Infectious Disease Epidemiology
LA Office of Public Health
Spring 2013 Edition

HEALTHCARE ASSOCIATED INFECTIONS INITIATIVE

In the Know

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The HAI program allows Louisiana to create a collaborative effort to prevent healthcare associated infections. It includes development of a state plan for preventing healthcare associated infections, development of a monitoring system, and implementation of a prevention program. Visit dhh.louisiana.gov/idepi to access the Healthcare-Associated Infections Resource Center.

Process Regarding FY 2014 APU Decisions

If your facility has been contacted regarding CMS data submission deadlines, please consult the information posted to QualityNet at the following URL: http://bit.ly/XooIvG.

CMS provides hospitals the opportunity to request a reconsideration of these adverse decisions. CMS encourages all hospitals to **continue submitting all remaining calendar year 2012 data** as Hospital Inpatient Quality Reporting (IQR) data is used for Hospital Value Based Purchasing baseline and/or performance rates.

Hospitals requesting IQR Program reconsideration from CMS must submit their request within 30 days following the date identified on Hospital IQR Program APU notification letter.

The request must identify the hospital's specific reason(s) for believing the Hospital IQR Program requirements **were** met and why the hospital **should** receive the full FY 2014 Inpatient Prospective Payment Systems (IPPS) Annual Payment Update (APU). When the hospital's request is related to validation, the hospital must submit a completed Validation Review for Reconsideration Request form, along with the reconsideration request.

First phase of notification

In March 2013, CMS will review hospital data accepted for the first three quarters of Calendar Year (CY) 2012 for the FY 2014 APU. The specific requirements that will be addressed are one or more of the following:

- Submit complete data for each required clinical process measures by the posted submission deadlines.
- Submit aggregate initial patient population and sample size counts by the posted submission deadlines.
- Submit Healthcare Associated Infection (HAI) data to National Healthcare Safety Network (NHSN) by the posted submission deadline.

Second phase of notification

In May 2013, CMS will review hospital data accepted for the Fourth Quarter of CY 2012 for the FY 2014 APU. The specific requirements that will be addressed are one or more of the following:

- Identify a QualityNet Security Administrator who follows the registration process located on the QualityNet website, regardless of how the hospital submits data (directly or by vendor).
- Complete a Notice of Participation.
- Submit **complete data** for each required clinical process measure by the posted submission deadlines.
- Submit aggregate initial patient population and sample size counts by the posted submission deadlines.
- Continuously collect and submit Hospital Consumer Assessment of Healthcare Providers (HCAHPS).
- Submit Healthcare Associated Infection (HAI) data to National Healthcare Safety Network (NHSN) by the posted submission deadline.
- Complete the Structural Measure Questions.
- Meet Validation requirements for the clinical process measures.
- Complete the Data Accuracy and Completeness Acknowledgement.

CMS will officially respond to the reconsideration request submitted by each hospital.

Filing an appeal

When a hospital is dissatisfied with the result of CMS's reconsideration, the hospital may file a claim under 42 CFR Part 405, Subpart R (a Provider Reimbursement Review Board [PRRB] appeal). Details are available at PRRB Review Instructions. **An appeal can be filed with the Provider Reimbursement Review Board (PRRB) only after the hospital has submitted a request for reconsideration and received a decision on the request.**

- Reconsideration Request Form, PDF-251 KB (06/22/12)
- Validation Reconsideration Request Form, PDF-48 KB (06/22/12)
- CMS notification letter, PDF-125 KB (03/19/13)
- User's Guide, PDF-683 KB (03/19/13)
- Quick Reference Guide, PDF-49 KB (03/18/13)

Hospital Inpatient Quality Reporting (IQR) Program Important Dates

Telligen
Hospital Inpatient Quality Reporting Program Support Contractor

Table 1 Deadlines: All Data must be submitted **no later** than 11:59 p.m. Pacific Standard Time on the date of the submission deadline.

Discharge Quarters Dates Included	HCAHPS[1] Submission	Population & Sampling Submission	Chart Abstracted Data Submission (Clinical & HAI[2])	Web-Based Measure Submission Period (Perinatal Care)	HAI Validation Templates	Estimated CDAC[3] Record Request	Estimated Date Records Due to CDAC
1st Quarter 2012 Jan 1 – Mar 31	07-03-2012	08-01-2012	08-15-2012	Not Applicable	08-01-2012	To Be Determined	To Be Determined
2nd Quarter 2012 Apr 1 – Jun 30	10-03-2012	11-01-2012	11-15-2012	Not Applicable	11-01-2012 (CLABSI[4] Only)	11-30-2012	12-31-2012
3rd Quarter 2012 Jul 1 – Sep 30	01-02-2013	02-01-2013	02-15-2013	Not Applicable	02-01-2013 (CLABSI Only)	03-01-2013	03-31-2013
4th Quarter 2012 Oct 1 – Dec 31	04-03-2013	05-01-2013	05-15-2013	Not Applicable	05-01-2013 (CLABSI & CAUTI[5])	05-31-2013	06-30-2013
1st Quarter 2013 Jan 1 – Mar 31	07-03-2013	08-01-2013	08-15-2013 HCP FluVac 5-15-2013[6]	7-01-2013 through 08-15-2013	08-01-2013 (CLABSI & CAUTI)	08-30-2013	09-30-2013
2nd Quarter 2013 Apr 1 – Jun 30	10-02-2013	11-01-2013	11-15-2013	10-01-2013 through 11-15-2013	11-01-2013 (CLABSI & CAUTI)	12-01-2013	12-31-2013
3rd Quarter 2013 Jul 1 – Sep 30	To Be Determined	02-01-2014	02-15-2014	01-01-2014 through 02-15-2014	02-01-2014 (CLABSI & CAUTI)	03-01-2014	03-31-2014
4th Quarter 2013 Oct 1 – Dec 31	To Be Determined	05-01-2014	05-15-2014	04-01-2014 through 05-15-2014	05-01-2014 (CLABSI & CAUTI)	To Be Determined	To Be Determined

Table 2 Structural Measures and Data Accuracy & Completeness Acknowledgement

Discharge Quarters	Dates Included	Submission Period
1st Quarter – 4th Quarter 2012 (Fiscal Year 2014 APU[7] determination)	Jan 1, 2012 – Dec 31, 2012	April 1, 2013 through May 15, 2013

NOTE: Only data submitted according to the Centers for Medicare & Medicaid Services (CMS) established deadlines qualify for inclusion in the Hospital IQR Program. Data for Chart Abstracted Measures, Initial Patient Population and Sampling, Structural Measures, Data Accuracy & Completeness Acknowledgement, and Web-Based Measures are transmitted via *My QualityNet* to the Quality Improvement Organization (QIO) Clinical Warehouse. Data for the HAI measures are submitted to the Centers for Disease Control (CDC) through the National Healthcare Safety Network (NHSN).

[1] HCAHPS - Hospital Consumer Assessment of Healthcare Providers and Systems
[2] HAI - Healthcare-Associated Infections
[3] CDAC – Clinical Data Abstraction Center
[4] CLABSI – Central Line-Associated Blood Stream Infection
[5] CAUTI – Catheter-Associated Urinary Tract infection
[6] HCP FluVac – Healthcare Personnel Influenza Vaccination
[7] APU - Annual Payment Update

This material was prepared by Telligen, Hospital Inpatient Quality Reporting Program National Coordinating Center, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. 10SoW-IA-HIQRP-10/12-247

Additional Guidance for NHSN Reporting in 2013

Data Entry

Changes to the application will occur with the next NHSN release planned for February 16th. NHSN is recommending users collect 2013 information on the 2013 forms until then; entering the information into the application after NHSN version 7.1 is released. This includes event (numerator) and summary (denominator) data.

The new forms and tables of instructions for the 2013 NHSN Patient Safety Manual are available now on the NHSN website at http://www.cdc.gov/nhsn/forms/Patient-Safety-forms.html.

Facilities should refer any questions related to specific state reporting requirements to your state HAI coordinator. You may find your state HAI coordinator contact information by clicking your state on the map at http://www.cdc.gov/HAI/state-based/index.html.

Forms and Table of Instructions

NHSN forms and applicable Table of Instructions (now referred to as *Form Instructions*) can be accessed by clicking on the "NHSN Forms Update" (http://www.cdc.gov/nhsn/forms/Patient-Safety-forms.html) link at the top of the page on the NHSN Patient Safety Component Manual web page.

SSI Surveillance

- For surgeries that are performed on or after January 1, 2013, it will no longer be required to document if an implant was placed during the procedure. For those facilities electronically importing procedure data via a comma separated variable (CSV) file, no changes are necessary. Any data included in the implant field will simply be ignored by NHSN.
- Any surgeries performed BEFORE January 1, 2013 will be subject to the NHSN SSI protocol of 2012. This means that 2012 surgeries, in which an implant was placed, must be monitored for a full year for SSI, even if that monitoring period extends into 2013.

VAE Surveillance

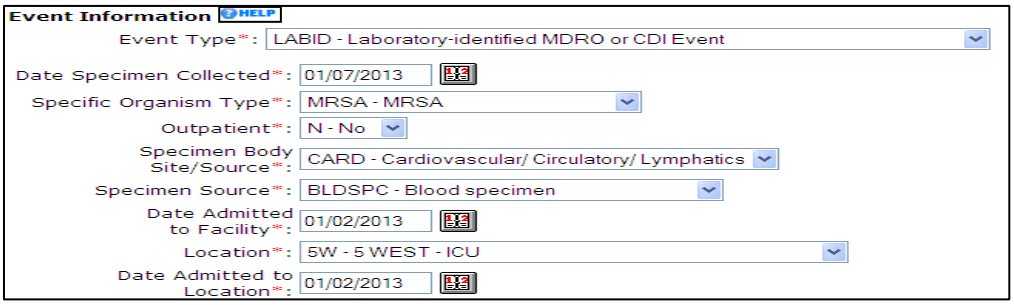
As of January 1, 2013, when using the new Ventilator-Associated Event (VAE) protocol which replaces in-plan VAP surveillance for adult patients (≥18 years of age), PEEP and FiO2 are evaluated for each ventilated patient in the unit where you are conducting the surveillance (assuming they are ≥ 18 years and not on an excluded mode of ventilation) regardless of the patient's date of initiation of ventilation, date of admission to the location or whether the patient was previously identified with a VAP in 2012. Moving forward from January 1 use only data collected from January 1 and onward, to determine if VAE criteria are met.

LabID Event Reporting

For facilities reporting bloodstream infections (BSI) through the Device-associated Module and/or MRSA Infection Surveillance reporting through the MDRO/CDI Module, keep in mind that MRSA blood specimen (bacteremia) LabID Event reporting is a different reporting pathway and, therefore,

must be reported separately. Meaning, if you are reporting both HAIs and LabID Events (e.g., MRSA BSI and MRSA LabID Event), you must report each event individually and separately; one as an HAI Event, using the applicable HAI criteria, and another as a LabID Event, using the LabID Event reporting protocol. Please review the MDRO and CDI protocol (Chapter 12) to understand the difference between MDRO Infection Surveillance reporting and MDRO LabID Event reporting.

LabID Event Reporting



HAI Reporting