PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

National Healthcare Safety Network (NHSN) Central Line-associated Bloodstream Infection (CLABSI) and Catheter-associated Urinary Tract Infection (CAUTI) Updates for the Prospective Payment System-exempt Cancer Hospital Quality Reporting Program

Questions and Answers Summary

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Subject-matter experts answered the following questions during the live webinar. The questions may have been edited for grammar.

Question 1: **Are PCH Standardized Infection Ratio (SIR) data provided only at the facility level or are they available at the individual unit level as well?**

In NHSN, there are different tiers in the SIR report. Data are provided at the facility-level, location-type level, and unit-level. Also, we have a training document that will help you look at these different SIR reports.

Question 2: **Can you describe Adjusted Ranking Metrics (ARMs) versus SIRs and why they are not used/useful for the PCHs?**

ARM is a type of metric that became available within the NHSN application within the past year, and it is available at an overall level. Currently, for Acute Care Hospitals (ACHs), it combines data for a long period of time, such as a year. Therefore, we do not look at the ARM at a quarterly level. One of the main benefits of the Adjusted Ranking Metric is that it does help to adjust, particularly for those facilities that have a low volume of central line days and cannot obtain the SIR. This is something that could potentially be used in the future for composite metrics or for quality measurement and public reporting.

However, from a prevention and individual facilities standpoint in trying to track progress of HAI data over time, even at the quarterly level, the usability of the ARM has not really been practiced yet. So, there's still a lot more work to be done in that respect. For individual facility use, the ARM can provide some measurement of where you may stand among the nation around that particular point in time. The SIR provides useful information because you can scale it down to your individual unit level, understand where your HAIs are occurring, see how many device days you have within each of your units, and learn how that shifts throughout the year. If you have any additional questions about the Adjusted Ranking Metric, please feel free to email the NHSN team at NHSN@cdc.gov.

Question 3: **Can you name the 17 cancer hospitals (other than the PCHs)?**

For those who are enrolled in and use NHSN, when your facility signed up, you signed an Agreement to Participate and Consent. The Agreement to Participate and Consent is an agreement between you and CDC. The CDC outlines how the data will be used and shared. It gives us the ability to share data with CMS for those data that are part of a CMS program, as well as other stated purposes. Included in the agreement is also an assurance of confidentiality and other provisions related to the Public Health Service Act. We take that agreement very seriously and we take the confidentiality of your facility and your facility's data very seriously.

With that, we are not allowed to share information that would be outside of those stated purposes and our assurance of confidentiality. This means we are not able to share your data or the information about those who contributed to a particular subset, especially due to the small number of facilities. Our stated purposes and assurance of confidentiality are on the NHSN web site.

Question 4: **Do the 17 cancer hospitals report only data from oncology units?**

Sometimes the CDC receives questions on whether or not CDC cancer hospital data or cancer hospital designations include hospitals that are from the National Institutes of Health (NIH) since a much larger group of facilities fall into that category. The cancer hospital designation within NHSN means that hospital is solely a cancer hospital rather than an academic facility that may have a separate cancer center or specialized cancer set of wards to service.

Our focus is on the oncology population; therefore, the opportunity to report data to NHSN is based solely on oncology units for this patient population. A designated cancer hospital does not have other sorts of general medical wards or general maternity wards, but has some special units specific to that population.

Question 5: **Are PCH SIRs comparable to ACH oncology SIRs? It seems like PCH patients may be more acute or risky than patients at ACHs. I am curious if the model fully adjusts for those differences.**

The model accounts for your CDC location as it is mapped: If your patient acuity for the model is gathered from your CDC location, then your facility type is considered later into the model.

Part of our earlier analysis to assess cancer hospitals separately included this additional facility-type designation in addition to controlling for the types of units. Did we see any sort of significant difference? We did not see any of that difference back when we were looking at the 2015 data.

Eventually there will come a time when we will need to reassess and develop new models for future SIRs, and we will assess the factor again. It is something that we will continue to look at and consider. However, based on the data that we had and what had been reported, there was no significant difference.

Question 6: **Will we need to confer rights again?**

Please reach out to NHSN@cdc.gov for assistance with assigning or defining NHSN Group rights.