



# Inpatient Psychiatric Facility Quality Reporting Program

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## Support Contractor

### NHSN Enrollment and HCP Measure Refresher

#### Presentation Transcript

**Moderator:**

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**Subject Matter Experts:**

**Amy Webb, MPH**

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**2 p.m. ET**

**Operator:**

Good morning, ladies and gentlemen, and thank you for waiting.

Welcome to the HSAG monthly conference call. All lines have been placed on listen-only mode, and the floor will be open for your questions following the presentation. Without further ado, it is my pleasure to turn the floor over to your host, Mr. Matt McDonough. Matt, the floor is yours.

**Matt McDonough:**

Thank you so much, and welcome to our webinar today. Before we turn things over to our presenters, we do want to cover the Q&A feature in WebX that we'll be utilizing today prior to our open Q&A session. And, instructions for using this are on your slide here, but I'd like to cover them with you very briefly. You can submit your questions to our subject matter experts at any time during today's event, using the Q&A panel.

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And, the instructions on this slide will illustrate how to get to that Q&A panel, if it's not displayed on your screen already. You'll want to move your mouse to the WebEx<sup>®</sup> navigation panel at the top of your screen, or it may be located to the right side of your screen. There may be some blue icons located in the upper right corner. One of those icons should read Q&A, and it will look similar to the icon that I'm pointing to with that purple arrow right now. Click on that icon and the Q&A panel should open up on the right side of your screen. It will be displayed most likely under the chat panel, but it will be a separate panel with Q&A in the title. Once you're at that Q&A panel, you will use this panel to submit your question. Simply type in your question in that white box that's located, illustrated here, and then click the Send button. Make sure you do send it to all panelists. Your question will be visible by all of our subject matter experts today, and they will be assigned and answered as answers come about. And, we'll also be having an open Q&A section verbally at the end of today's event. So, without further ado, I'd like to hand things over to our first speaker today.

**Evette Robinson:** Hello, everyone, and welcome to today's IPFQR Program webinar. My name is Evette Robinson, and I am the Project Lead with the VIQR Support Contractor for the Inpatient Psychiatric Facility Quality Reporting Program. And, I will be the moderator for today's webinar. I would like to take a moment and let everyone know that we have in attendance with us from CMS, the IPFQR Program Lead, Dr. Jeff Buck. But, before we dive into today's webinar, I'd like to follow up Matt's review of the chat tool with just a few other housekeeping items. As many of you know, the slides for this presentation were posted to the Quality Reporting Center website prior to the event, and this session is being recorded. The slides, transcript, webinar recording, and questions and answers from this presentation will be posted on the *Quality Reporting Center* and *QualityNet* websites at a later date. We have received several inquiries about the availability of the Q&A transcript from the previous webinar held on January 21. I wanted to just let everyone know that we did receive over 300 questions during that webinar, and we are in the process of finalizing the Q&A transcript for publication and download. So, we will

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be sending out an email to the IPFQR Program ListServe, as soon as it is published and available for download from the *Quality Reporting Center* website. But, going forward, just to maximize the usefulness of the Q&A transcripts of webinars, we will be consolidating questions that we receive through the chat feature, so that the content of those transcripts focuses on the most important and frequently asked questions pertaining to the topic of the webinar. If you have any questions that are not specific to the content of the webinar, we recommend that you refer to the IPFQR Program Manual before submitting a question to the QualityNet Q&A tool. Now, on to the presentation, our speaker for today's webinar is Elizabeth Kalayil from the CDC. Elizabeth is a public health analyst with Carter Consulting, Incorporated, and is based in the Immunization Services Division at the CDC. She provides training and technical assistance to healthcare facilities on reporting healthcare personnel influenza vaccination. And, Elizabeth earned a Master of Public Health degree in International Health from Emory University. Our subject matter experts for today's webinar, also from the CDC, are Amy Webb and Megan Lindley. Amy is a public health analyst within the Surveillance Branch of the Division of Healthcare Quality Promotion at CDC. She is currently one of the subject matter experts for the National Healthcare Safety Network, or NHSN, working with facilities to support the submission of mandated and voluntarily reported data into NHSN. Megan is the Deputy Associate Director for the Science in the Immunization Services Division at the CDC, and she is the lead subject matter expert for NHSN Healthcare Personnel Influenza Vaccination Reporting. And, she has been conducting research on measurement of healthcare personnel influenza vaccinations since 2008. So, just a quick review of the order of today's webinar, Elizabeth will present the webinar slides pertaining to NHSN enrollment and the HCP measure in the first part of our webinar today. And, as previously mentioned, we will open it up for live questions and answers in which our operator will open the phone lines to receive your questions. And during the Q&A session, Elizabeth, Amy, and Megan will be available to answer your questions specifically pertaining to NHSN enrollment and HCP measure submission. So now, without

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further ado, I will turn the presentation over to our speaker, Elizabeth. Elizabeth, the floor is yours.

**Elizabeth Kalayil:** Thank you, Evette, and hello, everyone. As Evette mentioned, my name is Elizabeth Kalayil. The purpose of today's webinar is to provide a brief review of the resources that are available pertaining to the enrollment with the National Healthcare Safety Network, or NHSN, as well as the process for submitting influenza vaccination among healthcare personnel, or HCP measure data. This review will be followed by a live Q&A session, in which my colleagues and I will respond to any questions that you may have pertaining to NHSN enrollment or submitting data for the HCP measure. Next slide.

At the conclusion of the program, attendees will be able to identify resources to complete NHSN enrollment and enter healthcare personnel measure data and discuss elements of the NHSN enrollment measure data entry processes. Next slide.

So, this is a list of the acronyms that will be referenced in this presentation. Next slide.

This measure is designed to ensure that reporting of influenza vaccination coverage among healthcare personnel data is both consistent over time within a single healthcare facility, and is also comparable across facilities. The influenza vaccination summary measure can be used by staff members in healthcare facilities to monitor influenza vaccination percentages among healthcare personnel. Next slide.

So, we'll start with a very brief overview of the steps that a facility should take in order to enroll in NHSN. Then, we will review the healthcare personnel measure components, and then open the phone lines for a live question-and-answer period. For facilities to participate in the healthcare personnel safety component, they must either enroll in NHSN or add the Inpatient Psychiatric Facility unit as a location within the affiliated NHSN acute care or critical access hospital and activate the healthcare personnel safety component. Many acute care and critical access hospitals will already be

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enrolled in NHSN due to other reporting program requirements like Inpatient Quality Reporting. Freestanding IPFs that are not subject to other quality reporting programs must enroll in NHSN, if they wish to participate in the healthcare personnel influenza vaccination reporting. If you're not sure of your facility's status within NHSN, please send an email to [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for more information. Please follow the link on the slide for more information on enrollment. During the enrollment process, facilities may choose to participate in any of the NHSN components. If you are an IPF unit, you'll need to make sure that your IPF unit has been added as a location within the affiliated NHSN acute care or critical access hospital. The healthcare personnel influenza vaccination data will be reported as a unit within the affiliated acute care or critical access hospital. Next slide.

If a facility is already enrolled in NHSN and wishes to participate in the healthcare personnel safety component, the facility must activate the component within NHSN. Next slide.

The denominator includes three required categories and one optional category of personnel.

Facilities are required to include employees who are staff on the facility payroll, licensed independent practitioners and adult students, trainees, and volunteers. Payroll employees are defined as all persons receiving a direct paycheck from the healthcare facility, and that's regardless of clinical responsibility or patient contact. Facilities have the option to include other contact personnel in the denominator for the measure. Please note that all healthcare personnel included in the denominator must be physically present and working in the IPF for one day or more from October 1 through March 31. Next slide.

The numerator reporting requirement inclusions for the measure are: healthcare personnel who received an influenza vaccination at this healthcare facility since the vaccine became available this season; healthcare personnel who provided a written report or documentation of influenza vaccination outside the healthcare facility since the influenza vaccine became available this season; healthcare personnel who have a medical contraindication to the influenza vaccine; healthcare personnel

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who have declined to receive the influenza vaccine; and healthcare personnel with unknown vaccination status or a criteria not met for the above-mentioned categories. Next slide.

In the next couple of slides, we'll review several helpful resources, followed by the live Q&A portion of today's webinar. Next slide.

This slide includes several links to various resources, which were included in the IPFQR Program ListServe emails pertaining to today's webinar event. The links on the slide are active, and you may click on them to access these resources in the downloaded version of the slide deck. If you have any questions about any of them, please send an email to User Support at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). You should also include "HPS Flu Summary" in the subject line of the email and also specify IPF, as this will help us to better assist you. Next slide.

This slide includes additional links to the webinar materials from April 2015, including the slides, recording, Q&A transcript, and presentation transcript. Next slide.

So, at this time, we will open up the floor for questions pertaining to the topics covered in today's webinar. I will now turn it over to our operator to review instructions on how to proceed with your questions over the telephone.

**Operator:** The floor is now open for questions. If you do have a question, please press star-one on your telephone keypad and record your name when prompted. Again, that's star-one to ask a question. Please hold while we wait for the first question.

And, we do have a question on the line from Lourdes Hernandez. Please go ahead with your question.

**Lourdes Hernandez:** The inclusion is anybody who's refused the vaccine in the numerator?

**Megan Lindley:** Hi, this is Megan Lindley from the CDC. So, what we ask is that you report a numerator category for everybody in the denominator. When we

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actually calculate your compliance rate, it's the categories of vaccinated at the facility plus the vaccinated elsewhere. So, that helps you track people who have refused, but the compliance rate is just people who actually got the vaccine, if that makes sense.

**Lourdes Hernandez:** Thank you.

**Operator:** Again, if you would like to ask a question, please press star-one on your telephone keypad and record your name when prompted. We do have a question on the line from Marissa Fiziani. Marissa, please go ahead with your question.

**Marissa Fiziani:** Hello. I do apologize. I did sign in late to the webinar, so you may have already covered this. But, our psychiatric unit received information regarding this webinar, and I logged in because I thought that maybe the information that I would be putting into NHSN would cover them. Is there a new psych component for this year?

**Megan Lindley:** This is Megan Lindley from CDC. I'm going to answer what I think your question is, but let me know if I didn't. So, this is the first year that IPFs specifically have been required to separately report healthcare personnel vaccination data, so if you're 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. Is that what you were asking?

**Marissa Fiziani:** Yes. And, that's how I thought. I thought that was it, but I just wanted to make sure it wasn't anything deeper than that.

**Megan Lindley:** No, that's correct.

**Marissa Fiziani:** Okay, thank you very much.

**Operator:** The next question comes from Cherry Montelude. Cherry, please go ahead with your question.

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**Cherry Montelude:** Hello, good afternoon. I just have a quick question in regards to the denominator reporting requirement. Can you please restate the dates that the employee need to have worked in the psych unit?

**Elizabeth Kalayil:** And yes. This is Elizabeth. So, in order to count someone in your denominator, they must be physically working in the facility for one day or more from October 1 through March 31.

**Cherry Montelude:** Okay, thank you so much.

**Elizabeth Kalayil:** You're welcome.

**Operator:** The next question comes from Ryan Goodin. Ryan, please go ahead with your question.

**Ryan Goodin:** Hi, I'm just curious about the voluntary contractor group. Are there plans, or do we know of a timeline when those will no longer be voluntary to report?

**Megan Lindley:** This is Megan Lindley. We don't have a timeline right now. The reason that they are voluntary is because when we pilot-tested this measure, it was extremely problematic for facilities to track that group, and it was determined that the value of reporting the data versus the accuracy of the data, that calculation wasn't favorable. I can tell you that this measure is endorsed by the National Quality Forum, and they revisit the endorsement every three years. So, it's possible at some point that they may decide that contractor should no longer be voluntary, but we don't have any timeline right now to indicate that will happen.

**Operator:** The next question comes from Latasha. Latasha, please go ahead with your question.

**Latasha:** They actually answered my question on the written screen.

**Operator:** Okay, the next question comes from Bentia Osaima. Bentia, please go ahead with your question.

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**Bentia Osaima:** Hi. My name is Bentia. We have— I'm from an acute inpatient psych hospital, and it's a standalone, and this is the first time I think we are reporting this. So, I'm still in the process of enrolling my facility. But, last year we did report, and the year before we did report the IPQ component. So, I'm trying to understand where this falls in the IPFQR Program. We reported it in the last two years, so I'm trying to understand if I need to enroll all over again, or where I stand in this.

**Elizabeth Kalayil:** Yes, this is Elizabeth. So you said that you have been reporting your data for the last two years?

**Bentia Osaima:** Yes. I mean, that's what I know, because I came into this position last year, yes.

**Elizabeth Kalayil:** Okay. And so, and you've already enrolled in NHSN to report your data?

**Bentia Osaima:** I'm waiting for the card, the SAMS card that put us in.

**Elizabeth Kalayil:** Okay, okay. So, if you're part of the IPFQR Program, then I think you're on the right track. You're enrolling your facility, and then once you actually have your SAMS card and your facility is fully enrolled, then you'll be able to activate your component and then enter your data. So, if you're a freestanding facility and you're subject to the requirements, then yes, it sounds like you're doing the correct things.

**Bentia Osaima:** Okay, thank you.

**Operator:** The next question comes from Sarah Wills. Sarah, please go ahead with your question.

**Sarah Wills:** Yes, my question is on religious exemptions for the flu vaccine. Are they going to be considered like the unknown criteria, or not considered at all?

**Megan Lindley:** This is Megan. So, a religious exemption would be included in the Declined category, because that includes anybody who's vaccinated for any reason besides those two accepted medical contraindications.

**Sarah Wills:** Okay, thank you.

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**Operator:** The next question comes from Carol Distacio. Carol, please go ahead with your question.

**Carol Distacio:** When you're doing the calculations for your numerator and your denominator, from your denominator of your overall group with all the categories so listed, do you deduct, do you subtract the medical contraindications because they would not be considered eligible to get the vaccine, and then you 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? Thank you.

**Megan Lindley:** This is Megan. That's an excellent question. We do not remove medical contraindications from the denominator. The reason is because the rate of true medical contraindications to influenza vaccination in the population is extremely low, and so CMS is not expecting to see 100% vaccination rate. So, the removal of those folks from the denominator isn't necessary to attain a high rate, and that way your denominator is fully representative of the healthcare personnel in your facility.

**Operator:** The next question comes from Dede Wong. Dede, please go ahead with your question.

**Dede Wong:** Hi, this is Dede Wong from Vanderbilt University Medical Center. So, on your slide 12, I collect the item location mapping for IPF within hospital documentation. So, I have a question regarding the scenario B. In Vanderbilt, we already kind of enrolled in NHSN. But in scenario B, there's a screenshot we need to add the IPF CCN effective date, something like that. But, I have a question about this effective date. So, what date we should put in here? Is that reporting starting date or the actual original when IPF CCN have been assigned?

**Amy Webb:** Sure. This is Amy Webb from CDC, and I can answer that question. So, you should enter, if you have access to it and if you know it, the actual date when your IPF unit first received its CCN from CMS. Yes, you should put that in the CCN effective date slot when you're adding it to your location.

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**Dede Wong:** But, to the next one is effective reporting quarter, it says it will automatically display what you put over there. So, I wonder if I put –but–okay. But this is enough?

**Amy Webb:** So, then you don't 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 of 1990, so you enter that in. And, it will say Q1 1990. You can just disregard that. Obviously, the first data we'll be sending for your IPF unit will be this flu data, the deadline for which is May 15, 2016.

**Dede Wong:** Great. Thank you so much.

**Amy Webb:** And one thing to add. For those of you that do not know your specific IPF unit CCN effective date or are not able to obtain that from your billing or administrative departments, we ask that you just enter January 1 of 2015 as that date. So, that will ensure that your 2015 to 2016 flu data can be appropriately included in the file shared with CMS.

**Operator:** The next question comes from Tree. Please go ahead with your question.

**Tree:** Hi. My question: actually, I have a couple of questions. The first one is we have a new 35-bed inpatient psychiatric building. We are already enrolled in CMS as a psychiatric unit as part of our Acute Care Hospital. So, my question is: when I select the mapping in NHSN, should I select as adding the psychiatric facility within the hospital, or should I add it as take the second option of the mapping?

**Amy Webb:** This is Amy Webb. I can take that one again. So, we ask that all physically separate buildings be enrolled in NHSN as separate NHSN facilities. So, if your IPF unit is actually a physically separate building that is completely separate from your Acute Care Hospital, we'd like you to enroll it as a separate NHSN facility. And you can enroll that facility using the HOSP PSYCH or psychiatric hospital facility type in NHSN.

***Correction: The physical location of the IPF is not relevant. Rather, it is the IPF's CCN that determines how it should enroll with the NHSN. IPFs that have a CCN in which the last four digits are between -4000***

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*and -4499 are considered free-standing and are therefore expected to enroll as a separate NHSN facility. 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” (ACH) or “M” (CAH) in the third position.*

**Tree:** Okay. And, the reason I'm asking is: it still operates under the same CCN number for CMS, although we have a separate facility, which is right next door to the main facility. But, the CCN number we submit to CMS is the same number.

**Amy Webb:** So you're saying that your IPF unit shares the exact same six-digit CCN as your Acute Care Hospital?

**Tree:** Yes, but it adds that S to that.

**Amy Webb:** Okay, so that means that it is, for NHSN purposes, it is a separate CCN or a unique CCN. So, therefore, you would use that CCN with the S when you're enrolling that facility as the facility level CCN.

*Correction: An IPF's CCN determines how it should enroll with the NHSN. IPFs that are part of an ACH or a 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” (ACH) or “M” (CAH) in the third position.*

**Tree:** Okay, and HOSP PSYCH is what it is, right?

**Amy Webb:** Yes.

**Tree:** Okay. I think that answered my question. 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, so do we need to separate out and send out two separate reports, one for psych and one without those psych patients?

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**Elizabeth Kalayil:** This is Elizabeth. Yes, so if you're— you'll be submitting separate reports, and one will be for your acute care facility, and then the other report will be for your Inpatient Psychiatric Facility. So, there will be different numbers. But, just keep in mind that, for example, 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.

**Tree:** Right, yes, that's my question, yes. But, we keep them, still we separate?

**Elizabeth Kalayil:** Yes.

**Tree:** We've got to— great, got it. Thank you.

**Elizabeth Kalayil:** You're welcome.

**Operator:** The next question comes from Deborah Benner. Deborah, please go ahead with your question.

**Deborah Benner:** Good afternoon. My question involves the NHSN patient safety component, the annual hospital survey. We are not enrolled in NHSN, and I'm not sure how this hospital, the annual survey, would apply to us. And, do I need to complete it for the purposes of reporting our employee influenza participation?

**Amy Webb:** Good question. This is Amy Webb again. You do not need to complete the patient safety survey if, when you enroll into NHSN, you just select the healthcare personnel safety component as the component you want to enroll into. That component does not require the patient safety component annual facility survey. So, you will not be asked to complete those questions. So, just remember, when you enroll into NHSN, to check the box for healthcare personnel safety component only.

**Deborah Benner:** And, I have one more question, please. The data that I'll be submitting will be compiled from October 15— I mean, October of 2015 through March of 2016, correct?

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**Amy Webb:** Yes, that's correct. So, you would basically be reporting on individuals who work in your facility from those dates, October 1 through March 31. And then, the reporting deadline is May 15, 2016.

**Deborah Benner:** All right, thank you very much.

**Amy Webb:** You're welcome.

**Operator:** The next question comes from Belinda Hollenbeck. Belinda, please go ahead with your question. Belinda, your line has been opened to ask your question.

**Belinda Hollenbeck:** Hello. Can you hear me?

**Amy Webb:** Yes, we can.

**Belinda Hollenbeck:** Oh, okay. We work in an inpatient psychiatric unit, and we're having a really difficult time getting enrolled because I have been checking with the main hospital. They assure me that they do the reporting to NHSN, and it's all taken care of. But, I'm trying to tell them there's a new measure, a new enrollment where we have to do it separate. We don't—I tried to enroll, but I don't have the administrative position. The administrator, I believe, has to do it. So, I would appreciate any help trying to figure out how to do this, if there's somebody I can call, if there's another way I can do it. I don't know how to explain it to the other hospital, the main facility, that how to get this across to them what we need.

**Amy Webb:** And sure, basically, your facility administrator would need to add your healthcare personnel safety component. But, basically if you have a CCN for your IPF unit that has that S or M in the third position, and if it's physically located within the acute care facility, and you see it mapped as a location, and so if you can send us an email at [nhsn@cdc.gov](mailto:nhsn@cdc.gov), we can look into your situation and assist you with the mapping process.

**Belinda Hollenbeck:** That would be great. What is that website again? I'm sorry.

**Amy Webb:** The email address is [nhsn@cdc.gov](mailto:nhsn@cdc.gov).

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**Belinda Hollenback:** Okay, thank you very much, because we're like hitting brick walls every time we try to enroll.

**Amy Webb:** No problem. We'll be happy to help you.

**Belinda Hollenback:** Right. Thank you very much.

**Operator:** The next question comes from Lourdes Hernandez. And again, if you do have a question, please press star-one. Lourdes, please go ahead with your question.

**Lourdes Hernandez:** Yes. We have, we're one facility but two physical plants. And, in the second, in one of the sites, are our psych facilities. But, there's also other components of the care that we provide within that separate building, so they do not fall under the psychiatric number. But, they share ancillary staff, which is dietary, housekeeping, and such. So, for us, it gets a little muddy. I'm not exactly sure how to count the FTEs specific to psych.

**Elizabeth Kalayil:** Okay, this is Elizabeth. So, basically, for the Inpatient Psychiatric Facility, you're saying that you have individuals who are not directly paid by the facility, like housekeeping staff and individuals who maybe float between the psychiatric facility and other units?

**Lourdes Hernandez:** Correct. Well, they're all paid by the facility. And, traditionally, we included them in the overall number for the hospital, including the psych. But now, you're asking us to separate that piece out. And so, that's my question/dilemma, is that the dedicated staff to the psych units are easy, no problem. But, we have other— we do take care of other types of patients there. It's not just a psychiatric facility. And so, how do I factor in those other healthcare workers that would normally be under the hospital's overall number?

**Elizabeth Kalayil:** Well, 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

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basically working in both locations, you would count them in both numbers.

**Lourdes Hernandez:** Well, they are working in one location, but they cover multiple patients. So, they're working in the one site that also houses the psychiatric facilities, but that also houses other services. So, they may go to the fourth and third floor for housekeeping, and the fourth floor may be psychiatric and the third floor is not.

**Megan Lindley:** This is Megan. You should report healthcare personnel that meet any of those protocol definitions in every area where they work. So, if those other floors are reported for a different CMS Program, for example, for the Hospital Inpatient and Outpatient Quality Reporting Programs, and you have, for example, you said dietary or housekeeping staff that serve both, then you would include them in both reports, because they physically access both of those areas.

**Lourdes Hernandez:** Okay, we'll do our best. That's a heck of a lot to track.

**Megan Lindley:** Sure, we understand that. Some of the guidance that we try to offer for facilities that are just starting out with this kind of reporting is that 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, if you know that you have nurses that float back and forth between two facilities, so you have a reasonable expectation that sometime during 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.

**Lourdes Hernandez:** There's going to be a lot of double counting. All right. Thank you.

**Operator:** The next question comes from Kendall Forco. Kendall, please go ahead with your question.

**Kendall Forco:** Yes, thank you. We have an outpatient program staff as well as inpatient staff, and I think this follows the question that was asked a couple of people ago. Do I include them in the in-house count, or do I have to set up

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a different counting for our outpatient? The outpatient staff, we have three different buildings in different locations. Anybody?

**Megan Lindley:** This is Megan. This is a little bit complicated. If your psych unit, is your IPF a unit of your acute care hospital, so these outpatient areas or outpatient units of the acute care hospital, or are you standalone?

**Kendall Forco:** Yes, yes. After they've graduated from in-house, they can go to the partial program, which is outpatient.

**Megan Lindley:** Okay, so for the IPF requirements, just for the psychiatric, for the Inpatient Psychiatric Facility, so you wouldn't count those healthcare personnel for the IPF. But, if the outpatient departments, so we have separate guidance, and there's a separate CMS reporting requirement for hospital outpatient departments. Those departments fall, and there's some guidance on our website, or you can also email us, but those outpatient departments are part of the hospital outpatient, then you don't count them for the IPF, but you do count them for your hospital report, if that makes sense.

**Kendall Forco:** Okay, all right. I will— I will read the instructions, and if I can't understand it, I will email you and get that clarification.

**Megan Lindley:** All right, sounds good.

**Kendall Forco:** All right, thank you.

**Operator:** The next question comes from Valerie Neill. Valerie, please go ahead with your question.

**Valerie Neill:** Hi. Can you hear me?

**Elizabeth Kalayil:** Yes, we can.

**Valerie Neill:** Okay. My question actually is similar to other questions. I'm recently the admin for NHSN, and it turns out that for years we've always had the psych beds listed as units in the hospital for the inpatient— I mean, acute inpatient reporting, which really hasn't made a big difference, although I

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do think that in past years when we reported our immunization for healthcare providers, it's been everybody, including people who work on that unit exclusively. And so, in preparation for this new reporting, I made sure that I went into the NHSN, and selected our psych units, and then there is an option to say that they have a separate CCN, and I put that information in. But, I'm very confused when you say, "Now you have to enroll them separately," because you're saying that at the same time that they need to be mapped units. So, they are mapped units for our hospital for our current setup for NHSN reporting. And in that dropdown, we've said that they have an IPF CCN. My question is, when I go into NHSN, I still only see one hospital option for reporting. Should I be seeing something just for psych reporting?

**Elizabeth Kalayil:** This is Elizabeth. So after you map your IPF, what happens is when you go into your monthly reporting plan, you should have the option to complete a monthly reporting plan for the Acute Care Hospital. There will be a checkbox. And then, there should be another checkbox for the IPF units. And, you should be able to check both on your monthly reporting plan. And, 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. So, if you're not seeing that, if those checkboxes on your monthly reporting plan, then that may mean that there could be something that came up with your mapping process. So, I think the best thing to do is, if you're not seeing those boxes, then you can send us an email, and that's [nhsn@cdc.gov](mailto: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.

**Valerie Neill:** Okay, thank you. So that means that I don't have to actually go and set up a new administrator in a separate account, that we should be able to do it through that same setup, but it would be a separate reporting plan?

**Elizabeth Kalayil:** Yes, you should. If you have the CCN that has the S or M, and then if it's physically located within your acute care facility, then you should be able to map that. So, if you wouldn't be able, or you know, you shouldn't have to enroll a unit or anything like that. So yes, if you're still having trouble

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with that and you're not seeing that on your reporting plan, just send us an email, and we'll be happy to look into it.

*Correction: The physical location of the IPF is not relevant. Rather, it is the IPF's CCN that determines how it should enroll with the NHSN. IPFs that have a CCN in which the last four digits are between -4000 and -4499 are considered free-standing and are therefore expected to enroll as a separate NHSN facility. IPFs that are part of an ACH or a 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.*

**Valerie Neill:** Thank you.

**Elizabeth Kalayil:** You're welcome.

**Evette Robinson:** Hi, this is Evette. I just, as the Program Lead, I wanted to just interject quickly, because I can see there's a little bit of confusion going back and forth through the chat tool. I just wanted to clarify, and I know that our SMEs from the CDC have articulated this, but we're trying to help you all make the distinction between those facilities that are IPFs that are freestanding, and the freestanding IPFs will have CCNs between– the last four digits of their CCN will be between 4000 and 4499. But, when referring to IPFs that are housed within an acute care facility or a critical access hospital, those are the IPF units that would need to be mapped to that Acute Care Facility or Critical Access Hospital. And, those are the ones that will have the third digit of S for those within an acute care facility, or the letter M for those housed within a Critical Access Hospital. Okay, so I just wanted to make sure that that was clarified. And, I'll just turn it back over to the operator for our next question.

**Operator:** The next question comes from Martha Newton. Martha, please go ahead with your question.

**Martha Newton:** My question's been answered, thank you.

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**Operator:** The next question comes from Carol Anzara. Carol, please go ahead with your question.

**Carol Anzara:** Yes, hello. Can you hear me?

**Amy Webb:** Yes, we can.

**Carol Anzara:** Okay, thank you. I'm calling from the New York State Office of Mental Health, and we have 22 freestanding, state-operated psychiatric facilities in the state where we are implementing these new flu measures. In terms of the healthcare provider measure, in terms of employees at our facilities, that's a relatively easy thing to do. What we've done is that we've created a human resource database feed into our infection control database, so it's populating the facility's employees in the database so the infection control staff who are entering this data, they'll know who their employees are.

What we have found very challenging is the licensed independent practitioners and the adult students, trainees, and volunteers populations. In order to capture them, we are implementing a new electronic badging system statewide. But, it will not be ready this year in order to capture this data. So, we're having our infection control nurses do it the old-fashioned way, just trying to find out who is coming in as an LIP or who's coming in as an adult student trainee and volunteers.

I have to say that— and this isn't really a question; it's more of a comment—is that I think the criteria of one working day is very burdensome to try to catch people who have come into our facilities to work for one day, and we do have some that do. I mean, I think we would have to have what I call the flu police. And, I just wanted to state that.

Once we have this electronic badging system up and running, where everyone who comes into our facility will have to get an electronic badge, and use that to enter the facility, and then that will be recorded in a database, and then we will feed that information into our infection control database, which is a centrally administered system.

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So, I would like to know how this one-day criteria was determined. It's my understanding that at one point it had been a 30-day criteria.

**Megan Lindley:** This is Megan Lindley, and I actually did answer this question for you in the chat. You may have missed it.

It's correct that the original pilot testing for this measure, which didn't include specifically psychiatric facilities, but did include a variety of inpatient and outpatient facilities, the determination was made to use 30 days because we had the same intuition you did, which is that it would be very difficult to find people who entered the facility for only one day. And, the overwhelming feedback we received from the 4,000, or a large sample of the 4,000 acute care hospitals that reported in the first year, is that it was very difficult to count 30 days because it required doing the kind of counting you're talking about for one day, and also adding up how many days people would stay. If you had students coming in for a four week rotation, and they come in three days, how many days does that add up to? So, it sounds like you guys are handling it really well, and we definitely do recognize it's a challenge for the first year. I would just say do your best. And like I said, what we advise is that facilities do the best that they can as they're implementing this, and really implement— look to implementing systems that are going to help them do this accurately, and it sounds like that's exactly what you're doing.

**Carol Anzara:** It is exactly what we're doing.

**Megan Lindley:** But, we recognize the challenge, but we really heard about it and it was clear that 30 days was even worse than one day.

**Carol Anzara:** Oh, I see. Because I've gotten a lot of feedback here that, "Are they crazy? What are they doing?" So, that answer is helpful.

The other thing that I would state is that this can be a great deal of expense, especially if you have many hospitals that you're reporting on to get this. We want to have the most accurate data we can. And, in order to do that, we feel that we need to use databases and data feeds to help people identify the people who fall into these categories.

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Some of our psychiatric centers are quite large. They have— I think between all of our centers, we have about 14,000 employees that are on our payroll. So, I think that I understand the rationale of the measure. I think it's a very good idea. But, I think one thing that perhaps is not appreciated by CMS is the resources that need to go into properly implementing this.

When it comes to inpatients, we have electronic medical records, and so it's much easier to implement measures. But, in terms of this healthcare provider, this was really a huge lift for us. And, I'm done.

**Megan Lindley:** Thank you. We appreciate your comments.

**Operator:** The next question comes from Anne van Buren. Anne, please go ahead with your question.

**Anne van Buren:** Hi. Thanks for taking my call. I completely agree with the woman who just spoke, and I just wanted to— I wasn't sure if I would get to say anything or not, but I just want to emphasize that I feel like the coordination and the tracking of this particular measure— because I have experience with all of the measures, I can really give you a good perspective on this one. It is completely disproportionate to the value of what you're getting. We try very hard to ensure that the data is accurate and complete. I think having to track individuals on a daily basis where they may or may not go in terms of the facilities, when you have multiple facilities and thousands of employees and students and volunteers, it is unrealistic for you to expect that the data will be 100% accurate. And I feel like, if we can at least give you information on an employee level for the majority of the employees, perhaps, that are in a particular facility, for the majority of their time that should be sufficient. But, trying to track people facility to facility, day to day, role by role, is really challenging. And, I think, if you consider what is the operational guidance that you're going to give people to be able to physically do that, I think that's an important piece to try to consider and help with.

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**Megan Lindley:** This is Megan. Thank you. We really appreciate your feedback, and we know, to your comment and to Carol's comment, particularly for very large facilities that are dealing with a lot of healthcare personnel, this can be very challenging. You did remind me. I had included a link a couple of times in the chat transcript, but perhaps we can also send it out. We did gather some strategies from hospitals that had been reporting, and we're coming across exactly these issues of how do you track people across multiple sites, how do you track non-employees? I'm kind of running up against those things, and we have created a strategy sheet that's posted on the NHSN website that we like to share because it may prompt some recognition for you on what's a good strategy, which is not to say that it isn't very challenging. But, if you do want to refer to that sheet, that may have some ideas from other facilities that have actually been doing this.

**Anne van Buren:** Yes, I think I have looked at that before. I mean, I've really tried to exhaust every resource provided, especially because this is so challenging. And so, I appreciate you putting resources like that out there; I don't know that it lessens the burden. But, we are trying to build technical solutions and really automate it as much as we can, because making it more manual is not necessarily helpful. But, thank you.

**Megan Lindley:** Well, thank you for your feedback.

**Evette Robinson:** I think we may have time for just one more question.

**Operator:** Okay, the last question comes from Wanda Johnson. Wanda, please go ahead with your question.

**Wanda Johnson:** And, my question has been answered. Thank you.

**Evette Robinson:** All right. Well, with that, if we could proceed to the next slide, please. Okay. Before I jump into describing these upcoming webinars, I did want to just to say thank you to all who were able to participate and call in with your questions and your feedback. We greatly appreciate that, and we do have several in the Q&A transcript, or in the Q&A chat tool, that will be provided within the next 10 business days via the Q&A transcript for this event. The future webinars that we have coming up will be posted on the

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Events Calendar, which is found on the *Quality Reporting* website. Information about these webinars can be accessed from the [qualityreportingcenter.com](http://qualityreportingcenter.com) home page under the Events Calendar. And, of course, we encourage you all, if you have not already done so, to sign up for the IPFQR Program ListServe, so that you may receive notifications of these upcoming events and any other program related topics. Those will be delivered directly to your email inbox. Right now, our next educational webinar is scheduled to take place in March. The date and time are being finalized. And, we will include registration email distributed via the ListServe at least two weeks prior to the event. However, for this webinar, we do aim to discuss the care transition measures. And, the following month, we have an educational webinar topic that is still being finalized. However, in May we do plan to review the fiscal year 2017 IPF PPS Proposed Rule. Next slide, please.

And, this slide is familiar to those of you who have attended prior webinars. This includes several active links that you can click on directly from the PDF that you may have already downloaded from the Quality Reporting Center website. We ask that if you have questions that may not have been addressed directly, or maybe you were in the phone queue and we had to end it early, we ask that you submit those questions through the Q&A tool because, especially those questions that pertain to measure data abstraction – but anything, of course, related to the program, program requirements, measures. It could be about today's topic or any topic. But, we really ask you to leverage the Q&A tool because it does provide the best means by which we can track questions and answers and also delivers our responses to your email inbox. Also, we ask that you remember to inform us, the support contractor, about any key personnel changes. I did hear a couple of you mention that you are newer to your roles. We ask that, especially when it comes to changes in leadership, such as CEO or administrator level, as well as any quality reporting contacts, that you please fill out the Hospital Contact Correction Form, which can be found also on the [qualityreportingcenter.com](http://qualityreportingcenter.com) website. There, if you click on Inpatient and then go to Resources and Tools, this form is listed there, and you can download that PDF, fill it out, and send it back to us either via

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secure fax or to the email address that's included on the form. Again, we also encourage you to utilize any available resources that we have online through the [QualityNet](#) website under the Inpatient Psychiatric Facilities dropdown menu, as well as the IPFQR portion of the [Quality Reporting Center](#) website, there we have information pertaining to program requirements and deadlines. And now, at this point, I will turn the webinar over to Deb Price, who will discuss the CE credit process for today's webinar. Deb, the floor is yours.

### **Deb Price:**

Thank you, Evette. Today's webinar has been approved for one Continuing Education credit by the boards listed on this slide. We are now a nationally accredited nursing provider, and as such, all nurses report their own credits to their boards using the national provider numbers shown on this screen.

We now have an online CE certificate process. You can receive your CE certificate two ways. If you registered for the event, a survey will automatically pop up at the end of the event. Please take the survey, and then when you're done, click the little gray button that says Done, and it will take you to the following screens that will take you to your certificate. Also, within 48 hours we will be sending another survey link out. Please use this if you have problems with today's survey; or, if there are other people in the room that were not able to register, send that survey to them, that's how they will register. Keep in mind that the registration, the certificate registration is a separate registration from the ReadyTalk<sup>®</sup> one that you are using right now for the event. If possible, use your personal email so you could receive the certificate. Most hospitals have firewalls up that block our links.

CE certificate problems: if you do not immediately receive a link to your email, that means that there is some kind of a firewall up. We suggest that you wait for the next survey that comes to you. And, on that survey, click on the New User link and register your personal email.

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Here's what the survey will look like, as soon as my slides are done. You notice in the bottom right-hand corner is the little gray button, Done. You will click Done, and then another page opens up.

This page is where you will go to receive your certificate. If you're a new user, you click on that New User link in green. And, if you're an existing user – that means if you have been receiving certificates – that's how you'd be an existing user– you would click on that second green link.

If you click on the New User, this is what the page looks like. You put in your first and last name and your personal email and a phone number that we'd be able to reach you at.

If you're an existing user, again, this is if you have been able to get certificates, then you would put in your user name, which is your entire email, including what's after the @ sign, and of course, your password. And now I'd like to just thank everyone for attending today's IPFQR monthly webinar. We hope that we were able to provide you with some valuable information. Goodbye, and have a great rest of the day.

**Operator:**

This concludes today's teleconference. You may now disconnect.

**END**