



PPS-Exempt Cancer Hospitals Quality Reporting Program

Support Contractor

PCHQR: Maximizing Your NHSN Reporting and Data Experience

Questions & Answers

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Question 1: Are you able to capture the SIR when CMS takes their snapshot, even if the facility has entered additional information for that specific timeframe?

Answer 1: NHSN is connected to a live database that always allows a facility to analyze data in nearly “real time.” Therefore, we encourage hospitals to save a copy, electronic and/or paper, of the CMS reports generated within NHSN for each upcoming quarter’s deadline, as these reports will mirror the data that would be submitted to CMS for your hospital. If the data in these reports are inaccurate or missing for a quarter, then the same issue would occur when submitting to CMS for your hospital. These reports should be saved after ensuring the data are complete and accurate, and these should be run off of newly generated datasets, as close as possible prior to the deadline. In addition, each report will include a date/time stamp that datasets were last generated, which can help in researching any changes between reports. For more information on the data elements required for CMS reporting, as well as information on using each CMS-related report within NHSN, please visit the NHSN CMS Reporting page: <http://www.cdc.gov/nhsn/cms/index.html>. Hospitals can also check to see when records were created, and last modified in NHSN. However, the modification date will only show the date/time of the last update and will not detail what information on the record changed. The variables “createDate” and “modifyDate” can be added to the line lists found in the “Advanced” section of the output options screen, including the “Line Listing – Patient Safety Plans” and the “Line Listing – All

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Summary Data” output options. For more information about the Analysis Output Options, please visit: <http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html>.

Question 2: Can you please explain the "In Plan" data again? Do hospitals need to choose this plan for their data to be reported to CMS?

Answer 2: “In Plan” refers to the data being reported to NHSN according to the monthly reporting plan. A hospital must enter a reporting plan for each month of the year. For the Device-associated (DA) Module, a hospital must list each unit under surveillance and check the boxes for each DA event followed in that unit, for that month. For the Procedure-associated (PA) module, a hospital must select each procedure category under surveillance, and then select the setting (i.e., inpatient, outpatient) that procedures will be followed for SSIs. **Only in-plan data are submitted to CMS.** The requirement for in-plan data is referenced in the Operational Guidance and supporting documentation on the NHSN CMS reporting webpage: <http://www.cdc.gov/nhsn/cms/index.html>.

Question 3: Patient days – my facility provides me adjusted patient days and then just total patient days. Do I use the adjusted?

Answer 3: The patient days reported to NHSN should be those that align with the NHSN protocol for collection of these surveillance data. That is, patient days and device days must be collected at the same time, every day, per location.

Question 4: If an outstanding alert is not resolved for one record, is just the one record not sent, or are all records for the month not sent?

Answer 4: The alerts apply to all of the data for that row in the alert table. For example, if a hospital has an alert for “Missing Events” for the Oncology ICU, January 2015, CLABSI, then no CLABSI data would be submitted to CMS for the Oncology ICU for January 2015 until the “Report No Events” box is checked or a CLABSI event is reported for that unit and month.

Question 5: Denominator Data – for COLO cases, denominator data would be Total # of COLO procedures done monthly and NOT the total surgical procedures done overall for the month, correct?

Answer 5: The denominator collected for SSI surveillance is entered as one record per procedure performed in that category. These data are then used for the denominator of the SIR, such that the number of expected (or predicted) infections is the sum of the calculated risk for each procedure included in the risk model. The set of procedures (i.e., denominator) used in the calculation of the SIR differs depending on

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the SIR model used. For details, please see the Data Analysis section of the NHSN SSI protocol chapter:

<http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf?agree=yes&next=Accept>.

Question 6:

CAUTI or CLABSI: Explain how to handle a situation when a unit/location was open for less than three months in the quarter – the unit/location either opened midway in the quarter or closed midway in the quarter. What is the best way to handle this situation so that the data submission is viewed as ‘complete?’ Should the user go back and enter ‘Report No Events’ for the month it was not open and enter ‘0’ for the denominator (Patient Days and Device Days? Or, if the unit/location closed, should the user ‘inactivate’ or delete the unit/location on the Monthly Reporting Plan for the month the unit/location was not open? If so, will the data in either scenario be viewed as ‘complete’ or continue to be ‘incomplete?’

Answer 6:

If a location was closed/not operational for only part of a quarter, we recommend including that location in the monthly reporting plan for each month of a quarter. In addition, the hospital should enter denominator data for each month of the quarter, entering ‘0’ patient days for each month in which the location was closed for the entire month. This can serve as an indication to the hospital that the location was not operational; otherwise, if no data were entered, the hospital may need to “back track” later to determine if the location was closed, or if data were mistakenly not entered. By entering ‘0’ patient days, the device days will automatically default to ‘0,’ and the “No Events” verification will be checked. If a location opens mid-month, the hospital should report patient days and device days for the time in which the location was open and operational.

Question 7:

What is an excellent website to secure National Baseline Data with regard to Expected or Predicted # of Events?

Answer 7:

Information about the calculation of the SIRs for device-associated infections and SSIs can be found here:

http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf. In addition, we have described the calculation of the number of expected infections in our recent analysis trainings, presented in February, 2015. These trainings are available from: <http://www.cdc.gov/nhsn/Training/analysis/index.html>.