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Troubleshooting Audio

Audio from
computer speakers
breaking up?

Audio suddenly
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Click Refresh icon

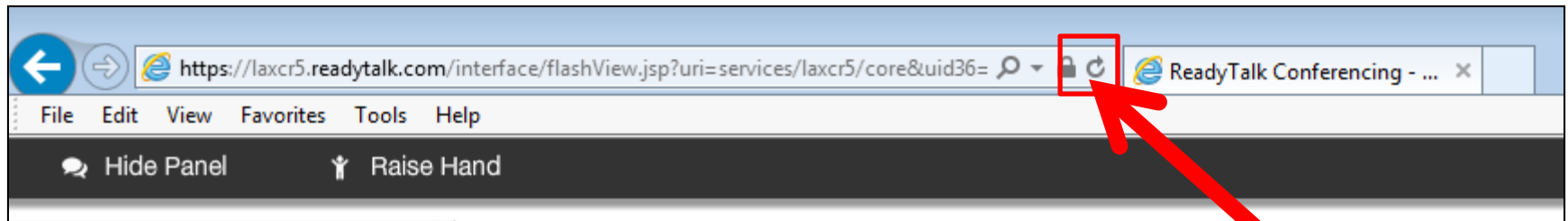
– or –

Click F5



F5 Key

Top Row of Keyboard

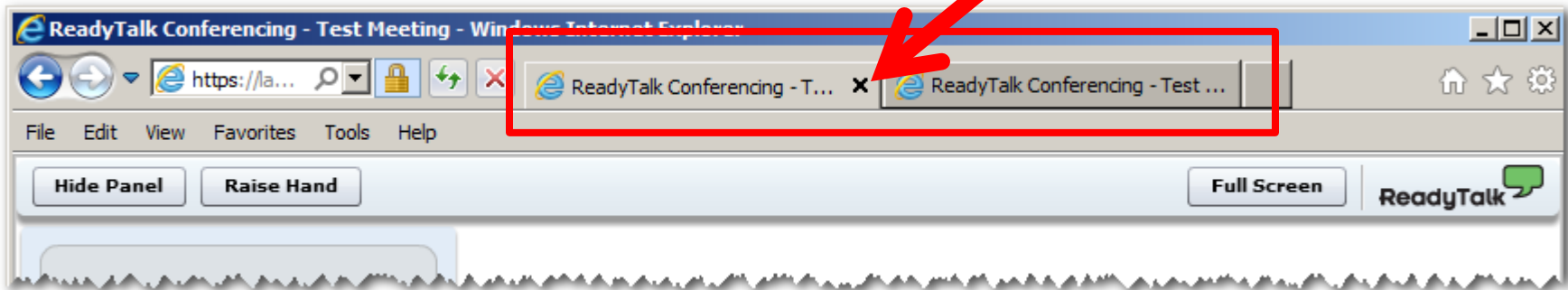


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browser Tabs Open to Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The interface is split into two main sections. The left section is a vertical chat window with a white background and a blue border. At the top of the chat window are buttons for "Hide Chat" and "Raise Hand". At the bottom of the chat window is a text input field labeled "Type questions here." and a "Send" button. The right section has a grey background. At the top center is the CMS logo, which consists of a blue and yellow swoosh above the letters "CMS" and the text "CENTERS FOR MEDICARE & MEDICAID SERVICES" below it. Below the logo, the text "Welcome to Today's Event" is displayed in a large, blue, sans-serif font. At the bottom of the right section, a yellow horizontal line separates a grey area containing the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized, blue font. The top of the screenshot shows a dark grey header with buttons for "Full Screen" and "ReadyToGo".



Healthcare-Associated Infection (HAI) Measures: Reminders and Updates

September 27, 2017

Speakers

Bethany Wheeler-Bunch, MSHA

Project Lead, Hospital Value-Based Purchasing (VBP) Program
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor (SC)

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Centers for Disease Control and Prevention (CDC)

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DHQP, NCEZID, CDC

Moderator

Maria Gugliuzza, MBA

Project Manager, Hospital VBP Program, VIQR Outreach and Education SC

Purpose

This event will provide reminders and updates for the Healthcare-Associated Infection (HAI) measures included in the Centers for Medicare & Medicaid Services (CMS) hospital quality programs.

Objectives

Participants will be able to perform the following:

- Recall how the HAI measures are used in CMS hospital quality programs
- Discuss the use of the National Healthcare Safety Network (NHSN) database for CMS quality reporting programs
- Identify steps to improve data entry and submissions
- Review trouble-shooting tips and ways to validate data completeness and submission
- Describe best practices in HAI data tracking as part of ongoing quality initiatives

Acronyms

ACA	Affordable Care Act	ICU	intensive care unit
ACH	acute care hospital	IRF	inpatient rehabilitation facility
CAUTI	catheter-associated urinary tract infection	IQR	Inpatient Quality Reporting
CCN	CMS Certification Number	LabID	laboratory identified
CDC	Centers for Disease Control and Prevention	LOS	length of stay
CDI	<i>Clostridium difficile</i> infection	MBI-LCBI	Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections
CLABSI	central line-associated bloodstream infection	MRP	monthly reporting plan
CMS	Centers for Medicare & Medicaid Services	MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
COLO	colon surgery	NHSN	National Healthcare Safety Network
CY	calendar year	ONC	oncology
ED	emergency department	PATOS	present at time of surgery
FY	fiscal year	PPSR	Percentage Payment Summary Report
HAC	hospital-acquired condition	QRP	Quality Reporting Program
HACRP	Hospital-Acquired Condition Reduction Program	SIR	Standardized Infection Ratio
HAI	healthcare-associated infection	SSI	surgical site infection
HSR	hospital specific report	TPS	Total Performance Score
HYST	abdominal hysterectomy surgery	VBP	Value-Based Purchasing

Hospital Value-Based Purchasing (VBP) Program

Bethany Wheeler-Bunch, MSHA

Project Lead, Hospital VBP Program

Hospital Inpatient VIQR Outreach and Education SC

FY 2018

Domains and Measures

SAFETY

1. **PSI 90:** Complication/patient safety for selected indicators (composite)
2. **CDI:** Clostridium difficile Infection
3. **CAUTI:** Catheter-Associated Urinary Tract Infection
4. **CLABSI:** Central Line-Associated Bloodstream Infection
5. **MRSA:** Methicillin-resistant Staphylococcus aureus Bacteremia
6. **SSI:** Surgical Site Infection Colon Surgery and Abdominal Hysterectomy
7. **PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

CLINICAL CARE

1. **MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate

EFFICIENCY AND COST REDUCTION

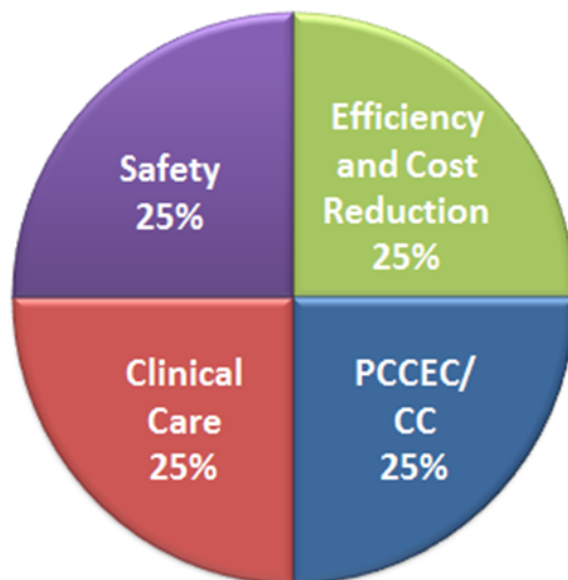
1. **MSPB:** Medicare Spending per Beneficiary (MSPB)

PATIENT- AND CAREGIVER-CENTERED EXPERIENCE OF CARE/CARE COORDINATION (Experience of Care)

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition*
8. Overall Rating of Hospital

Domain Weights



An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

FY 2019 and FY 2020 Domains and Measures

SAFETY

1. **CDI:** Clostridium difficile Infection
2. **CAUTI:** Catheter-Associated Urinary Tract Infection
3. **CLABSI:** Central Line-Associated Blood Stream Infection
4. **MRSA:** Methicillin-Resistant Staphylococcus aureus Bacteremia
5. **SSI:** Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
6. **PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

Domain Weights



EFFICIENCY AND COST REDUCTION

1. **MSPB:** Medicare Spending per Beneficiary (MSPB)

CLINICAL CARE

1. **MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate
4. **THA/TKA:** Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Person and Community Engagement

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition
8. Overall Rating of Hospital

Frequently Asked Question

Question:

Why don't my NHSN HAI measure data in Hospital VBP match the data reported on *Hospital Compare* or my data in NHSN?

Answer:

There are three possible reasons why your data do not match:

- Central line-associated bloodstream infection (CLABSI)/ Catheter-associated urinary tract infection (CAUTI) expanded locations
 - The Hospital Inpatient Quality Reporting (IQR) Program started reporting expanded locations with calendar year (CY) 2015 data, but the Hospital VBP Program will not start until fiscal year (FY) 2019.
- New standard population (baseline)
 - The CDC updated its standard population with CY 2015 data, but the Hospital VBP Program will not use the update until FY 2019.
- Updates to data made in NHSN after the quarterly submission deadlines will not be reflected in CMS programs.

NHSN Measures

Standard Population Data

Routine Maintenance

- CDC updated the standard population data (a.k.a. national baseline) to ensure the NHSN measures' number of predicted infections reflect the current state of HAIs in the United States.
 - CAUTI standard population data are CY 2009.
 - CLABSI and SSI standard population data are CY 2006–2008.
 - CDI and MRSA standard population data are CY 2010–2011.
- Beginning with CY 2015, CDC collected data in order to update the standard population for all measures listed above.

Data Period	FY 2017 Program Year	FY 2018 Program Year	FY 2019 Program Year	FY 2020 Program Year
NHSN Measures Baseline Period	Current standard population data	Current standard population data	New standard population data	New standard population data
NHSN Measures Performance Period	Current standard population data	Current standard population data	New standard population data	New standard population data

CLABSI and CAUTI Locations

Data Period	FY 2017 Program Year	FY 2018 Program Year	FY 2019 Program Year	FY 2020 Program Year
Hospital VBP Program Baseline Period	<p>CLABSI: Adult, Pediatric, and Neonatal intensive care unit (ICU) locations</p> <p>CAUTI: Adult and Pediatric ICU locations</p>	<p>CLABSI: Adult, Pediatric, and Neonatal ICU locations</p> <p>CAUTI: Adult and Pediatric ICU locations</p>	<p>CLABSI: Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p> <p>CAUTI: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p>	<p>CLABSI: Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p> <p>CAUTI: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p>
Hospital VBP Program Performance Period	<p>CLABSI: Adult, Pediatric, and Neonatal ICU locations</p> <p>CAUTI: Adult and Pediatric ICU locations</p>	<p>CLABSI: Adult, Pediatric, and Neonatal ICU locations</p> <p>CAUTI: Adult and Pediatric ICU locations</p>	<p>CLABSI: Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p> <p>CAUTI: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p>	<p>CLABSI: Adult, Pediatric, and Neonatal ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p> <p>CAUTI: Adult and Pediatric ICUs and Adult or Pediatric Medical, Surgical, and Medical/Surgical Wards</p>

Reviewing Your Data: CDC NHSN Measures

Stage One: Patient-Level Data Review

- Hospitals have approximately 4.5 months after the quarterly reporting period ends to submit their data.
- Hospitals should use this time to ensure accuracy of the data and make any necessary corrections.
- Corrections to the data cannot be made after the submission deadline.
- HAI data that have been changed in NHSN **after** the submission deadline will **not** be reflected in any of the CMS programs, CMS reports, or on *Hospital Compare*.

Reviewing Your Data: Hospital VBP Program

Stage Two: Scoring/Eligibility Review

- Hospitals have approximately 30 days to request a review and correction following the release of the percentage payment summary report (PPSR).
 - Hospitals may review and request recalculation of scores on each condition, domain, and Total Performance Score (TPS).
 - Requests for submission of new or corrected data, including claims to the underlying measure data, are **not** allowed.
 - Specific to the HAI measures, the Review and Corrections period does not allow hospitals to correct the following:
 - Reported number of HAIs
 - Standardized Infection Ratios (SIRs)
 - Reported central-line days, urinary catheter days, surgical procedures performed, or patient days
- Hospitals may appeal the calculation of their performance assessment within 30 calendar days of receipt of the CMS review and correction decision.
- For more information, visit *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPag e%2FQnetTier3&cid=1228772479558>

Hospital VBP Program Resources

Technical questions or issues related to accessing reports

- Email the *QualityNet* Help Desk at gnetsupport@HCQIS.org
- Call the *QualityNet* Help Desk at (866) 288-8912

Ask questions or access Frequently Asked Questions (FAQs) related to Hospital VBP

- Submit questions or access the FAQs via the Hospital Inpatient Questions and Answers tool at <https://cms-ip.custhelp.com>
- Call the Hospital Inpatient program at (844) 472-4477

Hospital VBP Program general information

- <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772039937>

Hospital VBP Program ListServes and discussions

- Register at <https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

Hospital VBP Program monthly webinars

- Find archived webinars and future webinar schedule and registration at <http://www.qualityreportingcenter.com>

Hospital VBP Program data and scoring on *Hospital Compare*

- View data up to FY 2017 at <http://www.medicare.gov/hospitalcompare/data/hospital-vbp.html>

Hospital-Acquired Condition Reduction Program (HACRP)

Elizabeth Bainger, DNP, RN, CPHQ

Program Lead, HACRP

QMVIG, CCSQ, CMS

Background

- The HAC Reduction Program (HACRP) was established to incentivize hospitals to reduce the number of HACs.
- HACs include patient safety events (e.g., falls) and HAIs (e.g., surgical site infections).
- HACRP was mandated by section 3008 of the 2010 Affordable Care Act (ACA). CMS started applying payment adjustments with FY 2015 discharges (beginning October 1, 2014).
- In FY 2018, hospitals that rank in the worst-performing 25 percent of all subsection (d) hospitals will receive a one percent payment adjustment of what could have been otherwise paid.

Measures

Measure	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Recalibrated PSI 90 Composite: Patient Safety for Selected Indicators	√	√	√	Blank	Blank
Modified Recalibrated PSI 90 Composite: Patient Safety and Adverse Events Composite	Blank	Blank	Blank	√	√
Central Line-Associated Bloodstream Infection (CLABSI)	√	√	√	√	√
Catheter-Associated Urinary Tract Infection (CAUTI)	√	√	√	√	√
Surgical Site Infection (SSI) (Abdominal Hysterectomy and Colon Procedures)	Blank	√	√	√	√
Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia	Blank	Blank	√	√	√
Clostridium difficile Infection (CDI)	Blank	Blank	√	√	√

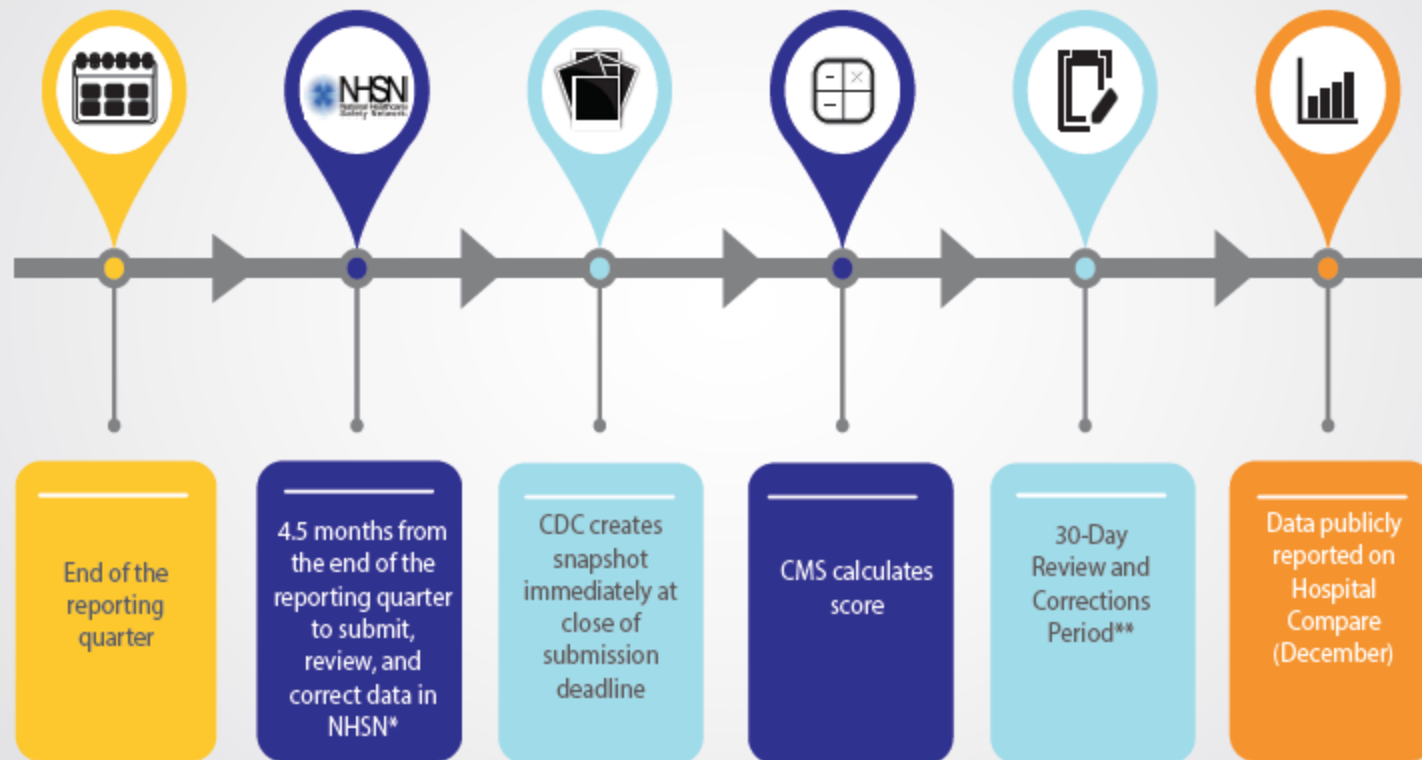
Performance Periods and Domain Weights

Fiscal Year	Measures Included	Performance Period	Domain Weighting
FY 2018	Domain 1: Modified Recalibrated PSI 90 Composite Domain 2: CDC NHSN Measures (CLABSI, CAUTI, SSI, MRSA, CDI)	Domain 1: 7/1/2014–9/30/2015* Domain 2: 1/1/2015–12/31/2016 * Shortened period	Domain 1: 15% Domain 2: 85%
FY 2019	Domain 1: Modified Recalibrated PSI 90 Composite Domain 2: CDC NHSN Measures (CLABSI, CAUTI, SSI, MRSA, CDI)	Domain 1: 10/1/2015–6/30/17 Domain 2: 1/1/2016–12/31/2017	Domain 1: 15% Domain 2: 85%

Updates to HAI Measures in FY 2018

- Used CY 2015 as the new baseline for all CDC NHSN measures and updated risk adjustment in all models
- Changed the CDI community-onset prevalence rate, which determines hospital outliers for all quarters in the performance period, to greater than 2.6
- Removed the outlier designation for MRSA under the updated risk-adjustment model
- Expanded CLABSI and CAUTI measures beyond ICUs to include data from medical, surgical, and medical-surgical wards
- Removed the No Facilities waiver for CLABSI and CAUTI measures because of the ward expansion

Healthcare-Associated Infection (HAI) Data Flow



*Eligible hospitals have until May 15th of each year to submit an HAI exception form for CLABSI, CAUTI, and SSI only

**The Review and Corrections period does not allow hospitals to correct: (1) reported number of HAIs; (2) Standardized Infection Ratios (SIRs); and (3) reported central-line days, urinary catheter days, surgical procedures performed, or patient days.

Review and Corrections Period

- CMS distributes HACRP Hospital-Specific Reports (HSRs) via the *QualityNet Secure Portal*.
- CMS gives hospitals 30 days to review their HACRP data, submit questions about the calculation of their results, and request corrections of calculation errors.

CDC NHSN Measures

- CMS calculates the CLABSI, CAUTI, SSI, MRSA, and CDI HAI measures using chart-abstracted data submitted by hospitals via the NHSN.
- The HACRP Review and Corrections period does not allow hospitals to correct the following:
 - Reported number of HAIs
 - SIRs
 - Reported central-line days, urinary catheter days, surgical procedures performed, or patient days

CDC NHSN Measures

- Under the Hospital IQR Program, hospitals can submit, review, and correct the CDC NHSN HAI data for 4.5 months after the end of the reporting quarter.
- Immediately following the submission deadline, the CDC effectively creates a snapshot of the data and sends this to CMS. CMS does not receive or use data entered into NHSN after the submission deadline.
- Hospitals are strongly encouraged to review and correct their data prior to the HAI submission deadline.

Resources

- HACRP general information on *QualityNet*:
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166
- HACRP information on CMS: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html>
- Fiscal Year 2017 Hospital Inpatient Prospective Payment System Final Rule:
<https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>
- HACRP data on *Hospital Compare*:
<https://www.medicare.gov/hospitalcompare/HAC-reduction-program.html>.
- HACRP payment penalty file: <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html>.
- HACRP Review and Corrections overview:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228774298670>
- Stakeholder questions can be directed to hacrp@lantanagroup.com.

Measure Exception Form

Bethany Wheeler-Bunch, MSHA

Project Lead, Hospital VBP Program

Hospital Inpatient VIQR Outreach and Education SC

Measure Exception Form

- Provides a mechanism for hospitals to notify CMS when they do not have any measure specific locations and/or treat patients related to the specific hospital reporting program measures
- May be used by the following programs:
 - Hospital IQR
 - HAC Reduction

Measure Exception Form

- May be used for the following measures:
 - Perinatal Care (PC-01) starting with 3Q 2015
 - Emergency Department (ED-1 and ED-2) starting with 3Q 2015
 - HAI Measures
 - SSI
 - CAUTI
 - CLABSI
- Must be renewed at least annually

SSI Exception

Specified Colon and Abdominal Hysterectomy Surgical Procedures

- Only hospitals that performed **nine or fewer of any of the specified colon and abdominal hysterectomy combined** in the calendar year prior to the reporting year are eligible for the SSI measure exception.

<input type="checkbox"/>	SSI – Colon Surgery (SSI-Colon and SSI-Abdominal Hysterectomy)		
	Hospital performed a combined total of 9 or fewer colon surgeries and abdominal hysterectomies in the calendar year prior to the reporting year.		
Calendar Year prior to reporting year (YYYY)	<input type="text"/>	Number of procedures performed	<input type="text"/>
Exclusion requested for Calendar Year (YYYY)	<input type="text"/>		

CLABSI and CAUTI Exception

- Hospitals are required to report CAUTI and CLABSI data from all patient care locations that are mapped by the NHSN as:
 - Adult and Pediatric Medical, Surgical, and Medical/Surgical wards.
 - ICUs.
- The ward locations will be limited to those locations that are mapped or defined as:

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

CLABSI and CAUTI Exception

Hospitals that have no ICU locations or Adult or Pediatric Medical, Surgical, or Medical/Surgical wards are eligible for the measure exception.

<input type="checkbox"/> Catheter-Associated Urinary Tract Infection (CAUTI) Hospital has no ICU locations or Adult or Pediatric Medical, Surgical, or Medical/Surgical wards. Calendar Year (YYYY) <input type="text"/>	<input type="checkbox"/> January 1 through March 31 <input type="checkbox"/> July 1 through September 30	<input type="checkbox"/> April 1 through June 30 <input type="checkbox"/> October 1 through December 31
<input type="checkbox"/> Central Line-Associated Bloodstream Infection (CLABSI) Hospital has no ICU locations or Adult or Pediatric Medical, Surgical, or Medical/Surgical wards. Calendar Year (YYYY) <input type="text"/>	<input type="checkbox"/> January 1 through March 31 <input type="checkbox"/> July 1 through September 30	<input type="checkbox"/> April 1 through June 30 <input type="checkbox"/> October 1 through December 31

Submission Instructions

- Locate the Measure Exception Form at:
http://www.qualityreportingcenter.com/wp-content/uploads/2017/01/IPPS_MeasureExceptionForm_01.25.2017-ff.508-2.pdf
 - Complete and Submit form by:
 - Email: QRSupport@hcqis.org
 - Secure Fax: 877.789.4443
 - *QualityNet Secure Portal*, Secure File Transfer: “WAIVER EXCEPTION WITHHOLDING” group
 - Submit form for:
 - Quarterly submissions by the CMS submission deadlines
 - Calendar Year 2018 by August 15, 2018*
- *These are recommended dates.

Successfully Reporting NHSN Data to Satisfy Hospital Quality Reporting Program Requirements

Maggie Dudeck, MPH

Lead, NHSN Methods and Analytics Team
DHQP, NCEZID, CDC

Prachi Patel, MPH

Public Health Analyst, NHSN Methods and Analytics Team
DHQP, NCEZID, CDC

Using NHSN: CMS

NHSN is used as the vehicle to:

- Report select measures which fulfill mandated HAI reporting requirements for CMS and the individual states.
- Voluntarily report HAI data that are of interest to hospitals and/or special study groups or initiatives.

Using NHSN: The Application

The NHSN application:

- Uses standard surveillance protocols to report events and eligible denominators.
- Allows data to be entered and analyzed by the hospital and groups using standardized protocols and risk-adjusted measures.

Using NHSN: Recommendations and Requirements for CMS Quality Reporting Programs

- Recommendations include:
 - Developing a routine schedule as to when your hospital will enter and analyze data in NHSN.
 - Using a checklist to ensure data are complete for each measure required.
 - Having back-up personnel who can use the NHSN system.
- Requirements include:
 - Collect and report data according to NHSN protocols.
 - Only share “In Plan” and complete data with CMS.

Using NHSN: Resources

- NHSN's CMS Reporting webpage:
<https://www.cdc.gov/nhsn/cms/index.html>
 - Operational Guidance documents describe NHSN reporting requirements to comply with CMS Quality Reporting Programs (QRPs).
 - CMS Reporting resources provide information on how to use CMS reports within NHSN and monthly reporting checklists.

Using NHSN: Resources

National Healthcare Safety Network (NHSN)

NHSN	CDC > NHSN
NHSN Login	CMS Requirements
About NHSN +	
Enroll Here +	CMS Resources for NHSN Users <ul style="list-style-type: none"> <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Operational Guidance for Acute Care Hospitals ★ <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Operational Guidance for Ambulatory Surgery Centers <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Operational Guidance for PPS-Exempt Cancer Hospitals <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Operational Guidance for Long-term Acute Care Facilities <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Operational Guidance for Inpatient Psychiatric Facilities <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Operational Guidance for Inpatient Rehabilitation Facilities <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Outpatient Dialysis Facilities
Materials for Enrolled Facilities +	
2015 Rebaseline	
Group Users +	
Analysis Resources +	
Annual Reports	
CMS Requirements -	
CDC and CMS Issue Joint Reminder on NHSN Reporting	
CMS Quality Reporting Programs FAQs	
FAQs About NHSN and CMS ESRD QIP Rule	
National Quality Forum (NQF)	CMS Reporting <ul style="list-style-type: none"> <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> Importance of NHSN Reporting ★ <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> CLABSI (Acute Care Hospitals) ★ <li style="background-color: #f0f0f0; padding: 5px; margin-bottom: 5px;">> CLABSI (PPS-Exempt Cancer Hospitals)
Newsletters	
E-mail Updates	

★ Resources

- Healthcare Facility HAI Reporting Requirements to CMS via NHSN Current and Proposed Requirements September 2015 [PDF - 102K]
- Reporting Requirements and Deadlines in NHSN per CMS Current Rules September 2015 [PDF - 157K]
- Hospital Inpatient Quality Reporting Program. [↗](#)
- CMS' Hospital Compare tool [↗](#)
- CMS Inpatient Prospective Payment System (IPPS) Rule [↗](#)
- Changing a CCN within NHSN (updated July 2015) [PDF - 290K]

Sharing NHSN Data with CMS

- CDC sends NHSN data to CMS, on behalf of participating hospitals.
- CMS prescribes the quarterly deadline date/time.
 - CDC takes a snapshot of the NHSN database at the prescribed time.
 - CDC compiles SIRs based on the snapshot and sends to CMS on the first business day after the deadline.

Sharing NHSN Data with CMS

- Data for a given quarter are considered **frozen** at the time of each quarterly deadline and are never updated with a new snapshot of the NHSN database.
- NHSN data for CMS programs that reflect multiple quarters of data use data that were frozen at each quarterly deadline.
- It's important to make sure your hospital's data are accurate and complete in time for the deadline!

NHSN Resource Monthly Checklist

<https://www.cdc.gov/nhsn/pdfs/cms/ACH-Monthly-Checklist-CMS-IQR.pdf>

NHSN Monthly Checklist for Reporting to CMS Hospital IQR

CCN: _____

Month/Year: _____

	CAUTI	CLABSI	FACWIDEIN LabID Event	SSI	HCP Influenza Vaccination (seasonal)
Monthly Plan	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	<input type="checkbox"/>
Seasonal Influenza Vaccination Summary Data					<input type="checkbox"/>
Monthly Denominator Data	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> FACWIDEIN <input type="checkbox"/> ED <input type="checkbox"/> Observation	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	
If Zero Events or Zero procedures (SSIs only), Report no Events or no	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	

Monthly CHECKLIST

Use a monthly checklist to ensure data are complete by the deadline and will be submitted to CMS:

- Confirm (and update if necessary) CCN in NHSN.**
- Review Monthly Reporting Plans (MRPs) and update if necessary.
- Identify and enter all required events into NHSN.
- Enter denominator data for each month under surveillance.
- Resolve “Alerts,” if applicable.
- Use NHSN Analysis Reports to verify accuracy and completion of data entry **prior to** CMS deadline.

Confirm CCN in NHSN

- A hospital's CCN applies to **ALL** CMS-related reporting in NHSN for the ACH.
- It is important to double- and triple-check this number.
- Edits to the CCN must be completed by an administrative user (e.g., facility administrator).

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Surveys
- Analysis
- Users
- Facility**
- Group
- Logout

Edit Facility Information

Mandatory fields marked with *

[Facility Information](#) [Components](#) [Contact Information](#)

Facility Information

Facility ID: 10000

AHA ID: [N/A]

★ CMS Certification Number (CCN): 32M22222 [Edit CCN](#)

Effective Date of CCN: 01/02/2017 2017Q1

VA Station Code: [N/A]

Object Identifier: 2.111.111.111.10000

Facility name *: DHQP Memorial Hospital

Address Line 1 *: 57 Executive Park Drive

Address Line 2: Bldg. 57, 4th Floor

Address Line 3: xxx

City *: Atlanta

State *: GA - Georgia

County *: Fulton

Phone *: 30329

Phone *: 404-498-1100

Zip Code: []

Zip Code Ext: []

Ext: []

Update CCN in NHSN

Instructions for updating your hospital's CCN in NHSN can be found at:

<http://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf>.

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN.
- Review Monthly Reporting Plans(MRPs) and update if necessary.**
- Identify and enter all required events into NHSN.
- Enter denominator data for each month under surveillance.
- Resolve “Alerts,” if applicable.
- Use NHSN Analysis Reports to verify accuracy and completion of data entry **prior to** CMS deadline.

Review the Monthly Reporting Plan

- The Monthly Reporting Plan (MRP) informs CDC as to:
 - Which modules a facility is following during a given month.
 - Referred to as “In-Plan” data
 - Which data can be used for aggregate analyses.
 - Which data can be shared with CMS, per the scope of the CMS program.
- A facility must enter a Plan for every month of the year.
- Plans can be modified retrospectively

Review Monthly Reporting Plans

IMPORTANT!

- NHSN will only submit data to CMS for those complete months in which applicable data are indicated on the MRP.
- If data required by QRP are not included in the MRPs, those data will not be submitted to CMS!

Review Monthly Reporting Plan

Current MRP requirements for Hospital IQR:

- **CLABSI:** All ICUs and NICUs, and all adult and pediatric medical, surgical, and medical/surgical wards
- **CAUTI:** All ICUs and all adult and pediatric medical, surgical, and medical/surgical wards
- **MRSA blood LabID** and **CDI LabID: FacWideIN** *plus* all **ED** and **Observation** units, if applicable
- **SSI:** Inpatient **COLO** and **HYST**

Review Monthly Reporting Plan

Example Plan for CLABSI and CAUTI:

Using this example:

- **CARDCRIT**: ICU location – CLABSI and CAUTI are in-plan. Complete data would be shared with CMS. VAE data are in-plan, but are not shared.

Mandatory fields marked with *


Facility ID *: DHQP MEMORIAL HOSPITAL (ID 10018)

Month *: April

Year *: 2017

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP (<18 years)
	CARDCRIT - MED CARD CRIT <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MD WARD - MED WARD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AMAU - ADULT MIXED ACUTIY UNIT <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

Review Monthly Reporting Plan

Example Plan for CLABSI and CAUTI:

Using this example:

- **MD WARD:** Medical ward–CAUTI is in-plan. complete CAUTI data would be shared with CMS.
 - If CLABSI data are entered, they would *not* be shared with CMS as they are not in-plan for this location and month.

Mandatory fields marked with *

Facility ID *: DHQP MEMORIAL HOSPITAL (ID 10018)

Month *: April

Year *: 2017

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP (<18 years)
	CARDCRIT - MED CARD CRIT <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MD WARD - MED WARD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AMAU - ADULT MIXED ACUTIY UNIT <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review Monthly Reporting Plan

Example Plan for CLABSI and CAUTI:

Using this example:

- **AMAU:** Mixed Acuity Unit – CLABSI and CAUTI are in-plan, but data would not be shared with CMS, as this location type is not in scope for HIQR program.

Mandatory fields marked with *

Facility ID *: DHQP MEMORIAL HOSPITAL (ID 10018)

Month *: April

Year *: 2017

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP (<18 years)
	CARDCRIT - MED CARD CRIT <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MD WARD - MED WARD <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AMAU - ADULT MIXED ACUTIY UNIT <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN.
- ✓ Review Monthly Reporting Plans (MRPs) and update if necessary.
- Identify and enter all required events into NHSN.**
- Enter denominator data for each month under surveillance.
- Resolve “Alerts,” if applicable.
- Use NHSN Analysis Reports to verify accuracy and completion of data entry **prior to** CMS deadline.

Enter Events

- Perform surveillance according to NHSN protocols and definitions.
- Enter events that meet the NHSN surveillance definition of that event type.
- Add events by using the **Event > Add** option in NHSN.
- **Link each SSI to a procedure record in NHSN.**
 - This link is required.
 - Patient ID is the primary identifier.

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN.
- ✓ Review Monthly Reporting Plans (MRPs) and update if necessary.
- ✓ Identify and enter all required events into NHSN.
- Enter denominator data for each month under surveillance.**
- Resolve “Alerts,” if applicable.
- Use NHSN Analysis Reports to verify accuracy and completion of data entry **prior to** CMS deadline.

Enter Denominator Data: CLABSI and CAUTI

- Denominator data must be entered for each required location, each month.
- Go to **Summary Data > Add**.
- Select the “Device Associated...” summary option application to the location.

Add Patient Safety Summary Data

Summary Data Type: ▼

Continue

Back

Enter Denominator Data: CLABSI and CAUTI

Enter patient days and device days, per the NHSN surveillance protocols.

Facility ID*:	10000 (DHQP Memorial Hospital)
Location Code*:	CMICU_N - CARDIAC ICU
Month*:	May
Year*:	2015
Report No Events	
Total Patient Days*:	<input type="text"/>
Central Line Days*:	<input type="text"/>
Urinary Catheter Days*:	<input type="text"/>
Ventilator Days:	<input type="text"/>
APRV Days:	<input type="text"/>
Episodes of Mechanical Ventilation:	<input type="text"/>
CLABSI:	<input type="checkbox"/>
CAUTI:	<input type="checkbox"/>
VAE:	<input type="checkbox"/>
PedVAP:	<input type="checkbox"/>

Enter Denominator Data: CLABSI and CAUTI

TIP! Pay attention to the red asterisks!

These indicate required fields and are driven off of the plans.

In this example, we know that CAUTI is not in-plan for this location/month – there is no red asterisk!

Report No Events	
Total Patient Days*:	<input type="text"/>
Central Line Days*:	<input type="text"/>
Urinary Catheter Days:	<input type="text"/>
Ventilator Days:	<input type="text"/>
APRV Days:	<input type="text"/>
Episodes of Mechanical Ventilation:	<input type="text"/>
CLABSI:	<input type="checkbox"/>
CAUTI:	<input type="checkbox"/>
VAE:	<input type="checkbox"/>
PedVAP:	<input type="checkbox"/>

Enter Denominator Data: CLABSI and CAUTI

Mandatory fields marked with *

Facility ID*: 10000 (DHQP Memorial Hospital)

Location Code*: CMICU_N - CARDIAC ICU

Month*: May

Year*: 2015

Report No Events

Total Patient Days*: 1000

Central Line Days*: 439

Urinary Catheter Days*: 365

Ventilator Days:

CLABSI:

CAUTI:

REQUIRED: If your hospital identified 0 events of a particular type for this month and location, check **“Report No Events”** for the event type.

Data are not complete unless an event of that type is reported or you have checked “Report No Events” to verify 0 events identified.

Locations Required for CLABSI and CAUTI

- Reporting requirements are based on how a unit is defined using the CDC definitions and instructions for mapping locations.
- Locations must be mapped and set-up in NHSN according to the “Instructions for Mapping Patient Care Locations in NHSN” on page 2 of the CDC Locations and Descriptions chapter.

http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Locations Required for CLABSI and CAUTI

- In addition to reporting CLABSI and CAUTI data from all adult, pediatric, and neonatal ICUs, CMS IPPS hospitals will also be required to report CLABSI and CAUTI data from **adult and pediatric medical, surgical, and medical/surgical wards.**

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

Locations Required for CLABSI and CAUTI

Any unit that meets the CDC definition for – and is mapped as – a specific type that is not an ICU, NICU, or one of the six wards listed (e.g., mapped as orthopedic ward, telemetry ward, step-down unit) would not be required to report CLABSI and CAUTI data for the CMS Hospital IQR Program in 2015; any CLABSI or CAUTI data reported from non-required units in NHSN will not be submitted to CMS.

Enter Denominator Data: COLO and HYST Procedures

- A procedure record must be entered for each inpatient COLO and HYST procedure performed in your hospital.
- Procedures can be entered by:
 - Procedure > Add
 - Import, via .csv file or CDA

Enter Denominator Data: MRSA Blood and CDI LabID

- On the summary data entry screen, select FacWideIN as the location for which you are entering the summary data. After selecting the FacWideIN location, month, and year, **six** summary data fields will become required.
- Details about how to complete these data can be found at this direct URL:
<https://www.cdc.gov/nhsn/pdfs/cms/acute-care-mrsa-cdi-labid-denominator-reporting.pdf>

Enter Denominator Data: MRSA Blood and CDI LabID

Used for the MRSA bacteremia SIR/rate calculations. Subtract counts from IRF and IPF units with unique CCN.

Location Code *: FACWIDEIN - Facility-wide Inpatient (FacW

Month *: January

Year *: 2017

General

Setting: Inpatient Total Facility Patient Days *: 1200

Total Facility Admissions *: 427

Setting: Outpatient Total Facility Encounters :

If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) from Totals:
MDRO Patient Days *: 1089 MDRO Admissions *: 354 MDRO Encounters:

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) from Totals:
as well as NICU and Well Baby counts from Totals:

CDI Patient Days *: 1080 CDI Admissions *: 310

Used for the *C. difficile* SIR/rate calculations. Subtract counts from IRF and IPF units with unique CCN, and subtract counts from NICUs and well-baby units.

Enter Denominator Data: MRSA blood and CDI LabID

In addition to a FacWideIN record, acute care hospitals also need to report denominators for each of the following, if applicable:

- Emergency Department (ED)
- Observation unit

NHSN Alerts and Analysis

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN.
- ✓ Review Monthly Reporting Plans (MRPs) and update if necessary.
- ✓ Identify and enter all required events into NHSN.
- ✓ Enter denominator data for each month under surveillance.
- Resolve “Alerts,” if applicable.**
- Use NHSN Analysis Reports to verify accuracy and completion of data entry **prior to** CMS deadline.

Resolve Alerts

- Alerts are generated for “In-Plan” data only.
- If the following alerts are not resolved, the data for that month are not complete and will not be submitted to CMS:
 - Missing events
 - Missing summary data
 - Missing procedures
 - Missing procedure-associated events

Resolve Alerts

NHSN - National Healthcare Safety Network

NHSN Home

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NHSN Patient Safety Component Home Page

TAP Strategy Dashboard

Action Items

COMPLETE THESE ITEMS

Confer Rights
Not Accepted

ALERTS

9 Incomplete Events	82 Missing Events	23 Incomplete Summary Items	314 Missing Summary Items	43 Incomplete Procedures	64 Missing Procedures	51 Missing Procedure-Associated Events
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Resolve Alerts: Missing Events

- A “Missing Events” alert will appear if your hospital did not report a CLABSI, CAUTI, or LabID event for a month/location.
- Verify that your hospital truly identified zero events of that type.
- If your hospital did not identify an event:
 - Check “Report No Events” on the Alert tab, or on the Denominator Data Record.
- If your hospital did identify an event:
 - Enter the event in NHSN.

Resolve Alerts: Missing Events

This is an example of the “Missing Events” Alert.

Note: After checking “Report No Events,” remember to click “Save.”

 Incomplete/Missing List

Incomplete Events
Missing Events
Incomplete Summary Data
Missing Summary Data
Incomplete Procedures
Missing Procedures
Missing Procedure-associated Events
Unusual Susceptibility Profile

Location	CDC Location	Month/Year	Alert Type	Event Type/Pathogen	Summary Data Form Type	Report No Events
ED	OUT:ACUTE:ED	02/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
0910	IN:ACUTE:WARD:REHAB	06/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
MICU-2	IN:ACUTE:CC:M	06/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
0910	IN:ACUTE:WARD:REHAB	07/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
3 CENTRAL	IN:ACUTE:WARD:M	07/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
0910	IN:ACUTE:WARD:REHAB	08/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
3 CENTRAL	IN:ACUTE:WARD:M	08/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
0910	IN:ACUTE:WARD:REHAB	11/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
3 CENTRAL	IN:ACUTE:WARD:M	11/2016	Missing in-plan events	CLIP	N/A	<input type="checkbox"/>
FACWIDEIN		11/2016	Summary but no events	LabID (All) - CDIF	MDRO	<input type="checkbox"/>

Save Reset

Back

Resolve Alerts: Missing Summary Data

- “Missing Summary Data” appears if your hospital did not report a denominator data record for an event, month, and/or location.
- This alert appears regardless of whether events of that type have been entered for that month/location.

Resolve Alerts: Missing Summary Data

Summary data (i.e., denominator data) can be entered by clicking the “Add Summary” link on the Alert screen.

Incomplete Events

Missing Events

Incomplete Summary Data

Missing Summary Data

Incomplete Procedures

Missing Procedures

Missing Procedure-associated Events

Unusual Susceptibility Profile

In-plan locations with no associated summary data.

Module	Location	CDC Location	Month/Year	Alert Type	Event Type
MDRO	FACWIDEIN	***	02/2012	No summary form Add Summary	LabID (All)
MDRO	CMICU_N	IN:ACUTE:CC:C	06/2012	No summary form Add Summary	IS
MDRO	FACWIDEIN	***	11/2012	No summary form Add Summary	LabID (All)
MDRO	FACWIDEIN	***	05/2013	No summary form Add Summary	LabID (All)
MDRO	FACWIDEIN	***	06/2013	No summary form Add Summary	LabID (Blood)
MDRO	FICU	IN:ACUTE:CC:M	11/2013	No summary form Add Summary	IS
DA	ONC MS	IN:ACUTE:CC:ONC_MS	12/2013	No summary form Add Summary	CAUTI
DA	ON_S	IN:ACUTE:CC:ONC_S	12/2013	No summary form Add Summary	CAUTI
DA	ON_S	IN:ACUTE:CC:ONC_S	12/2013	No summary form Add Summary	CLABSI
DA	FICU	IN:ACUTE:CC:M	02/2014	No summary form Add Summary	CAUTI

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Resolve Alerts: Missing Procedures

- The “Missing Procedures” alert will appear if your hospital did not report at least one procedure record for that month/procedure category/setting.
- Verify that your hospital truly performed zero procedures of that type.
- If your hospital did not perform any procedures in that category:
 - Check “Report No Procedures” on the Alert tab.
- If your hospital did perform procedures:
 - Enter the procedures into NHSN.

Resolve Alerts: Missing Procedures

This is an example of the “Missing Procedures” Alert.

Note: After checking “Report No Procedures,” remember to click “Save.”

Incomplete Events	Missing Events	Incomplete Summary Data	Missing Summary Data	Incomplete Procedures	Missing Procedures	Missing Procedure-associated Events	Unusual Susceptibility Profile
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Page 1 of 7			View 1 - 10 of 64
Month/Year	Procedures	Setting	No Procedures Performed
07/2015	COLO - Colon surgery	OUT - Outpatient	<input type="checkbox"/>
09/2015	COLO - Colon surgery	IN - Inpatient	<input type="checkbox"/>
10/2015	COLO - Colon surgery	IN - Inpatient	<input type="checkbox"/>
04/2016	HPRO - Hip prosthesis	IN - Inpatient	<input type="checkbox"/>
04/2016	HPRO - Hip prosthesis	OUT - Outpatient	<input type="checkbox"/>
06/2016	CHOL - Gallbladder surgery	IN - Inpatient	<input type="checkbox"/>
06/2016	CHOL - Gallbladder surgery	OUT - Outpatient	<input type="checkbox"/>
07/2016	CHOL - Gallbladder surgery	IN - Inpatient	<input type="checkbox"/>
07/2016	CHOL - Gallbladder surgery	OUT - Outpatient	<input type="checkbox"/>
08/2016	CARD - Cardiac surgery	IN - Inpatient	<input type="checkbox"/>
Page 1 of 7			View 1 - 10 of 64

Resolve Alerts:

Missing Procedure-Associated Events

- The “Missing Procedure-associated Events” alert appears if your hospital did not report at least one SSI event for a month/procedure category.
Note: This Alert is based on the date of procedure, not the date of event.
- Verify that your hospital truly identified zero events of that type.
- If your hospital did not identify an event:
 - Check “Report No Events” on the Alert tab.
- If your hospital did identify an event:
 - Enter the event in NHSN.

Resolve Alerts: Missing Procedure-Associated Events

This is an example of the “Missing Procedure-associated Events” Alert.

Note: After checking “Report No Events,” remember to click “Save.”

The screenshot displays a web application interface with a navigation bar at the top containing several tabs: Incomplete Events, Missing Events, Incomplete Summary Data, Missing Summary Data, Incomplete Procedures, Missing Procedures, Missing Procedure-associated Events (highlighted in green), and Unusual Susceptibility Profile. Below the navigation bar is a table with the following data:

Month/Year ↕	Procedures	SSI	Report No Events
04/2015	HYST	IN	<input type="checkbox"/>
05/2015	HYST	IN	<input type="checkbox"/>
07/2015	COLO	IN	<input type="checkbox"/>
11/2015	HYST	IN	<input type="checkbox"/>
04/2016	CARD	IN	<input type="checkbox"/>
07/2016	CARD	IN	<input type="checkbox"/>
12/2016	COLO	IN	<input type="checkbox"/>
12/2016	HYST	IN	<input type="checkbox"/>
01/2017	AMP	IN	<input type="checkbox"/>
01/2017	APPY	IN	<input type="checkbox"/>

Below the table, there are navigation controls including "Page 1 of 6" and "View 1 - 10 of 51". At the bottom of the interface, there are three buttons: "Save", "Reset", and "Back". The "Report No Events" checkbox in the table is highlighted with a red box.

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN.
- ✓ Review Monthly Reporting Plans (MRPs) and update if necessary.
- ✓ Identify and enter all required events into NHSN.
- ✓ Enter denominator data for each month under surveillance.
- ✓ Resolve “Alerts,” if applicable.
- Use NHSN Analysis Reports to verify accuracy and completion of data entry prior to CMS deadline.**

NHSN Analysis Reports

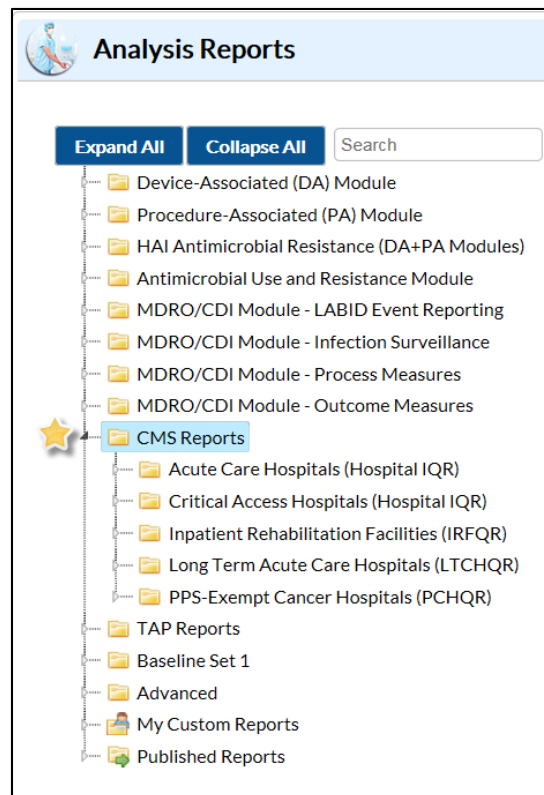
Analysis output options were created in order to allow facilities to review those data that would be submitted to CMS on their behalf.

If you're not familiar with the NHSN analysis functionality, please refer to the Analysis Resources and Trainings at:

<http://www.cdc.gov/nhsn/PS-Analysis-resources/index.html>.

NHSN Analysis Reports

CMS-related reports are available for each CMS quality reporting program by navigating to: Analysis > Reports > CMS Reports.



NHSN Analysis Reports

- Be sure to read the footnotes!
 - Footnotes provide valuable information regarding the data in each table.
- Data in the tables should be used to confirm accuracy and to check the quality of data **prior to** the CMS deadline for that quarter.
- Always print out a copy of your data tables before a CMS deadline.
 - This will be helpful when verifying *Hospital Compare* Preview, HVBP, and HACRP data.

NHSN Analysis Reports

- The SIR is a measure that compares the number of HAIs reported to NHSN to the number of infections that would be predicted based on national baseline data:

$$\text{SIR} = \frac{\text{Observed \# HAIs}}{\text{Predicted \# HAIs}}$$

- SIR interpretation:
 - 1 = same number of infections reported as would be predicted given the US baseline data
 - Greater than 1 = more infections reported than what would be predicted given the US baseline data
 - Less than 1 = fewer infections reported than what would be predicted given the US baseline data

Interpreting the SIR Report

National Healthcare Safety Network SIR for Central Line-Associated BSI Data for Acute Care Hospitals (2015 baseline) - By OrgID

As of: March 10, 2017 at 9:58 AM

Date Range: BS2_CLAB_RATE\$ALL summaryYr 2015 to 2015

orgID=10000 CCN=32M22222 medType=M

orgID	summaryYQ	infCount	numPred	numcldays	SIR	SIR_pval	sir95ci
10000	2015Q1	4	1.903	1917	2.102	0.1701	0.668, 5.070
10000	2015Q2	4	2.310	2018	1.731	0.2878	0.550, 4.176
10000	2015Q3	0	0.026	32	.	.	
10000	2015Q4	0	0.042	49	.	.	

1. This report includes non-MBI CLABSI data from acute care hospitals for 2015 and forward.
2. The SIR is only calculated if the number predicted (numPred) is ≥ 1 . Lower bound of 95% Confidence Interval only calculated when number of observed events > 0 .
3. The number of predicted events is calculated based on national aggregate NHSN data from 2015. It is risk adjusted for CDC location, hospital beds, medical school affiliation type and facility Type.
4. If the risk factor data are missing, the record will be excluded from the SIR.

Source of aggregate data: 2015 NHSN CLABSI Data

Data contained in this report were last generated on February 23, 2017 at 12:20 PM.

More about CMS Reports in NHSN

- Data appearing within analysis reports in NHSN will be current as of the last time you generated datasets.
- Data changes made in NHSN will be reflected in the next monthly submission to CMS.
 - **EXCEPTION:** Quarterly data are frozen as of the final submission date for a quarter.
 - If you make changes to a quarter's data *after* the deadline, you will be able to see the changes reflected in the NHSN report.
 - **Note:** Changes made after a quarter's deadline will not be reflected on the CMS side.
- **TIP:** Develop a way to keep track of any changes made to your data after a CMS (or other) deadline!

NHSN Analysis Reports: CLABSI Example

National Healthcare Safety Network

SIR for Central Line-Associated BSI Data for Acute Care Hospitals (2015 baseline) - By OrgID

As of February 16, 2017 at 2:00 PM

Date Range: All BS2_CLAB_RATESALL

Facility Org ID=10000 CMS Certification Number=12345 Type of Affiliation='




Org ID	Events	Number Predicted	Central Line Days	SIR	SIR p-value	95% Confidence Interval
10000	30	30.003	49032	0.999	0.1587	0.749, 3.841

- The SIR is a summary measure used to track HAIs at a national, state, or local level over time.
- SIR compares the observed number of HAIs reported to what would be predicted, given the standard population.

NHSN Analysis Reports

- Guidance documents have been created for each CMS-related report
- Visit: <https://www.cdc.gov/nhsn/cms/index.html>

CMS Reporting

- > Importance of NHSN Reporting
- ▼ CLABSI (Acute Care Hospitals)
 - [How to Report No CLABSI Events for the CMS Inpatient Quality Reporting Program May 2015](#)
 [PDF - 624K]
 - [NHSN Monthly Checklist for Reporting to CMS Hospital IQR for Acute Care Hospitals \(July 2015\)](#)
 [PDF - 463K]
 - [Using the "SIR - CLABSI Data for CMS IPPS" Output Option. January 2017](#)  [PDF - 211K]

Why Analyze Data in NHSN?

Analysis of data in NHSN helps to:

- Provide feedback to internal stakeholders.
- Facilitate internal HAI data validation activities.
- Inform prioritization and success of prevention activities through use of reports.
- Facilitate sharing of data entered into NHSN by CDC, CMS, your state health department, your corporation, special study groups, etc.

At the end of the day, these are **YOUR** data – you should know your data better than anyone else.

General Analysis in NHSN

Don't limit yourself! A number of different types of reports are helpful in analyzing your data...

- Line lists
- Frequency tables
- Charts/graphical reports
- Rate tables
- SIRs
- Descriptive statistics
(e.g., mean, median, mode, distribution, outliers, etc.)

Changes to Data

What changes can potentially impact my rates and SIRs?

- Entry, edit, or deletion of events
- Changes to numbers of patient days, device days, admissions
- Removal or addition to MRPs
- Change in admission date, previous discharge date on LabID events
- Changes to relevant factors in the annual survey (e.g., medical school affiliation, facility bedsize)
- Resolution of “Report No Events” alerts

Data Quality Checks

- Monthly reporting plans
 - Are the monthly reporting plans complete?
 - Are “Active” locations applicable to NHSN surveillance listed?
 - Are all appropriate procedures selected?
 - Are the appropriate lab specimens selected to collect for LabID data?
- Annual survey
 - Are the number of beds updated from the previous survey year?
 - Has the hospital’s medical school affiliation changed?
- Alerts
 - Have the alerts been resolved for the required analysis months?
- Using NHSN Analysis
 - Are new datasets generated?
 - Were new events entered after I ran my analysis?

General Tips for Data Quality

- Know your numbers.
 - Number of patient days
 - Number of admissions in your hospital each month
 - Device use for locations under surveillance
 - Average LOS in each unit
- Know what goes into the NHSN risk adjustment.
 - See the SIR Guide:
<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>
- Be aware of changes to your hospital's electronic data system(s).

Changes for the 2015 Rebaseline

- CLABSI
 - Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infections (MBI-LCBI) events are now excluded from the CLABSI numerator.
- SSIs
 - Events classified as present at time of surgery (PATOS) are now excluded from the SSI numerator.

For additional information, please visit the NHSN Rebaseline page:

<https://www.cdc.gov/nhsn/2015rebaseline/index.html>

FAQs: Location Mapping

Question:

NHSN, While running my CLABSI and CAUTI IQR reports, I am unable to see my location 5WEST. I do not have any alerts and I know my data are complete. Why is this happening?

Answer:

IQR reports for CLABSI and CAUTI only include data from CMS reportable locations. As you can see, this unit is mapped at a telemetry unit, which is not required to be reported for CMS IQR program.

CLABSI	
Start Q1 2011 - a dult, pediatric, and neonatal ICUs	
Start Q1 2015 - a dult and pediatric medical, surgical, and medical/surgical wards	
CAUTI	
Start Q1 2012 - a dult and pediatric ICUs	
Start Q1 2015 - a dult and pediatric medical, surgical, and medical/surgical wards	

[Display All](#) [Print Location List](#)

Page 1 of 1

View 1 - 1 of 1

Delete	Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	5WEST	TELE	Telemetry Ward	IN:ACUTE:WARD:TEL	1208-8	5

FAQs Location Mapping

- If your hospital does not have a unit that meets the CDC definition for an ICU, NICU, or one of the six ward types, your hospital may be eligible for a CLABSI/CAUTI exception.
- Details can be found on *QualityNet*:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021>

FAQs: Monthly Reporting Plan

Question:

NHSN, While running my CAUTI IQR report Q3, I am unable to see July's data for my medical/surgical unit. I do not have any alerts.

Answer:

This unit is not included in the CAUTI CMS IQR report because it is not included in the July MRP. If units are not included in the MRP, then they will not be included in the IQR reports or be sent to CMS.

Mandatory fields marked with *

Facility ID *: DHQP Memorial Hospital (ID 10000)

Month *: June

Year *: 2017

No NHSN Patient Safety Modules Followed this Month

Unit not included in MRP

Device-Associated Module

Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP (<18 years)
NICU 3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CV-ICU - CARDIO VASCULAR INTENSIVE CARE UNIT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARDIACCAT - CARDIACCAT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CMICU_N - CARDIAC ICU	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 WEST - 5 WEST	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PICU2 - PEDIATRIC ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 CENTRAL - 3 CENTRAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REHAB - REHAB	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAQs: Survey Data and SIRs

Question:

NHSN, I'm reviewing my hospital's data and the number of predicted infections and the SIR changed, but I did not add or edit any data. Why is it different?

Answer:

It's likely that the changes are due to the changes or addition of your hospital's annual survey.

FAQs: Survey Data and SIRs

NHSN will use the survey data for the year that matches the year of the HAI data, unless that survey does not yet exist in which the most recent survey is used.

Quarter	Survey used at deadline	Survey used currently in NHSN
2015 Q3	2015	2015
2015 Q4	2015	2015
2016 Q1	2015	2016, if entered (2015 if not entered yet)
2016 Q2	2015	2016, if entered (2015 if not entered yet)
2016 Q3	2016, if entered at time of deadline	2016, if entered

Additional Resources

- NHSN surveillance protocols for acute care hospitals
<https://www.cdc.gov/nhsn/acute-care-hospital/index.html>
- Data entry and analysis training
<http://www.cdc.gov/nhsn/training/analysis/index.html>
- NHSN SIR Guide
<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>
- 2015 rebaseline page
<https://www.cdc.gov/nhsn/2015rebaseline/index.html>
- How to View Create & Modify Dates within NHSN
<http://www.cdc.gov/nhsn/pdfs/analysis/how2view-create-modify-dates-in-nhsn.pdf>
- How to Modify a Report
<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/howtomodifyreport.pdf>
- Reporting requirements and deadlines:
<https://www.cdc.gov/nhsn/pdfs/cms/cms-reporting-requirements-deadlines.pdf>

Questions or Need Help?



Email user support at nhsn@cdc.gov

Healthcare-Associated Infection (HAI) Measures:
Reminders & Updates

Question & Answer Session

Continuing Education Approval

This program has been approved for 1.5 continuing education (CE) units for the following professional boards:

- **National**
 - Board of Registered Nursing (Provider #16578)
- **Florida**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Please Note: To verify CE approval for any other state, license or certification, please check with your licensing or certification board.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in the HSAG Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your **personal** email to receive your certificate.
 - Healthcare facilities have firewalls up that block our certificates.

CE Certificate Problems

- If you do not **immediately** receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that was sent.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process: Certificate

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

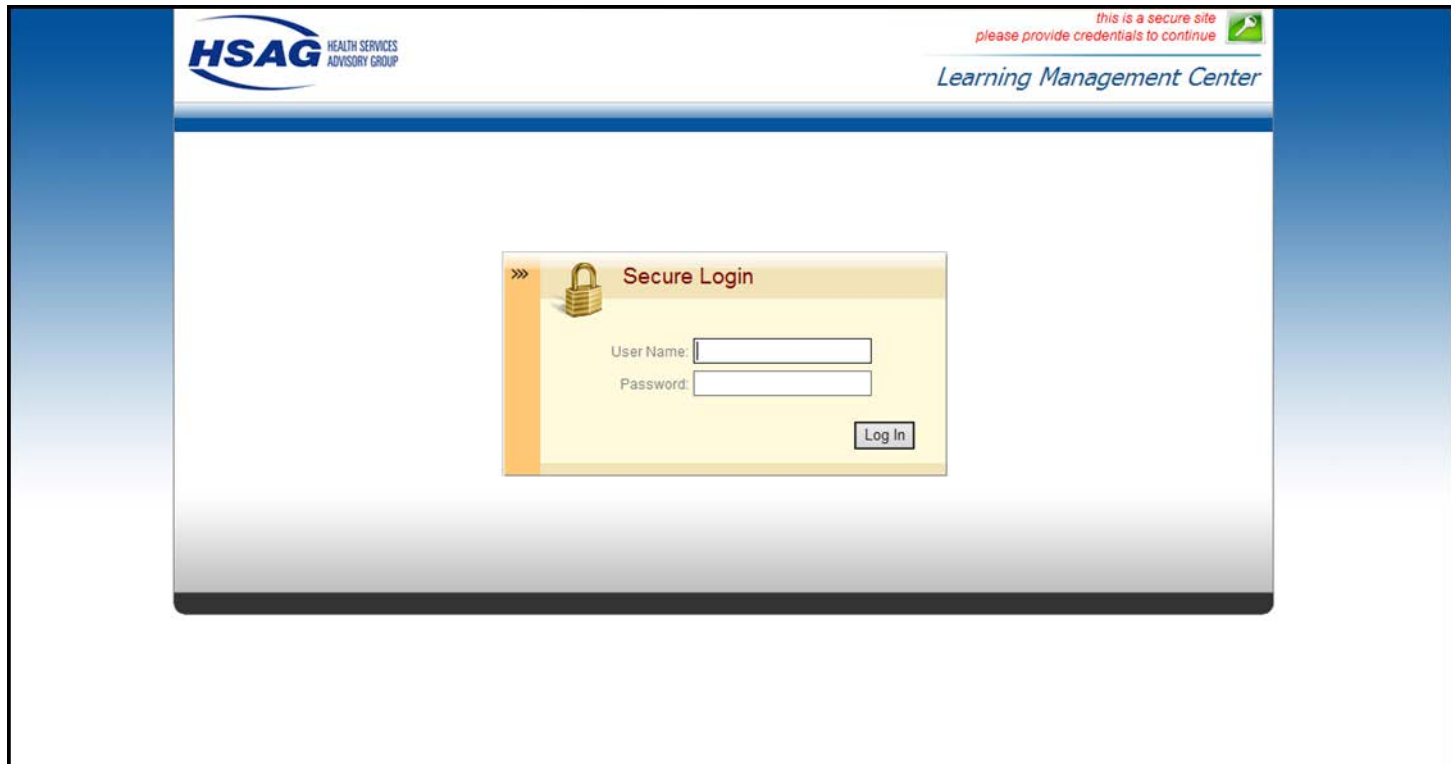
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue gradient background.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

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