

Healthcare Facility Reporting via NHSN to Comply with CMS Rules

For the purposes of monitoring and improving patient safety and quality of care, the Centers for Medicare and Medicaid Services (CMS) utilize a system of payment for the operating costs of healthcare facilities based on prospectively set rates. This payment system overall is referred to as the Prospective Payment System (PPS), specifically IPPS for inpatient acute care facilities and OPDS for outpatient facilities. For outpatient dialysis facilities, the End Stage Renal Disease (ESRD) Quality Incentive Program (QIP) determines prospective payment. The most recent rulings put forth by CMS have included specifications for use of the CDC's National Healthcare Safety Network (NHSN) for reporting certain healthcare-associated infections (HAIs) and other quality indicators. Initially, reimbursement adjustments will be made to facilities that meet the reporting requirements specified in the rules, and in following years to those who demonstrate reductions in HAI and other quality indicator metrics. The purpose is to incentivize healthcare facilities to decrease and prevent the occurrence of HAIs and improve quality of care. This document reviews the facility types and reporting requirements specified in the recent final and proposed CMS PPS and QIP rules and the changes that will occur in NHSN for the reporting to be done correctly.

Acute Care Facilities – January 2012

Acute care facilities have been reporting central line-associated bloodstream infections (CLABSIs) from all adult, pediatric, and neonatal intensive care units (ICUs) into NHSN since January 2011 to meet the requirements of the CMS IPPS FY2011 final rule. Beginning in January 2012, as part of the CMS IPPS FY2012 final rule, the same acute care facilities will also have to report catheter-associated urinary tract infections (CAUTIs) from adult and pediatric ICUs (no NICUs required). And at the same time, acute care facilities that perform colon surgery and/or abdominal hysterectomy will also have to report all of these operative procedures and any surgical site infections (SSIs) related to them to NHSN, according to NHSN protocols.

Outpatient Dialysis Facilities – 2012

Outpatient dialysis facilities were included in the separate ESRD QIP proposed rule, which is also scheduled for 2012. The final rule is expected in November 2011. The proposed rule provides incentives for outpatient dialysis facilities to report dialysis events to NHSN for at least 3 consecutive months in 2012. The data specific to the rule include positive blood cultures, intravenous antimicrobial starts, and signs of vascular access infection.

Dialysis facilities seeking to meet CMS requirements under the proposed QIP rule should make sure to:

1. be enrolled in NHSN individually (i.e., each reporting dialysis facility needs a unique NHSN orgID)
2. be enrolled as an 'AMB-HEMO – Hemodialysis Center' facility type (i.e., dialysis facilities must be enrolled separately from acute care hospitals)
3. have a correct CMS Certification Number (CCN) in NHSN

Some facilities will need to modify their enrollment in NHSN, including outpatient dialysis centers that are enrolled as a location within an acute care facility and outpatient dialysis centers enrolled with multiple active NHSN 'outpatient hemodialysis clinic' locations.

You can verify both CCN and facility type within NHSN by clicking on “Facility” and then “Facility Info” on the NHSN navigation bar and reviewing the “Facility Information” section. CCN can be corrected directly on this screen, but facility type can only be changed through enrollment.

Facilities needing to modify their enrollment status can do so using their current digital certificate by requesting NHSN Enrollment rights through the NHSN Helpdesk. See instructions here: <http://www.cdc.gov/nhsn/PDFs/slides/EnrollingMultipleDialysisFacilities.pdf>
Facilities are encouraged to complete any necessary changes by January 1, 2012.

Additional information will be posted to the [Dialysis Event website](#), as it becomes available. Questions about the proposed rule should be directed to CMS at ESRDQIP@cms.hhs.gov.

Long-Term Acute Care Facilities and Inpatient Rehabilitation Facilities – October 2012

The CMS PPS FY2012 rule includes additional facility types that are to begin reporting in October 2012. Long-term acute care (LTAC) facilities are to report CLABSIs and CAUTIs. Take note that CMS refers to the NHSN LTAC facility type as “long term care hospital.” Inpatient rehabilitation facilities (IRFs) are to report CAUTIs. The two facility types are to report the specified HAIs from all inpatient locations.

To meet the specifications within this ruling, there are some changes being made to NHSN to accurately collect the required data and allow for correct risk-adjustment for comparison purposes. These changes include development of two new annual facility surveys that are specific to LTACs and IRFs, identification and enrollment of new facilities that are currently defined as single locations within an acute care facility type, creation of new locations that are unique to LTACs and IRFs, and removal of all acute care facility inpatient location choices from the IRF and LTAC facility types.

Every licensed LTAC and IRF will need to enroll in NHSN as an individual LTAC or IRF facility with a unique orgID. We ask that these facilities not begin this enrollment process in NHSN until after the first 2012 NHSN release is implemented in late January 2012. At that time, the new LTAC and IRF annual surveys will be available for completion and the new specific LTAC and IRF location types will become available for set-up. The enrollment process cannot be completed correctly without this availability, so waiting until after the January release will eliminate confusion and extra work in getting these facilities appropriately identified in NHSN.

The NHSN team will be reviewing dialysis, rehabilitation, and LTAC locations that are currently defined in the system in acute care facilities, and will be contacting those facilities to assist where possible, with the switch from being defined as a single location to becoming enrolled as a separate facility.

Acute Care Facilities – January 2013

Looking forward, the CMS IPPS FY2012 rule has also specified that inpatient acute care facilities report MRSA bacteremia (this is NHSN’s option for MRSA Blood Specimen Only LabID Event at the FacWideIN level) and *C. difficile* LabID Event (this is NHSN’s option for *C. diff* LabID Event at the FacWideIN level) beginning in January 2013. The rule also specifies that acute care facilities must monitor and report summary counts of healthcare worker influenza vaccinations beginning in 2013 using NHSN. Please note that this section of reporting

(Summary Data – Influenza Vaccination Quarterly Summary) in the NHSN Healthcare Personnel Safety (HPS) Component is now being reviewed and will be undergoing revisions. For this reason, this NHSN option will be removed from the system as of the upcoming October NHSN release, and then will be replaced with an updated version no later than the August 2012 NHSN release. These changes will include revisions to the application, protocol, instructions, training materials, and report form. The individual-level HPS influenza vaccination reporting option will remain available for use only until the revised summary reporting option is made available.

Outpatient Surgery and Ambulatory Surgery Centers

There are pending considerations from CMS to require outpatient surgery and ambulatory surgical centers (ASCs) to report SSIs (not specified) and summary counts of healthcare worker influenza vaccinations, both using NHSN. As information becomes available, we will post it here.

For further information about the CMS reporting rules please refer to the following link:

<https://www.cms.gov/AcuteInpatientPPS/FR2012/list.asp#TopOfPage>

Non-NHSN questions about the CMS reporting should be directed to your local QIO:

<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1144767874793>

Questions about reporting in NHSN should be directed to the NHSN Helpdesk: nhsn@cdc.gov.