Infection Control: Quality Reporting Program

**Kristen Smith**, MHA, PT
Senior Consultant, Fleming-AOD

**Mary Dalrymple**
Managing Director, LTRAX
Overview

Objectives

- Review infection control indicators submitted to CMS as part of the LTCH Quality Reporting Program
- Provide strategies to report and manage data in the NHSN database
- Describe common traps and solutions to ensure infection control data is accurately reported
CMS LTCH QRP: Background

Measures Currently Reported
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line-Associated Blood Stream Infections (CLABSI)
- New or Worsened Pressure Ulcers

Reporting Platforms
- CDC’s National Healthcare Safety Network (NHSN)
  - CAUTI
  - CLABSI
- LTCH CARE Data Set
  - New or Worsened Pressure Ulcers
Current CMS LTCH QRP: Infection Control

Catheter-Associated Urinary Tract Infections (CAUTI)
- Data collection began in October 2012
- Monthly data submission, encouraged to submit within 30 days after the end of the reporting month
- One-year delay of 2% penalty (originally to occur FY 2014)
- FY 2015 payment reductions for non-reporting
  - Based on CY 2013 data submitted
  - Deadline for submission of 4th quarter 2013 data is May 15, 2014

Central Line Associated Blood Stream Infections (CLABSI)
- Data collection began in October 2012
- Monthly data submission, encouraged to submit within 30 days after the end of the reporting month
- One-year delay of 2% penalty (originally to occur FY 2014)
- FY 2015 payment reductions for non-reporting
  - Based on CY 2013 data
  - Deadline for submission of 4th quarter 2013 data is May 15, 2014

** Final deadline 135 days after end of quarter reduced to 45 days in 2014**
### Quality Reporting Program: Timeline

<table>
<thead>
<tr>
<th>Data Collection Timeframe</th>
<th>Submission Deadline</th>
<th>Payment Determination</th>
</tr>
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<tbody>
<tr>
<td>Jan. – March 2013</td>
<td>Aug. 15, 2013</td>
<td>FY15</td>
</tr>
<tr>
<td>April – June 2013</td>
<td>Nov. 15, 2013</td>
<td>FY15</td>
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* Deadline for both Q4 2013 and Q1 2014 data. Final deadlines shrink to 45 days from end-of-quarter starting with Q1 2014.
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<td>Aug. 15, 2014</td>
<td>FY16</td>
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<td>July – Sept. 2014</td>
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Influenza Vaccination: Patients
- Data collection begins in on Oct. 1, 2014
- Data submitted via revised LTCH CARE Data Set
- Data collection occurs during the CDC-defined influenza season
- Included in payment determination effective FY 2016

Influenza Vaccination: Healthcare Personnel
- Data collection begins in October 2014
- Data submitted through NHSN
- Data collection occurs during the CDC-defined influenza season
- Included in payment determination effective FY 16
## Influenza Vaccination: Patients

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* Deadlines revised in the proposed FY 2015 IPPS/LTCH PPS Update
## Influenza Vaccination: Healthcare Personnel

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NHSN Facility-Wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure
- Data collection begins January 2015
- Data submitted through NHSN
- Included in payment determination effective FY 2017

NHSN Facility-Wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure
- Data collection begins January 2015
- Data submitted through NHSN
- Included in payment determination effective FY 2017
## Quality Reporting Program: Timeline

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### C. difficile and MRSA bacteremia
NHSN Ventilator-Associated Event (VAE) Outcome Measure

- Existing NHSN measure that incorporates ventilator-associated pneumonia (VAP), pulmonary edema, acute respiratory distress syndrome, sepsis and atelectasis
- Data would be submitted through NHSN
- If finalized, included in payment determination effective FY 2018
- Data collection would begin January 2016
- 105 LTACHs already submit VAE data to NHSN
Infection Control: Data Entry

CAUTI

- Use NHSN CAUTI event form
- Reference the CAUTI device-associated module criteria worksheet
- Surveillance definitions versus clinical definitions
- Second site infections are NOT excluded if they fall into the CAUTI reportable criteria
  - Infection of a wound
- Two CAUTIs during one stay
  - Appearance/re-appearance of new symptoms
- Present on admission rule
- One-day gap rule

CLABSI

- Use NHSN CLABSI event form
- Reference the CAUTI device-associated module criteria worksheet
- Excludes midline catheters (central line only)
- Any occurrence with an event date on day of discharge or day after must be reported
- Present on admission rule
- One-day gap rule

Monthly reporting plan is required each month you enter data.
Infection Control: Present on Admission

Requirements

- Two-Day Window
  - Two days within admission
    - Prior to admission
    - Day of admission and day after admission
- All elements of CDC/NHSN criterion must be met and documented in the medical record
- Documentation for POA
  - Value of a fever is not required
  - Healthcare professional is required to document a fever
    - Patient-reported fever does NOT meet criteria
  - Physician diagnosis of a UTI does NOT meet criteria
CAUTI: Definition

A UTI where an indwelling urinary catheter was in place for >2 calendar days on the date of event, with day of device placement being day one, AND an indwelling urinary catheter was in place on the date of the event or day before

- If the indwelling urinary catheter was in place for two days and then removed, the criteria must be fully met on the day of discontinuation or next day
CAUTI: Identification

Criteria

- Definition/timelines
- Signs and symptoms
- Laboratory identification

All requirements must be met without a gap of greater than one day.
A patient had a Foley catheter inserted and the following day the patient meets criteria for a UTI.

Is this a reportable CAUTI?
CLABSI: Definition

A laboratory-confirmed blood stream infection in which a central line was in place for >2 calendar days on the date of the event, with the day of device placement being day one, **AND** the central line was in place on the date of the event or day before.

- **If the central line or umbilical catheter was in place for two days and then removed, the criteria must be fully met on the day of discontinuation or next day.**
- **If the patient is admitted with a central line, then the first day of access (placement, fusion, withdrawal) in your hospital is day one.**
CLABSI: Identification

**LCBI 1**
- Patient has a recognized pathogen cultured from one or more blood cultures and
- Organism cultured from the blood is unrelated to another site infection

**LCBI 2**
- Signs and symptoms (fever, chills, or hypotension) and
- Positive lab results are not related to another infection at another site and
- The same common commensal from two or more blood cultures from separate occasions
  - Date of the first common commensal is the date used as the date of the event

All adjacent elements must be met without a gap of greater than one day.
Example

- A patient is on dialysis and has a central line that is used for dialysis access only. The patient receives dialysis under a contract agreement within your hospital. A patient becomes symptomatic and subsequent blood cultures are positive the day after the onset of a fever.

- Is this a reportable CLABSI?
Example

- A patient had a central line placed in the LTCH May 5th and it was removed on May 9th. On May 10th the patient spikes a fever of 38.5°C. Two blood culture sets collected on May 11th are positive with S. aureus.

- Is this a reportable CLABSI?
CAUTI & CLABSI

- Rates versus Standardized Infection Ratios
- Rates are NOT risk-adjusted
- Available LTACH benchmarking data
  - Annual Data Summary Report
  - American Journal of Infection Control
  - Calendar Year 2012 Data

Rates
- Number of infections/catheter or line days x 1,000
- LTACH median and percentiles

Standardized Infection Ratios
- Number of infections/number of predicted infections (observed/expected)
- Adjusted for site and setting factors
- Calculated based off a predicted value of 1.0
  - >1.0 = # of actual infections is greater than predicted infections
  - <1.0 = # of actual infections is less than predicted
Infection Control: Device Utilization Ratios

2012 NHSN Catheter Utilization Ratio

2012 NHSN Central Line Utilization Ratio

Device Days

- Daily monitoring and discussion
  - Patients with indwelling urinary catheter or central line
  - # of days
  - Removal of Foley catheter

- Bundles
  - CAUTI bundle/removal protocols
  - CLABSI bundle/removal protocols

- Interdisciplinary integration
Infection Control: CAUTI Rates

2012 NHSN CAUTI Rates

Infection Rates: CAUTI

Infection Prevention

- Daily monitoring and discussion
  - Patients with indwelling urinary catheter
  - # of days
  - Removal of Foley catheter
- CAUTI Bundles
- Hand hygiene
- Appropriate care and management of the catheter line and bag
- Perineal hygiene
- Interdisciplinary integration
- Rounding/observations

CAUTI Event

- Alerts: electronic medical record
- Communication
- Huddles
  - Upon identification
  - Root cause analysis
  - Associated actions
- Validation it meets CAUTI criteria
2012 NHSN CLABSI Rates

Infection Prevention

- Daily monitoring and discussion
  - Patients with central line
  - # of days
  - Removal of central line
- Central line care
- CLABSI Bundles
- Rounding
- Identification/criteria
- Interdisciplinary integration

CAUTI Event

- Alerts: electronic medical record
- Communication
- Huddles
  - Upon identification
  - Root cause analysis
  - Associated actions
- Validation it meets CAUTI criteria
Enrollment
- Facility Administrator

Training Modules
- Device associated modules
- Patient safety
- Healthcare personnel safety

Resources/References
- Research
- Hospital acquired infection prevention guidelines
- Best-practices

Reporting
- Individual hospital performance
- Group capabilities for corporate reporting
- National and state data
Common Traps

**Surveillance**
- Catheter and central line days
  - Consistent time of day
  - Manual vs. electronic tracking
  - Consistent individual
- Primary vs. secondary source
- NHSN Event Worksheets
- Criteria completely met
  - Present on admission
  - Dates of elements identified
- Gap days between elements of criteria
- Supporting Documentation

**Reporting**
- No events
- Monthly reporting plan
- Validation
Successful Strategies

Infection Control
- Infection Control Preventionist/Epidemiologist
- Back to the basics
  - Hand washing
  - Adherence to infection control precautions
- Line removal
- Accountability
- Culture

Surveillance
- Consistent processes with outlined roles/responsibilities
- Accountability
- Infection Control Preventionist
  - Identification
  - Validation

Reporting
- Consistent individual
- Competent with NHSN criteria
- Use of NHSN worksheets
- Validation
  - Confirm CMS Quality Reporting submission
Things to Consider

- Are you compliant?
- Potential for public reporting
- Are you prepared for future data requirements
  - Processes
  - Resources
  - Infrastructure
    - HR system for healthcare personnel influenza vaccination measure
- Potential to change to Standardized Infection Ratio
- Payment determined on performance against the (SIR)
References / Resources

LTCH Quality Reporting Program Manual
- Chapter 5: Guidance for the reporting of data into the National Healthcare Safety Network

NHSN Frequently Asked Questions: CLABSI (January, 2014)

NHSN Device Associated Module- CAUTI
http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf

NHSN Device Associated Module- CLABSI
http://www.cdc.gov/nhsn/LTACH/index.html
http://www.cdc.gov/nhsn/cms/index.html
Questions?
assistance@ltrax.com

Next Call: June 5, 2014
Revisions and Applications of the New LTCH CARE Data Set