Inpatient Quality Reporting Program

Support Contractor

NHSN: Transition to the Rebaseline Guidance for Acute Care Facilities

Questions and Answers

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Question 1: **If you have a Mixed Acuity Unit (MAU) only will you have to report? Will a SIR be calculated if we report the MAU data?**

MAUs are not specified as a CMS required reportable location; however, we recommend that you submit the information given that you will still receive a Standardized Infection Ration (SIR) for them.

Question 2: **Are telemetry units being included or is it still just med/surg and ICU units in SIR?**

Telemetry units are not required by CMS to be reported; but, with the 2015 Rebaseline, facilities will be able to get a SIR for them. So, we recommend that you submit data for telemetry units.

Question 3: **Do we still have to report MBI's since they will not be counted?**

We are now coming out with different Mucosal Barrier Injury Laboratory-Confirmed Blood Stream Infections (MBI-LCBI) measures, such as rate tables and perhaps SIR tables. So, they are not required by CMS to be reported; but, you will start to get SIR and rate tables for that. However, they are required for NHSN in our rules.

Question 4: **Slide 15. sounded like she said it will not match NHSN and Quality and yet the screen shot indicated it will match.**

If you run those different reports, you'll be able to get the matching information in NHSN and QualityNet.

Question 5: **To confirm, did I hear that Q1 and Q2 (2016) SIR for CLABSI and CAUTI will NOT be available until December?**

That is within NHSN, they won't be available until December.

Question 6: **If a location designation has changed, should that location be inactivated and a new unit activated with new designation?**

Yes, you would have to inactivate the old location and create a new location in order to go ahead and report in that new location.

Question 7: **What does procedure duration greater than Q3+51QR mean?**

That is the procedure cut off point. So, we have a list of times that we provide for each procedure code. If the procedure performed has a duration that is longer than the IQR5, it is excluded from the SIR.

We will provide a list of all the updated IQR5 for the different NHSN operative procedures. However, the procedure duration cut off point are for Colon Surgery (COLO) and Abdominal Hysterectomy (HYST). For COLO, it is 697 minutes, which means that if the procedure has a duration longer than 697 minutes, it is excluded from the SIR. And, if it is longer than 547 minutes it is excluded from the SIR for HYST.

Question 8: **Can you please clarify the exclusion criteria for SSI SIR with regard to "Medical affiliation is 'Y'?**

When we were analyzing the data, we did find that some hospitals had not completed that information on their annual survey, which is something that is done retrospectively. And, we do ask on that annual survey whether you have an affiliation to a medical school. So, it is either you do have it, which will be yes, or if you do not, it will be no. And, if you have an affiliation with a medical school and you select yes, you will then be asked what type of medical school it is, if it is a graduate school or an undergraduate school.

Question 9: **Slide 22 did not list wound class. Is this no longer part of the model? If so, will NHSN stop blocking the uploads of cases missing wound class?**

Wound class was never included in the risk adjusted model for the complex 30-day Surgical Site Infection (SSI). So, based on the 2006 to 2008 baseline, which is currently in the application, we only use the American Society of Anesthesiologists (ASA) score and age in the risk adjustment for the SIR for the complex 30 day SSI SIR model. It is not included in the 2015 risk adjustment for the complex 30 day SSI SIR; but, you still have to report the wound class for every procedure that you report to NHSN.

Question 10: **We are only reporting SSI following Abdominal Hysterectomies Correct? Not Vaginal.**

That is correct. For the complex 30 day SSI SIR, it is only abdominal hysterectomy.

Question 11: **What does in plan mean? Medicare?**

In-plan means that you have included surveillance for a specific HAI measure on your monthly reporting plan, which means that you would have to follow the NHSN protocols for that specific measure.

Question 12: **What is PATOS= Yes? Is PATOS = YES excluded from 2015 Baseline calculation?**

PATOS means present at time of surgery, so basically it refers to SSIs. If

you have a present at time of surgery case, you select PATOS equals yes on your procedure record within NHSN. On the import file there is a column called PATOS where you would put yes or no, depending on the SSI that you are importing. And yes, we have excluded PATOS equals yes SSIs from the numerator; and then, the procedures from which they result are also excluded from the denominator under the 2015 baseline.

Question 13: **For the SSI events included in the new SIR on slide 30. The SSI's identified within 30 days of the procedure date. Does this mean the superficial SSI's are included?**

No, they are not included in the complex 30 day SSI SIR model. They are, however, included in the all SSI SIR model.

Question 14: **I want to clarify that with bs2, all SSI SIRs will now include other than primary closure, including the complex 30-day model SIR that goes to CMS, correct?**

That statement is correct.

Question 15: **What are the bed number cut-offs for risk adjustment for CDIFF?**

For the Clostridium difficile *model, the variable for total number of beds is a continuous variable, meaning that there is no cut off. However, whatever value of bed size you put on your annual survey is the value that will go into the risk adjustment model. And, we will be publishing new documentation on the NHSN website that will explain the cut off and how each of these variables are categorized. We will put out communications once those are available.*

Question 16: **Is total # beds # of staffed beds or # licensed beds?**

It is the total number of beds that are set up and staffed in the facility, which is not necessarily the total number licensed.

Question 17: **#45 What if a facility changes the test type in the middle of a quarter. Should we use what used for the majority of the time Our organization changed testing from NAAT to toxin 2 months into a quarter**

We recommend that facilities select the Clostridium difficile (*CDI) test type that was used for the majority of the quarter.*

Question 18: **Does the system identify GDH plus EIA for toxin, followed by NAAT for discrepant results as PCR for do we select only NAAT?**

Yes, the option that you mentioned with Glutamate Dehydrogenase (GDH) following with Nucleic Acid Amplification Testing (NAAT) will be counted as part of the risk adjustment for Polymerase Chain Reaction (PCR) test or NAAT.

Question 19: **SLIDE 46: Please comment on CO versus CO-HCFA use in the new updated CDI risk adjustment.**

One of the variables in the CDI risk adjustment is the inpatient community onset prevalence rate. This prevalence rate only includes events classified as CO, or community onset. It will not include the CO HCFA events or community onset healthcare facility associated.

Question 20: **Do we include 24-hour observation units and MRSA Lab ID reporting?**

Yes, part of the NHSN protocol for FacWideIN, or facility wide inpatient, does require the reporting of data from emergency departments and 24-hour observation units, if you have those locations in your facility.

Question 21: **Do any of these changes apply to ASC's?**

No, this webinar is specifically for acute care facilities. Not all of these will apply to Long-Term Acute Care (LTAC) or Ambulatory Surgery Center (ASC) facilities.

Question 22: **Will the SIR be combined if 2 hospitals share 1 CCN number? We have a 100% pedi hospital sharing with an adult hospital? Will the SIR not be separated? Both hospitals have an NHSN id to separate all other data.**

Yes, the SIR is risk adjusted separately for those two hospitals and calculated separately. However, if both hospitals are participating in the CMS Inpatient Quality Reporting Program, after risk adjustment the data

will be combined and a single SIR will be submitted for both hospitals. For SSIs, we do not report COLO or HYST for anyone under 18 years old.

Question 23: **Are step down units/ Intermediate care units counted as ICU beds?**

No, step down or intermediate care units are not counted as intensive care unit (ICU) beds.

Question 24: **After Dec 10th will we be able to go back and run SIR on the new criteria for Q2016**

Yes, users will have the opportunity to go back and run SIRs for 2016, once the Rebaseline has been incorporated into the application in December.

Question 25: **Will the summary SIR reports be available to pediatric hospitals that are participating, but not included in the CMS programs?**

Yes, the SIR reports will be available for all hospital types.

Question 26: **To clarify, those hospitals that have sub provider units (psych and rehab) - those patient days and beds should not be included in the Annual Survey, correct?**

Actually, counts from those units should be included on the annual survey. Any patient days, admissions, and the total number of beds on the annual survey should include any inpatient unit in the facility. This includes those with a separate CMS certification number (CCN), such as a rehab or a psych unit.

Question 27: **Can you please define "CMS-certified unit"? Thank you.**

What we mean by a CMS-certified units are units in a hospital that are designated separately by CMS. They have their own CCN, separate from the rest of the hospital.

Question 28: **Is there a manual that explains how to generate datasets and also how to run reports l if so where is it located?**

Yes, our NHSN website has a lot of different reference guides and

informational templates that you can use to help you navigate NHSN and how to run your reports and what your output tables represent.

Question 29: **How is the quarterly data aggregated into moving years by CMS? Do they sum the numerators and denominators to calculate a new SIR rate for the 12 months or do they average the quarterly SIR rates as submitted by NHSN?**

Sum the numerator and sum the denominator. Then, divide those two summed values to arrive annual SIR. It is not an average of the monthly or quarterly SIRs.

Question 30: **Will a facility's CMS overall star rating be negatively affected if the rebaseline is unable to calculate a SIR due to reported infections of <1?**

Questions regarding the Hospital Compare overall rating may be directed to the Hospital Compare Overall Hospital Rating Team by email at: cmsstarratings@lantanagroup.com.

Question 31: **In our validation of the December Preview Reports, there is a huge discrepancy between the SSI Surgical Denominator volumes. We found that the results on Hospital Compare are only the Primary Closure procedures, which contradicts NHSN's presentations of the Rebaseline changes. What is being done to ensure that Hospital Compare is in alignment with the new criteria? Who should we query in these instances, NHSN or CMS?**

We are currently looking into the issue with the incorrect procedure count. The procedure count field in the current Hospital Compare *preview includes both inpatient and outpatient COLO and HYST procedures reported in-plan by the hospitals. We have also heard reports of this field excluding procedures with other than primary closure methods. A slight glitch in the file generation program caused the outpatient procedures to be included in the procedure count field because these outpatient procedures were in-plan. The procedure count field will also include procedures with other than primary closure techniques. While this does impact the procedure count displayed, it does not impact the number of SSI events, the number of predicted events, or the SIRs. This means that the number of SSIs events, the number of predicted events, and the SIRs presented for SSI-COLO and SSI-HYST on the* Hospital Compare *preview site are correct.*

Question 32: **There are many hospitals that treat cancer patients (i.e. tumor removals); In the future can there be an NHSN procedure indicator for oncology patient. They are at higher risk for an infection NOT just the cancer patients at cancer hospitals.**

We understand your concern and will take it under advisement. We also want to mention that we do consider and explore various risk factors in relation to the outcome of healthcare-associated infections. Our process, when setting a baseline and performing risk adjustments of the baseline data, is to consider what we see in the data, at a national level. And use what is found to be significant to the outcome of infection.

Question 33: **Is it better to have more or fewer ICU beds per the risk adjustment factors?**

There are many factors that are included in the risk adjustment, it is difficult to say how the number of beds would impact the data calculation.

Question 34: **Regarding denominators for SSI SIR (slide 27): our QualityNet preview data has shown a significant increase in surgical cases counted under the new baseline vs. the old baseline. Can you explain why there might be more cases included?**

We are currently looking into the issue with the incorrect procedure count. The procedure count field in the current Hospital Compare *preview includes both inpatient and outpatient COLO and HYST procedures reported in-plan by the hospitals. We have also heard reports of this field excluding procedures with other than primary closure methods. A slight glitch in the file generation program caused the outpatient procedures to be included in the procedure count field because these outpatient procedures were in-plan. The procedure count field will also include procedures with other than primary closure techniques. While this does impact the procedure count displayed, it <u>does not</u> impact the number of SSIs events, the number of predicted events, or the SIRs. This means that the number of SSIs events, the number of predicted events, and the SIRs presented for SSI-COLO and SSI-HYST on* Hospital Compare *preview site <u>are correct</u>.*

Question 35: **Is there any way that you can provide hospitals with the data that should be reflected in the Q2 QNET reports so hospitals don't have to spend hours and hours manually trying to reconcile the differences?**

Unfortunately, we are in the process of incorporating the baseline into NHSN. We will not be able to create additional reports in the application until the rebaseline is incorporated.

Question 36: **We have sent emails to NHSN regarding SSI Denominator discrepancies in the December Hospital Compare Preview Reports, but have not yet received responses. Who can we escalate to?**

We are currently looking into the issue with the incorrect procedure count. The procedure count field in the current Hospital Compare *preview includes both inpatient and outpatient COLO and HYST procedures reported in-plan by the hospitals. We have also heard reports of this field excluding procedures with other than primary closure methods. A slight glitch in the file generation program caused the outpatient procedures to be included in the procedure count field because these outpatient procedures were in-plan. The procedure count field will also include procedures with other than primary closure techniques. While this does impact the procedure count displayed, it <u>does not</u> impact the number of SSIs events, the number of predicted events, or the SIRs. This means that the number of SSIs events, the number of predicted events, and the SIRs presented for SSI-COLO and SSI-HYST on* Hospital Compare *preview site <u>are correct</u>.*

Question 37: **If (slide 49) data is reported quarterly, how will data for December 2016 use one baseline and data for the other months use a different baseline?**

Data for 2015 and onwards will use the new rebaseline, or BS2. Data for anything before 2014 will be using the old baseline, or BS1.

Question 38: **CMS now has information with the new SIRs. Do the Value-Based Purchasing thresholds also change? Currently CLABSI needs to be below 0.369 to get paid.**

The FY 2019 performance standards for the healthcare-associated infection (HAI) measures were calculated using the current standard population (old baseline data) from January 1, 2015 – December 31, 2015. CMS intends to

update the performance standards for this time period to reflect the new standard population (re-baselined data). We recommend watching for a future announcement providing the updated performance standards on QualityNet.

Question 39: Will the HAI Q1 and Q2 2016 reports run in the Secure Quality Net portal reflect results using the new 2015 baseline?

Yes, the HAI data for Quarter One (Q1) and Q2 in QualityNet *are computed using the 2015 baseline, or BS2.*

Question 40: Will the rebaseline of data affect the IRF units?

Yes, all facility types will have new SIRs computed from the 2015 rebaseline.

Question 41: Will there be changes to the procedure file specifications?

We are unsure of what the question is specifically asking. If you are asking about the procedure import file, please find the most updated information on how to import procedures on the CDC.gov website, under supporting materials: http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html

Question 42: Is there any idea of how the new risk models will affect the predicted/denominator? Will it increase or decrease them or stay the same? Thanks

At this time, it is difficult to say how the predicted number will change for facilities. Since there are multiple different factors that affect the risk adjustment, the predicted number may increase or decrease depending on the HAI type. For example, in the case of the Complex 30-day SSI model, also called the CMS model, we are risk adjusting the denominator on more risk factors than we did in the older baseline of 2006-2008. Thus, you will see differences in your denominator when you compare the two baselines.

Question 43: Why is the antibiotic not factored as a risk for C-diff?

The risk factors available for us to include in a risk adjustment model are based only on the required data elements on the NHSN reporting forms.

Clostridium difficile *surveillance used for the SIR is performed on a facility-wide level, and patient-level factors such as previous antibiotic use are not collected in NHSN for all patients under surveillance.*

Question 44: **Will NHSN be providing the new pulled means for the 2015 rebasing**

No, we will not be publishing new pooled means. We are, however, creating rate calculators that will compute pooled means for facilities and nationally.

Question 45: **Now that hospitals understanding the changes to risk factors under the new re-baselining, we can validate the 2Q 2016 submission, however, is there not a concern that data submitted prior to that is not accurate... particularly 2015 data?**

2015 data have been submitted to CMS under the original baseline, as well as the updated baseline. The NHSN team has implemented thorough testing procedures to ensure that the files submitted to CMS are accurate. If you have further questions about data from your hospital, please email the NHSN helpdesk at NHSN@cdc.gov.

Question 46: **When will the new CDI SIR model with the weights of each risk factor be released?**

The details of the updated CDI risk adjustment model will be available on the NHSN website in the coming weeks, along with supporting documentation and details of the risk adjustment models used for the other HAI types.

Question 47: **Slide 45: Can you explain the difference in numbers of total Facility Pt Days and Admissions and MDRO and C-diff days and admissions?**

Please refer to the following resource, which explains the required data entry fields on the Multidrug-Resistant Organism (MDRO) denominator form: http://www.cdc.gov/nhsn/forms/instr/57_127.pdf

Question 48: **Will CMS exclude PATOS for performance year 2016?**

Under the new 2015 baseline, PATOS=Yes SSIs will be excluded from the numerator of the SIR calculation. Consequently, the procedure from which

they result, also are excluded from the denominator of the SIR. Currently, in the application, we only have the old baseline, 2006-2008. Under this old baseline, PATOS SSIs are included in the SIR. When we implement the new 2015 baseline in the NHSN application, you will be able to re-run your 2015 and 2016 SIRs without PATOS SSIs.

The 2015 data that was reported to CMS under the 2006-2008 baseline included PATOS SSIs. However, as you know, we have re-reported the 2015 data to CMS using the new 2015 baseline, and that data excluded PATOS SSIs. The 2016 Q1 data that was reported to CMS on August 15, 2016, excluded PATOS SSIs because we reported that data using the new 2015 baseline. And the upcoming reporting to CMS, scheduled for November 15, 2016, will exclude PATOS SSIs.

Question 49: **Will CMS VBP FY 2017 & FY 2018 use new baseline SIR? If so, will CMS Threshold change?**

It is anticipated that CMS will transition to the new standard population (Rebaselined data) in the FY 2019 Hospital VBP Program. The FY 2017 and FY 2018 Hospital VBP Program years will utilize the current standard population (old baseline data) for the baseline period, performance period, and performance standards.

Question 50: **Will SIRs only be calculated when expected value >1? or has that criteria changed?**

Yes, SIRs will be calculated only if the number predicted is greater than one.

Question 51: **If we run a SIR report that contains 2016 and 2017 data will we be able to use the old risk adjustment model?**

For the new rebaseline, you will be able to only run data from 2016

Question 52: **Should Mixed Acuity units in which beds are used for critical care purposes have to be counted under ICU beds or under all other inpatient locations?**

Mixed Acuity Wards should be categorized as just that, Mixed Acuity Wards.

Question 53: **Will there be any changes made on the determination of a PATOS?**

There are no changes made to the determination of a PATOS.

Question 54: **There is a ICU/IMCCU combined unit that is about 50/50 patient mix but according to NHSN, it is categorized as a step down unit. Will the 80/20 rule be changed in the future?**

At this time, there are no plans to change the 80/20 rule. With this rule we are able to risk adjust accordingly.

Question 55: **Data exclusions for SSI: what's with "if number of beds missing"?**

A SIR will not be calculated if you have not included the number of beds for your facility on your annual survey.

Question 56: **Since you recommend MAU put in data, does this need to be done by November 15th 2016?**

Mixed acuity units, alone, are not required to be reported by CMS. However, please keep in mind that for CDI LABID and MRSA, FacWIDEIn will include MAU data. So, for that reason, data needs to be in the system by the reporting deadline.

Question 57: **Just to clarify, moving forward are infection rates still going to be utilized?**

If you are referring to pooled means, then no, we will not be publishing pooled means. However, in NHSN we are incorporating rate calculators that will have pooled mean data.

Question 58: **Are output surgical procedures still required for denominator surgery reporting?**

Yes, even though outpatient procedures are not included in the SIR calculation, you can still generate line list and frequency tables for this data.

Question 59: **Will NHSN present what changes we can expect to other SSI Procedure groups that are not CMS Reported, but may be required at the State Level (i.e. The State of Texas requires 10 Reportable)**

Yes, NHSN will publish the list of factors included in the final models for the different procedure categories.

Question 60: **Since not all hospitals do post discharge surveillance why are SSI identified by this means being included. Those of us that do robust post discharge surveillance will have higher SIRs than those that don't**

Please email us at NHSN@cdc.gov, so that we can provide a detailed response to this question.

Question 61: **When importing data, the column for PATOS does not import properly, this field has to be manually entered, why?**

PATOS is collected on the event form. You can only import SSI events by Clinical Document Architecture (CDA), so if you are having issues with the PATOS column, please contact your CDA vendor for assistance.

Question 62: **What's the impact if we are manually inputting data to NHSN vs a file? same changes apply?**

There is no difference; however, file uploads are efficient and allow for fewer data entry errors.

Question 63: **If I enter data from the MAU, do I include all patients on that unit, even if they are SNF patients or Observation patients, OR do i just enter inpatient data?**

If you are following surveillance in this unit, you would include all patient types in your data collection.

Question 64: **Do you really mean for a facility to use NAAT as reporting test type for CDI LabID when PCR is only used for discrepancies between EIA and GDH? Most of the testing is done via GDH/EIA?**

There are several options for CDI test type that a user can select on the NHSN reporting form. If your hospital selects "GDH plus EIA for toxin, followed by NAAT for discrepant results," your hospital will receive the same risk adjustment that is used for the NAAT test type alone, as NAAT is the most sensitive test and final test used in the above mentioned algorithm.

Question 65: **Are the NHSN pooled means for CAUTI and CLABSI going to continue to be published?**

No, pooled means will not continue to be published. We are in the process of creating a rate calculator that can be used to find the pooled means for specific location types.

Question 66: **Mixed acuity units that use the beds upon occasion, are they counted as ICU beds or as other inpatient locations?**

There is a CDC location that is reserved specifically for mixed acuity wards. This will allow for the correct risk adjustment for this location type.

Question 67: **Why would you include the beds from Acute Inpt rehab beds with your hospital wide bed number, when they have a separate survey done each year?**

The annual hospital survey is designed to collect information on the entire hospital. All inpatient units that are not enrolled as separate NHSN facilities, should be included in the counts provided on the survey, including those units with a separate CMS designation. Please refer to the Frequently Asked Questions document at http://www.cdc.gov/nhsn/pdfs/faqs/psc/faqs_annual-surveys.pdf.