



# Inpatient Quality Reporting Program

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## Support Contractor

### Successfully Reporting NHSN Data to Satisfy Hospital Quality Reporting Program Requirements

#### Questions & Answers

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**Question 1:** How can *QualityNet* be found?

**Answer 1:** Go to <https://www.qualitynet.org>.

**Question 2:** If the difference between the hospital CCN and the Inpatient Psychiatric unit's CCN is one letter added, it is considered to still be different, correct?

**Answer 2:** For an IPF CCN, the third digit of the six digits is changed to an "S." For example, a CCN 123456, would be changed to a CCN 12S456. These would be two different CCNs.

**Question 3:** IPF?

**Answer 3:** Inpatient Psychiatric Facility.

**Question 4:** What does [the] acronym IRF stand for?



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- Answer 4:** Inpatient Rehabilitation Facility.
- Question 5:** Is reporting of [a] healthcare professional's influenza immunizations mandatory?
- Answer 5:** Yes, it is mandatory.
- Question 6:** Where would be the best place to check with your particular state to confirm what its particular reporting requirements are?
- Answer 6:** Hospitals can refer to the CDC webpage:  
<http://www.cdc.gov/hai/stateplans/required-to-report-hai-NHSN.html>.
- Question 7:** Are CAH facilities required to report to NHSN?
- Answer 7:** No, HAI reporting for CAHs is voluntary. You will need to check what your particular state HAI reporting requirements are though.
- Question 8:** Are COLO and HYST the only required procedures? My facility will begin doing Total Knee surgeries. Am I required to report for those, as well, or is that considered a voluntary procedure?
- Answer 8:** Currently, for the IQR program, only abdominal hysterectomies and colon surgeries are required.
- Question 9:** Are hospitals that do NOT have ICU, NICU, surgical wards, or IRF units required to report CLABSI and CAUTI for January 2015?
- Answer 9:** If your facility does NOT have any ICUs and does NOT have any medical, surgical, nor med/surg wards that meet the NHSN location definitions, then you may submit an HAI Measure Exception Form located on the Healthcare-Associated Infections page on *QualityNet*.
- Question 10:** Can you say again where the "predicted number of infections" comes from?
- Answer 10:** Predicted Number of Infections comes from national baseline data.
- Question 11:** Could you explain how SIRs care [is] calculated for 30-day surveillance surgical procedures and 90-day surveillance surgical procedures? Specifically, what dates are used and how is this reported?
- Answer 11:** In short, the SIRs will include SSIs that are linked to procedures that were performed during that SIR time period. For example, the 2015Q1 SIR will



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include SSIs that were identified/linked to procedures that were performed during 2015Q1 (i.e., the procedure dates fall between 1/1–3/31/2015).

- Question 12:** Do you know if there are any plans to include CAHs for reporting?
- Answer 12:** For the Hospital IQR Program, Critical Access Hospital participation in submitting the HAI measures is voluntary.
- Question 13:** Do you know when Critical Access Hospitals are going to be required to report to NHSN?
- Answer 13:** Any CMS mandatory reporting requirements come out in the Final Rules. The Final Rules will be posted in the fall.
- Question 14:** Do you know when Critical Access Hospitals are going to be required to report to NHSN?
- Answer 14:** Any CMS mandatory reporting requirements come out in the Final Rules. The Final Rules will be posted in the fall.
- Question 15:** Does a hospital's CCN# change?
- Answer 15:** A hospital's CCN may change in some specific circumstances. For example, if a hospital changes from an acute care to a critical access hospital, the CCN will change. If a hospital merges with another hospital or ownership changes, then the CCN may change at that time.
- Question 16:** Does an Exception Form still need to be filed if we submit an annual survey through NHSN?
- Answer 16:** An exception form will need to be submitted if you qualify for an exemption and you will not be submitting data for CLABSI, CAUTI, and SSI.
- Question 17:** Does the medical unit definition include obstetric units as adult medical units and thereby required to report this unit?
- Answer 17:** No, an obstetric unit does not map to Medical Ward, per the NHSN definitions.
- Question 18:** Does VBP scoring apply to CAHs?
- Answer 18:** No, the VBP program does not apply to CAHs.



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- Question 19:** [Could you provide] examples of why would you need to edit your CCN #?
- Answer 19:** If your CCN was entered incorrectly or if your hospital's CCN has changed, then you will want to make sure the correct CCN is being used.
- Question 20:** For Calendar Year 2016, will MBI-BSIs (mucosal barrier injury bloodstream infections) be separated out from the main CLABSI module?
- Answer 20:** CDC will be performing data analysis of 2015 data, which will result in updated risk adjustments and a new baseline for each of the SIRs. When this analysis takes place, the MBI-LCBIs will be removed from the CLABSI risk adjustment and measurement. In short, future CLABSI SIRs that will be based on the 2015 baseline will exclude MBI-LCBIs.
- Question 21:** For the 2015/2016 flu season, will we be required to report inpatient psych units?
- Answer 21:** Yes, for the IPF program the HCW influenza data will be required for the 2015/2015 influenza season. This data will be due on May 15, 2016.
- Question 22:** For the IPFQR program, is the NHSN reporting separate from other Inpatient Hospital Reporting if our Mental Health Units are on the same campus?
- Answer 22:** For the IPFQR program HAI reporting is separate from the Inpatient reporting.
- Question 23:** How can we confirm if the correct data has been uploaded (given or sent) to CMS from NHSN? An example might be that we see a specific number of infections in NHSN, but CMS reports reflect a different number.
- Answer 23:** To check CMS reports, you can run the Provider Participation Report, as well as the Facility, State and National Report, located on the *QualityNet* website. Please note that any data entered into NHSN *AFTER* a data submission deadline will not be sent to CMS. That could account for the discrepancy between what you see in NHSN and what you see on the CMS reports. At the end of a quarter, after your data is submitted, generate a dataset and run the CMS analysis reports. That is the data that will be sent directly to CMS.
- Question 24:** I don't understand why I need to add a Plan each month for each topic, if we have to report on CLABSI, CAUTI, MRSA-blood, CDI and SSI Colo, abd hyst. Why can't the Plans already be in place?



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- Answer 24:** Due to changes that may occur in a facility, NHSN does not want to assume the reporting for a hospital, for each month. However, hospitals do have the ability to choose "Copy Prior Month" for each module in the Plan, in an effort to reduce burden. Facilities can also set up all Monthly Reporting Plans at the beginning of a year, if they choose.
- Question 25:** I report all Colo and Hysts, but I (to date) have not found any SSI's, so even with no Surgical Site Infections, we still report, yes?
- Answer 25:** Correct, even if there are infections to report you must complete the NHSN reporting screens (e.g., include SSI Colo and abd hysts in your Monthly Reporting Plans and indicate "No Events").
- Question 26:** If a CAH is voluntarily, reporting is it sent to CMS?
- Answer 26:** Yes, the CAH's HAI data for the IQR program will be transmitted to the CMS warehouse.
- Question 27:** If a hospital is using a vendor for data submission to CMS, will data specific to NHSN also be uploaded through this mechanism?
- Answer 27:** No, HAI data is entered by the hospital directly through NHSN. It is NOT uploaded via *QualityNet*.
- Question 28:** If I have specific questions with regards to individual CLABSI events such as if they are true events, or a POA, or if it meets exclusion criteria, who should I contact?
- Answer 28:** Please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for help regarding the identification of HAI events.
- Question 29:** If reporting already for FacWideIn MDSA Blood, do we just add the ED stats to what we are already reporting?
- Answer 29:** ED data should be entered as a separate denominator record (i.e., the location selected would be the ED location). The denominator for the ED location would require ED encounters only.
- Question 30:** Is it assumed that the exemption for CAHs will eventually expire and their reporting will become mandatory?
- Answer 31:** No, for the Hospital IQR program, participation is voluntary.
- Question 32:** Is MRSA identified in the outpatient ED reportable?



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- Answer 32:** Yes, MRSA bacteremia specimens collected in the ED are required to be reported to NHSN. For details regarding the data collection/surveillance requirements, please visit: <http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>.
- Question 33:** Is the Hospital IQR 2015 a calendar year beginning January for ICU plus med surg?
- Answer 33:** Starting with January 1, 2015, CLABSI and CAUTI must be reported for all adult and pediatric ICUs along with all pediatric and adult medical, surgical, and med/surg wards.
- Question 34:** Is there a list for deadlines available?
- Answer 34:** Yes, deadlines can be found on *QualityNet* on the Hospital Inpatient Reporting Program page under *Important Dates and Deadlines*.
- Question 35:** Is there a way that our corporate staff can validate that data is submitted?
- Answer 35:** Those with access to NHSN can generate a data set and run the analysis reports to verify the submitted data.
- Question 36:** Is there a way to take SSI off of your plan if your CAH doesn't do surgery?
- Answer 36:** Yes, if you do not do surgeries you would not include SSI in your Monthly Reporting Plans.
- Question 37:** Is there an anticipated date or time frame that the IQR program will start requiring CAHs to report data through NHSN?
- Answer 37:** Because CAH participation in the IQR program is voluntary, submission of the HAI measures for IQR is also voluntary.
- Question 38:** On the facility-wide and out summary data, once a quarter, it is required to put the method of testing. Our facility uses PCR but it is not listed and I have to enter "other." Will PCR be added? I know NHSN wants to get away from entering "other."
- Answer 38:** If a PCR-type test is used, the option "Nucleic acid amplification test" should be selected. A complete description of each test type is available on the NHSN form posted on the NHSN website, as well as in the Table of Instructions for the MDRO/CDI Monthly Denominator form.



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- Question 39:** One month I noticed my Device-Related Infections were mapped to a Pediatric M/S ward. I don't know how that happened and have not been able to change that designation. It is just a regular adult M/S ward.
- Answer 39:** Please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) for instructions regarding the mapping of your location in NHSN.
- Question 40:** Our hospital has mixed Medical/Surgical and Telemetry units. How does this impact the reporting of CLABSI and CAUTI? Are they included?
- Answer 40:** Those units that meet the CDC definition for a Telemetry ward (i.e., >80% of the patients in that unit require telemetry), then CLABSI and CAUTI data from that unit would not be required for CMS reporting. For specific questions regarding the location mapping for your hospital's units, please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov).
- Question 41:** MRSA bacteremia specimens collected in the ED are required to be reported to NHSN? Why? This is not a healthcare acquired infection. Can you provide the rationale for this?
- Answer 41:** The MDRO/CDI protocol requires that LabID surveillance includes all LabID events, including community-onset events. The CO events are needed to calculate the CO admission prevalence rate, a significant risk factor in determining the predicted number of HO incident events for your hospital.
- Question 42:** Quarter deadline \_\_\_\_ days after the quarter?
- Answer 42:** The CMS submission deadline for the IQR program is 4.5 months after the last day of the quarter. Please refer to the *Important Dates and Deadlines* document found at the following link:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>
- Question 43:** So, does that mean that more than one individual can be an administrator at the same hospital?
- Answer 43:** Each hospital can only have one primary administrator; however you can have several NHSN users.
- Question 44:** To be clear on slide 36, a procedure must be entered for EACH inpatient COLO and HYST, even if no SSI is reported, or only if an SSI is reported?



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- Answer 44:** A procedure record must be reported for each procedure performed within that category, even if no SSIs were identified.
- Question 45:** We are a hospital that performs Total Hip and Total Knee procedures, in addition to other surgical procedures. We do not perform COLO or HYST procedures. We were told by a consultant that we would need to report all Hip and Knee procedures in our Plan starting 1Q2015. Is this correct?
- Answer 45:** No, for the Hospital IQR program, SSI for Hip and Knee procedures are NOT included in the HAI measure set.
- Question 46:** We have run into a problem before where we had data in NHSN and could see the data in the reports and the tool; however, it wasn't flowing over to the CMS warehouse with the submissions. We could talk with the QIO, but they couldn't help troubleshoot, only confirm if the data was in the warehouse. NHSN doesn't provide help numbers, only email, which may or may not be answered in a timely manner. When we are validating, who can we turn to for help?
- Answer 46:** Because of the potential for data transmission issues, we recommend you complete your submission to the NHSN warehouse well in advance of the CMS data submission deadline for a quarter. You can then verify that the CMS warehouse has received your data after the NHSN transmission date by running the Facility, State, and National report in the *Secure Portal on QualityNet*, as well as the Provider Participation Report for the quarter. If your data has not been transmitted and you cannot troubleshoot using the 'CMS Requirements' resources available to you at the NHSN website, then you will need to work with the NHSN helpdesk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov).
- Question 47:** What about Critical Access Hospitals?
- Answer 47:** HAI reporting for Critical Access Hospitals is voluntary.
- Question 48:** When I run my CMS report for *C.Diff* LABID, it will not calculate the Number Expected and does not show how many infections were HO. What does this mean? All the data was put in correctly, so I don't know why it isn't showing.
- Answer 48:** It's possible that your hospital has an outlier CO admission prevalence rate. Please contact [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and we can confirm if this is the case for your hospital.
- Question 49:** Where can I find the CMS deadline dates?





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- Answer 49:** For the IQR program, the submission deadline dates are listed on the *Important Dates and Deadlines* document located at: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129>.
- Question 50:** Where can I find the surveillance methodology according to NHSN?
- Answer 50:** Surveillance protocol can be found at the <http://www.cdc.gov/nhsn/> website.
- Question 51:** Where can we go to find the required Clinical Data Submission Requirements for Hospital OQR?
- Answer 51:** You can find OQR information on the *QualityNet* Homepage at: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1191255879384>.
- Question 52:** Where would the HSR reports have gone; *QualityNet* or were they distributed via NHSN?
- Answer 52:** Hospital Specific Reports (HSRs) are placed into a provider's *QualityNet* Secure File Transfer Inbox. You will need to have the *QualityNet* User role for Secure File Transfer to access this inbox. Please contact the *QualityNet* Helpdesk for assistance in accessing your HSRs.
- Question 53:** Who can I talk to in order to learn how to generate a data set and run the analysis reports to verify submitted data?
- Answer 53:** You can send an email to the NHSN help desk at [nhsn@cdc.gov](mailto:nhsn@cdc.gov). This will also be covered during this presentation.
- Question 54:** [We] will need assistance in setting up [an] NHSN account for my facility. [We] will be reporting the immunization. Will this be covered today?
- Answer 54:** There will be a brief overview of HCW influenza immunization requirements. There is training and protocols on this on the CDC website at <http://www.cdc.gov/nhsn>. Should you need additional guidance on this please send an email to [nhsn@cdc.gov](mailto:nhsn@cdc.gov).
- Question 55:** Will there be information on the in-depth training for NHSN? My understanding is a five day training is available.
- Answer 55:** Training webinars are available on the NHSN website at <http://www.cdc.gov/nhsn>.



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- Question 56:** Won't CAHs need to report at least HCP Flu shots starting in 2016–17 season to continue receiving FLEX funding from HRSA?
- Answer 56:** For the IQR program HAI reporting is voluntary for CAHs. Please contact your Rural Health Office for their requirements for CAHs for FLEX funding.
- Question 57:** Would a telemetry unit, which is medical, be required to be reported?
- Answer 57:** No, telemetry units do not map as a medical ward per NHSN mapping definitions.
- Question 58:** Does NHSN allow for two administrators at one facility.
- Answer 58:** Each facility can only have one primary NHSN administrators, but you can have several users.
- Question 59:** What are the requirements for psychiatric hospitals?
- Answer 59:** You can find IPFQR information on the *QualityNet* Homepage at: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864206>.
- Question 60:** Which reporting guidelines are followed by free standing psychiatric facilities?
- Answer 60:** The IPFQR Measures can be found on the *QualityNet* Homepage: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772864247>.
- Question 61:** When will the VBP Safety domain including non-ICU locations be in effect?
- Answer 61:** I cannot comment what it's going to look like in the Final Rule. The Final Rules are due out in the next week or so. However, I would encourage attendees to sign up for our webinar that we'll give on the Final Rule. And those invitations will be going out in the next couple of weeks.
- Question 62:** Does [the] HAC reduction program include all inpatient locations or just [the] ICU location?
- Answer 62:** Yes, it's just the ICU location. But the CDC changed their criteria and the location starting January 1, 2015, of this year for data reported now.



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**Question 63:** Does an Exemption Form still need to be filed if we submit an annual survey to an HR set?

**Answer 63:** An annual survey that is completed within NHSN is to be used for CDC NHSN purposes only, and some of that information is used in risk adjustment. It is in no way related to an Exemption Form that is used by CMS.

So, if your facility does not have an adult or pediatric ICU and they do not have any medical, surgical or med/surge wards per the NHSN definitions, then you would qualify for a waiver. And, if you look at the slide, you will have the instructions on how to submit that waiver.

**Question 64:** Beginning October, 2015, our Coding department will begin coding surgical procedures using ICD-10 procedure codes. When can we expect an updated Procedure-Associated Module for SSI's, which would include ICD-10 codes?

**Answer 64:** Colleagues here at CDC have been working tirelessly on mapping all of the ICD-10, as well as some CPT codes, for all of the NHSN procedure categories. The list of those codes will be available soon. Now, with that being said, hospitals are going to be expected to use those categorizations and those codes for identifying the procedures that need to be recorded.

However, they say hospital wishes to report that ICD-10 code and that is an optional field in NHSN reporting. That will not be available until January of 2016 in the application, for those codes and that categorizations should still be used beginning in October.

Once the list become available, we will send a communication out to all hospitals that are reporting to NHSN.

**Question 65:** Is there a way that our corporate staff can validate that data is submitted?

**Answer 65:** Those with access to NHSN can generate a data set and run the analysis reports to verify the submitted data.

**END**