**
- 2Q2019 Population & Sampling
 - HAI Validation Templates
- November 18**
- 2Q2019 Clinical, HAI, & PC01 Data

What's New in NHSN?

On January 1, 2019, the CDC updated the summary data form for LabId and CDI to minimize errors and provide clarification of the FacWideIN denominator record data entry requirements. No changes were made to the denominator definitions. The revisions include:



- The title of the form is now “MDRO and CDI Monthly Denominator - All Locations.”
- The organism selection box now has MRSA and *C. difficile* in the first two columns.
- New description text appears for the FacWideIN location for Line 2 and Line 3, which include formulas to assist end users in calculating Patient Days and Admissions.
- The terms “MDRO” and “CDI” patient days/admissions for the FacWideIN location on lines 2 and 3 have been removed, as shown in the image below.

<p>Line 1: Setting: Inpatient Total Facility Patient Days *: <input type="text"/> Total Facility Admissions *: <input type="text"/></p> <p>Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from “Total Facility Patient Days” and “Total Facility Admissions” (Line 1). Counts = [Total Facility – (IRF + IPF)] Patient Days *: <input type="text"/> Admissions *: <input type="text"/></p> <p>Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from “Total Facility Patient Days” and “Total Facility Admissions” (Line 1). If you do not have these units, enter the same values you entered on Line 1. Counts = [Total Facility – (IRF + IPF + NICU + Well Baby Unit)] Patient Days *: <input type="text"/> Admissions *: <input type="text"/></p>
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For more information about these changes, you may view the **MDRO and CDI Monthly Denominator Form for FacWideIN Surveillance in Acute Care Hospitals Changes in 2019** [Quick Learn video](#). The video can be found in the “MDRO/C.Diff - C. difficile, MRSA, and other Drug-resistant Infections” section on the [NHSN Patient Safety Component Training](#) page.

Tools for Reporting 2019 HAI Data



To assist with your 2019 HAI data submission, please reference the following NHSN resources:

- [2019 Patient Safety Component Manual](#)
- [Quick Learns Videos](#)
- [NHSN Educational Roadmaps](#)
- [2Q 2019 HAI Checklist](#)
- [CDC Monthly Checklist](#)

Measure Exception Form for CY 2019

Q: What is the purpose of the [IPPS Quality Reporting Programs Measure Exception Form](#)?

A: The form provides a mechanism for hospitals to notify CMS that they do not have any measure-specific locations and/or treat patients related to the specific hospital reporting program measures.

Q: For what programs can this be submitted?

A: The form can be submitted for the Hospital IQR, Hospital VBP, and HAC Reduction Programs.

Q: How often must this form be submitted?

A: This form must be renewed annually. Hospitals are encouraged to submit the form prior to the first quarter data submission deadline for the applicable year. For those hospitals that will be submitting an IPPS Measure Exception Form for CY 2019, it must be received before the May 18, 2020 deadline.

Q: For what measures can you submit this form?

A: The IPPS Measure Exception Form may be used for the following measures:

- ✓ PC-01: The hospital has no obstetrics department and does not deliver babies.
- ✓ SSI Colon and Abdominal Hysterectomy Procedures: The hospital performed nine or fewer of any of the specified colon and abdominal hysterectomy procedures combined in the CY prior to the reporting year (2018).
- ✓ CAUTI and CLABSI: The hospital has no CMS-reportable HAI locations (ICU, Med, Surg, Med/Surg wards). If none of these locations exist, your facility **must** submit an IPPS Measure Exception Form for CLABSI and CAUTI to CMS.
- ✓ ED-2: The hospital has no ED.

Q: If I submit this form, will I still be required to submit zeroes for the measures I won't be submitting?

A: If a Measure Exception Form is submitted for:

- ✓ PC-01: The hospital won't be required to enter zeroes into the *QualityNet* web-based measure application.
- ✓ SSI Colon and Abdominal Hysterectomy Procedures: The hospital won't be required to submit the selected measures to NHSN.
- ✓ CAUTI and CLABSI: The hospital won't be required to submit the selected measures to NHSN. Any data reported from non-required units in NHSN will not be submitted to CMS.
- ✓ ED-2: The hospital won't be required to submit ED clinical data. **However, the hospital is still required to submit the Global IPP and Sampling numbers.** Even for hospitals that do not have an ED, the Global IPP table is the count of all acute inpatient care discharges for the quarter with a LOS less than or equal to 120 days. Hospitals that have no ED and have an IPPS measure exception for ED can enter "0" into the Sample Size table.

How to Navigate the New Version of the Inpatient Specifications Manual

Be sure to stay on top of updates and revisions to data elements and other changes in the *Specifications Manual for National Hospital Inpatient Quality Measures*. New manual versions are typically released biannually and posted on *QualityNet* under *Hospitals – Inpatient > Specifications Manual*. The latest specifications manual version available is v5.7, which should be used when abstracting discharges occurring

January 1, 2020 through June 30, 2020.

Wondering what changed between the current manual and the previous version? The Release Notes document provides concise information on the specific changes *and* a brief rationale for each change. In addition to being specifically called out in the Release Notes document, new guidance and/or verbiage that has been added to the manual are highlighted in yellow in the corresponding manual documents.

CMS Published FY 2020 Final Rules in August 2019



CMS published the [FY 2020 IPPS/LTCH PPS](#) and [FY 2020 IPF PPS](#) Final Rules in August 2019. The Inpatient VIQR Outreach and Education Support Team hosted webinars in which CMS provided participants with an overview of the final rules. Webinar announcements and registration information was emailed via program Listserves. To sign up for future Listserves, please visit the [Listserve Registration](#) page.

All You Need to Know About CY 2019 IQR Population and Sampling

For CY 2019 reporting, Population and Sampling data are required for two inpatient measure sets:

- Global (ED-2)
- Sepsis (SEP-1)

Global IPP (ED-2)

The Global IPP is defined by two data elements:

- *Admission Date*
- *Discharge Date*

Patients who are included in the Global IPP and eligible to be sampled must meet the following criteria:

- Discharged from inpatient acute care
- Age = Newborn and older
- LOS ≤ 120 days (*Admission Date* minus *Discharge Date* less than or equal to 120 days)
- Any valid *ICD-10-CM Principal Diagnosis Code*

Hospitals performing **quarterly** or **monthly** sampling for Global must ensure that their IPP and sample size meet the following conditions:

Global Quarterly Sampling		Global Monthly Sampling	
IPP	Minimum Required Sample Size	IPP	Minimum Required Sample Size
≥ 1530	306	≥ 510	102
765–1529	20% of IPP	255 – 509	20% of IPP
153–764	153	51 – 254	51
6–152	100% of IPP	< 51	100% of IPP
0–5	Submission is encouraged but not required. If submission occurs, 1–5 cases may be submitted.		

PLEASE NOTE: Hospitals that do not have an ED:

- May submit an [IPPS Quality Reporting Programs Measure Exception Form](#) for the ED Measure for CY 2019. This form must be renewed at least annually.
- Do not need to submit patient-level abstractions for the ED-2 measure, if they have an ED measure exception. For Population and Sampling reporting, they would report the number of patients who met the Global IPP criteria for each month and then report zeros for the monthly sample sizes.

Important Information on the Global IPP and Sepsis Samples:

- Providers should determine if cases selected for the Global sample meet the IPP requirements for Sepsis; if so, also include those cases in the sample selected for Sepsis. Refer to Section 4: Population and Sampling, page 4-4, of the [Specifications Manual, Version 5.6](#) for further guidance.
- If appropriate, cases will be excluded from the denominator of a measure, both ED-2 and SEP-1, as part of the abstraction process per the measure’s algorithm. Cases with denominator exclusions should still be abstracted and submitted to the CMS Clinical Data Warehouse. These cases count toward your minimum required sample submissions.

Sepsis IPP

The population of the SEP measure set is identified using five data elements:

- *ICD-10-CM Principal Diagnosis Code*
- *ICD-10-CM Other Diagnosis Code*
- *Admission Date*
- *Birthdate*
- *Discharge Date*

Patients who are included in the SEP IPP and eligible to be sampled must meet the following criteria:

- Admitted for inpatient acute care
- Age ≥ 18 years (*Admission Date* minus *Birthdate*)
- LOS ≤ 120 days (*Admission Date* minus *Discharge Date* less than or equal to 120 days)
- *ICD-10-CM Principal or Other Diagnosis Code* for Sepsis as defined in Appendix A, Table 4.01

Hospitals performing **quarterly** or **monthly** sampling for Sepsis must ensure that their IPP and sample size meet the following conditions:

Sepsis Quarterly Sampling		Sepsis Monthly Sampling	
IPP	Minimum Required Sample Size	IPP	Minimum Required Sample Size
≥ 301	60	≥ 101	20
151–300	20% of IPP	51 – 100	20% of IPP
30–150	30	10 – 50	10
6–29	100% of IPP	< 10	100% of IPP
0–5	Submission encouraged but not required. If submission occurs, 1–5 cases may be submitted.		

Tools and Resources for Quality Reporting

Check out the latest and greatest quality reporting tools and resources:

- [Q2 2019 Hospital IQR Program Checklist](#)
- [FY 2021 Hospital IQR Program Guide](#)
- [CMS Inpatient Value, Incentives, and Quality Reporting Programs Overview](#)

Acronyms

Acronym	Term
ACH	Acute Care Hospital
C. diff or C. difficile	<i>Clostridium difficile</i>
CAUTI	Catheter-Associated Urinary Tract Infection
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> Infection
CLABSI	Central Line-Associated Blood Stream Infection
CMS	Centers for Medicare & Medicaid Services
CY	Calendar Year
DACA	Data Accuracy and Completeness Acknowledgement
ED	Emergency Department
FacWideIN	Facility-Wide Inpatient
FY	Fiscal Year
HAC	Hospital-Acquired Condition
HAI	Healthcare-Associated Infection
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
ICU	Intensive Care Unit
IPF	Inpatient Psychiatric Facility
IPFQR	Inpatient Psychiatric Facility Quality Reporting
IPP	Initial Patient Population
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IRF	Inpatient Rehabilitation Facility
LabId	Laboratory-Identified
LOS	Length of Stay
LTCH	Long-Term Care Hospital
MDRO	Multidrug-resistant Organisms
MED	Medical
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
PC	Perinatal Care
PCH	PPS-Exempt Cancer Hospital
PPS	Prospective Payment System
Q	Quarter
SEP	Sepsis
SSI	Surgical Site Infection
SURG	Surgical
V	Version
VBP	Value-Based Purchasing
VIQR	Value, Incentives, and Quality Reporting