



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

NHSN Enrollment and HCP Measure Refresher

Questions and Answers

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**February 18, 2016
2 p.m. ET**

NHSN Enrollment

Question 1: If we registered our facilities last year, do we have to go through the registration process again prior to reporting measure data? We enrolled all of our locations individually last year but I wanted to know if we had to re-register them again each year.

If your facility is already enrolled in National Healthcare Safety Network (NHSN), it does not need to be enrolled again. Please email NHSN@cdc.gov to confirm your facility's enrollment status and include "IPF-NHSN Enrollment Status" in the subject line.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 2: **Is there a new psych component for this year? Previously our hospital reported one entry for acute care but not for Inpatient Psychiatry. Do we need to enroll in IPFQR?**

This is the first year that IPFs have been required to separately report healthcare personnel vaccination data. If you are reporting from an acute care hospital with an IPF unit, you may have reported for the whole facility in a previous year and included the IPF unit. But this year, for the first time and going forward, the healthcare personnel in the IPF need to be reported separately to NHSN if the IPF is part of the CMS IPFQR Program. How you enroll depends on your IPF's CMS Certification Number (CCN). IPFs that are part of an acute care hospital (ACH) or a critical access hospital (CAH) should be mapped as a location of the main hospital using the IPF-specific CCN, which differs from the main hospital by the letter "S" (acute care) or "M" (critical access) in the third position. Email nhsn@cdc.gov and include "IPF-NHSN Enrollment Status" in the subject line for specific guidance.

Question 3: **This requirement is for Acute Care Psychiatric not Residential Treatment Centers for Psychiatric patients?**

The requirement is for IPFs that are part of the CMS Inpatient Psychiatric Facility Quality Reporting Program. If you are unsure of your facility's participation status with the IPFQR Program, please send an email to IPFQualityReporting@area-m.hcqis.org.

Question 4: **How can you check to see if your facility has enrolled?**

Please email NHSN@cdc.gov and include "IPF-NHSN Enrollment Status" in the subject line to confirm your facility's enrollment status.

Question 5: **I sent an email to nhsn@cdc.gov to confirm enrollment status a few weeks ago but got no response. Is there a backlog?**

We ask that you wait 10 business days before sending another follow-up email. If it has been more than 10 business days, and you have not received a response, please send another email.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 6: If you have a Behavioral health Unit (BHU) within your acute care hospital, do you have to register the BHU separately in NHSN or is it included in the acute care counts for the Healthcare Personnel Influenza Vaccination measure? The BHU is registered as part of IPFQR. In the CCN there is a one number difference.

How a facility needs to enroll and report data for their IPF depends on two things: the physical location of the IPF relative to the acute care hospital and the CMS Certification Number (CCN) under which the IPF operates. Email nhsn@cdc.gov and include "IPF-NHSN Enrollment Status" in the subject line for more specific guidance.

Question 7: If I am adding a location of my IPF to my acute NHSN HCP, what do I enter as the YOUR CODE, YOUR LABEL, CDC Location Description when I click on the help link it goes to dialysis facilities?

The Your Code and Your Label can be anything you want. Those fields are for your facility to know which location is which in NHSN. The CDC Location Description should be the adult, adolescent, or pediatric behavioral health/psych ward location type.

Question 8: What were we supposed to enter for the effective date when adding the Psych CCN number to add the location, the effective Medicare date or today's date when the location was added?

You should enter the actual date that your IPF unit first received its CCN from CMS in the CCN effective date slot when adding it to your location. If you do not know the CCN effective date for your IPF, you should enter 01/01/2015.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 9: **The next date field is the effective reporting quarter; it says it will automatically display what you put over there. Is this correct?**

You do not need to worry about filling that in because NHSN will automatically fill it in for you. However, let's say your effective date was January 1, 1990. When you enter that in, it will say Q1 1990. You can just disregard that. Obviously, the first data we will be sending for your IPF unit will be this season's flu data, the deadline for which is May 15, 2016.

Question 10: **Can you share any information about enrollment delays you are aware of, including obtaining a SAMS grid card? Also, will a hospital be penalized if not fully enrolled by March 4th?**

We are not aware of any delays at this time. A hospital will not be penalized if not fully enrolled by March 4; however, if an IPF is not enrolled with NHSN and does not submit the Influenza Vaccination Among Healthcare Personnel (HCP) measure data by the May 15, 2016, deadline, then it will be subject to a 2% reduction to the fiscal year 2017 annual payment update (APU). We encourage facilities to begin the enrollment process as soon as possible as it does take some time. As long as the data are entered into NHSN by May 15, 2016, they will be shared with CMS.

Question 11: **We work in an inpatient psychiatric unit, and we're having a really difficult time getting enrolled with NHSN because the main hospital assures me that they do the reporting to NHSN, and it's all taken care of. I've tried to explain to them that there's a new measure requiring a separate enrollment for the IPF. I've tried to enroll, but I don't have the administrative role. I would appreciate any help trying to figure out how to do this, if there's somebody I can call or if there's another way I can do it. I don't know how to explain it to the main hospital facility, how to get what we need across to them.**

Please send us an email at nhsn@cdc.gov and include "IPF-NHSN Enrollment Status" in the subject line. We will look into your situation and assist you with the location mapping or enrollment process for your IPF.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 12: I'm very confused when you say, "Now you have to enroll them separately," because you're saying that at the same time they need to be mapped units. So inpatient psych beds are mapped units for our acute care hospital for our current setup for NHSN reporting, and in that dropdown, we've said that they have an IPF CCN. When I go into NHSN, I still only see one hospital option for reporting. Should I be seeing something just for psych reporting?

After you map your IPF, go into the monthly reporting plan for healthcare personnel influenza vaccination data. There will be a checkbox for the acute care hospital, and then there should be another checkbox for the IPF units, and you should be able to check both on your monthly reporting plan. What that does is, when you go into the data entry screen, you'll see a dropdown box, and you'll see one for the hospital and one for the IPF. So, that will allow you to enter the separate data for the separate units. If you're not seeing those checkboxes on your monthly reporting plan, your IPF location may not be mapped correctly. The best thing to do, if you are not seeing those boxes, is to send us an email at nhsn@cdc.gov, and then we can look into your facility and see what we need to do to ensure that you have the correct monthly reporting plan.

Question 13: We are an IPF for 70 beds. Are we required to enroll in the Patient Safety Component or just the Healthcare Personnel Safety Component? Please clarify.

In order to report HCP influenza vaccination data, IPFs will need to activate the Healthcare Personnel Safety (HPS) component. You do not need to use the Patient Safety Component unless you want to report other data on healthcare-associated infections.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

HCP Measure

Question 14: Is the influenza vaccination rate among healthcare employees the only measure required for psychiatric hospitals to report to the CDC/CMS at this time? And as long as I report to NHSN, it will be reported to CMS?

Correct. Yes, the CDC will share HCP measure data from the NHSN with CMS.

Question 15: When is the deadline for data submission?

The HCP flu data for your IPF must be submitted into NHSN no later than May 15, 2016.

Question 16: Am I inputting numbers only or staff/student names and info? Some instructors have simply been submitting a letter without names, only numbers.

You would only need to report on numbers; names are not required.

Question 17: Can you walk through how we should complete the reporting plan for the influenza vaccination summary for an inpatient psych facility?

Please send an e-mail to nhsn@cdc.gov with "IPF-HCP Measure Reporting" in the subject line and we will send you line-by-line reporting instructions.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 18: **Is it beneficial to NHSN or completely unnecessary to update vaccination rates from October to March as new staff joins, or just report at the end of March by May 15? How can I verify if the number I reported has been received by NHSN?**

Reporting data once, at the end of the reporting period, will meet the minimum requirements for submission. Entering data more often would be for your internal tracking purposes only. To verify if we received the number reported, use the analysis features and run a CMS Line Listing Report. (Please see the slides near the end of the following presentation: <http://www.cdc.gov/nhsn/pdfs/training/vaccination/hcp-flu-vax-summary-reporting-ipf-training.pdf>.)

Question 19: **What is the required compliance percentage rate by March 31, 2016?**

The IPFQR Program is a pay-for-reporting program and does not have a required compliance percentage rate for the HCP Measure.

Question 20: **Can you please restate the dates that the employee needs to have worked in the psych unit to be included in the denominator?**

In order to count someone in the denominator, they must be physically working in the facility for one day or more from October 1, 2015, through March 31, 2016. The reporting deadline is May 15, 2016.

Question 21: **If our facility had influenza vaccine available and administered to staff in September, do we also include employees who worked at least one day in September?**

No, the denominator includes staff who worked at least one day between October 1 and March 31. Staff vaccinated in September can be included in the numerator and the denominator, as long as they also physically worked in the facility for at least one day between October 1 and March 31.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 22: Do we now have to report rates for each of our psychiatric units separately or is it enough to have the units registered as psychiatric units within our organization in NHSN and still report an organization-wide rate?

Within an enrolled facility, all reportable IPF units should be included in a single summary vaccination report. Email nhsn@cdc.gov and include “IPF-HCP Measure Reporting” in the subject line for information on your specific case. However, please note that IPF units that are part of the CMS IPFQR Program must report data separately from their affiliated main hospital (i.e., acute care or critical access hospital); personnel working in these units should not be included in the summary vaccination report for the main hospital unless they also work in other units or departments of the main hospital.

Question 23: Did the slides state that staff that refuse the vaccination are included in the numerator?

Yes, HCP who declined to receive the influenza vaccine are included in the numerator for the HCP measure. What we ask is that you report a numerator category for everybody in the denominator. When we actually calculate your compliance rate, it includes the categories of those HCP who were vaccinated at the facility as well as those who were vaccinated elsewhere. The numerator for the HCP measure helps you to also track people who refused the influenza vaccine, but the compliance rate reflects only people who actually received the vaccine.

Question 24: If healthcare personnel decline an immunization at the facility because they already received one for this season, we need to have physical documentation of the immunization to include them in the count?

Yes, but the documentation can be as simple as the healthcare worker emailing you or signing a form attesting to vaccination elsewhere.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 25: Are religious exemptions for the flu vaccine going to be considered like the unknown criteria, or not considered at all?

A religious exemption would be included in the “declined” category, because that includes anybody who's not vaccinated for any reason besides those two accepted medical contraindications.

Question 26: When you are doing the calculations for your numerator and your denominator, from your denominator of your overall group with all the categories listed, do you deduct/subtract the medical contraindications because they would not be considered eligible to get the vaccine, and then include the first two--those who got it at your facility and those who got it elsewhere? But do you deduct those who medically declined from the denominator?

We do not remove medical contraindications from the denominator. The reason being is that the rate of true medical contraindications to influenza vaccination in the population is extremely low. CMS is not expecting to see a 100% vaccination rate, so the removal of this population from the denominator isn't necessary to attain a high rate. The inclusion of these contraindications ensures that your denominator is fully representative of the healthcare personnel in your facility.

Question 27: And about submission of the data, right now we are submitting as under hospital for all patient care for our healthcare personnel, but once they start submitting this separately for the hospital and the IPF, do we need to separate out and send out two separate reports, one for psych and one without those psych patients?

Yes, you will be submitting separate reports. One will be for your acute care facility, and the other report will be for your inpatient psychiatric facility units; so, there will be different numbers. But remember, if someone working in your inpatient psychiatric facility also goes over and works in the acute care facility, then you would be counting that person in both reports.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 28: It is very difficult to track HCWs across facilities when an employee works in multiple facilities in the healthcare system, but are paid out of a single payroll system. Can consideration be made to report students/employees in a single facility?

We recognize the difficulty in tracking workers across multiple facilities. We ask that you report HCP in each facility where they work because this presents the most accurate picture of patient and HCP protection in that physical facility.

Question 29: If our acute hospital shares staff with our Psych unit with a different CCN by only the S in the third position, do we count the staff in both groups?

You should count HCP in each area of the facility where they work. So, if staff work in the IPF as well as in other areas of the acute care hospital, you count them in both reports. Staff working exclusively in the IPF should only be counted in the IPF report.

Question 30: How do we count staff that might float to the IPF unit for a day, including adult students and volunteers? Anesthesia providers and consultants may go between facilities. How do you recommend we track each employee, student, etc. across facilities?

Personnel who work in the unit for one day or more during the influenza season should be counted; this includes floating staff. Some facilities use time cards, assignment sheets, or discussions with unit chiefs to track floating staff. Here is a link to a list of strategies that were reported by hospitals as useful for tracking: <http://www.cdc.gov/nhsn/pdfs/hps-manual/vaccination/general-strategies-hcp-groups.pdf>.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 31: **If our IPF is a unit within the acute hospital, wouldn't the information be the same for the IPF as well as the inpatient acute hospital? The employees are the same as we share one physical location.**

Not necessarily. The employees who work in the IPF unit are to be counted separately from those who work in the inpatient acute care setting. The denominator includes the number of HCP working in the IPF unit for at least one working day between October 1 through March 31, regardless of clinical responsibility or patient contact. For example, this may include a student who only works in the IPF unit for one day during the reporting period, but not in the rest of the hospital.

Question 32: **Do I deduct the number of psych employees from the total number reported for the acute care unit?**

Personnel should be counted in every area of the facility where they work. So, if the psych employees work in other areas of acute care, they would be counted in both areas.

Question 33: **We are a free-standing psych hospital in Colorado and have reported previous years HCP data to the Colorado Department of Public Health & Environment, who I believe then submitted Colorado data to NHSN. Starting this year do we need to directly enter HCP data to NHSN?**

Yes, all data must be submitted into NHSN directly by the facility. State health departments are not able to enter data into NHSN.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 34: We are one facility with two physical plants. Our psych facilities reside in the second of these plants, along with other components of care that we provide within that building that do not fall under the IPF. The different services share ancillary staff such as dietary, housekeeping, and such. I'm not exactly sure how to count the FTEs specific to psych. These ancillary personnel are paid by the IPF but are normally included in the overall hospital number. How do I factor those healthcare workers in? What if they also work on floors in the plant other than where the IPF is located?

If they are working in the inpatient psychiatric facility and they are being paid by your facility, then you would count them as employees, if they're performing any work duty during the reporting period. And then, of course, if they're also working in the acute care facility, and they're basically working in both locations, you would count them in both numbers.

You should report healthcare personnel that meet any of the protocol definitions in every area where they work. So, if those other floors are reported for a different CMS program (e.g., for the hospital inpatient and outpatient quality reporting programs), and you have dietary or housekeeping staff that serve both, then you would include them in both reports, because they physically access both of those areas.

Some of the guidance that we try to offer for facilities that are just starting out with this kind of reporting is, if you reasonably expect staff to be in the location, then you should count them. For example, if you know that your housekeeping staff floats throughout the building, or if you know that you have nurses that float back and forth between two facilities, you have a reasonable expectation that sometime during the period of October 1 through March 31, they'll be in that area, then you should just count them as if you knew that they were in that area.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 35: Where should psychiatric outpatient/partial hospitalization staff be reported within NHSN? We have outpatient program staff, as well as inpatient staff. Do I include them in the in-house count, or do I have to set up a different counting for our outpatient? We have outpatient staff in three different buildings in different locations. After a patient moves from the in-house setting, they can go to the partial program, which is outpatient.

For the IPF requirements, you would not count those outpatient healthcare personnel for the IPF. We have separate guidance and separate CMS reporting requirements for hospital outpatient departments. There is some guidance on our website, or you can also email us. But, if those outpatient departments are part of the Hospital Outpatient Quality Reporting Program, you would not count them for the IPF; but, you would count them for your hospital report.

Question 36: If we have staff that work only in the outpatient facility, do we need to include them in the counts? They are paid by the inpatient care facility.

Staff who worked only in outpatient areas would not be included in the IPF report, regardless of payment. However, they may need to be included in your hospital inpatient/outpatient report. Email nhsn@cdc.gov and include "IPF-HCP Measure Reporting" in the subject line for more information.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 37: **How was the one day working criteria determined? This seems like a heavy burden. It's my understanding that at one point it had been 30-day criteria.**

It is correct that the original pilot testing for this measure was created to use a 30 day criterion because we had the same intuition you did; that it would be very difficult to find people who entered the facility for only one day. That trial did not include psychiatric facilities, but did include a variety of inpatient and outpatient facilities. The overwhelming feedback received from the large sample of 4,000 acute care hospitals that reported, was that it was very difficult to count 30 days because it required doing the kind of counting you are talking about, and also adding up how many days people stayed. For example, if you had students coming in for a four-week rotation and they come in three days a week, how many days does that add up to? It is simpler to just count if a person was in for a day than any other set number of days. That is why the change to one day for the 2013- 2014 influenza season was implemented. We advise that facilities do the best they can to implement this measure and really look to implement systems that are going to help them do this accurately.

Other CDC Questions

Question 38: **Our Ambulatory surgery center is in a separate building. Do we include these staff in our numerator/denominator or do we submit their data separately?**

Please note reporting for ambulatory surgery is separate from IPF reporting. Please e-mail nhsn@cdc.gov with your Ambulatory Surgery Center (ASC) questions.



Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

Support Contractor

Question 39: My question involves the NHSN Patient Safety Component, the Annual Hospital Survey. We are not enrolled in NHSN, and I'm not sure how the annual survey would apply to us. Do I need to complete it for the purposes of reporting our employee influenza participation?

You do not need to complete the patient safety survey, if you selected the healthcare personnel safety component as the sole component upon enrollment into NHSN. That component does not require the patient safety component annual facility survey. So, you will not be asked to complete those questions. Remember, when you enroll into NHSN, check the box for the Healthcare Personnel Safety Component only.

Question 40: I'm curious about the voluntary contractor group. Are there plans, or do we know of a timeline [of] when those will no longer be voluntary to report?

We do not have a timeline right now. The reason this group is voluntary is because when we pilot tested this measure, it was extremely problematic for facilities to track. It was determined that the value of reporting the data versus the accuracy of the data was not favorable. This measure is endorsed by the National Quality Forum (NQF), and they revisit the endorsement every three years. It is possible that at some point the NQF may decide that contractors should no longer be voluntary, but we don't have any timeline right now to indicate that will happen.

To maximize the usefulness of the questions and answers transcript we have consolidated questions received through the Chat feature during the event and focused on the most important and frequently asked questions. To obtain answers to questions that are not specific to the content of this webinar, we recommend that you refer to the [Inpatient Psychiatric Facility Quality Reporting \(IPFQR\) Program Manual](#), the [QualityNet Q&A tool](#), or call the Hospital Inpatient VIQR Support Contractor at 866.800.8765 or 844.472.4477.