Ambulatory Surgical Center Quality Reporting Program

The Ins and Outs of Measure Submission Via a Web-Based Tool

Presentation Transcript

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Karen

VanBourgondien**:** Hi, everybody. Welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thank you for joining us today. My name is Karen VanBourgondien, an education coordinator for the ASCQR program.

If you have not yet downloaded today's handout, you can get them from our website at www.qualityreportingcenter.com. Just click on today's event and you should be able to download the handout. They are also attached to the ReadyTalk invite that you received for this webinar. For today's webinar, we are live streaming in lieu of using phone lines. However, phone lines are available if you should need them.

Today, we're fortunate to have Laurie Ciannamea as our speaker. Laurie is a Project Coordinator with the ASC program. She has an extensive background in healthcare and has been with this program since its inception.

Before we begin today's program, I'd like to highlight some important dates and announcements. For web-based measures entered through QualityNet, the data submission for those – the deadline is August 15th and for the flu vaccination measure ASC-8, that submission deadline is May 15th. Be sure to

keep your QualityNet and your NHSN passwords active by logging in to your accounts on a routine basis. If you do not routinely access these accounts, they can become locked. And the easiest way to avoid that issue is to log in say every 60 days or so. If you have any problems with your login capability for QualityNet, please call their help desk directly at the number you see here on this slide. And if you have any problems with your NHSN account, their contact information is also on this slide.

Please join us on March 22nd. In this presentation, we will review the program requirements and will also provide you with some helpful hints to assist you in your successful reporting of this program.

On April 26, the presentation will be geared toward resources and tools that are available; basically, finding what you need, when you need it. Any information regarding program updates or educational opportunities will be sent via ListServe. If you are not currently signed up for ListServe, it is an automatic e-mail service and you can sign up on the homepage of *QualityNet*.

The learning objectives for this program are listed here on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box and the audio portion of today's program will be posted on qualityreportingcenter.com website at a later date.

During the presentation as stated earlier, if you have a question, please put that question in the chat box that is located on the left side of your screen. One of our subject matter experts will respond. By having live chat, we hope to accommodate your questions timely and have real time feedback.

So without any further delay, let me turn things over to our speaker, Laurie Ciannamea. Laurie?

Laurie Ciannamea: Thank you, Karen and welcome everyone. I thought we'd begin today by reviewing the data requirements of the program. The ASC Quality Reporting Program has three means by which data are reported. The first is a submission of quality data codes or QDCs via claims that are submitted to

Medicare for payment. QDC submission is an ongoing process and facilities are required to have QDCs on a minimum of 50 percent of their claims in order to be in compliance with program requirements.

The second is a claims-based outcome measure, specifically ASC-12, which means that the data are garnered from the facility's claims directly by CMS. No further action is required by the facility for this data to be collected.

Finally, there are measures that are reported via an online submission tool. Measures ASC-6, -7, -9, -10, and -11, which is a voluntary measure, are all entered via the tool found on the QualityNet Secure Portal. ASC-8, the influenza vaccination measure, is reported via an online submission tool found on the National Healthcare Safety Network or NHSN website.

While I wanted to briefly touch on these reporting components so that you understand the program requirements, for today's presentation, we will be focusing only on those measures reported via the online submission tools. In order to enter data into QualityNet, you must have secure access. So let's discuss this access.

What is a Basic User? Well, that's someone that has limited access to the QualityNet secure website and that access is determined by the Security Administrator or SA. It could be that the facility wants someone just to run reports in QualityNet, and then the SA would assign this basic user only the rights to download reports. There is a registration process for the Basic User and you can find that registration form on the QualityNet **Registration Page**.

A Security Administrator or SA has several additional roles assigned beyond those of a Basic User. First, a Security Administrator facilitates the registration process for new users and creates, approves, edits or terminates *QualityNet* user accounts within the facility. Second, a Security Administrator is responsible to manage *QualityNet* usage at the facility for purposes of security and confidentiality. And, finally, a Security Administrator is the designated point of contact for *QualityNet* with the facility.

Now that we know the roles of the Basic User and the SA, let's discuss the steps you will need to open a QualityNet account. These steps help to ensure

that the applicant is who they say they are and that they are the person that the facility has designated to perform the tasks associated with the roles they are assigned.

Let's begin on the homepage of the *QualityNet* website, www.qualitynet.org . The first step is to find that SA registration packet and complete the necessary application. In the upper left corner of the *QualityNet* homepage, in the QualityNet Registration box, select **ASC** circled here in red. That will take you to the Registration page. There are two user classification choices available on this page, Basic User and Security Administrator. Select the account type for which you are applying.

In this example, we're going to select the **Security Administrator** classification. Open the registration packet by double-clicking on the link to the packet as seen on the slide. The packet consists of five pages. The first three pages are instructions on how to complete the registration process. Please be sure to read them thoroughly so that your application can be processed without any problems or delays. And be sure to mail the original forms to the Tampa address shown on this slide.

The registration packet has a total of five pages, as I said earlier; however, the SA application is made up of two pages, pages four and five in the registration packet. Be sure to complete both pages completely and legibly. The top part of page four is all about the applicant. It is that person's name, e-mail address and job title that should be entered. The rest of the form provides information about the surgery center. The applicant signs this form. Page five is the authorization form. Now, once the application is filled out, mail the originals to the Tampa address shown on page one of the packet. Make sure you send the original forms by a trackable method because *QualityNet* will not process from anything other than original. Let me repeat, do not send a photocopy or a faxed copy because QualityNet will not process from any kind of copy. Original documents are required.

When the processing has been completed, you will receive two e-mails; one with your username and the other with a temporary password. Be on the lookout. Make sure to check your spam too for the e-mails because temporary

password is only valid for 48 hours after it's issued. You want to be sure to change it before it expires.

Anyone who is accessing a federal database is required by statute to undergo identity verification. Basically, this is a series of background questions meant to confirm that you are who you say you are. To begin, download the Symantec VIP from the homepage on the *QualityNet* and follow the prompts to complete the identity verification process. You can see here on this slide we're back on the homepage and I have circled in red where you would go to download this application. For any difficulty with the Symantec VIP, please contact *QualityNet* directly.

For information about becoming a Security Administrator, you can view the brief "Becoming a Security Administrator" video found on the qualityreportingcenter.com website. From the homepage, you will hover your cursor over the **ASC** tab in the center and a drop-down menu will appear. Choose the **ASC 101** icon, you see here circled in red, and this page will display. For information about becoming an SA, you will choose the first video you see here at the top, next to the red arrow.

Now that you've registered with *QualityNet*, let's talk about the measures to make sure that you understand what's to be reported. A good starting point for understanding the measures, whether you are interested in the claims-based measures, ASC-1 through ASC-5 and ASC-12 or the measures input via a web-based tool, it's important to begin with the Specifications Manual.

The manual is updated annually to sync with the Final Rule and any addendums that are made during the calendar year. For example, because the data to be reported in 2017 is related to 2016 encounter dates, you would refer to version 6.0 of the Specifications Manual which covers encounter dates January 1 through December 31, 2016. The manual is made up of measure information forms or MIFs for each measure that is part of the ASC Quality Reporting Program.

A MIF contains a description of the measure, what data is to be collected and reported, as well as the mechanism by which the data is to be submitted, either

via claims or via a web-based tool on *QualityNet* or the NHSN website. To access the Specifications Manual from the *QualityNet* homepage, you will hover your cursor over the **Ambulatory Surgery Centers** Tab and choose the **Specifications Manual** tab circled here.

Select the version of the Specifications Manual that corresponds with the encounter dates on which you are reporting data. Double-click on the version that you want to open and agree to the terms of license use. That will take you to the manual you selected. In this example, we are going to choose **Version 6.0a.**

When the Specifications Manual that you have chosen opens, it will be divided into several sections. The **Introductory Material** section includes the Table of Contents, Acknowledgment, Program Background and instructions for Using the Manual. The Release Notes describe any changes that were made from the previous version of the manual to the current one.

Section 1, which we will discuss in more detail in the next several slides, contains the measure information forms or MIFs related to each of the measures you will be reporting.

Section 2 includes Quality Data Coding and Sampling Requirements. The Appendix contains a Glossary of Terms and any coding or other table associated to this particular version of the manual.

Let's continue by double-clicking on the **Measure Information Forms** in Section 1 of the manual to open them. That will display a list of all the available MIFs. Click on the MIF for the measure you are interested in viewing. Since ASC-6 is the first measure we'll be discussing in this presentation, let's look at the MIF for that measure now.

This slide shows you how the MIF is laid out and the information it contains. We've explored what's different about the measures input via an online tool. Let's learn more about the measures themselves. The data collection period for the web-based measures is the entire calendar year. Data collection starts on January 1st and continues until December 31st each year. Unlike the ongoing claims-based reporting of the quality data code, the web-based

measures are only reported once each year. The submission period begins on January 1st and extends through August 15th for the 2017 reporting period.

The 2017 Final Rule has signaled a change in the submission deadline for these measures. For future reporting, the submission deadline will be moved to May 15th. This will be for the 2019 payment determination and subsequent years. Data for these measures are entered via an online tool. For measures ASC-6, -7, -9, -10, and -11, the submission tool is found on the QualityNet website, which we explored earlier in this webinar.

ASC-8, the influenza vaccination measure, is the only exception. Data for that measure, which we will explore further, later in this presentation, is reported via the National Healthcare Safety Network or the NHSN website.

ASC-6, Safe Surgery Checklist Use, questions whether or not the facility used the Safe Surgery Checklist that included safe surgery practices in each of the three perioperative periods. ASC-6 requires a "yes: or "no" answer to the question: "Did your facility use a safe surgery checklist all throughout 2016?" To answer "yes" to the Safe Surgery Checklist, you must have been using it for the entire calendar year.

CMS has not mandated that facilities use a particular survey format or form. It does not require that the Safe Surgery Checklist be hardcopy paper or a page in an electronic record. However, it must be documented in some manner designated by the facility in the patient's medical record. The checklist must be used for all surgical procedures that include safe surgery practices during each of the three critical perioperative periods. The first critical point- the period prior to the administration of the anesthesia; the second critical point- the period prior to incision, and the third critical point- the period when the incision is closed and before the patient leaves the operating room.

ASC-7, ASC Volume Data on Selected ASC Surgical Procedures, reports the aggregate count of selected procedures by organ system. This slide displays an example of the table of procedure code used to report ASC-7 from a previous year. The table is published once a year, typically in the month of

November, prior to the opening of the submission period. This measure reports the total number of distinct procedures performed by the facility during the year.

CMS uses claims data from the prior year to call a list of the top 100 procedures performed nationally. A table in the associated CPT codes is provided each year in the Specifications Manual. The table divides the procedures by organ system. To report the measure, the facility enters the total number of procedures per organ system using only those CPT codes located on the table for each system.

ASC-9 looks at the appropriate follow-up interval for normal colonoscopy in average risk patients. ASC-9 is reported as a denominator and a numerator that are used to calculate the percentage of patients meeting the measure criteria as stated in the measure description. To determine the denominator, CMS has provided specific criteria including age range of the patient between 50 and 75 years of age, specific diagnosis and procedure codes, as well as certain modifiers that should not be included on the claim.

The denominator criteria are published in the MIF found in the Specifications Manual. The population includes all patients who meet the denominator criteria regardless of payer. The denominator is a sample of cases extracted from the population to meet the sampling requirements, which we will discuss shortly.

The numerator is extracted from those cases meeting the denominator criteria. Of those cases, how many had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in the colonoscopy report. There are cases that will be excluded from the measure due to a medical reason. Medical reasons are at the discretion of the physician. There are some examples of medical reasons for exclusion provided in the Specifications Manual. Please note that these are only examples and are not meant to be the only medical reasons that may exclude a case from this measure.

ASC-10 looks at the interval between colonoscopies for patients with a history of adenomatous polyps. ASC-10 is also reported as a denominator and a

numerator used to calculate the percentage of patients meeting the measure criteria as stated in the measure description. To determine the denominator, CMS has provided specific criteria including age of the patient 18 years and older, specific diagnosis and procedure codes, as well as certain modifiers that should not be included on the claim.

The denominator criteria are published in the MIF found in the Specifications Manual. The population includes all patients who meet the denominator criteria regardless of payer. The denominator is a sample of cases extracted from the population to meet the sampling requirements, as we just discussed.

The numerator is extracted from those cases meeting the denominator criteria. Of those cases, how many had three or more years from the date of their previous colonoscopy to the current procedure. Again, there are cases that will be excluded from the measure due to a medical reason or a system reason. Medical reasons are at the discretion of the physician.

But there are three criteria that must be met in order for a case to be excluded due to a system reason: the interval since the last colonoscopy is less than three years, and a medical reason for interval of less than three years is not documented, and a system reason is documented. For example, the previous colonoscopy report is not available.

Remember that for ASC-9 and ASC-10, CMS allows facilities to sample so as to reduce burden on the facilities. You can refer to Table 2 in Section 2 of the Specifications Manual for the sampling requirements.

ASC-11 measures the percentage of patients aged 18 years and older who had improvement in visual function within 90 days following cataract surgery. In the finalized calendar year 2016 OPPS/ASC Final Rule, ASCs have the option to voluntarily report this measure and the measure remains voluntary at this time. All data that is voluntarily reported is subject to public display. Failure to report this measure will not result in the 2 percent reduction payment update at this time.

In order for a case to be included in the denominator for ASC-11, the patient must be 18 years and older and the case must have one of the specific CPT

codes found in the MIF. The patient must have completed both a preoperative and a postoperative visual function survey. We'll define a visual function survey in the next slide.

Patients who failed to comply – complete either the pre-or postoperative survey are excluded from the measure. The numerator is a subset of the denominator. It measures how many of those patients included in the denominator who had visual function improvement achieved within 90 days of the cataract surgery.

In order for a survey to be used for data collection for ASC-11, the tool itself must be validated for the population that will be using it. In other words, the tool should be one that is appropriate to the population that will be using it and it should be one that has been field-tested by the developing organization.

The survey should contain questions that test for visual function improvement, not visual acuity. It is not measuring the patient's ability to see far or near. Instead, the survey according to the National Eye Institute should be designed to measure the dimensions of self-reported, vision-targeted health status that are most important for persons who have chronic eye diseases such as cataracts. The same data collection instrument or survey must be used preoperatively and postoperatively. Please refer to the MIF for ASC-11 for examples of visual function assessment.

There is one more measure that we still need to talk about and we'll do that in the upcoming slides. ASC-8, the influenza vaccination measure, is submitted via the National Healthcare Safety Network website, a completely different platform from QualityNet. So we'll cover that measure all by itself.

In an effort to minimize burden on the facilities, CMS allows facilities to sample for purposes of reporting ASC-9, ASC-10 and ASC-11. The table displayed on this slide is applicable to all three of those measures. What the table shows is that if the total measure population, in this example ASC-9, is between 0 and 900 cases per year, the facility is required to report a yearly sample of 63 cases.

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If the facility's population is 901 cases or more for the year, then the annual sample size is 96. That means that when you report the measure, the denominator must be a minimum of at least 63 or 96 cases depending on the size of the population.

CMS has allowed the facilities option to sample yearly, quarterly or monthly and those volumes are shown on the table. As long as the facility meets the annual sample size that it satisfies the program requirement. Please note that this table is published in section two of the Specifications Manual, QDC coding and sampling specification.

Moving on, let's talk about how to enter the measure data via *QualityNet*. Now, let's find the measure submission page. Remember that in order to submit data for your facility, you will need to have an active Security Administrator account and be able to enter the secure portal on the *QualityNet* website.

Begin by logging in to the Secure Portal, as we discussed earlier in this presentation. To log in, start by clicking the Log In to **QualityNet Secure Portal** button at the top of the homepage. The **Choose your QualityNet Destination** screen display. Click on the **Ambulatory Surgery Center** link. That will bring you to the **Log-In** to QualityNet screen. Enter your username, password and Symantec VIP security code. The security code is found in the VIP box and it changes every 30 seconds so it's easiest to copy and paste it into the security code field on this page then click the submit button. Then when the Log In confirmation screen displays, click on "**I Accept**" at the bottom of the page.

Once you have entered the secure side of *QualityNet*, hover your mouse over the **Quality Programs** tab, a drop-down menu of different CMS programs will display. In the drop-down box select Hospital Quality Reporting IQR, OQR, ASCQR, IPSQR, PCHQR by double-clicking on it. Note that while the selection begins with Hospital Quality Reporting, ASCs are also included.

Next, on the **My Tasks** page, open the blue box entitled **Manage Measures** by double-clicking on **View/Edit Structural/Web-Based Measures/Data**

Acknowledgment, DACA. That will display a list of various programs that use this site to input data. Select **Ambulatory Surgical Center Web-Based Measures** by double-clicking on that line item.

Next, choose the payment year for which you are reporting data. Again, it is the payment year, not the encounter year that is selected here. The easiest way to remember that is that there is a two-year rolling window between the encounter year for which you're reporting and the payment year that will be affected. So, for example, data collected on 2015 encounters were reported in 2016 and will effect payment year 2017. That's why we select the payment year when entering the data. Click on **Continue** to move on to the next screen. On this page, the submission period is provided, in this case, January 1 through August 15, 2016. The reporting period or the encounter year for which you are reporting data is provided. In this example, you are reporting data from the entire encounter year of 2015. The provider I.D. associated with your username, as entered when you log in to the QualityNet Secure Portal, will be shown.

The measures for payment year 2017 display on this screen. Notice that all of the measures are "Incomplete". That means that the facility has not reported its data. To open the measure, click on the measure for which you want to report data. That will take you to the data input screen. For this example, we will select **ASC-6**.

Answer the measure or enter your data depending on the measure then hit the **Submit** button at the bottom of the page. There is an option to print a copy of the answered measure if you choose to do so, but it's not required. Then click on **Return to Summary** and it will take you back to the **Measure Selection** page.

If you find that you need to make a change to one of the measures at a later date, that's OK. You can come back in, like we just did, and redo your response. That's an open option until the submission period ends.

As you complete each measure, the "Incomplete" will change to "Complete". When all of the measures display as "Complete", you have successfully reported your web-based measures for this payment year.

We suggest that you either make a copy of each measure as you complete it or else take a screenshot of this page showing that all of the measures are complete. While it's unlikely that you will need to refer to it at a later date, it is proof that your measures were reported in the event that there is ever any question.

A short video about entering the web-based measures is available on the qualityreportingcenter.com website if you want more information or need a refresher before entering the measures. To find the video, click on **ASC** tab and then click on **ASC 101** as we've discussed prior and the links to the available archived videos will display.

As I mentioned earlier, there is one final measure that we will talk about today. That measure, ASC-8, Influenza Vaccination Coverage among Healthcare Personnel, is reported via the NHSN website which is part of the Centers for the Disease Control and Prevention.

ASC-8 reports the number of healthcare personnel at the facility who received, did not receive due to medical contraindications or declined to receive influenza immunization. ASC-8 is reported via CDC's National Healthcare Safety Network or NHSN. It is not reported via the QualityNet website. These two websites are completely separated. Let me say that again, this measure is reported via the NHSN website. It is not reported via *QualityNet* and the two platforms are completely unrelated to one another.

ASC-8 reports the number of staff members at the facility who received an influenza vaccination. It does not require that the facility offer the vaccination to its staff nor does it mandate that the staff receive immunization. It does not require the staff member's name or any other personal information. It only reports numbers of staff who did and who did not receive an immunization.

The data collection period for this measure includes the entire current flu season, October 1, 2016 through March 31, 2017. The data may be reported

at any time between October 1, 2016 and May 15, 2017. Information regarding the influenza vaccination coverage measure and other NHSN measures is available at the website shown on the screen.

In order to report ASC-8, the facility must be enrolled with the NHSN and there must be a registered user who is approved to submit the data. Begin by visiting the NHSN website at www.CDC.gov/nhsn. We encourage you to begin this process well in advance of the data submission deadline of May 15th as it can take some time to complete the registration process. Questions about the registration process should be directed to the NHSN at the e-mail address shown on this slide.

For more information about the process for accessing and entering NHSN CDC online tool, we refer you to the excellent presentation by members of the NHSN staff in October 2016. The recorded webinar, the slide deck and the written transcript are available on the qualityreportingcenter.com website. To find it, click on the **ASC** tab, then **Archived Events** and the webinars are posted in date order.

At this point, you know the measures, you know when, where and how to enter them. Now, let's take a quick look on how to check on your own progress. There are several resources and reports available. Today, we're just going to touch on a couple.

Now, if you have entered your web-based measures, but you just want to check on them, you can do so by using the Look-Up Tool located on our website qualityreportingcenter.com. You would hover your cursor over the **ASC** tab and click on the **Look-Up Tool**.

A page will open that will allow you to check the status of your web-based measures. If there is a yes beside the measure then the system has this measure as reported. If there is a no, this would mean that the measure is not in the system as reported. Please always look at the data about where you enter either your NPI or CCN. This will tell you the date this information was last updated.

You can also see if there is a Claims Detail Report for ASC-12 located on the QualityNet Secure Portal. If you receive the response "yes" then your facility has a report. Likewise, if you receive the response "no", your facility does not have the report.

You can also find your CCN number on this page. If you know your NPI but you do not know your facility CCN, you can enter the NPI and this tool will provide you with the CCN. We highly encourage you to use these tools. This gives you the ability to stay on top of the things and watch your own performance, making sure you are meeting the program requirements and keeping yourself in the loop lends to your self-sufficiency.

The Mid-Year Report and the Status Report that provides a snapshot of your facility's quality data code submission rate as compared to other facilities of similar size and specialty on the state and national level.

Page 1 of the report shows your facility's unique quality reporting information. It displays the facility's NPI, the state and CMS region in which it is located and its specialty. It shows the number of claims the facility has submitted as of the run date of the report, the number of claims on which QDCs were reported and the reporting percentage. That is followed by the QDC submission rate for the previous year.

There are two graphic charts. One shows how the facility's QDC reporting compares on the state and national level for a time frame of specific quarters. The other shows the national aggregate rates by facility size or claim volume. This information is then presented in an individual map of counties across your state comparing to the national percentage.

Lastly, this report looks at how the facilities claim submission compares with the national reporting rate per 1,000 claims and broken down by quarter. This is just a brief overview of the few resources available.

Please join us next month when we will be going into greater detail on the resources to help you be successful. That concludes my portion of today's presentation about the Ins and Outs of Measure Submission via a Web-Based

	Tool. We hope you found this material beneficial and we appreciate your joining us today.
	With that, I'll turn the presentation back to Karen.
Karen VanBourgondien:	Thank you, Laurie. Thanks for all that great information. Let's go over some questions. I am choosing the ones that seem to be sort of commonly asked, Laurie, and if you can just elaborate a little bit, that would be helpful. So, the first question I have is for ASC-7, the facility volume data, do we count each procedure performed?
Laurie Ciannamea:	That's a really great question, Karen. For ASC-7, which includes all payers, the intent is to capture all procedures done by the facility. These are listed in Table 2 of the Specifications Manual version 5.1. If a procedure is performed bilaterally or more than once then count all procedures performed. In short, if you bill it, count it.
Karen VanBourgondien:	Thank you, Laurie. Next question, for ASC-9 and -10, can you go over how the sample size is determined again?
Laurie Ciannamea:	Sure. The sample size is determined by the number of procedures performed for each measure that meet the denominator criteria. So, if the facility performs between 0 and 900 cases, the denominator sample would be 63 cases. If the facility performs 901 cases or more, abstract 96 cases per measure.
Karen VanBourgondien:	Thank you, Laurie. And I think that you also mentioned during your presentation that this is – there is a table in the Specifications Manual that elaborates on this and I think you said it is in the QDC and population section of the Specifications Manual. Is that correct?
Laurie Ciannamea:	That is correct.
Karen	

VanBourgondien: OK. Here's another kind of follow-up question, I guess, if you will, about ASC-9 and -10. The question is for ASC-9 and -10, can the sample be taken from one or two lines as it occurs or does it have to be taken over the entire reference period a few at a time each month?

Laurie Ciannamea: That's a really excellent question. For ASC-9 and -10, the samples can be taken throughout the year, either monthly, quarterly or as they occur. It's really up to the facility to decide how it's going to work best for them. The minimum sample size requirement is based on the facility's annual volume of cases per measure. We encourage them to sample throughout the year so that the data is showing a good picture of what happened within the facility during that timeframe.

Karen VanBourgondien: Thank you, Laurie. Here's a question about ASC-6. Does a Safe Surgery Checklist have to be in place for the entire year?

Laurie Ciannamea: Oh, yes it does. It has to be utilized during the entire calendar year.

Karen VanBourgondien: Thank you, Laurie. Let's see. Wow. Here's another one about ASC-6. Is there a standard or recommended Safe Surgery Checklist Ambulatory Surgical Centers should use?

Laurie Ciannamea: No, there is no recommended Safe Surgery Checklist for use in the ASCs. The definition from the Centers for Medicare and Medicaid Services use of the Safe Surgery Checklist for surgical procedures includes safe surgery practices during the three critical perioperative periods, the period prior to the administration of anesthesia, the prior – period prior to skin incision and the period of closure of incision prior to the patient leaving emergency – excuse me, leaving the operating room.

You can find examples of Safe Surgery Checklists for several Ambulatory Surgical Center national and state organization websites and the World Health Organization also has a sample on their website, and you can link to that from the qualityreportingcenter.com website.

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Karen VanBourgondien: Thank you, Laurie. Another question is do we have to offer the flu vaccine to our employee? Is it mandatory that our staff be immunized?

Laurie Ciannamea: Not at all. The facility is not required to offer the flu vaccination to its employees, although they can if they choose to do so. Facility employees are not mandated to be immunized by CMS for this program. The ASC-8 measure is intended to capture the percentage of those patients – excuse me, those staff members who did or did not receive the vaccine.

Karen VanBourgondien: Thank you, Laurie. Here is another one about NHSN, somewhat related. I registered for my SAMS Grid Card and still have not received it and it has been over 10 days. How do I go about checking on the status of this?

Laurie Ciannamea: That's a really good question and it's a great example of why we recommend that you start the process early. To check the status of receiving the SAMS Grid Card, you can e-mail them directly with your full name and the mailing address used on the application to samshelp@cdc.gov or you can call them between 8 A.M. and 6 P.M. Eastern time, Monday through Friday, excluding any U.S. federal holidays, at the toll-free number. And let me give that to you. It's 877-681-2901.

Karen VanBourgondien: Thank you, Laurie. Here's another NHSN question. I'm pulling this one because it gets asked a lot, Laurie. So the question is, our facility administrator for NHSN is no longer here and no one else here is set up with NHSN. How do we set up a new facility administrator?

Laurie Ciannamea: Yes, this happens all the time. So, let's try to go through the process and provide people with that information as clearly as we can. In order to assign the new facility administrator when there is no other NHSN user, a chief officer level executive must write a letter on facility letterhead including the facility's – CMS - name, CMS number or CCN and state in

which they are located. And the letter should be including the name, the phone number and e-mail of the new designee as well.

The executive officer must sign the letter and fax it to NHSN and – at the secure fax, 404-929-0131. The new designee will receive a welcome and instructions on how to obtain the SAMS Grid Card by e-mail after NHSN has changed the facility administrator in the system.

Karen VanBourgondien: Thank you, Laurie. I think we have time really for just one more question and this is a good question, actually. The person says, "I don't think I really have a very good understanding of the Quality Data Code that we're supposed to be including on our claim form. Where can I get more information about this so I could have a better understanding?

Laurie Ciannamea: OK. Well, there are some very helpful tools on our website which is www.qualityreportingcenter.com. You can just go under the ASC tab and click on the Tools and Resources tab. There you will find an entire page of helpful tools and guidelines.

There are several specific to quality data codes. Also, there's a two-part webinar on this subject, which was given just a few months back. You can also access that presentation from the website. You would just click on Archived Events tab under the ASC tab.

Karen VanBourgondien: That's all the time we're going to have for questions. I do want to thank Laurie for providing us with all this great information and we want to thank all of you for joining us today. I'm going to hand things over to our host now for instructions on obtaining your CE. And once again, thanks for joining us and have a great day.