

Welcome!

- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



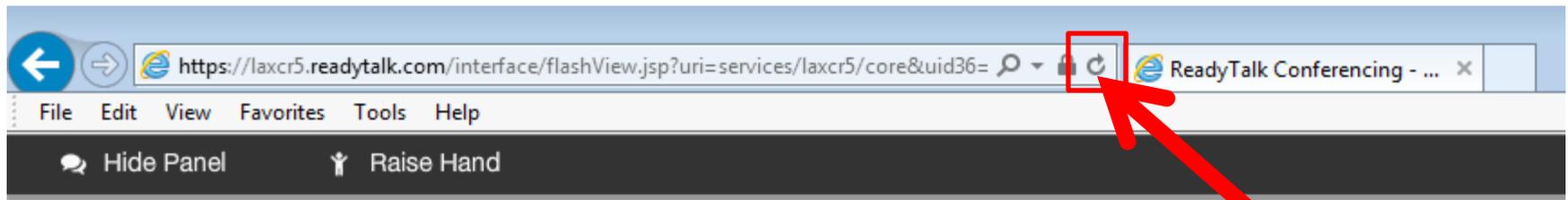
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon –
or-
Click F5



F5 Key
Top row of Keyboard

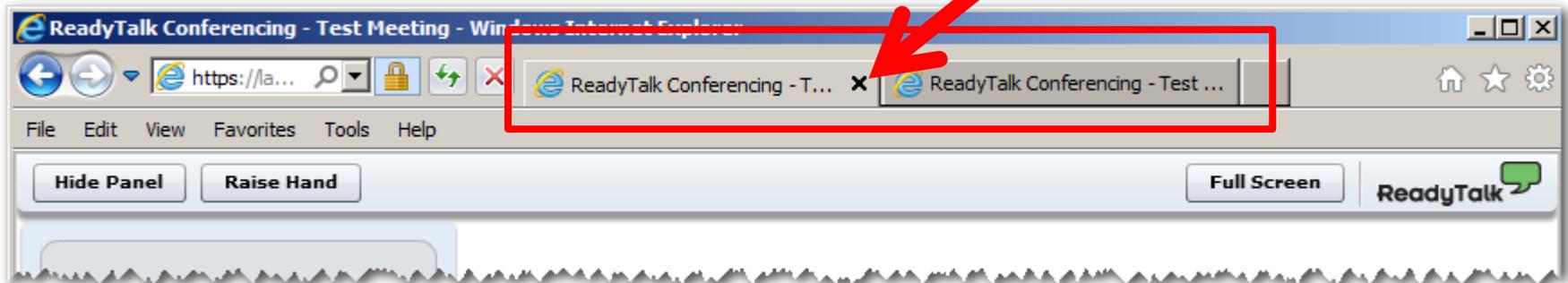


Location of Buttons

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 up.



Example of Two Browsers Tabs open in 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 this window are buttons for "Hide Chat" and "Raise Hand". At the bottom is a text input field labeled "Type questions here." with a "Send" button. The right section has a grey background. At the top center is the CMS logo (Centers for Medicare & Medicaid Services). Below the logo is the text "Welcome to Today's Event" in a large, blue, sans-serif font. At the bottom of the right section, there is a yellow horizontal line, and below it, 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 browser window header with "Full Screen" and "ReadyToGo" buttons.



Hospital IQR Validation Program HAI Validation Template Submission

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Value Incentives and Quality Reporting Center (VIQRC):
Validation Support Contractor (VSC)

August 1, 2016

Purpose

Educate and share information regarding the
Fiscal Year (FY) 2018 Centers for Medicare &
Medicaid Services (CMS) Hospital Inpatient
Quality Reporting (IQR) Validation Program
Healthcare-Associated Infection (HAI)
Validation Template submission process

Objectives

Participants will be able to:

- Identify the deadlines and associated required activities relating to the FY 2018 Hospital IQR Validation Program HAI Validation Template quarterly submissions
- Submit FY 2018 Hospital IQR Validation Program HAI Validation Templates through the *QualityNet Secure Portal* Secure File Transfer Application
- Avoid common submission errors

Validation for FY 2018

- Quarters included for FY 2018 IQR Validation are:
 - Third quarter 2015 (3Q15)
 - Fourth quarter 2015 (4Q15)
 - First quarter 2016 (1Q16)
 - Second quarter 2016 (2Q16)
- Random Provider Sample
 - 400 hospitals selected for IQR Validation November 2015
- Targeted Provider Sample
 - 200 additional hospitals selected for IQR Validation May 2016

HAI Validation Measures for FY 2018

Healthcare-Associated Infection (HAI) Measures for FY 2018
Central line-Associated Bloodstream Infection (CLABSI)
Catheter-Associated Urinary tract Infection (CAUTI)
Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) Laboratory Identified (LabID) Events
<i>Clostridium difficile</i> Infection (CDI) Laboratory Identified (LabID) Events
Surgical Site Infection (SSI)

- Hospitals will be randomly assigned to submit **quarterly** either:
 - CLABSI AND CAUTI Validation Templates
 - OR**
 - MRSA AND CDI Validation Templates
- All hospitals selected for FY 2018 IQR Validation will be validated for SSI
 - SSI cases are not submitted using Validation Templates but are selected from Medicare Claims-based data submitted to CMS

FY 2018 Validation Template Submission Deadlines (1 of 2)

Random Provider HAI Template Due Dates

Discharge Quarters	HAI Validation Template Deadline
3Q15 (July 1 – September 30)	02/01/2016
4Q15 (October 1– December 31)	05/01/2016
1Q16 (January 1– March 31)	08/01/2016
2Q16 (April 1– June 30)	11/01/2016

FY 2018 Validation Template Submission Deadlines (2 of 2)

Targeted Provider HAI Template Due Dates

Discharge Quarters	HAI Validation Template Deadline
3Q15 (July 1 – September 30)	07/24/2016
4Q15 (October 1– December 31)	08/13/2016
1Q16 (January 1– March 31)	09/02/2016
2Q16 (April 1– June 30)	11/01/2016

Validation Template Version and Location

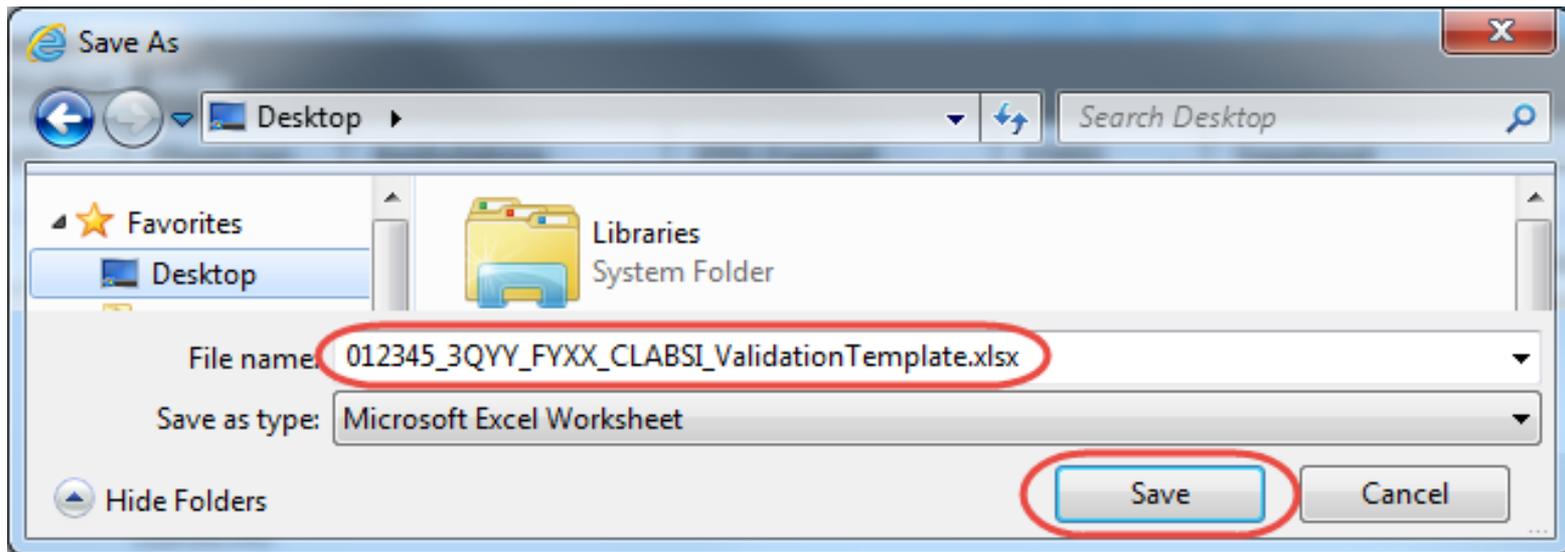
- **Do use the current template** version for each fiscal year **only**
 - CMS will reject versions from previous years
- Current/correct Validation Template versions for the fiscal year being validated are available on *QualityNet* by:
 - Selecting [**Data Validation**] from the [Hospitals - Inpatient] tab drop-down
 - Selecting [**Resources**] from the left-side navigation pane
 - Validation Templates are located in the center of the Resources web page (direct link):
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>.
- Download the correct version of the Validation Templates needed
- Save the template to a location of choice on a computer
- **Do Not** save Validation Templates with passwords or lock them

Naming of Validation Templates

To assist in processing Validation Templates, save the file name with the 6-digit Centers for Medicare & Medicaid (CMS) Certification Number (CCN)/Provider ID, followed by an underscore and the quarter.

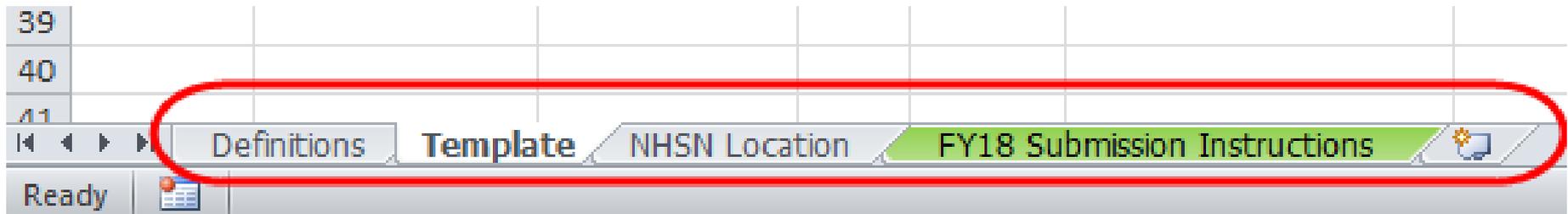
For example:

012345_3QYY_FYXX_CLABSI_ValidationTemplate.xlsx



Validation Template Tabs

- There are four tabs on each Validation Template:
 - Definitions
 - Template
 - NHSN Location
 - For CLABSI and CAUTI NHSN ICU Location
 - FY18 Submission Instructions
- **Do not** alter or change the original format of the Validation Templates
- **Do not** delete, rename, or change the order of the tabs



[Definitions] Tab

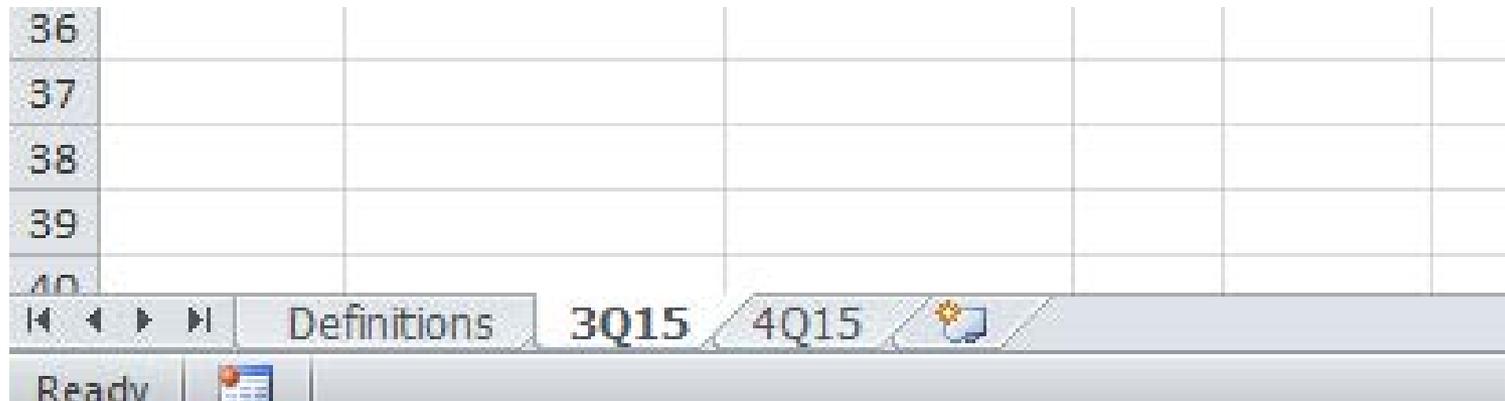
- Review the **[Definitions]** tab in each Validation Template for guidance before completing
 - At the top, there are directions specific to the submission of that HAI type
- This is where hospitals can see if they are using the correct version of the Validation Templates for FY 2018

Example from the CAUTI Validation Template

- The line list should include all **final results** for all positive urine cultures with $\geq 10^5$ colony-forming units (CFUs)/ml collected during an ICU stay.
 - For each patient confirm:
 - 1) The patient had an ICU admission during this hospital stay; and
 - 2) The patient had a positive urine culture collected during the ICU stay with $\geq 10^5$ CFU/ml. (If the patient was not in the ICU when the culture was drawn, do not include these on the Validation Template. Exclude positive cultures with more than 2 organisms present even if results are $\geq 10^5$ CFU/ml.)
- [FY 2018 - CAUTI Validation Template](#)
- (Use this template for positive urine cultures beginning with 3Q15 - all quarters must be submitted on separate templates)

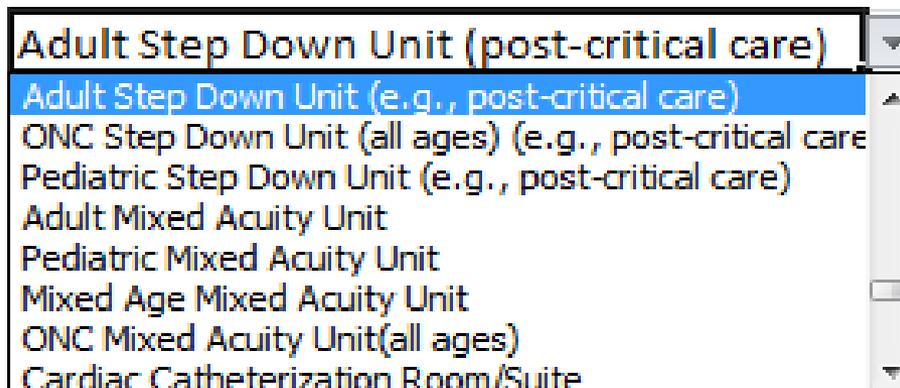
[Template] Tab

- A hospital's data must be entered on the **[Template]** tab
- Only the **current quarter** of data being submitted will be accepted
 - If more than one quarter of data is submitted, the Validation Template will be rejected



[NHSN Location] Tab

- The **[NHSN ICU/NHSN Location]** tab, lists all acceptable locations per Validation Template type
- Locations are specific to the HAI measure being reported
- Validation Templates received with National Healthcare Safety Network (NHSN) Locations listed other than those provided on the tab will be rejected and the hospital will need to resubmit by the submission deadline
- If a hospital data mines values onto the template, the value must exactly match what is provided on the **[NHSN ICU /NHSN Location]** tab
 - For example, if listing **Adult Step Down Unit (e.g., post-critical care)** as the location the 'e.g.,' must be present.



[FY18 Submission Instructions] Tab

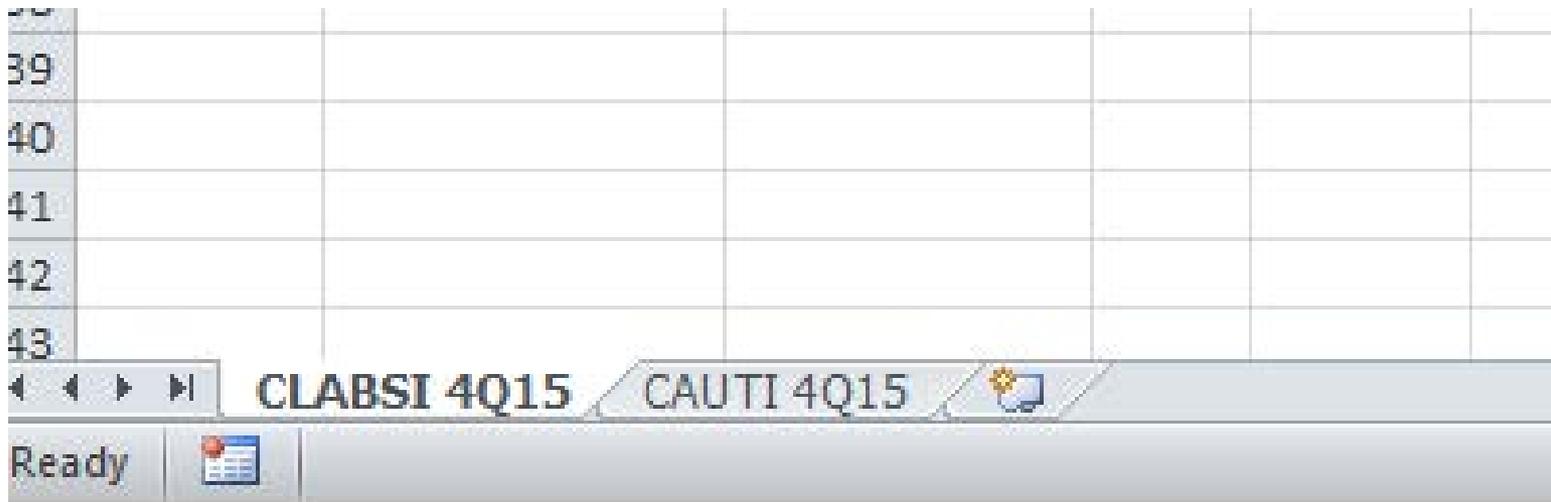
- The **[FY18 Submission Instructions]** tab provides step-by-step detail on how to submit Validation Templates using the *QualityNet* Secure File Transfer (SFT)
- CMS will only accept Validation Templates submitted through SFT
 - Validation Templates cannot be sent using email because they contain Protected Health Information (PHI)

Completing Validation Templates (1 of 2)

- The Validation Templates contain four sections:
 - Hospital Information Section
 - Information provided in the first row will be applied to all positive cultures listed on the template
 - Culture/Specimen Section
 - Section must be completed for every row or final positive culture listed
 - Patient Information Section
 - Section is completed once for each patient episode of care
- Begin all data in the first row of the Validation Templates
- Do not skip rows between patient data

Completing Validation Templates (2 of 2)

- **One** Validation Template is required **for each quarter** of data for each type of Validation Template assigned
- When more than one quarter of data is submitted on the same Validation Template or when the format has been altered, the Validation Template will be rejected



Filling out Validation Templates (1 of 4)

- When a hospital has no positive cultures/specimens to report for a quarter, only the Hospital Information Section on the first row of the Validation Template should be completed, indicating “No” positive cultures/specimens.
- This meets the submission requirement for a quarter.

NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Total discharges in quarter with ICU stay	Positive Blood Cultures (Y/N)*	Pi
12345	123456	Sunnyside Hos	IA	3Q15	Dorothy Day	555-555-5555	dday@sunnysidehosp.org	100	No	▼

Filling out Validation Templates (2 of 4)

- The Culture/Specimen and Patient Information sections begin in the first row directly under the header.
- **Do not leave the first row blank or skip rows between patient data.**
 - Templates with blank or skipped rows will be rejected.
- Every positive culture/specimen has a row on the template.
 - When a patient has more than one positive culture, each culture should be listed on its own row on the template.
- If a patient **has not been discharged** from the hospital, enter ‘**Not Discharged**’ for the Discharge Date field.
 - Templates with blank discharge dates will be rejected.

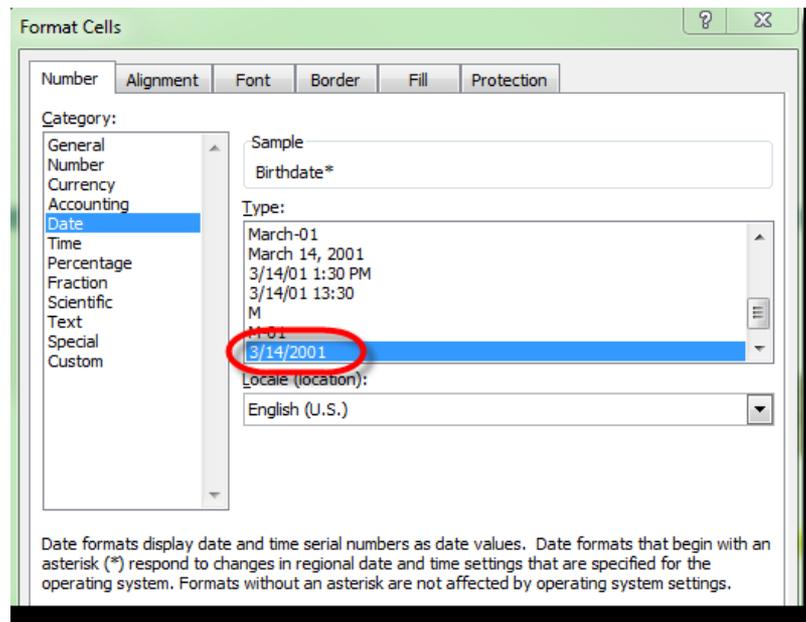
d	Patient HIC*	Patient Identifier*	Birthdate*	Sex*	Central line Y/N*	Admit Date*	Discharge Date*	First Name	Last Name	NHSN ICU Location*	Lab ID*	Blood Culture Date*	Blood Culture Time	Patho
		0001234	12/24/1922	Female	Yes	8/11/2015	8/13/2015	Ava	Gardner	Burn Critical Care	001192	8/11/2015	10:37 AM	Staph
		0009999	11/12/1929	Female	Yes	8/24/2015	9/5/2015	Grace	Kelly	Medical Critical Care	001439	8/24/2015	10:17 AM	Enter
	111111100A	0001111	1/18/1904	Male	Yes	7/26/2015	8/5/2015	Cary	Grant	Neurologic Critical Care	002150	7/28/2015	2:03 PM	Staph
		0007865	11/5/1913	Female	Yes	7/21/2015	8/6/2015	Vivian	Leigh	Medical Critical Care	000070	7/27/2015	3:53 AM	Acant
		0007865	11/5/1913	Female	Yes	7/21/2015	8/6/2015	Vivian	Leigh	Medical Critical Care	000071	7/27/2015	4:43 AM	Coryn
		0007865	11/5/1913	Female	Yes	7/21/2015	8/6/2015	Vivian	Leigh	Medical Critical Care	001359	7/27/2015	11:02 AM	Coryn
		0007865	11/5/1913	Female	Yes	7/21/2015	8/6/2015	Vivian	Leigh	Medical Critical Care	001360	7/27/2015	11:30 AM	Strept
	222222222A	0002553	5/10/1899	Male	Yes	7/10/2015	7/21/2015	Fred	Astaire	Burn Critical Care	000164	7/11/2015	5:47 AM	Lactok
	222222222A	0002553	5/10/1899	Male	Yes	7/10/2015	7/21/2015	Fred	Astaire	Burn Critical Care	000165	7/11/2015	5:47 AM	Esche
		0003338	12/12/1915	Male	Yes	8/1/2015	9/4/2015	Frank	Sinatra	Medical Critical Care	001568	8/21/2015	12:08 PM	Staph
		0004444	4/5/1908	Female	Yes	7/26/2015	7/29/2015	Bette	Davis	Surgical Critical Care	002936	7/26/2015	5:31 AM	Staph
		0007777	5/4/1929	Female	Yes	9/29/2015	Not Discharged	Audrey	Hepburn	Trauma Critical Care	001734	9/29/2015	3:35 PM	Bacilli

Filling out Validation Templates

Templates (3 of 4)

- Enter all dates onto the Validation Templates' MM/DD/YYYY format
 - Explained on the **[Definitions]** tab
- Entering dates in a two-place year format can cause an error in the date
 - For example, a birthdate entered as 9/21/21 may process as 9/21/2021
- **Do not reformat** the date columns

Excel Data Format Example



Filling out Validation Templates (4 of 4)

- All fields in columns with asterisks (*) are required
- An exception is the Patient Health Insurance Claim number (HIC)
 - When the patient **does** have a HIC, data entry in the field is required
 - When the patient **does not** have a HIC, leave the field blank

Tips for Avoiding Submission Errors

- **Verify** the correct FY of Validation Template is being used
- **Review** the [**Definitions**] tab on each Validation Template for direction on filling out specific fields
- **Use** the drop downs provided in the templates to select valid values
- **Do not alter** the original format of the Validation Templates
- **Check** all dates for accuracy
- **Refer** to the Validation Template User Guide posted on QualityNet (direct link):
 - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>
- **Fill in** all required fields, these are denoted with an asterisk*

If an Error Occurs

- If a Validation Template is submitted with errors, an error email will be sent indicating the nature of the error
- Errors must be corrected and the Validation Template resubmitted by the submission deadline for the quarter
- Validation Templates with errors are not considered *submitted*

Submission Error Examples: Missing Data

This is an example of a Validation Template that would be rejected due to required missing data.

A	B	C	D	E	F	G	H	I	J
NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Total discharges in quarter with ICU stay	Positive Blood Cultures (Y/N)*
12233	222222	Happy Days	CA	4Q15	Minnie Mouse				

Submission Error Examples: Ignoring Drop-Downs

- A drop down is provided to select Calendar Quarter
 - **Do not** free text in this field
- Utilize drop downs whenever available to avoid invalid values

A	B	C	D	E	F	G	H	I
NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Blood cultures positive for MRSA (Y/N) *
13322	333333	Happy Hospital	OK	Q3 15	ffy Duck	555-222-1212	dduck@work.com	No

Invalid Entry

Please select the calendar quarter from the list.

Retry Cancel Help

Submission Error Examples: Date Errors

Date errors are common.

- Review dates for accuracy
- Look for future and/or missing dates
- Ensure dates match for the same episode of care in each row
- Verify that **Admit Date** is before the **Discharge Date**

	L	M	N	O
r*	Birthdate*	Sex*	Admit Date*	Discharge Date*
	5/15/2019		8/22/2015	8/12/2015

Submission Error Examples: Overall Indicator

- For each Validation Template, indicate whether any positive cultures were found for a quarter
 - If any were found indicate 'Yes' using the drop down
 - If none were found indicate 'No' using the drop down
- This is noted in the first row of the Validation Template and applies to all subsequent rows
- Do not indicate per row on the template whether a culture was positive or not
 - Only final positive cultures should be included on rows of the template

Blood cultures positive for MRSA (Y/N) *	Patient HIC*	Patient Identifier*	Birthdate*	Sex*
Yes		235689	9/22/1941	Male
Yes	223344556A	52361	5/29/1970	Male
No		8897843	6/2/1988	Female
Yes		6254187	11/12/1968	Male

Submission Error Examples: Discharge Date Missing

If a patient has not been discharged during the quarter, follow the directions provided on the **[Definitions]** tab and indicate **Not Discharged** in the field.

Leaving this blank will cause the template to be rejected.

N	O
Admit Date*	Discharge Date*
8/22/2015	

N	O
Admit Date*	Discharge Date*
8/22/2015	Not Discharged

Submission Error Examples: Patient HIC

If a patient has a Medicare Beneficiary Number, or HIC number, no dashes, spaces, or special characters should be included.

- The length must be between 7 and 12 characters.
- This field is required for Medicare patients when the HIC number is known.
- **Leave this field BLANK if not applicable**
 - Do not type “N/A,” “none,” etc.

Examples of incorrectly listed HIC numbers

Patient HIC*
N/A



Patient HIC*
1234-5678



Patient HIC*	Pa
11223344556677	



Submission Error Examples: Information Required for Each Row

- Separate row for each positive culture
- Certain fields must be filled in on every row of the Validation Templates
 - See the **[Definitions]** tab for direction
- If a patient is listed on more than one row for the same episode of care, make sure that all patient information matches

Patient Identifier*	Birthdate*	Sex*	Admit Date*	Discharge Date*
235689	5/15/1988	Male	8/22/2015	Not Discharged
235689				
235699				

Patient Identifier*	Birthdate*	Sex*	Admit Date*	Discharge Date*
235689	5/15/1988	Male	8/22/2015	Not Discharged
235689	5/15/1988			
235689	5/15/1988			

Submission Error Examples: Incorrect NHSN Location

- NHSN Location errors are common
- Do not enter a location specific to your hospital
 - Only use the values provided on the Validation Templates in the drop down
- Tab three of each Validation Template lists all the valid values for that template type
 - The Centers for Disease Control and Prevention (CDC) Location Code (column C) may also be used
- When mining NHSN Location to the Validation Templates, it must exactly match what is provided in the drop down or in column C on tab three

R
NHSN Location*
<input type="text"/>
Pediatric Neurosurgical Critical Care
Pediatric Respiratory Critical Care
Pediatric Surgical Critical Care
Pediatric Trauma Critical Care
Well Baby Nursery (Level I)
Step down Neonatal Nursery (Level II)
Neonatal Critical Care Level III

R
NHSN Location*
5 west



Reminders prior to Submitting FY 2018 Templates (1 of 2)

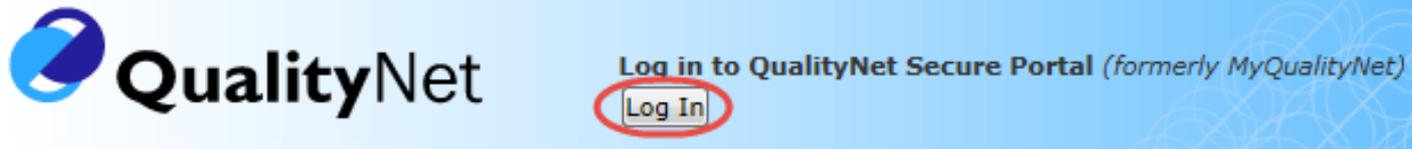
- Validation Templates can only be submitted using the *QualityNet Secure Portal*/Secure File Transfer Mailbox by a registered *QualityNet* user with an active account
- Validation Templates submitted by email are a breach of information because they contain Protected Health Information (PHI) which cannot be sent through email
- Current FY 2018 templates can be found on the *Qualitynet* Validation Resource page by selecting the following link:
 - <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>
- Do not change or alter the formatting of the FY 2018 templates

Reminders prior to Submitting FY 2018 Templates (2 of 2)

- After downloading, name the template(s) in the following naming convention:
 - List the six digit hospital CCN#_Corresponding Quarter and Year_FY18_Template Type_Validation Template
 - 012345_3Q15_FY18_CLABSI_ValidationTemplate.xlsx
- Several fields have drop down arrows to aid in ease of data submission
- The **[Definitions]** tab of each Validation Template provides guidance for completing template fields with the appropriate values/format
- Quality check all populated templates and submit well in advance of the deadline

Uploading and Submitting Validation Templates to CMS

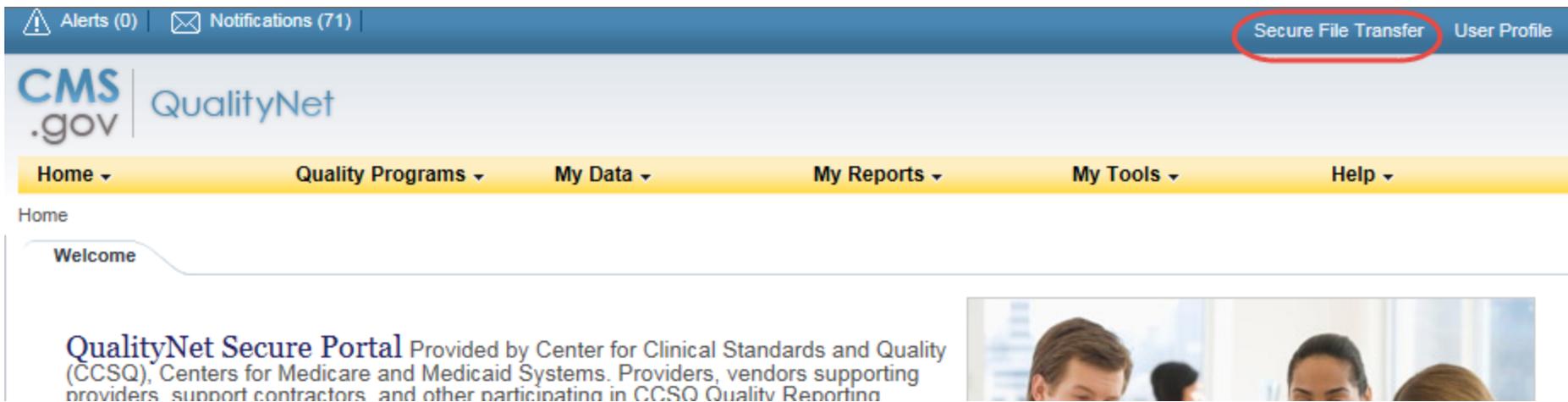
- Navigate to *QualityNet* at <https://www.qualitynet.org>
- Select the **[Log In]** button located in the top banner
- Enter your User ID, Password, and VIP Access Security Code



- If you are unable to log into the system, contact your hospital's *QualityNet* Security Administrator(s)
- If your Administrator is unable to reestablish your access, contact the *QualityNet* Help Desk
 - By telephone at 866.288.8912
 - By email at qnetsupport@hcgis.org

Transmitting Validation Templates Through the *QualityNet* Secure File Transfer System

1. Select the [**Secure File Transfer**] link in the upper-right corner of the *QualityNet Secure Portal* home screen



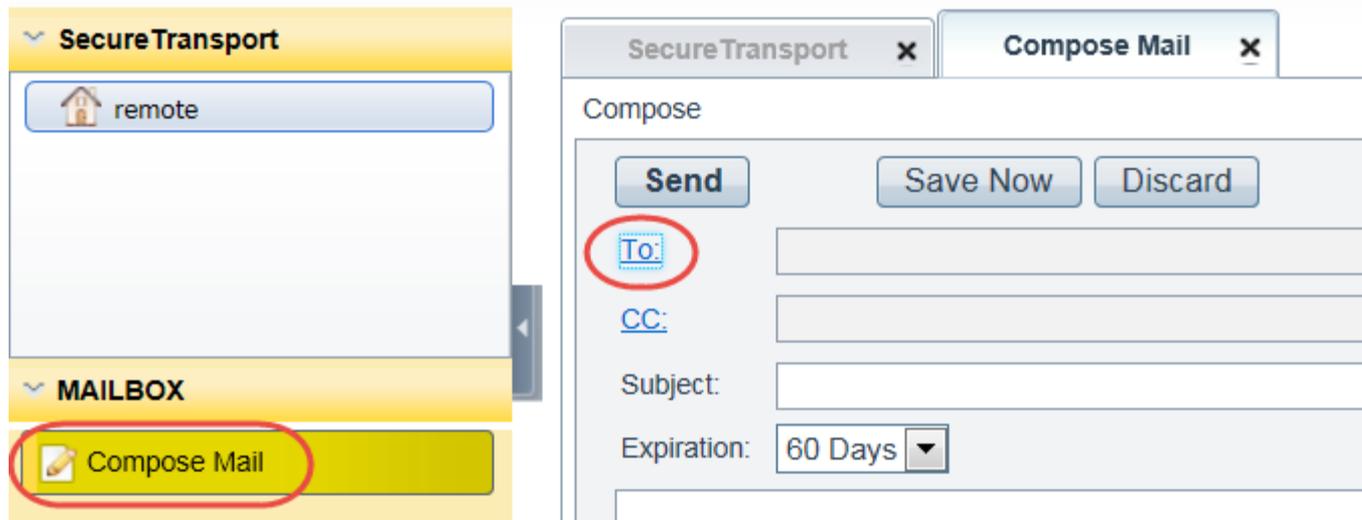
Important to Note!

- **Do not** upload templates through the Secure Transport area
- Templates **MUST** be uploaded through the Mailbox area using the **[Compose Mail]** button



Transmitting Validation Templates through the *QualityNet* Secure File Transfer System (2 of 2)

2. Select the [**Compose Mail**] button under the Mailbox section on the *Secure File Transfer* screen
3. Then select the [**To**] button.



Selecting the Correct Recipient (1 of 2)

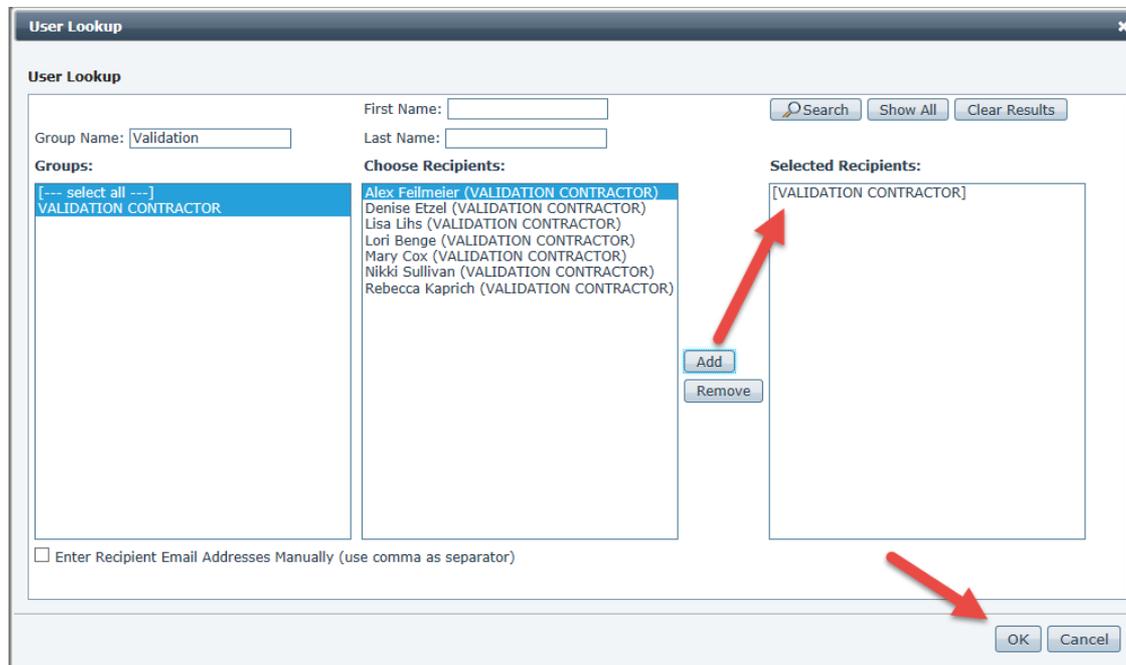
1. In the *User Lookup* screen, type “Validation” in the Group Name field
2. Select the **[Search]** button to display a list in the Groups box
3. Select **[Validation Contractor]** in the Groups list
 - a. In the *Choose Recipients* box, select **[Validation Contractor]**

IMPORTANT: do not select any one individual person from the recipient list, only select the **[VALIDATION CONTRACTOR]** as the recipient.

- b. You will be sending to all individuals listed under the validation contractor group. Individual accounts are not regularly monitored.

Selecting the Correct Recipient (2 of 2)

3. Select the **[Add]** button to add “Validation Contractor” to the Selected Recipients list
4. Then select the **[OK]** button
 - a. All email addresses from the Validation group should now be populated on your “To:” line



The screenshot shows the 'User Lookup' dialog box. The 'Group Name' is set to 'Validation'. The 'Choose Recipients' list contains several users from the 'VALIDATION CONTRACTOR' group. The 'Add' button is highlighted with a red arrow, and the 'Remove' button is visible below it. The 'Selected Recipients' list contains '[VALIDATION CONTRACTOR]'. The 'OK' button at the bottom right is also highlighted with a red arrow.

User Lookup

User Lookup

Group Name: Validation

First Name:

Last Name:

Search Show All Clear Results

Groups:

[--- select all ---]
VALIDATION CONTRACTOR

Choose Recipients:

Alex Fellmeier (VALIDATION CONTRACTOR)
Denise Etzel (VALIDATION CONTRACTOR)
Lisa Lihs (VALIDATION CONTRACTOR)
Lori Benge (VALIDATION CONTRACTOR)
Mary Cox (VALIDATION CONTRACTOR)
Nikki Sullivan (VALIDATION CONTRACTOR)
Rebecca Kaprich (VALIDATION CONTRACTOR)

Selected Recipients:

[VALIDATION CONTRACTOR]

Enter Recipient Email Addresses Manually (use comma as separator)

Attaching Validation Templates for Submission (1 of 2)

1. Select the **[Attach File]** button in the lower-right of the [Compose Mail tab]
2. Browse to the location of the Validation Template
3. Select the file

IMPORTANT: If you are sending more than one template/file, attach each template separately, one at a time.

The screenshot shows a 'Compose Mail' window with the following elements:

- Buttons: **Send**, **Save Now**, **Discard** (top left); **Send**, **Save Now**, **Discard**, **Attach File...**, **Remove Files** (bottom).
- Fields: **To:** VALIDATION CONTRACTOR; **CC:** (empty); **Subject:** CCN# 012345 3Q14 CLABSI and CAUTI Validation Templates; **Expiration:** 60 Days.
- Annotations: Red circles labeled 5a, 5b, and 5c. 5a points to the 'Attach File...' button, 5b points to the subject line, and 5c points to the bottom 'Send' button.
- Text: 'Attached are 3Q14 Validation Templates for CCN# 012345' and 'Sender Contact: Phone:'.

Attaching Validation Templates for Submission (2 of 2)

4. Populate the subject line of the message with the hospital's **six digit CCN/Provider ID**, **Submission Quarter**, and **Template Type**
 - a. Subject: **CCN 012345 3Q15 CLABSI Validation Template**
5. Add your name and phone number in the body of the message
6. Double check your templates are attached
7. Select the **[Send]** button in the lower-left of the [Compose Mail] tab

The screenshot shows a 'Compose Mail' window with the following details:

- Buttons:** 'Send', 'Save Now', 'Discard' at the top and bottom.
- To:** VALIDATION CONTRACTOR
- CC:** (empty)
- Subject:** CCN# 012345 3Q14 CLABSI and CAUTI Validation Templates
- Expiration:** 60 Days
- Body:** Attached are 3Q14 Validation Templates for CCN# 012345
Sender Contact:
Phone:
- Bottom Buttons:** 'Send', 'Attach File...', 'Remove Files'

Confirming Receipt of Validation Templates

- It typically takes 10 or more minutes for messages to appear in the *Sent* folder with a status of “Received”
 - **Do Not re-send** messages multiple times
 - This significantly delays processing and requires version confirmation
- To verify a message has been sent, click on the **[Sent]** link under the *Mailbox* section of the Secure File Transfer screen
 - After allowing several minutes for transmission, a status of “Received” should be reflected
- Once the VSC has received and downloaded your template for processing, you will receive an email confirmation from the *QualityNet* Secure File System
 - This email will be From: noreply@hcqis.org

Validation Template Processing and Status Updates (1 of 2)

- Feedback regarding the status of Validation Templates is typically received within 48 hours of initial submission
- If a processing confirmation is not received, email the VSC at Validation@hcqis.org
 - Include the hospital's six digit CCN/Provider ID

Validation Template Processing and Status Updates (2 of 2)

- After Validation Templates are processed, the submitter of the template and the contact listed in the template's first row will receive confirmation receipt and/or error emails
- The subject and body of the email(s) will address the type of template being submitted, as well as the submission quarter for the Validation Template
- There are several possible receipt email notifications a hospital may receive depending on the status of the template after processing

Email Receipt Types: Successful Submission

CMS has received your Hospital Inpatient Quality Reporting Program CDI Validation Template for 2QXX. The list has been successfully processed.

Value Incentives and Quality Reporting Center (VIQRC): Validation Support Contractor
Validation@hcqis.org

Email Receipt Types: Error Notification

CMS has received your Hospital Inpatient Quality Reporting Program CLABSI Validation Template for 3Q15.

The list received contains the following errors:

- **Discharge Date** field value on row(s) 5, 6, 7, 8 is missing; if patient has not been discharged, enter Not Discharged.
- **Pathogen Name (A)** field value on row(s) 5, 6, 7, 8 is missing. One Pathogen Name is required for each row.
- **Sex** field value on row(s) 5, 6, 7, 8 is missing. Please refer to the dropdown list for valid values.
- **NHSN ICU Location** field value on row(s) 5, 6, 7, 8 is missing. Please refer to the dropdown list for valid values.
- **Lab ID** field value on row(s) 5, 6, 7, 8 is missing. Lab ID is required for every row on the template.
- **Patient Identifier** field value on row(s) 5, 6, 7, 8 is missing. Patient identifier is required for every row on the template.
- **Birthdate** field value on row(s) 5, 6, 7, 8 is missing. Birthdate is required for every row on the template.
- **Admit Date** field value on row(s) 5, 6, 7, 8 is missing.
- **Culture Date** field value on row(s) 5, 6, 7, 8 is missing. Culture Date is required for every row on the template.
- **Central line Y/N** field value on row(s) 5, 6, 7, 8 is missing. Please refer to the dropdown list for valid values.

NOTE: Protected Health Information (PHI) cannot be sent via email.

The CLABSI Validation Template must be resubmitted through the QualityNet Secure Portal to the Validation Contractor group by the 07/24/2016 deadline.

If you have any questions, please reply to this email.

Value Incentives and Quality Reporting Center (VIQRC): Validation Support Contractor
Validation@hcqis.org

Validation Templates Not Received

- If a hospital does not submit the required quarterly Validation Templates to the CMS, they will be assigned placeholder cases
 - Up to 10 placeholder cases can be assigned
 - All assigned placeholder cases are scored 0/1
- If a hospital submits a Validation Template and receives an error notification email but does not make corrections and resubmit by the submission deadline, placeholder cases will also be assigned and scored 0/1

Responding To Error Notifications

A hospital submitting a Validation Template with processing errors will receive an email notification (See Slide 49, *Email Receipt Types – Error Notification*, that includes the errors to be corrected)

- Make the corrections specified in the email
- Resubmit the file by the submission deadline
- Only resubmit a Validation Template when a notification was received indicating errors, or if errors are identified by the hospital of a submitted template **prior to the submission deadline for the quarter**
- When resubmitting a revised Validation Template, include a note in the *QualityNet* Secure Portal upload that a revised template is being submitted
 - Include the word *Revised* or *Resubmitted* in the file name
 - 012345_4QYY_FYXX_CAUTI_ValidationTemplate_Revised.xlsx

VSC Does Discrepancy Checks of Data Submitted

- The VSC performs discrepancy checks on the Validation Templates to assist hospitals with submitting accurate data
- If a hospital receives an email from the VSC asking for review of a Validation Template due to a possible discrepancy, reply indicating either:
 - A new Validation Template has been submitted
OR
 - The data is accurate as submitted and no changes are needed

Examples of Discrepancy Checks (1 of 2)

- Compare the two Validation Templates being submitted
- Review all dates for accuracy and correct format ,as specified on the **[Definitions]** tab
- Verify that the Calendar Quarter from the drop down list on each Validation Template is correct
 - Look at the dates included on the template to ensure they are from the correct quarter being submitted
- Check for any patients listed on both validation templates
 - When the same patient or patient episode of care is listed on multiple rows of a Validation Template, verify, for accuracy, the:
 - Patient Identifier
 - Patient HIC
 - Birthdate
 - Admit Date
 - Discharge Date
 - Unless the patient was admitted for multiple episodes of care, the fields should be the same

Examples of Discrepancy Checks (2 of 2)

- Watch for leading zeroes in Patient Identifier fields
- Verify that culture dates listed on the CLABSI/CAUTI templates fall between the admit and discharge dates and have been done while the patient was in an ICU location
- For MRSA/CDI Validation Templates, if listing cultures done in Emergency Department (ED)/24 Hour Observation locations, verify the patient was then subsequently admitted to an inpatient location
 - If a patient was only seen in ED/24 Hour Observation and never admitted, do not include the culture on the Validation Template

Tips (1 of 2)

- Perform Quality Assurance on Validation Templates prior to submitting
 - After the submission deadline has passed, information submitted cannot be changed
- Do not include cultures done in Inpatient Rehabilitation Facility (IRF) locations on the Validation Templates
- Be mindful of what data was submitted to NHSN for patient episodes of care listed on Validation Templates
 - Verify that Admit Dates and Birth Dates match
 - If dates are off, mismatches can occur

Tips (2 of 2)

- Verify that you have an NHSN Event ID number for every case reported on the Validation Templates being submitted to CMS
- Only include final positive cultures done on patients who were admitted
 - If a patient has a culture done in ED/Observation and is never admitted to inpatient, do not include it on a Validation Template.
- Submit Validation Templates early
- Make sure there are always two individuals with working *QualityNet* accounts that can submit Validation Templates to CMS

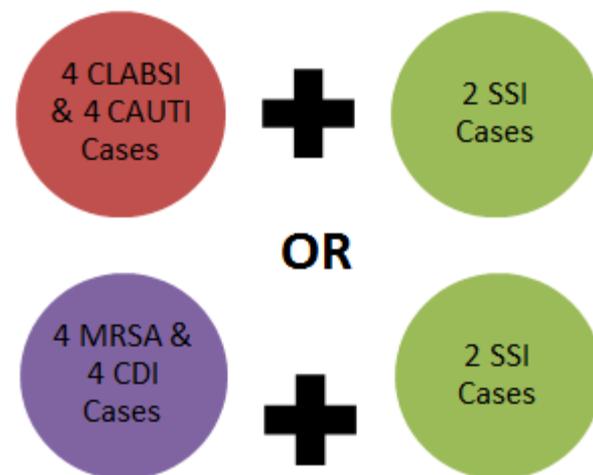
Validation Templates Used to Select HAI Cases for Validation

- Validation Templates are not validated, they are used to select HAI cases to be validated each quarter
- CMS performs a random selection of cases from each Validation Template type submitted per hospital being validated
- SSI cases are randomly selected from cases submitted to CMS through Medicare claims-based data for colon surgeries and abdominal hysterectomy surgeries
 - Hospitals do not submit Validation Templates for SSI cases
- After a submission deadline has passed, data submitted on a Validation Template cannot be changed

HAI Sample Selection

HAI Validation Requirements: Sample **up to 10** cases per quarter

- **Up to four CLABSI and up to four CAUTI** cases from data on Validation Templates
AND
- **Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies
OR
- **Up to four MRSA and up to four CDI** cases from data on Validation Templates
AND
- **Up to two SSI** cases from claims data for patients with colon surgeries or abdominal hysterectomies



Keeping Hospital Contacts Up-to-Date

Keeping hospital contacts up-to-date is important.

- **The following contact types will receive Validation-related notifications:**
 - Chief Executive Officer (CEO)
 - Medical Records
 - Hospital IQR
 - Quality Improvement
 - Infection Prevention
- Hospitals may check who is listed under these contact types and/or make updates by sending an email with their six digit CCN/ Provider ID to validation@hcqis.org

Resources

- Validation resources are available on *QualityNet*, including:
 - The Validation Fact Sheet document
 - HAI Abstraction Manuals
 - Tool Display documents
- To access these resources:
 - Select the **[Data Validation]** link from the [Hospitals – Inpatient] tab drop-down
 - Select the [Resources] link from the left side navigation pane (direct link):
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1140537256076>
- To check the status of a Validation Template submission, send a request to the VSC by email at validation@hcqis.org
 - Include the 6-digit CCN/ Provider ID in the subject and/or body of the email
- For assistance with *QualityNet*, including logging in, contact the *QualityNet* Help Desk
 - By telephone, 7 a.m.–7 p.m. CT, Monday–Friday at 866.288.8912
 - By email at qnetsupport@hcqis.org

Submitting Questions

- CMS Question and Answer tool
 - <https://cms-ip.custhelp.com>
- VSC validation@hcqis.org
- When submitting a question, include the hospital's six digit CCN or Provider ID number
 - Expedites a reply with information specific to your hospital

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

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 HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk[®].
 - Please use your PERSONAL email so you can 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 is sent out.
- 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

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 CE credit course. 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 heading for the registration is "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.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

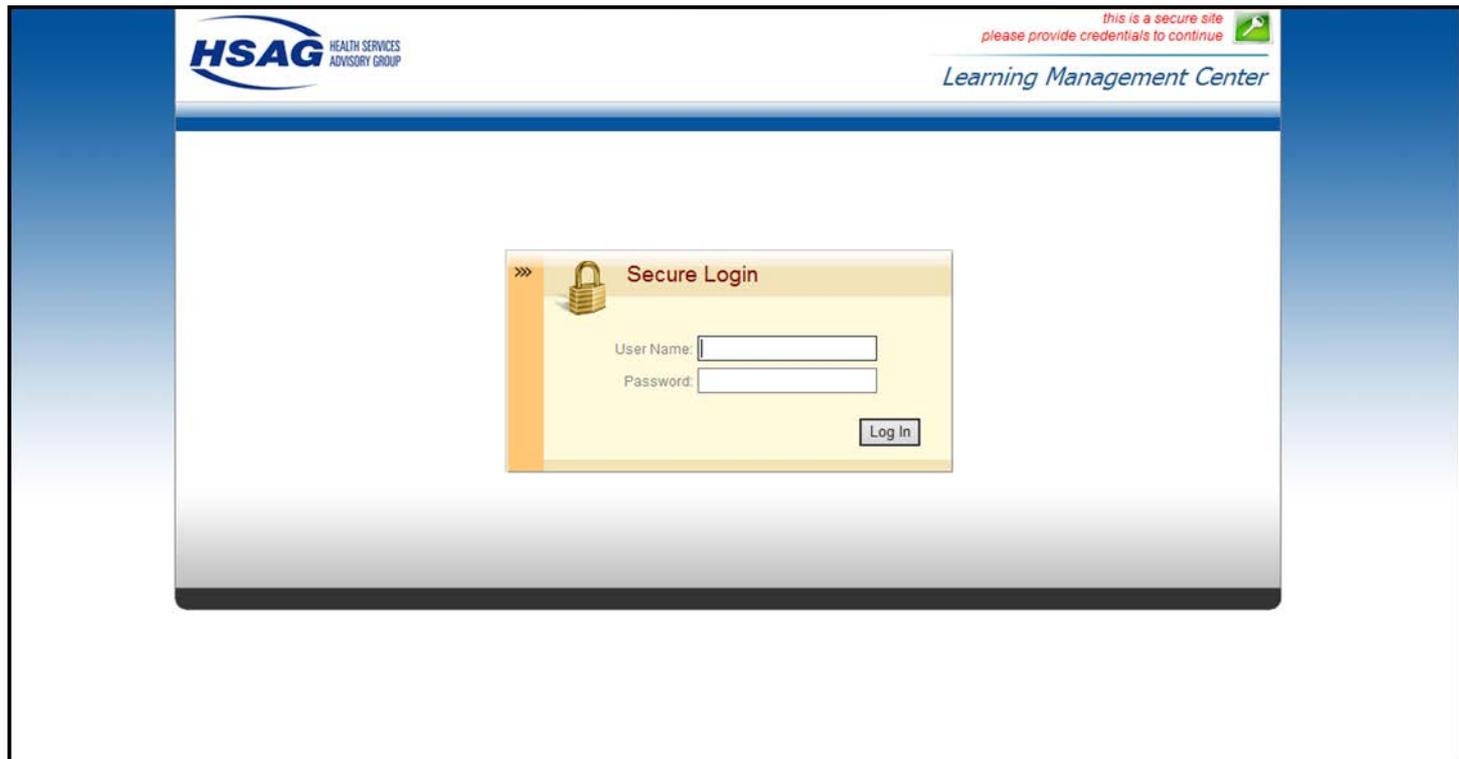
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

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 with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.

QUESTIONS?
