

Moderator: Stacy Dorris
February 2, 2012
2:00 PM ET

Operator: Good afternoon ladies and gentlemen and thank you for waiting. Welcome to the Abstraction Clinic Call. All lines have been placed in a listen only mode and the floor will be open for your questions and comments following the presentation. Without further ado, it is my pleasure to turn the floor over to your host, Ms. Lesley Hays. Ms. Hays, the floor is yours.

Lesley Hays: Okay, thank you. So we want to welcome everybody today for joining us, we know you're busy and so we're, but we're trying to beef up our assistance with our abstraction clinics to be able to provide you with information that you need to make sure that you're in compliance with all of the APU criteria. One of the growing, or identified concerns that we've noticed is that some hospitals are having problems specifically related to the reporting of their CLABSI information through the NHSN system. And so we wanted to provide a venue to where we could hopefully clear up some of the issues that you may be experiencing with the reporting of that data.

To go over the call logistics, as the operator mentioned, everybody's in the mute phase. There will be a Q&A phase at the end of the presentations where you'll have the opportunity to ask questions. So as we go through the presentations, just jot down your questions and keep those at hand when the opportunity -- when the question and answer phase opportunity presents closer to the end of the call. As a reminder, this webinar will be recorded and we will make an announcement of when that recording is available via our (inaudible).

To kind of recap the agenda for today's call, we are joined by one of our partners today, the Tennessee Department of Health, Brin Berger, who is an epidemiologist with the Department of Health that's going to be talking about healthcare acquired infection reporting requirements through the NHSN system. And she is joined by Dr. Marianne Cainer (ph) who is in the background and will be available during the question and answer phase to answer any questions that you may have.

The second part of the webinar is going to be discussing the CLABSI validation. We have information to share with you from our hospital reporting support QIO regarding that specific validation component that's going to be implemented for those hospitals who are randomly selected for the validation process on an annual basis. So we'll be going over the points and hopefully clarifying information related to the CLABSI validation. And then we'll enter the question and answer phase and then adjourn the call for today.

This graphic might look familiar to you. It is something that I want everybody to kind of print out and put on their bulletin board so that as questions arise about the abstraction process you know immediately who you should contact to get direct assistance. But just to recap, my name is at the top. I'm the manager for the patient care improvement component of the (inaudible) CMS contract that the QIO has with CMS. And kind of broken out in the little squares there, Stacy Dorris is who you need to contact with abstraction questions and any questions that you have related to the inpatient quality reporting initiative or the outpatient quality reporting initiative.

Down below Stacy we've put Deborah Scott who's an infection prevention QI specialist here on staff at Qsource. So any questions related to healthcare acquired infections and (inaudible) in the system she is our direct support for that. To the left of Deborah is

Carol Griffin. She is an analyst and programmer on staff here at Qsource. She is here to assist you with your data submission process. Any questions that you have about the CMS cart (ph) tool and any questions that you have about the Quality Net website, like if you have to go in and update something or get access to tools and resources out there, she can provide assistance to get you to where you need to go on that website.

And then above Carol is Debra Bratton. She's the QI specialist here at Qsource and she is your go to person to talk about warehouse deadlines, the hot list that we receive from the hospital reporting support QIO, and she serves to backup Stacy on abstraction questions. So if anybody has any questions about assistance that they need, jot that down and we can address those at the end of the call.

Okay, so the first presentation today is going to be Brin Berger. Again she's an epidemiologist with the Department of Health and she is going to give a presentation focusing on HAI reporting to CMS and to the Department of Health. So Nicole, we need to pass the ball to Brin.

Nicole Wood: Okay, Brin, if you look to the upper corner of the screen there are three tabs. If you click on the tab that says HAI reporting, that will bring your slides up. And now you can click on the slides and use the down arrow or right key to advance.

Brin Berger: Okay, thank you Lesley. So as Lesley mentioned, I'm going to be talking about reporting healthcare associated infections to CMS and the Tennessee Department of Health using NHSN, the National Healthcare Safety Network. So the topic for today, I'll cover the CMS prospective payment system and Tennessee Department of Health reporting requirements, and I'll cover those both for acute care hospitals and also for long-term acute care and inpatient rehab facilities.

I'll talk about adding and mapping locations in NHSN because that's a critical part of reporting data to NHSN, and also creating a monthly reporting plan because that's critical for NHSN to send your data to CMS. And then finally I'll tell you a little bit about checking your data.

Okay, so first the reporting requirements. For the CMS inpatient prospective payment system, which covers acute care hospitals, as of January 1st of this year, all acute care hospitals in the IPPS, excluding critical access hospitals, must report central line associated bloodstream infection data for adult, pediatric and neonatal ICUs. And ideally, if your hospital is part of the IPPS, you should have been reporting MEES (ph) data since January of 2011.

Taking effect this year are reporting of catheter associated urinary tract infection data for adult and pediatric ICUs and surgical site infection data for colon and abdominal hysterectomy procedures. And when I say data for the CLABSI, CAUTI and SSI, that includes both numerator data for the infections themselves and the denominator data. So for CLABSI and CAUTI, the denominators are patient days, central line days and urinary catheter days, and for the surgeries, the denominator are all procedures.

So for the colon and abdominal hysterectomies, you don't just need to report infections, you need to report every procedure that your facility does that falls into that category. And NHSN has provided a list of ICD9 codes that you can use to make sure that you're pulling the appropriate procedures from your hospital data. And importantly, CDC will not send data to CMS unless the data are listed in your monthly reporting plans, and I'll get to that a little bit later.

So those were the reporting requirements for acute care hospitals for CMS. For the Department of Health, our reporting requirements are very similar. So as of January 1st of this year, all acute care hospitals, excluding critical access, must report CLABSI data for adult, pediatric and neonatal ICUs. Facilities with an average daily census of at least 25 in Tennessee should have been reporting these data since 2008. Okay, but for the average daily census less than 25 hospitals, you'll now start this year also reporting these data to the Department of Health if you have an ICU.

To match CMS requirements, we're requiring CAUTI data for adult and pediatric ICUs starting this year. And then surgical site infection data for colon and abdominal hysterectomy procedures, again to align with CMS, and then an additional requirement we have are SSI data related to coronary artery bypass graft procedures and that's been ongoing since 2008 for facilities that do those procedures. And the only, aside from the CABGs, the only real difference between the Department of Health and CMS requirements is that we require MRSA and C.diff lab ID data to be reported facility-wide inpatient and in the emergency room. And that began July of 2010 for facilities with an average daily census of at least 25. And for facilities with an average daily census less than 25, that will begin July of this year. Okay, so that's really the only major difference between us and CMS.

For the CMS prospective payment system for long-term acute care facilities and inpatient rehab facilities, beginning October 1st of this year all LTACs must report CLABSI and CAUTI data from their locations and all inpatient rehab facilities must report CAUTI data from their location. And again, the data won't get to CMS unless they're part of your monthly reporting plan. For the Department of Health, LTACs have already been reporting CLABSI data since July of 2010, so that will be nothing new for those facilities. We also, in addition to that requirement, we require LTACS to report MRSA and C.diff lab ID data facility wide inpatient. And that's been ongoing since July 2010.

To align with CMS, beginning October 1st of this year, the LTACs must also report CAUTI data to the Tennessee Department of Health and inpatient rehab facilities must report the CAUTI data to the Department of Health. And when I say that you're reporting to the Department of Health and to CMS, all of the data go into NHSN once and then CDC will send the data to CMS and facilities can join our Tennessee Department of Health group so that we can see the data that are entered in NHSN as well.

Before you can really enter data appropriately in NHSN, you need to add in that location inside the application. And to add locations, to fulfill the Tennessee Department of Health and CMS requirements, you'll need to add all inpatient locations and your emergency department within NHSN. So once you've enrolled in NHSN and can access the patient safety component inside the application, there's a blue navigation bar and within that you'll select facility and then location. And it's going to ask you for each unit that you're entering to provide some information. First you have to provide a code.

The code is just an abbreviation for the unit. Here it's NC4W. At the Department of Health we ask that your code match the admission discharge transfer system code for that location if possible, and that's just so that as we move toward an electronic reporting, the NHSN location codes will match your ADT (ph) codes. However that's not a requirement, it's just a suggestion. So label is what the staff call the unit. So here's it's 4 West. The CDC location description, also known as a mapping, is available in a drop down menu and that's a CDC defined location type, and I'll talk about that in the next couple slides. The status is active as long as the unit is open and the bed size is the maximum number of setups and staff beds in the past calendar year.

The CDC location description or mapping is extremely important. It's how your data will be compared to other hospitals' data. What you need to do, there are a list of CDC locations in the patient safety manual provided by NHSN and here we've provided an excerpt for that. And it's just a list of all possible locations and a description of those locations. So what we recommend is reading through all of the descriptions first so that you're familiar with those. There are several different locations to choose from. And I believe Qsource in the webinar materials for today also provided a list of the ICU mapping.

And to decide which location best maps to your unit, you'll need to use the 80 percent rule. So if at least 80 percent of the patients are of a certain type, then you'll designate the location accordingly. So if you have an ICU that has at least, on average, 80 percent surgical ICU patients, then you'll need to choose the surgical ICU location description. If less than 80 percent of patients are of one type, you have a couple options. If the patient mix is a mix of medical and surgical patients, there are mixed medical surgical ICU and medical surgical ward choices available. Or, if you don't have a med/surg mix, you have a different mix, and your location doesn't seem to meet the 80 percent rule for any of the locations, you can contact CDC and they'll provide guidance for you, okay.

So once the location information has been entered, you click add and NHSN will build a list at the bottom of the page as you add your location. And you can always come back and search for a location and edit it at any time. Now what's important, if your bed size changes over time or your location mapping, or location description, changes over time, you can come in and edit your location. However, what you do not want to do, you don't want to edit or enter several months of data under the wrong location mapping. If that happens, it's really a painful process to go back and fix. There's no easy way to fix it in NHSN. You have to basically switch over all of your data under a new location and that can take quite a while. So if your patient mix changes naturally over time, that's fine, but you really don't want to put data under an incorrectly mapped location.

Next I'll talk about entering a monthly reporting plan, which, as I mentioned earlier, is important because without the correct monthly reporting plan, CDC may not send the correct data to CMS. The monthly reporting plan allows NHSN and the Department of Health to know on which indicators and in what locations you are performing surveillance. It's required for CMS to receive your data from NHSN. It's also used for internal business rules and validation so what you put in the plan can affect how you're able to enter data later. And there are some general instructions in Chapter 3 of the NHSN patient safety manual but I'll also go through the steps here for those of you who aren't familiar with the monthly plan.

And I just wanted to mention that these will -- the monthly plan instructions that I'll show here are just for the basic CMS and Tennessee Department of Health requirements. You can always add more to your plan if you do surveillance in additional locations or for additional infections. Also if you're part of a hospital engagement network or HEN, your monthly reporting plan may have additional HAIs that you'll be following.

So in the blue navigation bar when you're inside NHSN, you can click reporting plan and then add and it will ask you for a month and a year. So here we're going to enter our plan for January 2012. The plan is broken up into a few sections. The first section is the device associated module and this is where you'll choose your locations for CLABSI and CAUTI surveillance. So here you can see we've chosen a med/surg ICU and then if you have more than one location you can click add a row and we're entering our neonatal ICU here as well. Next to each location that you enter, you'll check the CLABSI and CAUTI boxes. So CAUTI surveillance is not required in NCUs, so if you have a NCU you don't

necessarily need to check the CAUTI box. If you're an LTAC, you obviously want have ICU for reporting but you will have your own locations for CLABSI and CAUTI.

The next section of the plan is the procedure associated module and that's where you'll enter procedures for surgical site infection surveillance. Again, if you have more than one procedure, there's an add row button. And if your facility doesn't perform one of the required procedures, don't put it in the plan. So here we have the CABGs, the colon and the abdominal hysterectomy. So if you're an LTAC and you don't do these procedures, this section of your plan will be blank. If you're a smaller facility that doesn't do the CABG procedures, then you can leave that blank.

And then the final part of the plan is the MDRO, or multi drug resistant organism, and Clostridium difficile infection module. The C.diff and MRSA blood specimens only. Lab ID in that reporting is required facility wide inpatient, also called (inaudible), and in the emergency department. If your facility has an average daily census less than 25, you can wait until July 2012 to add this information to your plan unless you want to start reporting early and that's fine, you can enter it earlier.

The important thing to note is that currently CDC does not allow MRSA blood specimens only in the ED to be in your monthly reporting plan. So for now you can leave MRSA in the ED off plan but you still need to report that data. Following the next NHSN release, which is I'm hoping coming this weekend, if not very soon, MRSA blood cultures only in the ED will be in plan. So prior to the next release this is what your MDROs CDI module section from the plan should look like at a minimum. You should have facility wide in, C.diff, lab ID event all specimen, emergency department C.diff, lab event ID all specimens, and facility wide in MRSA, lab ID event, blood specimens only. So notice there is no MRSA in the ED on this plan.

When you've completed your plan, be sure to save it then click reporting plan add and you can enter the next month, the next month's plan. Here we have February 2012. And rather than entering all of the locations and infections individually, each section has a copy from previous months button so you can click that button and it will pull over your data from the previous month, previous month's plan. And usually we recommend that you do a full year's worth of plans at the beginning of the year. So right now, at a minimum you should have your January plan complete and hopefully your February plan. Just remember that if you've done several months of plans this year, once we add MRSA blood specimens only in the ED, you will need to edit those plans and carry it forward for the rest of the year.

And finally I want to go over some options for checking your data, which is important. You want to make sure that the data that go to CMS and to the Department of Health are correct since they will be publically reported in some cases. So I've provided links to two different documents here. The first document provides instructions on verifying your facility's CMS certification number, or CCN, and I'm guessing that many of the hospitals on this call have already done that. It provides instructions for manually reviewing your monthly reporting plan.

Those are just general instructions. You can also compare your reporting plan to this slide we've provided here. If you are concerned that your plan may be incorrect, you can call us at the Department of Health. It's really not feasible for us to check an entire year's worth of plans, but if you want us to check one or two months to see if you're meeting the CMS and TDH requirements, that's fine. It also provides instructions on using the NHSN output option to do some data quality checks.

The second document provides instructions on using NHSN output options to look at your CLABSI standardized infection ratio that will be sent to CMS for the inpatient prospective payment system so that you can compare the data in NHSN and see what CMS will see. This is only available for CLABSI use right now but I'm guessing that fairly soon they'll be adding that option for CAUTI, SIRs and SSI SIRs.

And finally the Tennessee Department of Health sends out monthly data quality reports. Right now these are sent out for CLABSI, MRSA and C.diff. CAUTI will be added within the next month of two followed by SSI. In order to get these reports, you must be a member of the Tennessee Department of Health group and NHSN, as many of you are. And depending on the infection, the report checks for late or missing data, missing annual survey, inconsistent lab results, possible errors in some of the data. So we do this to help you as a facility make sure that your data are correct, but also to help us check so that when we report these data as a state, so we have clean data.

However, these data quality reports don't check for all errors so it's important that you perform your own data quality checks as well. And if you ignore the report and don't correct your errors, then the reports aren't very useful either. So that's all I have. I've provided the contact information for Susan Nasi (ph), one of our admin assistants and my contact information. And please contact me if your facility has not yet joined the Tennessee Department of Health group and NHSN and if you need to be included in our quality report. And that's all I have.

Lesley Hays: Thank you, Brin. We really appreciate you joining us today to provide this clarification to the hospitals in Tennessee. And as I said earlier, if you have questions for Brin, her and Dr. Cainer are both going to hang around until the end of the presentation so jot down your questions so that you can ask them at that time. So next I'm going to turn it over to Stacy Dorris who is going to be talking about project validation related to the CLABSI data that you're putting into the NHSN.

Stacy Dorris: Nicole, can we switch it back to our screen please.

Nicole Wood: Okay, you now you have the (inaudible), you can share your application or desktop.

Stacy Dorris: Can you see the project validation, Nicole?

Nicole Wood: No ma'am. To share your desktop you can go to the upper left hand corner and click file or share and then click desktop from the drop down menu or you can share the application. Do you see the share button in the upper left hand corner?

Stacy Dorris: No.

Nicole Wood: Okay, are you still looking at the Webex screen?

Stacy Dorris: I am now.

Nicole Wood: Okay, so share is in the upper left hand corner.

Stacy Dorris: Okay.

Nicole Wood: There you go. Perfect.

Stacy Dorris: Thank you.

Nicole Wood: You're welcome. We can now see your desktop.

Stacy Dorris:

Okay. So the intent of the next couple of minutes is to really just provide a brief overview of how the central line associated bloodstream infection data is going to be validated. This is very different, it sounds like, from the way that the current core measured (ph) data for AMI, heart failure, SCIP and pneumonia is validated. But the reason we are just going to briefly touch on it right now is because, as you know, data validation no longer affects all the hospitals in the state but it is just a random sample throughout the nation.

So the list of hospitals that will be randomly selected for a validation to go along with the fiscal year 2014 annual payment update requirements actually will not be selected until around April or May. And so this ultimately will only affect just a subsection of the hospitals here in Tennessee. So we just want to kind of give a brief overview of how it's going to look and once the hospitals are determined here in a few months, we will certainly provide, you know, a more targeted selection of technical assistance to those hospitals.

So again, the inpatient final rule that was published and finalized in August -- no, I'm sorry. It will be finalized in August but for the fiscal year 2014 requirements, it does say that the CLABSI data will be validated beginning with quarter one 2012 data. And so, as you can see in the third bullet, there are many entities that actually have their hand in validation of this data, which is different, like I said, from how the other core measured data is currently validated, which essentially just includes the hospital and the CDAC.

Going on to the next slide, the main difference here is that for the CLABSI records, there is kind of a two-pronged approach. And what you see here on this slide under the second bullet is talking about two independent sources that will be used to validate this data. And one of them is coming from what they are terming candidate central line associated bloodstream infection medical records, and we'll talk more about that in a minute. And the other source, which will be completely independent, is data that is specific to CLABSI that will be abstracted by the CDAC for any of the core measure charts as you see listed that are also targeted for validation if you happen to be one of the hospitals chosen.

So let's go back to the first source that they will be using for validation, which is called the candidate CLABSI. And what this will entail is that hospitals, again chosen for validation as part of the fiscal year 2014 APU requirements, will be asked to provide probably something similar to an Excel spreadsheet of what they're calling candidate CLABSI. And basically this is a list of patients that meet the criteria that you see on the screen. So they're an ICU patient, positive blood culture results, which we'll talk about the definition of that in a minute, and then the presence of a central venous catheter either at the time of or within 48 hours before the infection.

So there is going to be a validation support contractor which is not the same as the CDAC who currently does validation. This will be another entity that will be provided this contract by CMS to solely serve as performing validations for the CLABSI events. And so what they will do is, this slide depicts the information again that will be generated by the hospital and channeled up to the validation support contractor for these candidate CLABSI events. And so being an ICU patient you see the definition of the bloodstream infection is a likely pathogen found at least once or a CSC found in two or more positive blood cultures on separate occasions and having the central venous catheter. And so from that list provided by the hospital, they will identify up to three of these candidate CLABSI events.

It's vitally important that the information that is in Quality Net, which as you know is a separate entity from Qsource. Qsource is the QIO for the State of Tennessee, Quality Net is the website, per se, that reports can be downloaded. Certain members of each hospital have what are called QNet administrators that have certain rights to upload and download reports. It is very important that both for Qsource, the QIO, and as the information into QNet, that the hospital contacts are up-to-date because this is basically the communication channel that CMS uses to find all this information. And I'd say probably within the next week or so you'll be receiving an email from Lesley. We are going to reach out to every hospital to make sure that both us, Qsource, and QNet have the most up-to-date hospital contact information.

This slide basically again just says that a template will be provided to hospitals, using those contacts that I just talked about on the previous slide, to report the candidate central line associated bloodstream infections. So if you are one of the hospitals chosen, this list will be due to the designated CMS validation contractor 15 days prior to when the clinical data is due. So that means let's say we were starting with this quarter, with Q3, the data is due on February 15th so that template would be due actually yesterday, on February 1st, so when you see those clinical submission deadlines on the screen.

So once the support contractor receives the template with the candidate CLABSI events they will remove any duplicates, again they will sample up to three, and then they will request the information that your hospital has reported on the CLABSI events through the NHSN tool to the CDC. So for the up to three candidate CLABSI events that they pull from your template, they are going to request a reporting status from the CDC as to what was put in the NHSN tool.

During the same time, the CDAC, who is the current validator of the other core measure sets, will be requesting charts on a quarterly basis just as they do normally but they will begin abstracting any data related to CLABSI events from those AMI, heart failure, pneumonia charts and will send that data over to the validation contractor. At that point the validation contractor will -- essentially what's going to happen is they are going to look at the data that's coming over from the CDC that your facility has put in through the NHSN tool and they're going to see if the data matches what they found in the record abstraction.

And so essentially, as you see on this slide, the last bullet, there will be a possible -- each of these CLABSI events counts as essentially a denominator of one towards your hospital's validation score for the annual payment update. And so you know, if the contractor says yes indeed, you know, this was a true CLABSI, if that particular record is not in the CDC's data as submitted through the NHSN tool that will be considered a mismatch and so your facility would get a zero over one. If it is there it would be a one over one.

And these next three slides just go on to talk about the overall score being over 75 percent and how that pertains to the annual payment update. And you know I just want to point out, this is a very confusing process. It is very different from the way validation is currently done now with the responsibility on the hospital to generate this template at these candidate CLABSI events that actually may or may not end up being reported through the NHSN tool.

And so we understand that it's confusing and it may not be clear to everybody right now, we're still muddling our way through it as well. But just wanted to get this on your radar in case you do end up being a facility that ends up on the validation list as randomly sampled by CMS, as I said either in April or May. So that's just, like I said, kind of a 40,000 foot view of how it's going to happen and if you do happen to be one of those hospitals we will provide more training at a later date.

Lesley Hays: Jean? Operator?

Operator: Absolutely. Are you ready for questions?

Lesley Hays: We are ready for the Q&A.

Operator: Certainly. The floor is now open for questions. If you do have a question, please press the number 7 on your telephone keypad. Questions will be taken in the order they were received. If at any point your question has been answered, you may press 7 again to disable your request. If you are using a speaker phone, we ask that while posing your question you pick up your handset to provide for favorable sound quality. Please hold while we wait for the first question. It looks like our first question is from Anita Farmer. Anita, please state your question.

Anita Farmer: Stacy, will the request for those charts come through QNet or will we receive like a Fedex letter like we did for the other charts?

Stacy Dorris: Anita, this PowerPoint was actually delivered to us in December by the inpatient support contractor, which is Iowa. And so this is all of the training and information that we know at this time and I perceive those types of details will be fleshed out once CMS names who this validation contractor will be for the central line because it will not -- they did make it a point to say it will not be the CDAC. It will not be the same people that validate the core, you know the current core measures. So I perceive that that whole plan will be fleshed out in the contract between CMS and whoever the contractor will be.

Anita Farmer: Okay.

Stacy Dorris: But, you know, based on the slide that says it's vitally important to make sure your QNet administrators are all still active, that they're still at your facility, and also to make sure that we as the QIO have a current liaison. And like I said, Lesley is going to be sending out an email. We're going to try to get a contact for the infection prevention staff if we don't have already have one. But they will be pulling the information from either our contacts here at the QIO or through QNet so it's just important that all those stay up-to-date.

Anita Farmer: Okay, I didn't know because I receive that information, usually when they request charts it usually comes to me. But then you were talking about making a list or something for them and a lot of times those things will come through QNet as a secure thing.

Stacy Dorris: Right. Right. I think we'll just have to wait and see, Anita.

Anita Farmer: Okay.

Stacy Dorris: Hopefully it will be similar and not be something completely too different, you know.

Anita Farmer: And hopefully it won't be us.

Operator: Our next question comes from Katy McCoy. Katy, please state your question.

Katy McCoy: Okay, well first of all I apologize for my hoarseness so I hope you can understand me. I have a question. When you said when you're entering your plan, currently in my ICU unit I do all MRSA cultures unless they are (inaudible) screening. Do we still just mark blood only since I don't just do blood only in the ICU area? Hospital-wide, other than ICU, I do just the blood.

- Brin Berger: Hi, this is Brin. You could actually put in both. So actually if it's your ICU only, and not facility wide in, you will have a separate line in addition to what we showed. You'll have ICU, MRSA, all clinical cultures or all specimens.
- Katy McCoy: Okay, now that's what I do except (inaudible) screens and I know they instructed me one time no, don't do (inaudible) screenings just active cultures.
- Brin Berger: That's correct. In addition to what we showed, you'll have a separate line for your ICU.
- Kay McCoy: Okay, so I knew my ICU had looked different in the past. I wanted to make sure that's still what they wanted.
- Brin Berger: Yeah, that's fine.
- Kay McCoy: Okay, thank you.
- Operator: Our next question comes from Eva Harris. Eva, state your question.
- Eva Harris: All right, and I may have missed something in the validation talk, but on the Excel spreadsheet there will be three variables, in the unit, positive blood culture, presence of central line. Will the contracting auditor look at those cases individually to see if they actually meet that NHSN definition for CLABSI with not a primary source somewhere, like sputum, urine or wound or abdomen? Or will they just use those three variables and then go look for it in NHSN? And then will we have to respond to that based on their finding? Does that make sense?
- Unidentified Participant: I think so and I'll do my best to answer your question. But the way that the candidate CLABSIs get on the template is if they meet, you know, these three criteria.
- Eva Harris: Okay.
- Unidentified Participant: And so let's say you have 15 candidates on there, they will randomly sample up to three. And so it is my understanding that whether you have one, two or three that are randomly chosen, that is what they will, you know, they will then request the information from the CDC of what was put in through the NHSN tool to see if -- I mean because basically the candidate CLABSIs, you know, they're just candidates.
- Eva Harris: Right. And that's what I wondered because you could have a candidate that will not truly be a CLABSI if it's a pneumonia, if it defaults to that blood culture as a secondary culture related to a primary site, other than central line, that would not show up in the NHSN data that unless they're doing a chart review they would not see that difference.
- Unidentified Participant: Right. And so it's my understanding that this contractor, this validation support contractor, will be requesting the records on these up to three candidates.
- Eva Harris: Ah, okay.
- Unidentified Participant: And they will determine whether, you know, they think it should have been reported or not.
- Eva Harris: So they will actually be using that NHSN criteria when they review those three records they selected?
- Unidentified Participant: Yes. Yes.

Eva Harris: Okay, good. Thank you.

Unidentified Participant: Right.

Operator: There are no questions in the queue at this time. Again, if you do have a question, please press the number 7 on your telephone keypad. Please hold while we wait for the next question.

Stacy Dorris: This is Stacy again. While we're waiting on some more folks, I do want to also mention that on, during the abstraction clinic in January if you listened we talked about the no ICU waiver form, you know, for those who may not meet the criteria that Brin spoke about during her PowerPoint. And we have received some questions and follow-up with that and we appreciate everybody going back and looking to make sure that either their form is filled out or that they should be submitting the data with their locations mapped.

Some people have gone into QNet and run their APU dashboard that have submitted a no ICU waiver form and been alarmed when the APU dashboard still shows a red box for the HAI data. And just to let you know that CMS is aware that that is a glitch in the APU dashboard functionality. So what that means is you're a facility that has submitted the no ICU waiver form to meet that requirement from the annual payment update and you receive confirmation that your form was accepted and noted in the system but you run your APU dashboard and it still shows up as red, don't be alarmed it's, like I said, a known glitch that hopefully they will fix here in the near future.

Operator: Our next question comes from Joanne Hardin. Joanne, please state your question.

Joanne Hardin: Good afternoon. A couple questions on the validation. Do you know, or do you have any idea how those reports will be returned? Will they be posted on Quality Net? And will they be combined with the existing validation for, you know, like with your AMI, heart failure, pneumonia charts?

Unidentified Participant: It is my understanding that because -- so, for the validation, if you're chosen, you have up to 18 records chosen every quarter. And so let's say you're a hospital that does have -- you know, you do reports the CLABSI data through the NHSN tool, kind of, you know, an allotment of your 18 will be for these CLABSI charts. Whereas say you're a hospital that does not have an ICU so you don't submit that data then your 18 will just be made up of the other core measures like they are currently. So it's my understanding that because it is part of that overall score in the same sense that AMIs included, pneumonia, heart failure, SCIP and also with the addition of the global population, you know some of those 18 charts, the measures will, some of them will be the immunization measures and some may be the ED measures. So it won't be a separate validation score so it should be part of your overall validation report.

Joanne Hardin: Okay, thank you.

Operator: There are no questions in the queue at this time. Again, if you do have a question, please press the number 7 on your telephone keypad. Our next question comes from Winiferd Lee. Winiferd, please state your question.

Winiferd Lee: Yes, this is Winiferd Lee. I go by Wini (ph). I have several questions as a matter of fact. I'm from an inpatient rehab facility and I know that we're having to report for the first time this year. My first question is, as I understand it now, CAUTIs need to be reported to NHSN as of October 2012, as do CLABSIs need to be reported to the Tennessee Department of Health in October 2012? That's my first questions.

Brin Berger: No, you may have an old version of my slides. I had a new version posted this morning where I inadvertently included CLABSI for the Department of Health for inpatient rehab. That's not correct, it's only CAUTIs.

Winiferd Lee: Oh good. Okay.

Brin Berger: Sorry to scare you.

Winiferd Lee: That's good news. Okay. Okay. My next question is on entering location information. We are in the process of construction so I assume that my plans should be a month-to-month as far as -- I'm not sure I should do 12 months at a time. Is that correct if we're likely to change the number of beds and the mix?

Brin Berger: Your number of beds and your patient mix won't affect your -- well they could affect your reporting plan if you have to change a location. It's fine if you only want to enter one month at a time if you think there may be changes.

Winiferd Lee: Okay.

Brin Berger: What's going to be important is that you, if your patient mix does change in a unit that you change the location mapping right away. Don't continue to enter data for a mapping that is no longer correct. And if that happens, you can contact us and we'll try to walk you through that process.

Winiferd Lee: Okay, great. Great, okay. So that helps a whole lot. And I know as an inpatient rehab facility we had been told to hold off on logging into NHSN and setting up our plans. Is it okay to do so now?

Brin Berger: No, you have to wait until the next -- when they update NHSN, it should be in the next hopefully week or two, they will start -- I know you're already enrolled but they're going to wait until then to start enrolling other inpatient rehab facilities.

Winiferd Lee: Okay.

Brin Berger: And I think they'll provide more guidance at that time on how to go about -- because your locations are going to be different than for acute care hospitals. So I think they'll come out with more information then.

Winiferd Lee: Okay. And on the --

Brin Berger: You don't have to really do anything right at this moment right now.

Winiferd Lee: Oh, good, good. Okay. And on the ICU waiver form, we filled one out in June of last year. How frequently do we have to renew that?

Brin Berger: That is a Qsource question.

Winiferd Lee: Okay.

Brin Berger: So I don't know if Stacy or Lesley can answer that one.

Unidentified Participant: It's our understanding that you have to update that every year.

Winiferd Lee: Okay, is it done by calendar year or is it done based on when we did the last one?

Unidentified Participant: Well we can't see the waiver form so it makes it difficult for us to assist you with that. We do get what we call hot lists from our hospital reporting lead QIO but she probably wouldn't be on the list because she's an inpatient rehab. (Off mic). So Wini, we could -- if you could call us and we could talk about when the last time you filled out that waiver form.

Winiferd Lee: Sure.

Unidentified Participant: And help you from there.

Winiferd Lee: Sure, sure. I'll be glad to do that. And then I just had one more question. And that is we actually contract out our lab so when we're talking in terms of lab reported ID events, is that something that we don't need to worry about because our contracted lab is handling that or do we need to report it as well?

Brin Berger: That will only be for acute care hospitals and long-term acute care right now for the Department of Health.

Winiferd Lee: Okay.

Brin Berger: We haven't expanded that to inpatient rehab.

Winiferd Lee: Okay, great. So we don't have to worry about that. Okay, thanks. You all been a big help.

Operator: Our next question comes from Terri Hammonds. Terri, please state your question.

Terri Hammonds: Yeah, talking about the ICU waiver form for acute care hospitals, I think we were originally told that if we enter the hospital into NHSN and then just put that we had zero ICU beds, that would take care of this. Is that still correct?

Unidentified Participant: We're pondering.

Terri Hammonds: Okay. I know we were told originally that you could either do the waiver or you could do all the joining NHSN and put zero beds for ICU.

Unidentified Participant: I'm thinking that is still correct but I don't -- let us get a firm answer on that and we can -- I'm sorry, I didn't catch your name.

Terri Hammonds: Terri Hammonds.

Unidentified Participant: Okay, which facility?

Terri Hammonds: Well I've got two but I'm calling for Haywood Park.

Unidentified Participant: Okay. And just for everyone else's knowledge too, we can send it out (inaudible). I think most people do complete the form and so I'm not sure that we've ever had experience with somebody doing it actually through the NHSN, although I'm sure there's more out there.

Terri Hammonds: And I think if you do it through NHSN we were told it was a one-time process as opposed to doing the waiver each year.

Unidentified Participant: And that very well could be. We can check with Iowa, the support contractor that Lesley's referring to and so we can get the information on both of those questions.

Terri Hammonds: Okay. Thank you.

Unidentified Participant: Thank you. That's a great question.

Operator: Our next question comes from Retha Parker. Retha, please state your question.

Retha Parker: My question is this, I have an inpatient rehab unit within our facility. Because of these new standards, am I going to have to go back into NHSN and set them up as a separate entity even though they are under our CMS number?

Unidentified Participant: Your inpatient rehab has the exact same CMS number that you do? (Inaudible).

Retha Parker: Uh-hm. Because it is considered a department or a part of our facility.

Unidentified Participant: Okay. I think NHSN, we're going to be in contact with the CDC staff because I know if you have different CMS numbers that you would need to enroll separately. But they have, I think, one of the CDC staff people mentioned that they have been running into this issue of facilities with the same CMS number and they didn't really have an answer for us yet. But we will contact them about that.

Retha Parker: Okay.

Unidentified Participant: Figure that out for you.

Retha Parker: Okay. And my next question is back sometime last fall or so, you guys had us go in and apply templates and everything that you had already prebuilt (inaudible) templates because most of us probably just rolled over whatever plan we were already doing, cover all the new stuff or am I going have to physically go in and update this?

Unidentified Participant: The old conferring rights template, which is different from your monthly plan, it's going to be different for this year but we're waiting until the next release of NHSN to roll out the new template which you'll have to accept at that time.

Retha Parker: Okay.

Unidentified Participant: So it will be -- we had some things on there that we decided not to make reportable and then needed to add some other things. So it will change fairly soon.

Retha Parker: Okay. Thank you.

Operator: There are no questions in the queue at this time. Again, if you do have a question, please press the number 7 on your telephone keypad. Ms. Hays, it appears we have no further questions.

Lesley Hays: Okay, Jean. Thank you. So one thing I want to mention before we close today is the fact that we'll be posting an evaluation to get your feedback on the content and the logistics of this call. As you know we always incorporate your feedback into our next event to keep that process useful and working for you as we move through, navigate through all of the CMS requirements related to abstractions.

So if nobody else has any further questions, we will close for the day early, which is a plus, but we do appreciate you taking time out of your busy days to join us so that we can

provide clarification to you that we hope will help with your HAI reporting requirements. And lastly I would like to thank the Department of Health, Brin and Dr. Marianne Cainer, for agreeing to join us today to help provide information to you directly related to the NHSN system. So thank you Brin and Dr. Cainer for joining us today.

Unidentified Participant: Thanks for having us.

Unidentified Participant: Thank you.

Lesley Hays: So without further ado I will adjourn the call. Thank you.

Operator: Thank you. This does conclude today's teleconference. You may now disconnect.

This presentation and related material was prepared by Qsource, the Medicare Quality Improvement Organization (QIO) for Tennessee, under a contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Contents do not necessarily reflect CMS policy.