

FAQs – CMS requirements for NHSN reporting of HAIs

Questions from **part 2** of the NHSN Advisor Live® series

1. *Please clarify **which CLABSIs must be reported**, and address whether pediatric hospitals are required to report only CLABSIs in the high risk nurseries, but not in other pediatric ICU's?*

The Hospital Inpatient Quality Reporting Program (HIQRP) reporting requirements for CLABSIs include the following locations; all adult intensive care units, all pediatric intensive care units, Level II/III neonatal intensive care units and Level III neonatal intensive care units. Thus, pediatric populations in these settings should be included. However, children's hospitals that are separately licensed and exempt from the Medicare inpatient prospective payment system are not subject to the HIQRP requirements. The document at this link provides the NHSN definitions: www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf.

2. *How will **CMS obtain and use NHSN data**?*

CMS will provide the CDC with a list of CMS Certification Numbers (CCNs) for those hospitals participating in HIQRP. The CDC will then transmit aggregate data by hospital to CMS based on the CCNs submitted by the hospitals to post on Hospital Compare and calculate payments.

3. *Should hospitals that **have not been reporting to the NHSN start reporting BEFORE January 1, 2011**, or will we need to begin collecting data on January 1, 2011?*

Data *collection* begins on January 1, 2011, for the first reporting quarter (January 1 through March 31, 2011). The first quarterly data is due on August 15, 2011. Please note that you if you are new to the NHSN, you should aim to be *enrolled* as soon as possible to make sure you are on the CDC/CMS list of participants and to gain as much experience as possible in using the NHSN.

4. *About how **long does it take to complete the NHSN enrollment process and training for NHSN**?*

The actual training and completion of forms will take a day to complete, and it will take one to two weeks to get the forms printed, signed and returned to the CDC. We strongly recommend building in as much lead time as possible to ensure you understand how to report properly before the submission date. What you submit will have a big impact on data posted on Hospital Compare as well as on payment. The enrollment and training steps are as follows:

- Required training – four hours
- Review and accept rules of behavior and register facility – five minutes
- Obtain digital certificate and complete forms – 30 minutes
- Complete enrollment forms online – 30 minutes
- Print, sign and return signed consent form to the CDC – one to two weeks

5. **How do I know if my facility has a CCN? If it does not, how do we ensure that we have a CCN?**

Check with your facility's business office or quality assurance department to see if your facility has a CCN.

6. **Will NHSN be collecting physician level data?**

For CLABSI data, no physician-level data are collected by NHSN. and incorporated into the NHSN application within the next several months.

7. **When will 2009 comparative results be available?**

CDC is working on the 2009 report currently and it should be posted on the NHSN website and incorporated into the NHSN application within the next several months.

8. **For SSI reporting, will only deep incisional and organ space be reported? No requirement for superficial incisional infections? Doesn't the current benchmark data include superficial?**

SSI reporting via NHSN to the Center for Medicare and Medicaid Services (CMS) Hospital Inpatient Quality Reporting Program is scheduled to begin 2012. The scope of that reporting has not yet been specified. The SSI measure currently endorsed by the National Quality Forum (NQF) calls for public reporting of only deep incisional and organ/space SSI detected during admission or upon readmission to the index facility. The NQF endorsed measure is cited in the federal rule that calls for SSI reporting via NHSN to the CMS quality reporting program. An updated version of that measure currently is under review by NQF and is a candidate for endorsement in early 2011. The SSI rates published in the last NHSN Report (2006 – 2008 data) include all sites of SSI, however, new multivariable risk models using only the subset of SSI (deep incisional and organ/space SSI detected during admission or upon readmission to the index facility) will be used to calculate SIRs for operative procedure categories under the CMS pay-for-reporting program.

9. **Who will receive the email about the new consent agreement for those who are already using NHSN? The NHSN administrator or Hospital CEO?**

The NHSN Facility Administrator will receive the email.

10. **What is SIR? Do you have any update regarding the SIR (standardized infection ratio)? And how smaller facilities <100 beds- how their data compares to the bigger facilities >100 beds. For facilities with multiple ICUs, will a single SIR be compounded and reported, or is each individual unit's SIR be noted?**

The standardized infection ratio (SIR) is a summary measure used to track HAIs at a national, state, or local level over time. The SIR adjusts for patients of varying risk within each facility. The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a summary statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs reported with the

baseline U.S. experience (i.e., NHSN aggregate data are used as the standard population), adjusting for several risk factors that have been found to be significantly associated with differences in infection incidence. In other words, an SIR greater than 1.0 indicates that more HAIs were observed than predicted, accounting for differences in the types of patients followed; conversely, an SIR less than 1.0 indicates that fewer HAIs were observed than predicted. For more details, please refer to the special edition of the NHSN Newsletter devoted to SIRs which can be found at http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf. CDC has not reported SIR comparisons between hospitals of different bed sizes. Current plans are for CMS to report facility-specific SIRs at the HospitalCompare web. Each facility-specific SIR will combine CLABSI rate data across multiple ICUs into a single SIR.

11. NHSN definitions are statistical, and not clinical, definitions but CMS is looking specifically at clinical outcomes. Do you anticipate updating the NHSN definitions so that they become more specific, especially in looking at timelines regarding when a line is inserted and when the infection occurs?

NHSN is a surveillance system and uses surveillance definitions for identifying healthcare-associated infections. This determination will not match exactly with a clinician's assessment of infection. However, given that surveillance data are being used increasingly for states' mandatory reporting requirements and for CMS' pay-for-reporting program, we are looking at ways to update the surveillance definitions to better address these uses of the data.

12. Do you see all states having mandatory reporting for 7 identified areas... CLABSI, SSI MDRO etc?

Decisions about which healthcare-associated infections and pathogens are required by states for mandatory reporting by healthcare facilities in their jurisdiction are the prerogative of those states. As a result, states are the best source of information of what will be required.

13. If you have multiple ICUs will CMS use as combined or individual re: reimbursement?

CMS has yet to announce the specifics of how these measures will be used as part of payment programs such as the national value-based purchasing program. Proposed regulations are expected out in early 2011. The facility-specific data reported via NHSN to CMS will be SIRs that combine CLABSI rate data across multiple ICUs into a single SIR.

Questions from part 1 of the NHSN Advisor Live series

1. What do the acronyms RHQDAPU, HIQRP, HAI and IPPS mean?

RHQDAPU is the acronym for Reporting Hospital Quality Data for Annual Payment Update, the name for the program that requires hospitals to report inpatient quality data to CMS to receive their full market basket update for the federal fiscal year. CMS recently changed the name of RHQDAPU to the Hospital Inpatient Quality Reporting Program (HIQRP). IPPS is the acronym for Inpatient Prospective Payment System, under which most hospitals are paid by Medicare. CMS added the category of hospital-associated infections (HAIs) to the HIQRP requirements

effective with January 1, 2011, discharges. The first HAI to be required is the central line-associated blood stream infection (CLABSI).

2. Which healthcare organizations are *not subject to the IPPS reporting requirements*?

At this time, critical access, long-term care, inpatient rehabilitation, inpatient psychiatric, cancer, children's and hospitals in the state of Maryland are not subject to the IPPS, and thus are not subject to the reporting penalties. Many critical access hospitals, which are small rural facilities, voluntarily submit data to Hospital Compare.

3. What is *value-based purchasing (VBP)*?

VBP is a program that will put up to 2 percent of a hospital's Medicare inpatient payments at risk based on quality scores. High performers, however, may get to keep the 2 percent put at risk and then get a bonus. At this time, only IPPS hospitals will be subject to VBP starting in FY 2013. However, VBP programs will be implemented under other payment systems soon. Visit www.premierinc.com/reform for more information.

4. How much does the *NHSN cost*?

The NHSN is free for everyone.

5. Are there *other alternatives to submit this data or is the NHSN the only option*?

The NHSN is the only accepted way to submit the data to meet the HAI IPPS requirements for FY 2013 in the HIQR (formerly RHQDAPU) requirements.

6. Do hospitals that are *already enrolled in the HAI IPPS program have to complete another HAI IPPS pledge form*?

No. Hospitals with a signed Centers for Medicare & Medicaid Services (CMS) Notice of Participation indicating they participate in the reporting program **do not** need to sign a new CMS Notice of Participation.

However, there is a participation form for the NHSN that you will have to complete depending on whether or not you are currently submitting data to the NHSN.

Current NHSN submitters will receive notification in December from the NHSN to re-consent.

If you are not currently submitting to the NHSN you must print, sign and return the NHSN Agreement to Participate and Consent form.

Please see the NHSN website, www.cdc.gov/nhsn/cms-ipp-rule_training.html, for complete details regarding NHSN training, enrollment and the Agreement to Participate and Consent form.

7. We do not see the consent form on *QualityNet. When will it be available*?

The NHSN consent form process is explained on QualityNet in a special section on CLABSI, but it refers NHSN participants to the CDC NHSN enrollment website. The CDC has posted the necessary training and enrollment requirements at www.cdc.gov/nhsn/cms-ipp-rule_training.html.

8. Will the *data from each hospital be provided to CMS by the CDC*?

Yes. CMS will view the selected data the NHSN will submit to QualityNet.

9. If we *currently report CLABSI data* to my Department of Health, will we also need to report to the NHSN?

It will depend on the state arrangements. Each hospital will need to check with their state regarding reporting agreements.

10. If we *do not have an ICU*, do we still have to report CLABSI?

Recently CMS has stated that hospitals participating in the hospital quality reporting program that have ICUs must submit the data quarterly, whether or not they have central-line days. In this case, hospitals would put in a zero for the denominator for their population. However, CMS states hospitals that do not have ICU beds currently are not required to enroll in the NHSN.

11. Will only *CDC NHSN case definitions be used* for CLABSI reporting?

The focus is only on CLABSI reporting starting January 2011. Reporting requires use of the CDC NHSN case definitions and applies only to adult and newborn ICUs.

12. What is the difference between *infection ratios versus infection rates*?

Information on infection ratios versus infection rates is available in the 2009 HHS Action Plan for HAIs in Appendix G. Go to www.hhs.gov/ophs/initiatives/hai/actionplan/index.html.

13. Who will validate the data reported? For example, if a facility continues to have zero CLABSIs, will someone from CMS validate this information?

The validation process is still being determined by CMS in collaboration with CDC. CMS does not plan to include CLABSI data validation in the initial year of reporting to the quality reporting program. However, hospitals are encouraged to undertake data validation, and may want to contact their state resource for assistance as feasible.

14. Where can hospitals find out *the specific case definitions/measures* for CLABSI?

This information is available on the CDC's NHSN website at www.cdc.gov/nhsn/library.html.

15. Why was it stated in the presentation that the *SSI surgical procedures had not been finalized* when it was included in the FY 2011 IPPS final rule?

The final IPPS rule adopted SSI for payment in FY2014 and indicated that the procedures would correlate with the Surgical Care Improvement Program (SCIP) conditions (CABG, other cardiac, hip/knee arthroplasty, colon, etc.). However, the specific surgical procedures were not released at that time. An updated version of the SSI measure currently endorsed by NQF for public reporting is under review at NQF and an endorsement decision is expected in early 2011.

Do you have more questions?

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