

Hospital Inpatient Quality Reporting (IQR) Program

Q3 2019 Healthcare-Associated Infection (HAI) Checklist

(HAI Data Due 02/18/2020)

For more information, please see the [NHSN Survival Guide](#).

| Step | Task | ✓ |
|------|---|--------------------------|
| I. | <p>VERIFY YOUR CCN.</p> <p>An accurate CCN is needed for the CDC to submit your HAI data to CMS on your hospital's behalf. If the CCN is not correct, the HAI data will not be sent to CMS. To verify your CCN:</p> <ol style="list-style-type: none"> 1. Log into NHSN Secure Access Management System. 2. Navigate to the Patient Safety Component. 3. Go to Facility and select Facility Info to verify that your CCN is correct. <ol style="list-style-type: none"> a. To update your CCN, select Edit CCN, Make Corrections, and Save. b. Select the Update button at the bottom of your screen when you are done. | <input type="checkbox"/> |
| II. | <p>CHECK THE MONTHLY REPORTING PLAN*</p> <ol style="list-style-type: none"> 1. Select Reporting Plan. Then, select Find to review your monthly reporting plan for all three months of the quarter to make sure they are complete. 2. For the Device-Associated Module section, verify all hospital locations that you are monitoring are listed and the boxes for CLABSI and CAUTI are checked for each location. 3. For the Procedure-Associated Module section, make sure that both COLO-Colon surgery and HYST-Abdominal hysterectomy are listed and the IN box is checked. 4. For the Multi-Drug Resistant Organism Module section, make sure FACWIDEIN-Facility-wide Inpatient (FacWIDEIn) is selected for location, and: <ol style="list-style-type: none"> a. MRSA is listed under Specific Organism Type with Lab ID Event Blood Specimens Only checked. b. CDIF-C. difficile is listed under Specific Organism Type with Lab ID Event All Specimens checked. 5. Monitor all 24-hour observation locations and ED locations for both MRSA and CDI and include them as separate locations in your monthly reporting plan. These locations should have been previously set up and mapped per NHSN protocol, if applicable for your facility. <p>*PLEASE NOTE: A monthly reporting plan must be completed for each month of the year for all HAIs that you are monitoring. <i>The CDC will submit data to CMS only for the measures included in the monthly reporting plan. If the measure is not in the plan, the data will not be sent to CMS.</i></p> <p>HAI MEASURE EXCEPTION INFORMATION: If you have a measure exception for CLABSI and CAUTI and/or SSI, you do not have to include them in your monthly reporting plan or submit zeroes for them in your summary data in NHSN.</p> <ul style="list-style-type: none"> • CLABSI/CAUTI: If your facility does not have a qualifying ICU and also has no adult or pediatric medical, surgical, or medical/surgical wards, you must submit an IPPS Measure Exception Form for CLABSI and CAUTI at least annually. • SSI: Hospitals that performed nine or fewer of any of the specified colon and abdominal hysterectomy procedures combined in the calendar year prior to the reporting year are eligible for the SSI Measure Exception. You must submit an IPPS Measure Exception Form for SSI-Colon and SSI-Abdominal Hysterectomy at least annually. | <input type="checkbox"/> |

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| III. | <p>REVIEW THE SUMMARY DATA</p> <ol style="list-style-type: none"> 1. Select Summary Data. Then, select Find to review your summary data for all three months to make sure they are complete. 2. For CLABSI and CAUTI, choose Device Associated-Intensive Care Unit/Other Locations and verify that all the following denominator data are complete for each location you are monitoring: <ul style="list-style-type: none"> • Total Patient Days • Central Line Days • Urinary Catheter Days <p>PLEASE NOTE: If no events occurred in a certain month, be sure the box next to CLABSI and/or CAUTI is checked in the Report No Events column.</p> 3. Choose Device Associated-Neonatal Intensive Care Unit and verify that all the following denominator data are complete for all your NICU locations for each birth weight range: <ul style="list-style-type: none"> • Patient Days • Central Line Days <p>PLEASE NOTE: If no events occurred in a certain month for a weight range, be sure the box next to No CLABSI is checked.</p> 4. For MRSA and CDI, choose MDRO and CDI Monthly Denominator-all Locations. 5. For location code, make sure FACWIDEIN is listed and the following are complete: <ul style="list-style-type: none"> • Line 1: Setting: Inpatient Total Facility Patient Days and Total Facility Admissions • Line 2: Counts**= [Total Facility - (IRF + IPF) Patient Days and Admissions] • Line 3: Counts*** = [Total Facility - (IRF + IPF + NICU + Well Baby Unit) Patient Days and Admissions] <p>**LINE 2 COUNTS - 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). If you do not have these units, enter the same value as you entered on Line 1.</p> <p>***LINE 3 COUNTS - If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, 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.</p> 6. For Specific Organism Type, make sure MRSA LabIDEvent (Blood specimens only) and C. difficile LabIDEvent (All specimens) are checked. 7. If you have EDs and 24-hour observation units, make sure you have entered each as a separate location and have completed separate summary data forms for them. Repeat step 6 for Location Codes ED and OBS. <p>PLEASE NOTE: If no events have occurred for a certain month, make sure the Report No Events box is checked for MRSA and/or CDI.</p> <p>IMPORTANT NOTE: Ensure that all sections of the summary data forms are complete.</p> | <input type="checkbox"/> |

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| IV. | <p>CHECK YOUR CAUTI, CLABSI, MRSA, AND CDI DATA</p> <ol style="list-style-type: none"> 1. All events that have occurred in monitored locations must be entered. 2. You can run a summary line list for each HAI to verify all events. For further information, please see How to Obtain a Line List Summary Data. 3. If you did not check the Report No Events box on the summary data form and did not enter any events for a specific month that you are monitoring on your monthly reporting plan, you will receive a “Missing Events” alert. If you truly do not have any events for that month, navigate to the Missing Events tab on the Alerts screen and check the Report No Events box to clear the alert. <p>If you do have events, go to Event. Then, select Add to complete the event form.</p> | <input type="checkbox"/> |
| V. | <p>CHECK YOUR SSI DATA</p> <ol style="list-style-type: none"> 1. Verify all procedures and events for both colon and abdominal hysterectomy procedures have been entered by running the SIR-Complex 30-Day SSI Data for Hospital IQR. See step VII (Run CMS Reports in NHSN) below. 2. If you have not entered any procedures for a specific month that you are monitoring on your monthly reporting plan, you will receive a “Missing Procedures” alert. Go to the Missing Procedures tab on the Alerts screen and make sure No Procedures Performed is checked to clear the alert. 3. If you have not had any SSI events during a specific month for procedures performed that you are monitoring on your monthly reporting plan, you will receive a “Missing Procedure-associated Events” alert. You will need to go to the Missing Procedure-associated Events tab on the Alerts screen and make sure Report No Events is checked to clear the alert. 4. If you do have SSI events, be sure to enter them and link them to the corresponding procedure. | <input type="checkbox"/> |
| VI. | <p>RESOLVE ALL ALERTS (AS NECESSARY)</p> <p>Located on the Alerts tab, alerts are NHSN checks that notify you of any incomplete or missing data. If your alerts are not resolved, then your data for a specific month are not complete and will not be submitted to CMS.</p> <p>IMPORTANT NOTE: Alerts are triggered by incomplete information for HAI measures that are included in the monthly reporting plan. If the measure is not in the plan, you will not receive any alerts, even though the data are incomplete.</p> | <input type="checkbox"/> |
| VII. | <p>RUN CMS REPORTS IN NHSN</p> <p>These reports show the exact data NHSN will submit to CMS on your facility’s behalf. Check these reports against facility-specific data to validate the accuracy of information sent to CMS.</p> <ol style="list-style-type: none"> 1. Navigate to Analysis. Then, select Generate Data Sets. 2. Select the Generate New button. 3. After the data sets have generated, select Analysis. Then, select Reports. 4. Navigate to CMS Reports. Click Acute Care Hospitals (Hospital IQR). Then, select the appropriate report. You may select Modify Report and, in the Time Period screen, use summaryYM for the date variable to run the report for the current quarter. 5. Enter the quarter beginning and ending dates. 6. In the Display Options screen, Group by window, enter the summaryYM. Then, select Run. 7. Verify that for each report you run, the data are complete for all three months of the quarter. | <input type="checkbox"/> |

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| VIII. | <p>RUN CMS REPORTS IN <i>QUALITYNET</i></p> <ol style="list-style-type: none"> Log in to the <i>QualityNet Secure Portal</i>. The <i>QualityNet Secure Portal</i> launch page will open. Select My Reports. The <i>Start Reports</i> screen will open. In the <i>I'd Like To...</i> section, select the Run Report(s) link. Select IQR from the Report Program drop-down. Then, select Hospital Reporting-Annual Payment Update Reports from the Report Category drop-down. Click View Reports. Then, select Hospital Reporting-Provider Participation Report. Select CY 2019 from Calendar Year. Then, select Q2 2019 from Discharge Quarter. Click Run Report. <p>“Yes” should display for all IQR-HAI Quality Measure Data except for Healthcare Personnel Influenza Vaccination measure.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td></td><td>C. difficile</td><td>Yes</td></tr> <tr><td></td><td>CAUTI</td><td>Yes</td></tr> <tr><td></td><td>CLABSI</td><td>Yes</td></tr> <tr><td></td><td>Healthcare Personnel Influenza Vaccination</td><td>N/A</td></tr> <tr><td></td><td>MRSA Bacteremia</td><td>Yes</td></tr> <tr><td></td><td>SSI-Abdominal Hysterectomy</td><td>Yes</td></tr> <tr><td></td><td>SSI-Colon Surgery</td><td>Yes</td></tr> </table> <p>Get more information about accessing and using this report in the Provider Participation Report Reference Guide.</p> <p>PLEASE NOTE: Once the CDC has submitted the HAI data to CMS, there is a delay before data appear on the PPR.</p> | | C. difficile | Yes | | CAUTI | Yes | | CLABSI | Yes | | Healthcare Personnel Influenza Vaccination | N/A | | MRSA Bacteremia | Yes | | SSI-Abdominal Hysterectomy | Yes | | SSI-Colon Surgery | Yes | <input type="checkbox"/> |
| | C. difficile | Yes | | | | | | | | | | | | | | | | | | | | | |
| | CAUTI | Yes | | | | | | | | | | | | | | | | | | | | | |
| | CLABSI | Yes | | | | | | | | | | | | | | | | | | | | | |
| | Healthcare Personnel Influenza Vaccination | N/A | | | | | | | | | | | | | | | | | | | | | |
| | MRSA Bacteremia | Yes | | | | | | | | | | | | | | | | | | | | | |
| | SSI-Abdominal Hysterectomy | Yes | | | | | | | | | | | | | | | | | | | | | |
| | SSI-Colon Surgery | Yes | | | | | | | | | | | | | | | | | | | | | |

| Acronyms/Initialisms | | | |
|----------------------|--|-------------|---|
| CAUTI | Catheter-Associated Urinary Tract Infection | IPF | Inpatient Psychiatric Facility |
| CCN | CMS Certification Number | IPPS | Inpatient Prospective Payment System |
| CDC | Centers for Disease Control and Prevention | IQR | Inpatient Quality Reporting |
| CDI | <i>Clostridium difficile</i> Infection | IRF | Inpatient Rehabilitation Facility |
| CDIF | <i>Clostridium difficile</i> , <i>C. difficile</i> | MDRO | Multi-Drug Resistant Organism |
| CLABSI | Central Line-Associated Bloodstream Infection | MRSA | Methicillin-Resistant <i>Staphylococcus aureus</i> Bacteremia |
| CMS | Centers for Medicare & Medicaid Services | NHSN | National Healthcare Safety Network |
| COLO | Colon | NICU | Neonatal Intensive Care Unit |
| CY | Calendar Year | OBS | Observation |
| ED | Emergency Department | PPR | Provider Participation Report |
| FACWIDEIN | Facility Wide Inpatient | Q | Quarter |
| HAI | Healthcare-Associated Infection | SSI | Surgical Site Infection |
| HYST | Hysterectomy | YM | Year/Month |
| ICU | Intensive Care Unit | ID | Identification |