

Welcome!

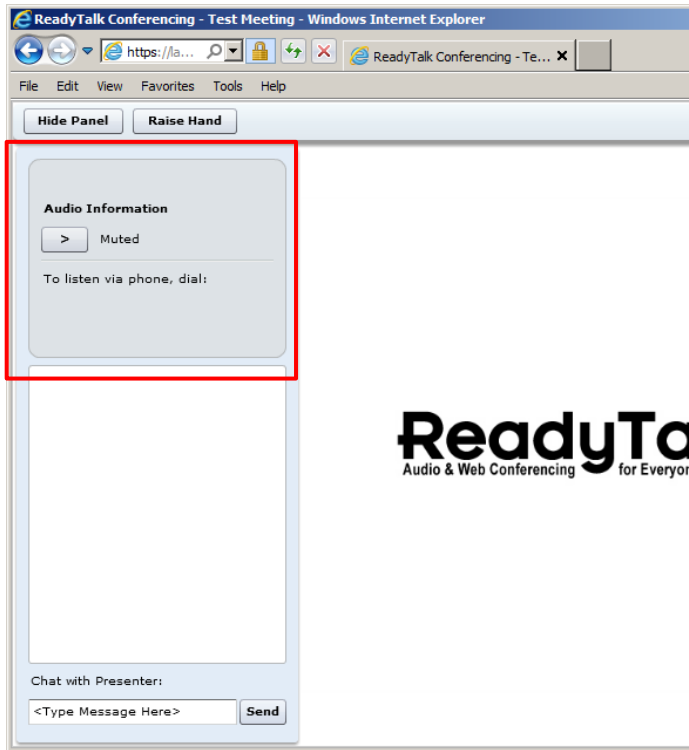
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**



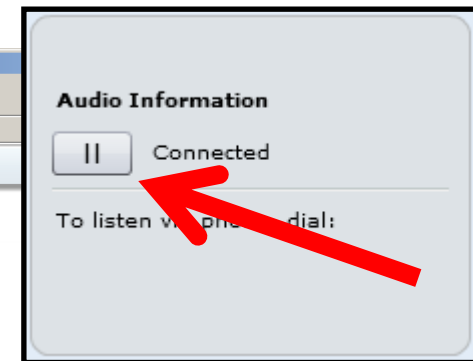
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



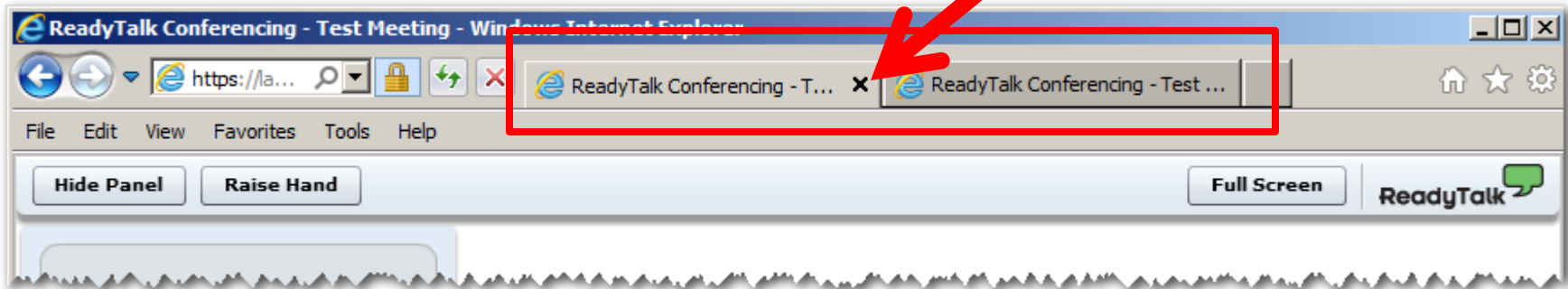
Step 1



Step 2

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.



Example of Two Connections to Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



The screenshot shows a web browser window with a CMS presentation slide and a chat window. The slide content is as follows:

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Specifications Manual, Version 4.4a,
Changes & Hospital VBP Program
Improvement Series: MSPB

November 18, 2014, 10 a.m. & 2 p.m. ET

<i>Candace Jackson, RN, Hospital IQR Support Contract Lead</i>	<i>Donna Isgett, Sr. Vice President Corporate Quality and Safety McLeod Medical Center</i>
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Chat with Presenter
Type questions here.



Successfully Reporting NHSN Data to Satisfy Hospital Quality Reporting Program Requirements

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July 29, 2015

Purpose

This presentation will provide an in-depth discussion of the Hospital Quality Reporting (HQR) Program's National Healthcare Safety Network (NHSN) reporting, including successful data entry, troubleshooting tips, and data submission validation.

Objectives

Participants will be able to:

- Discuss the use of the NHSN database
- Identify steps to improve data entry and submissions to meet the HQR Program's requirements
- Identify and utilize troubleshooting tips and ways to validate data completeness and submission
- Describe best practices in Healthcare-Associated Infection (HAI) data tracking as part of ongoing quality initiatives

Acronyms

ACH	Acute Care Hospital
AHRQ	Agency for Healthcare Research and Quality
AHRQ PSI-90	Complication/patient safety for selected indicators (composite)
CAUTI	Catheter-Associated Urinary Tract Infection
CCN	CMS Certification Number
CDA	Clinical Document Architecture
CDC	Centers for Disease Control and Prevention
CDI	<i>Clostridium difficile</i> infection
CEO	Chief Executive Officer
CLABSI	Central Line-Associated Bloodstream Infection
CMS	Centers for Medicare & Medicaid Services
COLO	Colon Surgery

Acronyms

DA	Device-Associated
ED	Emergency Department
FacWideIn	Facility-Wide Inpatient
HAC	Hospital-Acquired Condition
HAI	Healthcare-Associated Infection
HQR	Hospital Quality Reporting
HYST	Abdominal Hysterectomy Surgery
ICU	Intensive Care Unit
IQR	Inpatient Quality Reporting
IRF	Inpatient Rehabilitation Facility
LOS	Length of Stay
LTCH	Long Term Care Hospital

Acronyms

MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
NHSN	National Healthcare Safety Network
NICU	Neonatal Intensive Care Unit
OBS	Observation Units
ONC	Oncology
PPS	Prospective Payment System
Q	Quarter
QRP	Quality Reporting Program
SAMS	Secure Access Management Services
SIR	Standardized Infection Ratio
SSI	Surgical Site Infection



Maggie Dudeck, MPH, CPH

Acting Team Lead, NHSN Methods and Analytics Team

Surveillance Branch, Division of Healthcare Quality Promotion

Centers for Disease Control and Prevention

July 29, 2015

SUCCESSFULLY REPORTING NHSN DATA TO SATISFY HOSPITAL QUALITY REPORTING PROGRAM REQUIREMENTS

IRFs and IRF Units in NHSN

	Free-standing IRFs	IRF Units
Referred to in NHSN lingo as:	HOSP-REHAB facilities or Free-standing IRFs	CMS IRF Units
Physical location	Physically separate building	Within the walls of the affiliated ACH
CMS Certification Number (CCN)	Either last four digits between 3025-3099 OR 'R' or 'T' in 3 rd position of unit's CCN <u>AND</u> be physically separate from the affiliated acute care hospital	Must have 'R' or 'T' in 3 rd position of unit's CCN
Mapped locations	Rehab ward & pediatric rehab ward	Rehab ward & pediatric rehab ward

If you have questions regarding your facility's enrollment/location mapping, please send an email to the NHSN Helpdesk: NHSN@cdc.gov.

Using NHSN: CMS

NHSN is used as the vehicle to:

- Report select measures which fulfill mandated HAI reporting requirements for CMS and the individual states
- Voluntarily report HAI data that are of interest to hospitals and/or special study groups or initiatives

Using NHSN: The Application

The NHSN application:

- Uses standard surveillance protocols to define events and eligible denominators
- Allows data to be entered and analyzed by the hospital, as well as Groups, using standardized protocols and risk-adjusted measures

Using NHSN: Recommendations and Requirements for CMS Quality Reporting Programs

- Recommendations include:
 - Developing a routine schedule as to when your hospital will enter, and analyze, data in NHSN
 - Using a checklist can be helpful to ensure data are complete for each measure required
- Requirements include:
 - Collect and report data according to NHSN protocols
 - Only “In Plan,” complete data are able to be shared with CMS

NEW NHSN Resource Coming Soon!

NHSN Monthly Checklist for Reporting to CMS Hospital IQR

CCN: _____

Month/Year: _____

	CAUTI	CLABSI	FACWIDEIN LabID Event	SSI	HCP Influenza Vaccination (seasonal)
Monthly Plan	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	<input type="checkbox"/>
Seasonal Influenza Vaccination Summary Data					<input type="checkbox"/>
Monthly Denominator Data	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> FACWIDEIN <input type="checkbox"/> ED <input type="checkbox"/> Observation	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	
If Zero Events or Zero procedures (SSIs only), Report no Events or no	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> ICUs <input type="checkbox"/> Wards*	<input type="checkbox"/> CDI <input type="checkbox"/> MRSA	<input type="checkbox"/> COLO <input type="checkbox"/> HYST	

Monthly CHECKLIST

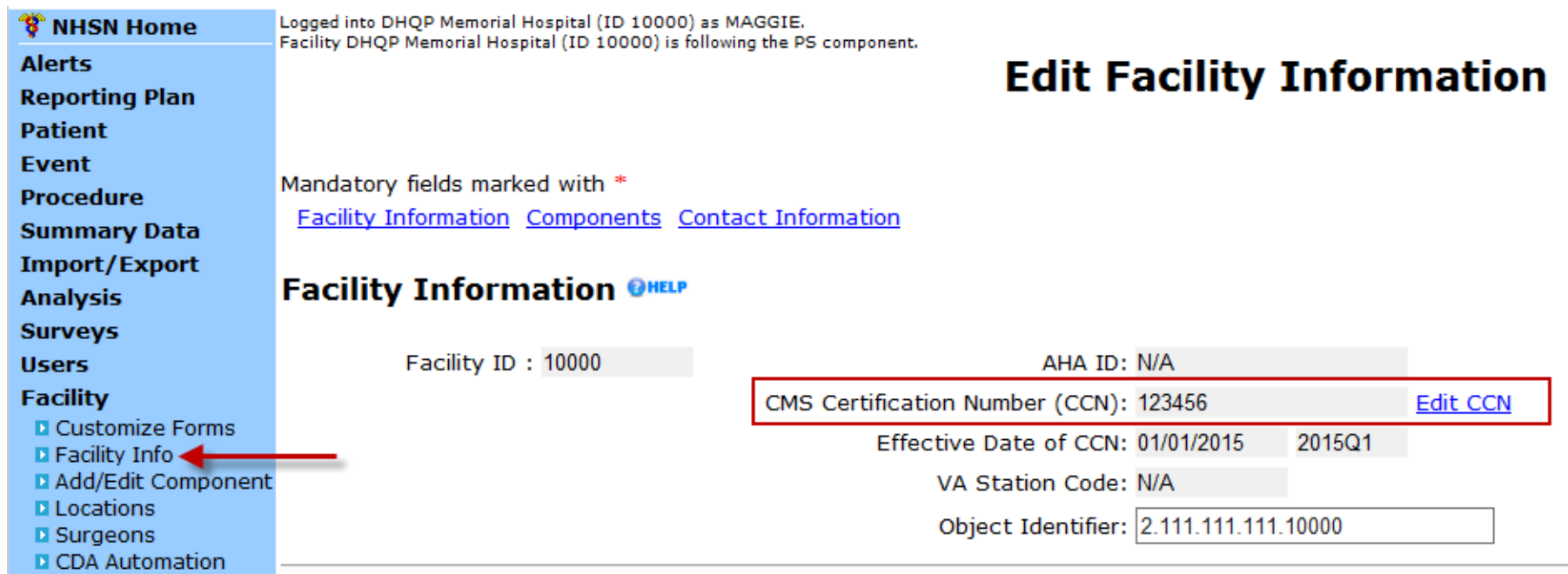
Use a monthly checklist to ensure data are complete by the deadline and will be submitted to CMS:

Confirm (and update if necessary) CCN in NHSN

- Review Monthly Reporting Plans and update if necessary
- Identify and enter all required events into NHSN
- Enter denominator data for each month under surveillance
- Resolve “Alerts,” if applicable
- Use NHSN Analysis Output Options to verify accuracy and completion of data entry, **prior to** CMS deadline

Confirm CCN in NHSN

- A hospital's CCN applies to **ALL** CMS-related reporting in NHSN
- It is important to double- and triple-check this number
- Edits to the CCN must be completed by an administrative user (e.g., facility administrator)



The screenshot shows the NHSN user interface. On the left is a navigation menu with 'Facility Info' highlighted and a red arrow pointing to it. The main content area is titled 'Edit Facility Information' and shows the 'Facility Information' section. The 'CMS Certification Number (CCN): 123456' field is highlighted with a red box, and an 'Edit CCN' link is visible next to it. Other fields include Facility ID (10000), AHA ID (N/A), Effective Date of CCN (01/01/2015 to 2015Q1), VA Station Code (N/A), and Object Identifier (2.111.111.111.10000).

NHSN Home
Alerts
Reporting Plan
Patient
Event
Procedure
Summary Data
Import/Export
Analysis
Surveys
Users
Facility
 ▶ Customize Forms
 ▶ Facility Info
 ▶ Add/Edit Component
 ▶ Locations
 ▶ Surgeons
 ▶ CDA Automation

Logged into DHQP Memorial Hospital (ID 10000) as MAGGIE.
Facility DHQP Memorial Hospital (ID 10000) is following the PS component.

Edit Facility Information

Mandatory fields marked with *

[Facility Information](#) [Components](#) [Contact Information](#)

Facility Information HELP

Facility ID : 10000

AHA ID: N/A



CMS Certification Number (CCN): 123456 [Edit CCN](#)

Effective Date of CCN: 01/01/2015 2015Q1

VA Station Code: N/A

Object Identifier: 2.111.111.111.10000

Confirm CCN in NHSN: IRF Units

- Alerts
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility 
- Customize Forms
- Facility Info
- Add/Edit Component
- Locations 
- Surgeons
- CDA Automation
- Group
- Log Out

Facility 0192 Memorial Hospital (10-10000) is following the ED component.

Locations



Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.


Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Is this location a CMS IRF unit within a hospital?*:

If Yes, specify the IRF CCN (will have an R or T in the 3rd position)*: Effective Date of IRF CCN: 2015Q1 [Edit IRF CCN](#) 

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient locations.

Update CCN in NHSN

Instructions for updating your facility's or IRF unit's CCN in NHSN can be found at (direct link):

<http://www.cdc.gov/nhsn/pdfs/cms/changing-ccn-within-nhsn.pdf>.

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN
- Review Monthly Reporting Plans and update if necessary**
- Identify and enter all required events into NHSN
- Enter denominator data for each month under surveillance
- Resolve “Alerts,” if applicable
- Use NHSN Analysis Output Options to verify accuracy and completion of data entry, **prior to** CMS deadline

Review the Monthly Reporting Plan

- The Monthly Reporting Plan informs CDC as to:
 - Which modules a facility is following during a given month
 - Referred to as “In-Plan” data
 - Which data can be used for aggregate analyses
 - Includes sharing applicable data with CMS
- A facility must enter a Plan for every month of the year
- Plans can be modified retrospectively

Review Monthly Reporting Plans

IMPORTANT!

- NHSN will only submit data for those complete months in which applicable data are indicated on the monthly reporting plan.
- If data required by QRP are not included in the monthly reporting plans, those data will not be submitted to CMS!

Review Monthly Reporting Plan

Monthly Reporting Plan Requirements for Hospital IQR 2015 include:

- **CLABSI** – all ICUs and NICUs, and all medical, surgical, and medical/surgical wards
- **CAUTI** – all ICUs and all medical, surgical, and medical/surgical wards
- **MRSA** blood and **CDI LabID – FACWIDEIN** *plus* all **ED** and **Obs** units, if applicable
- **SSI – COLO** and **HYST**, inpatient

Review Monthly Reporting Plan

Monthly Reporting Plan Requirements for LTCH Quality Reporting for 2015 include:

- CLABSI – all inpatient units
- CAUTI – all inpatient units
- MRSA blood and CDI LabID – FACWIDEIN

Review Monthly Reporting Plan

Monthly Reporting Plan Requirements for IRFQR – Freestanding for 2015 include:

- CAUTI – all IRF units
- MRSA blood and CDI LabID – FACWIDEIN

Review Monthly Reporting Plan

Monthly Reporting Plan Requirements for IRFQR – IRF Units for 2015 include:

- CAUTI – all CMS-IRF units within ACH
- MRSA blood and CDI LabID – all CMS-IRF Units within ACH

Acute Care Hospital with CMS-IRF Unit

- If your acute care hospital has a CMS-IRF unit/location, the CMS-IRF unit must be indicated as a separate row in the monthly reporting plans for:
 - CAUTI
 - MRSA-blood LabID
 - CDI LabID
- FACWIDEIN surveillance for LabID does **not** fulfill requirements for IRFQR for CMS IRF Units

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN
- ✓ Review Monthly Reporting Plans and update if necessary

Identify and enter all required events into NHSN

- Enter denominator data for each month under surveillance
- Resolve “Alerts,” if applicable
- Use NHSN Analysis Output Options to verify accuracy and completion of data entry, **prior to** CMS deadline

Enter Events

- Perform surveillance according to NHSN protocols and definitions
- Enter events that meet the NHSN surveillance definition of that event type
- Add events by using the **Event > Add** option in NHSN
- **Link each SSI to a procedure record in NHSN**
 - This link is required
 - Patient ID is the primary identifier

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN
- ✓ Review Monthly Reporting Plans and update if necessary
- ✓ Identify and enter all required events into NHSN
- Enter denominator data for each month under surveillance**
- Resolve “Alerts”, if applicable
- Use NHSN Analysis Output Options to verify accuracy and completion of data entry, **prior to** CMS deadline

Enter Denominator Data: CLABSI and CAUTI

- Denominator data must be entered for each required location, each month
- Go to **Summary Data > Add**
- Select “Device Associated – Intensive Care Unit...” or “Device Associated – NICU” (for applicable NICU locations, CLABSI)

Add Patient Safety Summary Data

Summary Data Type: ▼

Continue

Back

Enter Denominator Data: CLABSI and CAUTI

Enter patient days and device days, per the NHSN surveillance protocols.

Facility ID*:	10000 (DHQP Memorial Hospital)
Location Code*:	CMICU_N - CARDIAC ICU
Month*:	May
Year*:	2015
Report No Events	
Total Patient Days*:	<input type="text"/>
Central Line Days*:	<input type="text"/>
Urinary Catheter Days*:	<input type="text"/>
Ventilator Days:	<input type="text"/>
APRV Days:	<input type="text"/>
Episodes of Mechanical Ventilation:	<input type="text"/>
CLABSI:	<input type="checkbox"/>
CAUTI:	<input type="checkbox"/>
VAE:	<input type="checkbox"/>
PedVAP:	<input type="checkbox"/>

Enter Denominator Data: CLABSI and CAUTI

TIP! Pay attention to the red asterisks! These indicate required fields and are driven off of the plans.

In this example, we know that CAUTI is not in-plan for this location/month – there is no red asterisk!

Report No Events	
Total Patient Days*:	<input type="text"/>
Central Line Days*:	<input type="text"/>
Urinary Catheter Days:	<input type="text"/>
Ventilator Days:	<input type="text"/>
APRV Days:	<input type="text"/>
Episodes of Mechanical Ventilation:	<input type="text"/>
CLABSI:	<input type="checkbox"/>
CAUTI:	<input type="checkbox"/>
VAE:	<input type="checkbox"/>
PedVAP:	<input type="checkbox"/>

Enter Denominator Data: CLABSI and CAUTI

Mandatory fields marked with *

Facility ID*: 10000 (DHQP Memorial Hospital)

Location Code*: CMICU_N - CARDIAC ICU

Month*: May

Year*: 2015

Report No Events

Total Patient Days*: 1000

Central Line Days*: 439

Urinary Catheter Days*: 365

Ventilator Days:

CLABSI:

CAUTI:

If your hospital identified 0 events of a particular type for this month and location, check **“Report No Events”** for the event type.

Enter Denominator Data: COLO and HYST Procedures

- A procedure record must be entered for each inpatient COLO and HYST procedure performed in your hospital
- Procedures can be entered by:
 - Procedure > Add
 - Import, via .csv file or CDA

Enter Denominator Data: MRSA blood and CDI LabID

Facility ID*: 10000 (DHQP Memorial Hospital)
Location Code*: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) ▼
Month*: May ▼
Year*: 2015 ▼

General

Setting: Inpatient Total Facility Patient Days *: 7986 Total Facility Admissions *: 3098 **includes all inpatient units**

Setting: Outpatient Total Facility Encounters :

If monitoring *MDRO* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) from Totals:

MDRO Patient Days*: 7290 MDRO Admissions*: 2899 MDRO Encounters: **includes all inpatient units minus those with a unique CCN**

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) as well as NICU and Well Baby counts from Totals:

CDI Patient Days*: 7000 CDI Admissions*: 2850 CDI Encounters: **includes all inpatient units minus those with a unique CCN, and minus NICUs and well baby counts**

MDRO & CDI Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	<i>CephR-Klebsiella</i>	Report No Events	<i>CRE-Ecoli</i>	Report No Events	<i>CRE-Enterobacter</i>	Report No Events	<i>CRE-Klebsiella</i>	Report No Events	<i>MDR-Acinetobacter</i>	Report No Events	<i>C. difficile</i>	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enter Denominator Data: MRSA blood and CDI LabID

In addition to a FACWIDEIN record, acute care hospitals also need to report denominators for each of the following, if applicable:

- ED
- Observation unit
- CMS-IRF unit

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN
- ✓ Review Monthly Reporting Plans and update if necessary
- ✓ Identify and enter all required events into NHSN
- ✓ Enter denominator data for each month under surveillance

Resolve “Alerts,” if applicable

- Use NHSN Analysis Output Options to verify accuracy and completion of data entry, **prior to** CMS deadline

Resolve Alerts

- Alerts are generated for “In-Plan” data only
- If the following alerts are not resolved, the data for that month are not complete and will not be submitted to CMS:
 - Missing Events
 - Missing Summary Data
 - Missing Procedures
 - Missing Procedure-Associated Events

Resolve Alerts: Missing Events

- A “Missing Events” alert will appear if your hospital did not report a CLABSI, CAUTI, or LabID event for a month/location
- Verify that your hospital truly identified zero events of that type
- If your hospital did not identify an event:
 - Check “Report No Events” on the Alert tab, or on the Denominator Data Record
- If your hospital did identify an event:
 - Enter the event in NHSN

Resolve Alerts: Missing Events

This is an example of the “Missing Events” Alert.

Note: After checking “Report No Events,” remember to click “Save.”

The screenshot shows a web application interface. At the top, there is a navigation menu with several tabs: 'Incomplete Events', 'Missing Events' (highlighted in orange and pointed to by a red arrow), 'Incomplete Summary Data', 'Missing Summary Data', 'Incomplete Procedures', 'Missing Procedures', and 'Missing Procedure-associated Events'. Below the menu is a table of alerts. The table has the following columns: 'Location', 'CDC Location', 'Month/Year', 'Alert Type', 'Event Type/Pathogen', 'Summary Data Form Type', and 'Report No Events'. The table contains three rows of data. At the bottom of the interface, there are two buttons: 'Save' and 'Reset', with a red arrow pointing to the 'Save' button.

Location	CDC Location	Month/Year	Alert Type	Event Type/Pathogen	Summary Data Form Type	Report No Events
ONC MS	IN:ACUTE:CC:ONC_MS	03/2015	Summary but no events	TCLAB	DA-SCA	<input checked="" type="checkbox"/>
ONC MS	IN:ACUTE:CC:ONC_MS	03/2015	Summary but no events	PCLAB	DA-SCA	<input checked="" type="checkbox"/>
ONC MS	IN:ACUTE:CC:ONC_MS	03/2015	Summary but no events	CAUTI	DA-SCA	<input checked="" type="checkbox"/>

Resolve Alerts: Missing Summary Data

- “Missing Summary Data” appears if your hospital did not report a denominator data record for an event, month, and/or location.
- **NEW for 2015:** This alert appears regardless of whether events of that type have been entered for that month/location.

Resolve Alerts: Missing Summary Data

The screenshot shows a web interface with a navigation bar at the top containing several tabs: Incomplete Events, Missing Events, Incomplete Summary Data, Missing Summary Data (highlighted in orange with a red arrow pointing to it), Incomplete Procedures, Missing Procedures, and Missing Procedure-associated Events. Below the navigation bar is a section titled "Unusual Susceptibility Profile".

Below the navigation bar, the text "In-plan locations with no associated summary data" is displayed. To the right of this text are two links: "Print this report" and "Display All".

Below the text, there are navigation links: "First | Previous | Next | Last" and "Displaying 11 - 20 of 35".

Module	Location	CDC Location	Month/Year	Alert Type	Event Type
DA	HSCT	IN:ACUTE:WARD:ONC_HSCT	03/2015	No summary form Add summary	

Summary data (i.e, denominator data) can be entered by clicking the “Add Summary” link on the Alert screen.

Resolve Alerts: Missing Procedures

- The “Missing Procedures” alert will appear if your hospital did not report at least one procedure record for that month/procedure category/setting
- Verify that your hospital truly performed zero procedures of that type
- If your hospital did not perform any procedures in that category:
 - Check “Report No Procedures” on the Alert tab
- If your hospital did perform procedures:
 - Enter the procedures into NHSN

Resolve Alerts: Missing Procedures

This is an example of the “Missing Procedures” Alert.

Note: After checking “Report No Procedures,” remember to click “Save.”

The screenshot shows a software interface with a navigation menu at the top. The menu items are: Incomplete Events, Missing Events, Incomplete Summary Data, Missing Summary Data, Incomplete Procedures, Missing Procedures (highlighted in orange), and Missing Procedure-associated Events. Below the menu is a blue bar with 'Unusual Susceptibility Profile' on the left. To the right of the blue bar are links for 'Print this report' and 'Display All'. Below these links is a table with the following data:

Month/Year	Procedures	Setting	No Procedures Performed
03/2015	COLO - Colon surgery	IN - Inpatient	<input type="checkbox"/>
03/2015	HYST - Abdominal hysterectomy	IN - Inpatient	<input type="checkbox"/>

Below the table are navigation links: 'First | Previous | Next | Last' and 'Displaying 1 - 2 of 2'. At the bottom of the interface are two buttons: 'Save' and 'Reset'. A red arrow points to the 'Save' button.

Resolve Alerts:

Missing Procedure-Associated Events

- The “Missing Procedure-associated Events” alert appears if your hospital did not report at least one SSI event for a month/procedure category
 - **Note:** This Alert is based on the date of procedure, not the date of event.
- Verify that your hospital truly identified zero events of that type.
- If your hospital did not identify an event:
 - Check “Report No Events” on the Alert tab
- If your hospital did identify an event:
 - Enter the event in NHSN

Resolve Alerts: Missing Procedure-Associated Events

This is an example of the “Missing Procedure-associated Events” Alert.

Note: After checking “Report No Events,” remember to click “Save.”

The screenshot shows a software interface with a navigation menu at the top. The menu items are: Incomplete Events, Missing Events, Incomplete Summary Data, Missing Summary Data, Incomplete Procedures, Missing Procedures, Missing Procedure-associated Events (highlighted with a red arrow), and Unusual Susceptibility Profile. Below the menu is a table with the following data:

<u>Month/Year</u>	<u>Procedures</u>	<u>SSI</u>	<u>Report No Events</u>
01/2015	HYST - Abdominal hysterectomy	IN - Inpatient	<input type="checkbox"/>

At the bottom of the interface, there are two buttons: "Save" and "Reset". A red arrow points to the "Save" button.

Navigation links: First | Previous | Next | Last

Print this report
Display All

Displaying 1 - 1 of 1

Displaying 1 - 1 of 1

Monthly CHECKLIST

- ✓ Confirm (and update if necessary) CCN in NHSN
 - ✓ Review Monthly Reporting Plans and update if necessary
 - ✓ Identify and enter all required events into NHSN
 - ✓ Enter denominator data for each month under surveillance
 - ✓ Resolve “Alerts”, if applicable
- Use NHSN Analysis Output Options to verify accuracy and completion of data entry, prior to CMS deadline**

NHSN Analysis Output Options

Analysis output options were created in order to allow facilities to review those data that would be submitted to CMS on their behalf.

If you're not familiar with the NHSN Analysis functionality, please refer to the Analysis Resources and Trainings at:

<http://www.cdc.gov/nhsn/PS-Analysis-resources/index.html>

NHSN Analysis Output Options

CMS-related reports are available for each CMS Quality Reporting Program by navigating to: Analysis > Output Options > CMS Reports.

The screenshot displays the NHSN Home interface. On the left is a blue navigation sidebar with the following menu items: NHSN Home, Alerts, Reporting Plan, Patient, Event, Procedure, Summary Data, Import/Export, Analysis (with sub-items: Generate Data Sets, Output Options, Statistics Calculator), Surveys, Users, Facility, Group, and Log Out. The 'Output Options' item under 'Analysis' is highlighted. The main content area shows the user is logged into DHQP Memorial Hospital (ID 10000) as MAGGIE. Below the login information are 'Expand All' and 'Collapse All' buttons. A list of modules is displayed, including Device-Associated (DA) Module, Procedure-Associated (PA) Module, HAI Antimicrobial Resistance (DA+PA Modules), and several MDRO/CDI modules. The 'CMS Reports' folder is highlighted with a red box and contains four sub-items: Acute Care Hospitals (Hospital IQR), Inpatient Rehabilitation Facilities (IRFQR), Long Term Acute Care Hospitals (LTCHQR), and PPS-Exempt Cancer Hospitals (PCHQR). The 'Patient Safety Component' header is visible on the right side of the main content area.

Logged into DHQP Memorial Hospital (ID 10000) as MAGGIE.
Facility DHQP Memorial Hospital (ID 10000) is following the PS component.

Patient Safety Component
Analysis Output Options [HELP](#)

Expand All Collapse All

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
- MDRO/CDI Module - Process Measures
- MDRO/CDI Module - Outcome Measures
- Antimicrobial Use and Resistance Module
- CMS Reports**
 - Acute Care Hospitals (Hospital IQR)
 - Inpatient Rehabilitation Facilities (IRFQR)
 - Long Term Acute Care Hospitals (LTCHQR)
 - PPS-Exempt Cancer Hospitals (PCHQR)

NHSN Analysis Output Options

- Be sure to read the footnotes!
 - Footnotes provide valuable information regarding the data in each table.
- Data in the tables should be used to confirm accuracy and to check the quality of data **prior to** the CMS deadline for that quarter.

NHSN Analysis Output Options

- **SIR** = # observed infections/# expected infections
- **Observed # of events** – the number of SSI events entered for that procedure and time period
- **Expected or predicted # of events** – risk adjustment is applied, comes from national baseline data

More about CMS Reports in NHSN

- Data appearing within analysis reports in NHSN will be current as of the last time you generated datasets
- Data changes made in NHSN will be reflected in the next monthly submission to CMS
 - **EXCEPTION:** Quarterly data are frozen as of the final submission date for a quarter
 - If you make changes to a quarter's data *after* the deadline, you will be able to see the changes reflected in the NHSN report
 - **Note:** Changes made after a quarter's deadline **will not be** reflected on the CMS side
- **TIP:** Develop a way to keep track of any changes made to your data after a CMS (or other) deadline!

NHSN Analysis Output Options: COLO and HYST Example

National Healthcare Safety Network

SIR for Complex 30-Day SSI Data for CMS IPPS by Procedure - By OrgID/ProcCode

As of: July 7, 2015 at 12:20 PM

Date Range: All SIR_COMPLEX30DSSIPROC

orgid=10000 CCN=123456

orgid	proccode	procCount	summaryY Q	infCountComplex 30d	numExpComp lex30d	SIRComplex 30d	SIRComplex 30d_pval	SIRComple x30d95CI
10000	COLO	30	2015Q1	0	1.011	0	0.364	2.963
10000	HYST	36	2015Q1	0	0.333	.	.	.

Includes in-plan, inpatient COLO and HYST procedures in patients ≥ 18 years of age.

Includes SSIs with an event date within 30 days of the procedure date.

Excludes all Superficial Incisional SSIs and Deep Incisional Secondary (DIS) SSIs.

Includes only procedures and associated SSIs that are reported with primary closure technique.

Lower bound of 95% Confidence Interval only calculated if $\text{infCount} > 0$. SIR values only calculated if $\text{numExp} \geq 1$.

Source of aggregate data: 2006-2008 NHSN SSI Data

Data contained in this report were last generated on May 26, 2015 at 12:43 PM.

- This example shows SSI SIRs for COLO and HYST, 2015 Q1.
- When the number of expected infections (numExpComplex30d) is less than one, the SIR will not be calculated.

NHSN Analysis Output Options

- Guidance documents have been created for each CMS-related report
- Visit: <http://www.cdc.gov/nhsn/cms/index.html>

CMS Reporting

▼ **CLABSI (Acute Care Hospitals)**

- [How to Report No CLABSI Events for the CMS Inpatient Quality Reporting Program May 2015](#)  [PDF - 639 KB]
- [Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program \(CMS Reporting Program\) Dec 2014](#)  [PDF - 306 KB]
-  [Using the "SIR - CLAB Data for CMS IPPS" Output Option May 2015](#)  [PDF - 710 KB]

> **CLABSI (PPS-Exempt Cancer Hospitals)**

> **CLABSI (Long-term Acute Care Facilities)**

> **CAUTI (Acute Care Hospitals)**

Why Analyze Data in NHSN?

Analysis of data in NHSN helps to:

- Provide feedback to internal stakeholders
- Facilitate internal HAI data validation activities
- Inform prioritization and success of prevention activities through use of reports
- Facilitate sharing of data entered into NHSN by CDC, CMS, your state health department, your corporation, special study groups, etc.

At the end of the day, these are **YOUR** data – you should know your data better than anyone else.

General Analysis in NHSN

Don't limit yourself! A number of different types of reports are helpful in analyzing your data...

- Line Lists
- Frequency Tables
- Charts/Graphical Reports
- Rate Tables
- Standardized Infection Ratios (SIRs)
- Descriptive Statistics (e.g., mean, median, mode, distribution, outliers, etc.)

Data Quality Checks

- Know what is being measured, how, and for which time period
 - **Example:** Your state health department is asking you to review a preview of your hospital's SSI SIRs (using the Complex A/R model) for the calendar year 2013
 - **Example:** You are asked to review the CMS-related data for all required HAIs, for the time period 2012Q4 thru 2013Q3
- Understand what is required for completion
- Understand what risk factor(s) contribute to the measure

General Tips for Data Quality

- Know your numbers!
 - Approximate number of patient days, admissions in your hospital each month
 - Approximate device use for locations under surveillance
 - Average LOS in each unit
- Know what goes into the NMSN-prescribed risk adjustment!
- Be aware of changes to your hospital's electronic data system(s).

Changes to Data

What changes can potentially impact my rates and SIRs?

- Entry or deletion of events
- Changes to number of patient days, device days, admissions
- For DA infections, changing the device use (e.g., change from Central Line = Y to Central Line = N)
- Changes to the monthly reporting plans
- Change in admission date, previous discharge date on LabID events
- Change in any risk-factor data for procedures and SSIs

Healthcare Personnel Influenza Vaccination

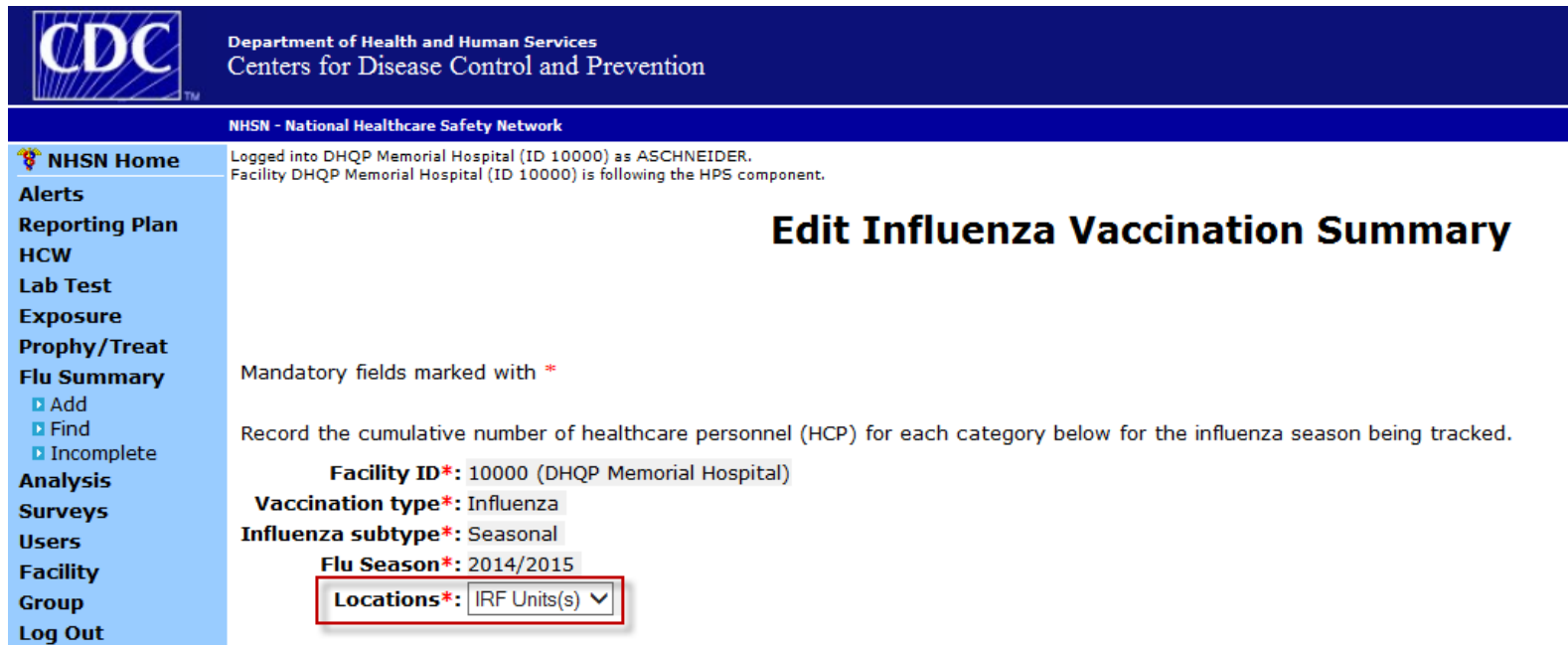
- Reported once per flu season through the Healthcare Personnel Safety Component in NHSN
- Data reported as a single summary form, per facility

HCP categories	Employee HCP	Non-Employee HCP		
	Employees (staff on facility payroll)*	Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants*	Adult students/trainees & volunteers*	Other Contract Personnel
1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Number of HCP who have a medical contraindication to the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Number of HCP who declined to receive the influenza vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Healthcare Personnel Influenza Vaccination

ACHs with an IRF Unit must report:

- One summary record for the ACH
- One summary record for each IRF unit



The screenshot shows the NHSN (National Healthcare Safety Network) interface. At the top left is the CDC logo and the text "Department of Health and Human Services, Centers for Disease Control and Prevention". Below this is the NHSN logo and the text "NHSN - National Healthcare Safety Network". A navigation menu on the left includes "NHSN Home", "Alerts", "Reporting Plan", "HCW", "Lab Test", "Exposure", "Prophy/Treat", "Flu Summary" (with sub-items "Add", "Find", "Incomplete"), "Analysis", "Surveys", "Users", "Facility", "Group", and "Log Out". The main content area shows the user is logged into DHQP Memorial Hospital (ID 10000) as ASCHNEIDER. The page title is "Edit Influenza Vaccination Summary". A note states "Mandatory fields marked with *". Below this, a message says "Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked." The form fields are: "Facility ID*: 10000 (DHQP Memorial Hospital)", "Vaccination type*: Influenza", "Influenza subtype*: Seasonal", "Flu Season*: 2014/2015", and "Locations*: IRF Units(s) v" (with a dropdown arrow). The "Locations*" field is highlighted with a red box.

Healthcare Personnel Influenza Vaccination

Training and Additional Resources for Healthcare Personnel Influenza Vaccination can be found on the NHSN website.

National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities > Acute Care Hospitals/Facilities

NHSN

NHSN Login

About NHSN +

Enroll Here +

Materials for Enrolled Facilities -

Ambulatory Surgery Centers +

Acute Care Hospitals/Facilities -

Surveillance for Antimicrobial Use and Antimicrobial Resistance Options

Surveillance for CAUTI

Surveillance for C. difficile, MRSA, and other Drug-resistant Infections

Surveillance for CLABSI

Surveillance for CLIP

Surveillance for SSI Events

Surveillance for VAE

Surveillance for VAP

Surveillance for Healthcare Personnel Exposure

Surveillance for Healthcare Personnel Vaccination

Surveillance for Healthcare Personnel Vaccination

The Advisory Committee on Immunization Practices (ACIP) recommends that all healthcare personnel (HCP) and persons in training for healthcare professions should be vaccinated annually against influenza.[1] Persons who are infected with influenza virus, including those with subclinical infection, can transmit influenza virus to persons at higher risk for complications from influenza. Vaccination of HCP has been associated with reduced work absenteeism and with fewer deaths among nursing home patients and elderly hospitalized patients. Although annual vaccination is recommended for all HCP and is a high priority for reducing morbidity associated with influenza in healthcare settings, national survey data have demonstrated that vaccination coverage levels are only approximately 70% [2]. This is well below the Healthy People 2020 goal of 90% for HCP influenza vaccination [3].

References

- Centers for Disease Control and Prevention. "Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009." MMWR 58, no. Early Release (2009):1-52.
- Centers for Disease Control and Prevention. "[Influenza Vaccination Coverage Among Health-Care Personnel – United States, 2012–13 Influenza Season.](#)" MMWR 62(38):781-786. (Accessed August 26, 2014).
- [Healthy People 2020. Immunization and Infectious Diseases](#) . (Accessed June 15, 2012)

Resources for NHSN Users Already Enrolled

Training

- [HCP Influenza Vaccination Summary: General Training, August 2014](#) [PDF - 4 MB]
General training slides on collecting and entering HCP Influenza Vaccination Summary data.
- [HCP Influenza Vaccination Summary: Acute Care Facilities, October 2014](#) [PDF - 1 MB]
Training slides covering acute care facility reporting requirements for the 2014-2015 influenza season.

Pre-recorded Webinars

- [Training Webinars for the HCP Vaccination Module, August 2014.](#)

Additional Resources

- NHSN Patient Safety Analysis Quick Reference Guides:

<http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html>

- NHSN Analysis Training:

<http://www.cdc.gov/nhsn/Training/analysis/index.html>

- CMS-related documentation for reporting in NHSN:

<http://www.cdc.gov/nhsn/cms/index.html>

Questions or Need Help?



Email user support at: nhsn@cdc.gov



Joseph B. Clift, EdD, MS, PMP

HAC Measures Lead

CMS

July 29, 2015

REPORTING HAIs FOR INPATIENT REHABILITATION FACILITIES (IRFs) AND LONG TERM CARE HOSPITALS (LTCHs)

IRF/LTCH NHSN Enrollment Requirements

IRFs/LTCHs must enroll in NHSN and complete online training modules prior to receiving NHSN reporting permissions.

- IRF enrollment process
<http://www.cdc.gov/nhsn/inpatient-rehab/enroll.html>
- LTCH enrollment process
<http://www.cdc.gov/nhsn/ltach/enroll.html>

LTCH QRP Program Measures with Data Submission to NHSN

	Measure Name (NQF#)	Data Submission (Quarterly, based on CY)*
LTCH	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	Q1 – due May 15th Q2 – due August 15th Q3 – due November 15th Q4 – due February 15th *(May 15th)
LTCH	NHSN Central Line-Associated Bloodstream Infection Outcome Measure (NQF #0139)	
LTCH	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)	
LTCH	NHSN Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)	
LTCH	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)	
		October 1st through March 31st – final deadline of May 15th

* LTCHs currently have 45 days beyond the end of each calendar year quarter during which to submit, review, and correct NHSN data. In the FY 2016 IPPS /LTCH PPS Proposed Rule CMS has proposed to increase this timeframe to 135 days beginning with Q4 2015.

IRF QRP Program Measures with Data Submission to NHSN

	Measure Name (NQF#)	Data Submission (Quarterly, based on CY)*
IRF	NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	Q1 – August 15th Q2 – November 15th Q3 – February 15th Q4 – May 15th
IRF	NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)	
IRF	NHSN Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)	
IRF	Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)	
		October 1st through March 31st – final deadline of May 15th

IRF/LTCH Data Submission Best Practices

- Timely data submissions and review of data are critical to achieve compliance
 - Any data submitted past the deadline, including corrections, will not be considered for the purposes of determining program compliance
 - All CDC/NHSN measures are submitted on a quarterly basis and calculated based on four quarters of data
- Providers/vendors may not receive automatic notice that their data submission was not complete or appropriately submitted



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July 29, 2015

REPORTING HAIs FOR THE INPATIENT QUALITY REPORTING PROGRAM (IQR) AND HOSPITAL VALUE-BASED PURCHASING (VBP) PROGRAM

IQR 2015 HAI

Reporting Requirements

To meet the 2015 IQR HAI reporting requirements for FY 2017, a hospital must:

- Submit the required HAI measures for Q1 2015 through Q4 2015 by the submission deadline
- Report CLABSI data from locations defined/mapped as adult and pediatric medical, surgical, and medical/surgical wards, in addition to all adult, pediatric and neonatal ICUs
- Report CAUTI data from locations defined/mapped as adult and pediatric medical, surgical and medical/surgical wards, in addition to all adult and pediatric ICUs
- Enter a procedure record for all inpatient SSI abdominal hysterectomy and colon surgeries included in SSI surveillance
 - If an event has been identified, a hospital must link that event to the procedure record

IQR CY 2015 HAI

Reporting Requirements

- Report MRSA FacWideIn LabID Blood Specimen data, including mapped ED and 24-hour observation locations if applicable.
- Report CDI FacWideIn LabID All Specimen data, including mapped ED and 24-hour observation locations if applicable.

IQR CY 2015 HAI

Reporting Requirements

- The most recent Healthcare Personnel Influenza Vaccination data (Q4 2014–Q1 2015), submitted by May 15, 2015, will be considered during next year's FY 2017 determinations.
- Hospitals will be required to report Healthcare Personnel Influenza summary data for the upcoming influenza season, Q4 2015–Q1 2016, according to NHSN protocol.
 - Healthcare Personnel Influenza Vaccination data are due May 15, 2016.
 - These data will be considered for next year's FY 2018 determination.

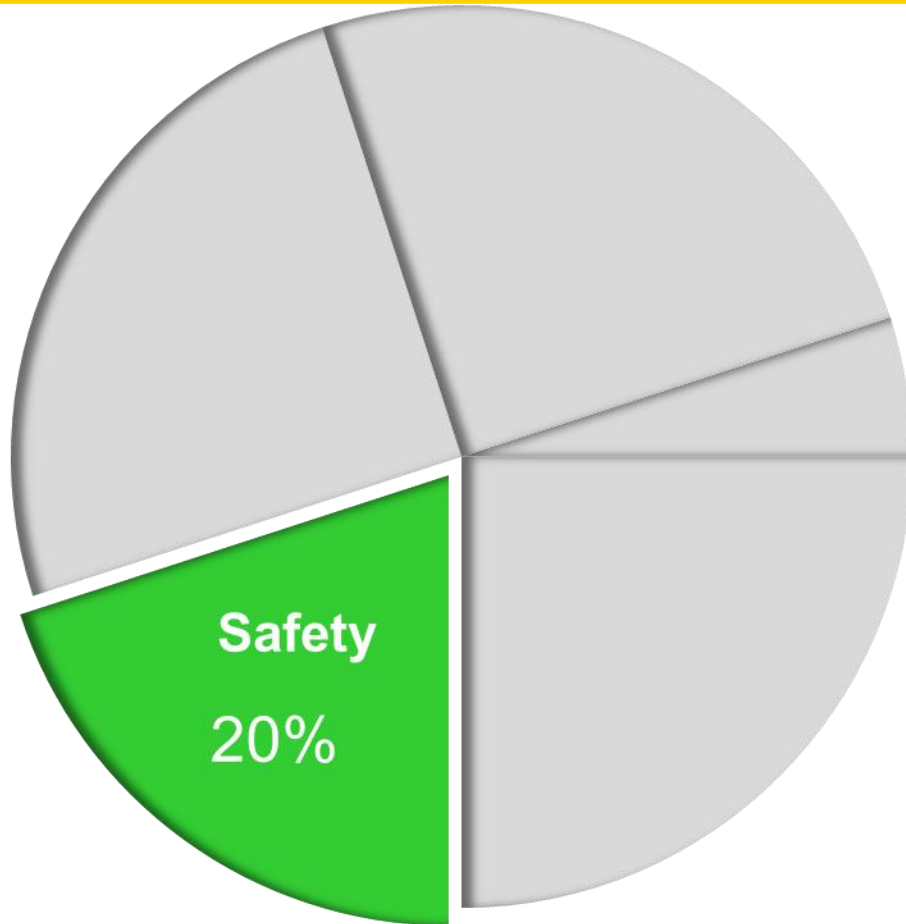
IQR HAI Data Submission Deadlines

Reporting Quarters	Dates	Data Submission Deadline*
Q1 2015	January 1, 2015–March 31, 2015	August 15, 2015
Q2 2015	April 1, 2015–June 30, 2015	November 15, 2015
Q3 2015	July 1, 2015–September 30, 2015	February 15, 2016
Q4 2015	October 1, 2015–December 31, 2015	May 15, 2016
**Q4 2015– Q1 2016	**October 1, 2015–December 31, 2015; January 1, 2016–March 31, 2016	**May 15, 2016

* Data must be submitted no later than 11:59 p.m. PT on the submission deadline

** Applies only to Healthcare Personnel Influenza Vaccination data

Hospital VBP Program FY 2017 Safety Domain



Measures

- **CLABSI** among adult, pediatric, and neonatal ICU patients
- **CAUTI** among adult and pediatric ICUs
- **SSI** specific to abdominal hysterectomy and colon surgery
- **MRSA**
- **CDI**
- **AHRQ PSI-90**

HAI Performance Period: January 1–December 31, 2015

HAI Baseline Period: January 1–December 31, 2013

Hospital VBP Program Scoring Methodology

Achievement Points

Awarded by comparing an individual hospital's rates during the Performance Period with all hospitals' rates from the Baseline Period



Improvement Points

Awarded by comparing a hospital's rates during the Performance Period to that same hospital's rates from the Baseline Period





Joseph B. Clift, EdD, MS, PMP
HAC Measures Lead
CMS
July 29, 2015

REPORTING HAIs FOR THE HAC REDUCTION PROGRAM

HAC Reduction Program: CDC HAI Measures

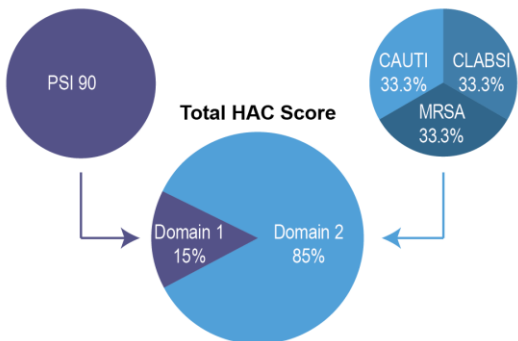
Measure	FY 2015	FY 2016	FY 2017	Reporting Deadlines
CLABSI	X	X	X	Q1 – August 15th Q2 – November 15th Q3 – February 15th Q4 – May 15th
CAUTI	X	X	X	
SSI (colon and abdominal hysterectomy)	-	X	X	
MRSA bacteremia	-	-	X	
CDI	-	-	X	

FY 2017 HAC Reduction Program and CDC NHSN HAI Measures

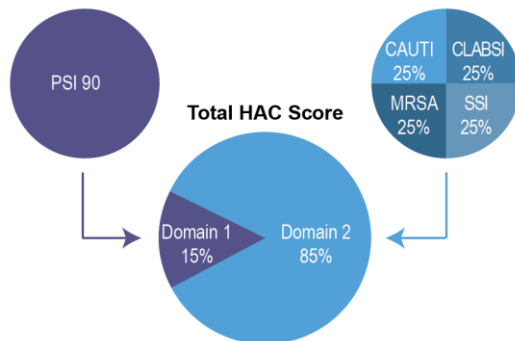
- 5 HAI measures in Domain 2 for FY 2017
 - **CLABSI**
 - **CAUTI**
 - **SSI (colon and abdominal hysterectomy)**
 - **MRSA**
 - **CDI**
- Domain 2 weight 85% (proposed in FY 2016 rule; up from 75% in FY 2016)
- Measures are calculated independently using hospitals' chart-abstracted surveillance
- The FY 2017 data reported to NHSN are for infections occurring from January 1, 2014–December 31, 2015

Domain 1 and Domain 2 Score Calculations FY2017

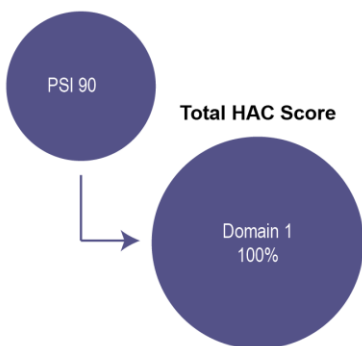
Measure	PSI 90	CAUTI	CLABSI	SSI	MRSA	C.diff
Measure Score	✓	✓	✓	X	✓	X



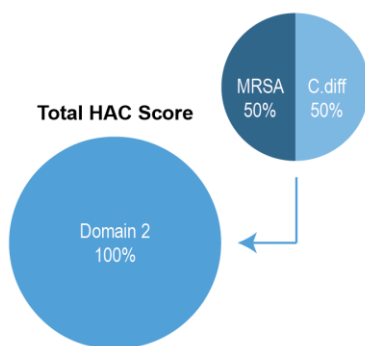
Measure	PSI 90	CAUTI	CLABSI	SSI	MRSA	C.diff
Measure Score	✓	✓	✓	✓	✓	X



Measure	PSI 90	CAUTI	CLABSI	SSI	MRSA	C.diff
Measure Score	✓	X	X	X	X	X



Measure	PSI 90	CAUTI	CLABSI	SSI	MRSA	C.diff
Measure Score	X	X	X	X	✓	✓



- CMS applies a weight of 15% for Domain 1 and 85% for Domain 2 unless hospital has only 1 domain score.*

- Domain 1
 - IPSI 90 Composite
- Domain 2
 - ICLABSI
 - ICAUTI
 - ISSI
 - MRSA
 - *C. difficile*

- This represents 4 of 64 possible combinations of presence (✓) or absence (X) of calculated measure scores for the PSI 90 Composite, CLABSI, CAUTI, SSI, MRSA, and *C. difficile* measures
- No CDC Measure Data = Domain 1 100%

*Based on proposed FY2017 weighting in FY2016 proposed rule

Additional Resources

HAC Reduction Program Methodology & General Information

- *QualityNet* HAC Reduction Program:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228774189166>

Scores

- *Medicare.gov Hospital Compare* HAC Reduction Program:
<http://www.medicare.gov/hospitalcompare/HAC-reduction-program.html>
- *CMS.gov* HAC Reduction Program: <http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/HAC-Reduction-Program.html>

CLABSI, CAUTI, SSI

- Healthcare-Associated Infections:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228760487021>
- National Health Safety Network: nhsn@cdc.gov and <http://www.cdc.gov/nhsn/>

Suzette Gerhart, BA

IQR Project Manager

Hospital Inpatient VIQR Outreach and Education Support Contractor (SC)

HAI DATA SUBMISSION: LESSONS LEARNED, REPORTING TIPS

Running CMS Reports To Verify HAI Data

To verify that your data has been received by CMS, you may run either the Provider Participation Report or the Facility, State and National Report.

Provider Participation Report

IQR-HAI Quality Measure Data ⁷	IQR-HAI Data Submitted	Last NHSN File Update to CMS ⁸
C.difficile	Yes	06/16/2015
CAUTI	Yes	06/16/2015
CLABSI	Yes	06/16/2015
Healthcare Personnel Influenza Vaccination	Yes	05/18/2015
MRSA Bacteremia	Yes	06/16/2015
SSI - Abdominal Hysterectomy	No	
SSI - Colon Surgery	No	

Running CMS Reports to Verify HAI Data

Facility, State and National Report

Facility							
IQR-HAI Data	Number of Observed Infections (Numerator)	Number of Predicted Infections (Denominator)	Standardized Infection Ratio (SIR)	ICU Locations/ Procedures ¹	Device Days/Patient Days/Procedures ²	Last NHSN File Update to CMS ⁴	Number of Observed Infections (Numerator)
Measure Set: IQR-HAI							
C. difficile	0	.072		Not Applicable	166	07/16/2015	321
CAUTI				Exception		07/16/2015	120
CLABSI				Exception		07/16/2015	55
MRSA Bacteremia	0	.006		Not Applicable	166	07/16/2015	71
SSI - Abdominal Hysterectomy				Exception			
SSI - Colon Surgery				Exception			

CLABSI and CAUTI Reporting Requirements

Beginning with infections that occur on or after January 1, 2015, acute care hospitals must report CLABSI, CAUTI, and associated denominator data from all patient care locations meeting the NHSN definition for adult and pediatric medical, surgical, or combined medical/surgical wards, in addition to the ongoing reporting from all adult, pediatric, and neonatal ICUs.

CDC Location Label	CDC Location Code
Medical Ward	IN:ACUTE:WARD:M
Medical/Surgical Ward	IN:ACUTE:WARD:MS
Surgical Ward	IN:ACUTE:WARD:S
Pediatric Medical Ward	IN:ACUTE:WARD:M_PED
Pediatric Medical/Surgical Ward	IN:ACUTE:WARD:MS_PED
Pediatric Surgical Ward	IN:ACUTE:WARD:S_PED

CY 2015

Measure Exception Form

Hospitals participating in the IQR Program should:

- Review the new location reporting requirements to determine whether they are required to submit CLABSI and CAUTI data to fulfill the CMS Hospital IQR Program reporting requirements for calendar year 2015.
- Use the current HAI Measure Exception Form located on the [Healthcare-Associated Infections](#) page on *QualityNet*.
- HAI Measure Exception Forms are due by August 15, 2015 and must be renewed annually.
- Complete and submit this form via the *QualityNet Secure Portal*, Secure File Transfer “WAIVER EXCEPTION WITHHOLDING” group. If unable to submit via Secure File Transfer, please submit via email to QRSupport@hcqis.org or secure fax to 877.789.4443.

CY 2016 HAI Measure Exception Form

Centers for Medicare & Medicaid Services (CMS)
Inpatient Prospective Payment System (IPPS) Quality Reporting Programs
Measure Exception Form for PC, ED, and HAI Data Submission
This Measure Exception Form must be renewed at least annually.

Please Note: Per National Healthcare Safety Network (NHSN) guidelines for 2015 discharges, facilities are now required to report facility-wide Catheter-Associated Urinary Tract Infection (CAUTI) and Central Line-Associated Bloodstream Infection (CLABSI) for the Hospital Inpatient Quality Reporting (IQR) Program. However, measure exceptions for CAUTI and CLABSI may still be filed for the Hospital Value-Based Purchasing (VBP) and Hospital-Acquired Condition (HAC) Reduction Programs only, as these programs may still use only the specified Intensive Care Unit (ICU) locations. A measure exception for Surgical Site Infection (SSI) may be filed for all three programs (IQR, VBP, and HAC Reduction).

Fields marked with an asterisk (*) are required.

Specify the applicable quarter(s) for the Measure Exception request(s).

***IPPS Measure Exception Information (select all that apply)**

Please Note: ED applies to Hospital IQR Program only.

Emergency Department (ED-1: Median Time from ED Arrival to ED Departure for Admitted ED Patients and ED-2: Admit Decision Time to ED Departure Time for Admitted Patients)

Hospital has no Emergency Department and does not provide emergency care.

Calendar Year (YYYY) _____

January 1 through March 31

April 1 through June 30

July 1 through September 30

October 1 through December 31

Please Note: PC-01 applies to Hospital IQR and VBP Programs only.

Perinatal Care (PC-01: Elective Delivery Prior to 39 Completed Weeks Gestation)

Hospital has no Obstetrics Department and does not deliver babies.

Calendar Year (YYYY) _____

January 1 through March 31

April 1 through June 30

July 1 through September 30

October 1 through December 31

Please Note: SSI applies to Hospital IQR, VBP, and HAC Reduction Programs.

SSI – Colon Surgery (SSI-Colon and SSI-Abdominal Hysterectomy) **

Hospital performed a combined total of 9 or fewer colon surgeries and abdominal hysterectomies in the calendar year prior to the reporting year.

Calendar Year prior to reporting year (YYYY) _____ Number of procedures performed _____

Exclusion requested for Calendar Year (YYYY) _____

2016 HAI Measure Exception Form

Centers for Medicare & Medicaid Services (CMS)
Inpatient Prospective Payment System (IPPS) Quality Reporting Programs
Measure Exception Form for PC, ED, and HAI Data Submission

Please Note: CAUTI and CLABSI apply to Hospital VBP and HAC Reduction Programs only.

Catheter-Associated Urinary Tract Infection (CAUTI)
Hospital has no Adult or Pediatric ICU locations.

Calendar Year (YYYY) _____

January 1 through March 31 April 1 through June 30
 July 1 through September 30 October 1 through December 31

Please Note: CAUTI and CLABSI apply to Hospital VBP and HAC Reduction Programs only.

Central Line-Associated Bloodstream Infection (CLABSI)
Hospital has no Adult, Pediatric, or Neonatal ICU locations.

Calendar Year (YYYY) _____

January 1 through March 31 April 1 through June 30
 July 1 through September 30 October 1 through December 31

****Specified Colon and Abdominal Hysterectomy Surgical Procedures**

Only hospitals that performed 9 or fewer of any of the specified colon and abdominal hysterectomy combined in the calendar year prior to the reporting year are eligible for the SSI Measure Exception.

***Facility Contact Information**

*CMS Certification Number (CCN): _____

*Facility Name: _____

*CEO/Designee Last Name: _____

*CEO/Designee First Name: _____

*Title: _____

*CEO/Designee Email Address: _____

*CEO/Designee Telephone Number: ____-____-____ ext. _____

I hereby certify that the facility meets the exception criteria and therefore has no data to submit related to the PC, ED, SSI, CLABSI, or CAUTI measures, as indicated on this form.

*Name: _____

*Position: _____

Lessons Learned

Issue: *“I have entered all my HAI data but I am still on the CMS outstanding list.”*

Resolution: If all the required data fields in NHSN are not completed properly, the CDC will not share the data with CMS. Please go through the steps on the monthly checklist presented by Maggie to troubleshoot your data. Some of the top issues are incomplete monthly reporting plans and failure to check the no events boxes.

Lessons Learned

Issue: *“I have submitted all my data and can see it in NHSN but my CMS reports are showing the data is still incomplete.”*

Resolution: There is a lag time between when the CDC receives the data via NHSN and when those data are transmitted to CMS. To verify the completeness of your data, you will need to generate a dataset and run the CMS reports in NHSN. We highly recommend that you allow plenty of time to review the data in these reports so that your facility will have the time to make corrections before the data submission deadline. Once you have verified that your data in the reports are correct, we recommend you save an electronic or hard copy of each report.

Please Note: Each report run will have a date and time stamp to show when the reports are generated.

Lessons Learned

Issue: *“My NHSN Administrator has left and I haven’t received my SAMS card yet for access to NHSN to enter my data.”*

Resolution: The proofing process for SAMS can take anywhere between 30-45 days at a minimum. We urge you to apply for SAMS well in advance of a data submission deadline to allow plenty of time to receive your SAMS card and complete data entry into NHSN.

Please Note: It is recommended that each facility have a primary and a backup NHSN user.

Lessons Learned

Issue: *“I did not receive the 30, 15, and 7 day data submission reminder emails.”*

Resolution: The 30-day and 15-day reminders are sent via the ListServe system. You must be subscribed to the *QualityNet* Hospital IQR (Inpatient Quality Reporting) and Improvement list to receive these notifications. To sign up, go to the Home Page of [QualityNet](#) and select the [Notifications and Discussion](#) hyperlink in the **Join ListServes** navigation box on the left side of the page.

The seven-day targeted reminders to outstanding hospitals are generally sent to the CEO, Hospital IQR, Quality Management, and/or the Infection Preventionist contacts we have on file.

Lessons Learned

Issue: *“Who at our facility receives a phone call regarding our outstanding data?”*

Resolution: Phone calls are made to outstanding providers starting five days before the submission deadline and are generally directed to Hospital IQR, Quality Management, and for HAI, the Infection Preventionist contacts we have on file. CEO calls are made three days prior to the data submission deadline.

Note: Should you need to update your hospital contact list, you may find the [Hospital Contact Change Form](#) at www.qualityreportingcenter.com under Hospital IQR Program, Resources and Tools.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
 - Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is a separate registration from ReadyTalk
 - Please use your PERSONAL email so you can receive your certificate
 - Healthcare facilities have firewalls up that block our certificates

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

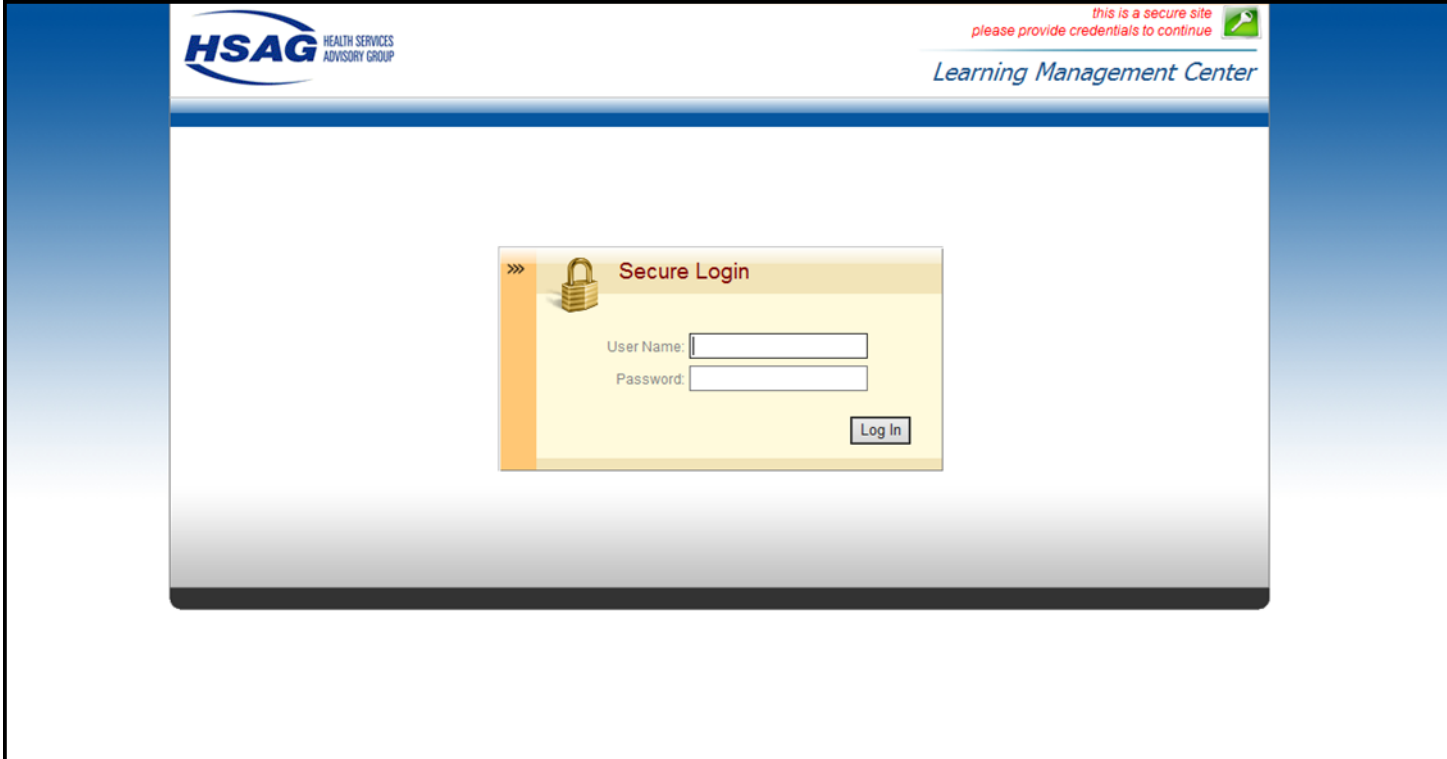
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web page for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is enclosed in a white box with a blue border.

CE Credit Process: Existing User



The screenshot shows the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security warning: "this is a secure site please provide credentials to continue" with a small icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a "User Name:" label and input field, a "Password:" label and input field, and a "Log In" button.

QUESTIONS?

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-07242015-02