



# Inpatient Quality Reporting (IQR) Program

---

## Support Contractor

### Overview of NHSN Analysis

### Questions and Answers

#### Moderator:

**Candace Jackson, RN**

Program Lead, Hospital Inpatient Quality Reporting (IQR) Program  
Hospital Inpatient Value, Incentives, and Quality Reporting (VIQR)  
Outreach and Education Support Contractor (SC)

#### Speaker:

**Prachi Patel, MPH**

Public Health Analyst  
Centers for Disease Control and Prevention (CDC)

**June 27, 2016**

**2 p.m. ET**

**Question 1:**      **How much time do you get to submit event data (i.e., if an event happened in March, but it wasn't entered until June? Will the facility be penalized?**

*The data submission deadline is four and a half months after the end of a quarter. If the event data is not submitted by the submission deadline this would put the facility at risk for losing their Annual Payment Update (APU).*

**Question 2:**      **Is there a calendar for submitting NHSN [data] to CMS?**

*Yes, you can go to [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com) under IQR Program then Resources and Tools. There you will find a document for Important Dates and Deadlines.*

**Question 3:**      **Operational Guidelines does not look like it includes critical access hospitals.**

*Healthcare-Associated Infection (HAI) reporting in the National Healthcare Safety Network (NHSN) is voluntary for Critical Access Hospitals (CAHs).*



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 4:** For the CMS VBP program, are the CAUTI CLABSI SSI CDIFF MRSA measures using SIRs or Rate?

*Please submit this question via the Question and Answer Tool on the Home Page of [QualityNet](#). Be sure to select the Hospital Inpatient Quality Reporting (IQR) Program and then the Hospital Value-Based Purchasing (VBP) Program link.*

**Question 5:** I do understand that Rehab and Psych are excluded from the calculation. I also generated the data, but still was missing a few *C.diff*.

*If you have specific questions regarding your data please submit an email to the NHSN Help Desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).*

**Question 6:** To get a SIR from the NHSN website, the times where it has to be within a calendar year, it cannot go beyond one calendar year. For, example, SIR for quarter three calendar year 2015 to quarter two calendar 2016 cannot be obtained, is that correct?

*You can actually get more Standardized Infection Ratio (SIR) tables for whatever time range you put in as a date range. As mentioned in the presentation, if you are generating data for three years, it will show your SIR tables for those three years, if you don't make any modifications to the table set, or output options.*

**Question 7:** If we have a waiver for COLO HIST, do we still add this dataset in our monthly reporting plan?

*If you have a waiver for Colon Surgery and Abdominal Hysterectomy, then you may not need to send that data to us and put it in your monthly reporting plan. But, you should double-check with CMS to be sure regarding waivers and procedures.*



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 8:** Did you say that there is no alert for unfilled monthly reporting plan?

*That is correct. If you do not have a monthly reporting plan in place, you will not receive an alert notification. The alerts are based upon your monthly reporting plans. If you don't have a reporting plan in place, we will not know that data was not entered for that month.*

**Question 9:** Is the generate dataset use specific or does this generate datasets for all of the facility [for] an NHSN user?

*The generate datasets is user-specific. Your data is specific to you because it is based on your rights within your facility. When you generate datasets, you are only generating it for yourself, not for any other users that are within your facility.*

**Question 10:** Do you have any advice on how to get a CDI report monthly?

*You cannot run the SIR monthly for Clostridium difficile infections (CDIs). The CDI report has to be run on a quarterly basis. The reason for this is that your CDI test type is entered at the end of the quarter. Keeping this in mind, it is not possible in NHSN to run your SIR for CDI on a monthly basis.*

**Question 11:** Is there an option to run a report year-to-date?

*Yes, there is an option to run a report for a fiscal year. This is actually one of the guidelines stipulated in the reference documents found on our [NHSN website](#). In particular, there are [Analysis Quick Reference Guides](#) for you to follow, and it will give you instructions on how to run a year-to-date report.*



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 12:** If you noticed you entered an event that should not have been an event and it has already been sent to CMS, should you receive it from NHSN or leave it since it had been sent to CMS?

*When we're sending the data from your facility to CMS, it is frozen data. That will not be changed. Once the data has been sent to CMS, we do not resend data sets. We do, however, encourage that if any of your events (or other information) in NHSN is not accurate, please go back in and change it to make it accurate. This way, the data output that you receive is accurate. The changes will not affect the data that has already been sent to CMS.*

**Question 13:** What if its section SSI is found three or more months after close of quarter, will SIR be updated?

*The SSI data will be updated. In other words, it will change your SIR with the CDC; however, that regenerated version will not be resent to CMS after their deadline.*

**Question 14:** Can you please clarify if pressing the 'Export Output Dataset' [shown on] slide number 35 will export the document with or without modifications?

*There are actually two tabs on the modification page that say Export, one is at the top and one is at the bottom. The one at the top will export all your data without modification. The tab at the bottom will export your data with the modification.*

**Question 15:** If you entered the incorrect admit date, can you change it to the correct date although the CMS deadline has passed?

*You can go back in and change your data anytime. However, as mentioned before, it's not going to be sent to CMS again after their deadline has passed. Please do, however, make any necessary changes or modifications to your data, regardless of the reporting deadline. We recommend you check all your data to make sure it is accurate before the CMS reporting deadline.*



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 16:** When I ran the SIR for C.diff. I have noticed that there is missing number of infections.

*Given that this is a facility specific question, please email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).*

**Question 17:** When is the data downloaded to CMS? Should we enter data closer to the deadline so that we are not modifying the information later on - closer to the due date?

*The reporting deadlines may be found on the [CMS Requirements Page](#) on the NHSN website. We recommend that you, as a user, are updating your data in the NHSN application on a regular basis. Please follow our facility type specific [Monthly Checklist](#) to ensure you are ready when it comes to the CMS reporting deadline.*

**Question 18:** I currently have access to multiple facilities? I select the facility when I log on. If I modify a report and save it under one facility, will that report be available for all facilities, or do I have to modify the template and save it multiple times, once for each facility? Thank you.

*Given that this is a facility specific question, please email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).*

**Question 19:** Once a quarter has been exported by CMS, can I go back in and correct data?

*Yes, you may go back into your facility data in NHSN and make any changes. The changes will not affect the data that has already been sent to CMS.*

**Question 20:** Instead of all these codes and operators, is there any plan to make NHSN user-friendly with plain English options?

*At this time, there are no plans for changing the NHSN application core functions.*

**Question 21:** If a chart is pulled for CDAC abstraction for an HAI and we did not put it in NHSN but the CDAC abstractor says they put it in the lab calculator and it said that it was a lab ID event. This was on a blood



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**culture that the patient had 1 blood culture that was negative & a second blood culture was done on the day of discharge but it did not grow out MRSA until 4 days after discharge. Should we have put this into NHSN as an event?**

*Given that this is a facility specific question, please email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).*

**Question 22: I recently found out that our NICU was calculating ventilator days incorrectly but I am thinking I can only correct April and May since qtr. 2 has not closed yet. Is that correct?**

*Please see the [CMS Reporting Deadlines](#) page on the NHSN.com website. This will provide you with a timeline for the CMS reporting deadlines.*

**Question 23: I may have missed it, but I understood you to say that you can save your report criteria. Do you do this by using the Save As option? How do you pull the modified criteria up so that you can generate the report?**

*This is actually one of the guidelines stipulated in the reference documents found on our NHSN website. In particular, there is a [Quick Reference Guide](#) for you to follow, and it will give you instructions on [how to save a custom output option](#).*

**Question 24: Would the NHSN error alerts for import/export be in the data dictionary?**

*No, the Data Dictionary will include descriptions on the different variables that are within the NHSN application. Please see this [Guidance Document](#) on NHSN Alerts.*

**Question 25: I am unable to link SSI events to procedures that are in NHSN. Thoughts?**

*Given that this is a facility specific question, please email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).*



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 26:** Does the submission of AUR reporting work the same way that the CAUTI and CLABSI do?

*Please see our [AUR guidance documents](#).*

**Question 27:** Are SIRs only calculated quarterly, like for LAB ID C. diff?

*No, you may calculate your SIRs for CLABSI, CAUTI, and SSI on a monthly basis.*

**Question 28:** When running SSI SIRs, how do you pull those SSI procedures that are excluded?

*Please see this [NHSN Oct 2010 Newsletter](#) on how to run a line list with the excluded procedures.*

**Question 29:** Can you add an additional empty field to a report?

*To gather further information on what specific field you wish to add, please email [NHSN@cdc.gov](mailto:NHSN@cdc.gov).*

**Question 30:** What is the most common output options utilized? Line lists? Frequency?

*The most common output option depends on what information you and your facility would like to gather from the application. There is no recommended output option type. Each output option provides its own important outcome.*

**Question 31:** Can you limit the data that can be viewed when conferring rights?

*Please see the [Group Users page](#) on NHSN website for further information on conferring rights within a group.*



## Inpatient Quality Reporting (IQR) Program

---

### Support Contractor

**Question 32:** Can we export data reports to .csv?

*Yes, you can export data reports to a .csv format. Please see our reference guide on [Exporting Data](#).*

**Question 33:** CDI SIR can be run for a month after the end of the quarter?

*CDI SIRs cannot be run on a monthly basis. They must be run quarterly.*

**Question 34:** Regarding using operators to modify results, it appears that the ~IN and the ~= are relatively the same in terms of "not equal to" but depending on how and when you use them you get different results. I've seen different results when using these. Sometimes they seem counter-intuitive. Is there a specific rule or sequence when using each?

*Both of these operators accomplish the same concept. The only difference is that ~= is used only when you have one value and ~IN is used when you have multiple values.*

**Question 35:** What reports would you recommend for Critical Access Hospitals to run and how often?

*We would recommend that you follow Acute Care Hospital guidelines as closely as possible for your facility. We would also recommend that you run your output options on a regular basis, such as monthly or quarterly.*