



Summary of Infection Prevention Issues in the Centers for Medicare & Medicaid Services (CMS) FY 2014 Inpatient Prospective Payment System (IPPS) Final Rule

Hospital Readmissions Reduction Program-Fiscal Years 2014 and 2015

- **CMS proposal:** to adopt the total hip arthroplasty (THA) and total knee arthroplasty (TKA) (NQF #1551) measure that was adopted for the Hospital Inpatient Quality Reporting (IQR) program in FY 2013 for the Hospital Readmissions Reduction Program beginning in FY 2015.
- **APIC recommendation:** While APIC supports the addition of THA and TKA to the readmission measure, we do not want to see facilities unfairly penalized if the readmission was a planned part of the care process. Therefore, APIC supports CMS's attempt to develop an algorithm to identify those planned readmissions and exclude them from the measures.
- **CMS final rule:** CMS is finalizing proposal, without modification, to refine the readmission measures and to adopt the planned readmissions algorithm for the Hospital Readmissions Reduction Program.

Hospital Value-Based Purchasing (VBP) Program

- **CMS proposals:**
 - Remove for FY 2016 PN-3b: Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital (measure no longer endorsed by NQF).
 - Adopt for FY 2016 Influenza Immunization (IMM-2, NQF #1659) as a chart-abstracted prevention measure that assesses whether patients over six months of age were screened for seasonal influenza immunization status and were vaccinated prior to discharge if appropriate.
 - Adopt for FY 2016 Catheter-Associated Urinary Tract Infection (CAUTI, NQF #0138) in adult intensive care units (ICU) as a healthcare-associated infection measure reported via the National Healthcare Safety Network (NHSN).
 - Adopt for FY 2016 Surgical Site Infection (Colon Surgery and Abdominal Hysterectomy) (SSI, NQF #0753) as a healthcare-associated infection measure reported via NHSN.
 - Adopt for FY 2016 NHSN-based Central Line-Associated Bloodstream Infection (CLABSI) measure in ICU patients in its current state (was previously adopted).
 - Adopt for FY 2017 Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia standardized infection ratio (SIR).
 - Adopt for FY 2017 Clostridium difficile SIR.
 - Align the VBP, IQR and Electronic Health Record (EHR) Incentive Program with the National Quality Strategy (NQS) domains beginning with the FY 2017 Hospital VBP Program. This would place the HAI measures into the Safety domain.
 - Adopt a Hospital VBP program extraordinary circumstance waiver process that would allow CMS to "waive" all applicable quality measure data from a performance period, and thus, exclude a hospital from the VBP program for a fiscal year during which the hospital has experienced a disaster or other extraordinary circumstance.

- **APIC recommendations:**
 - APIC supports the addition of the global measure for influenza immunization, ICU CAUTI, ICU CLABSI and SSI for colon surgery and abdominal hysterectomy into the VBP Program for FY 2016.
 - APIC supports the addition of MRSA bacteremia and *C. difficile* SIR for FY 2017 VBP, while urging CMS to evaluate the timing of these additions in context with ongoing efforts to improve the risk adjustment and comparison analysis.
 - APIC supports the alignment of the VBP program with the National Quality Strategy (NQS) domains and specifically supports placement of the HAI measures into the Safety domain.
 - APIC supports the adoption of an extraordinary circumstance waiver process for the VBP program.
- **CMS final rule:**
 - Influenza immunization, CLABSI, CAUTI, SSI measures finalized as proposed. Baseline and performance periods that were mistakenly omitted in the proposed rule have been included in the currently-pending proposed rule for the CY 2014 Hospital Outpatient Prospective Payment system (on which APIC is drafting comments).
 - Addition of MRSA and *C. difficile* for FY 2017 has not been finalized in order to allow CMS to further consider the comments it received on this proposal.
 - Extraordinary circumstance waiver process for VBP finalized, but VBP application process separated from the Hospital IQR Program's waiver process, extending the deadline for Hospital VBP Program-specific exception requests.

Hospital-Acquired Condition (HAC) Reduction Program for FY 2015

The HAC Reduction Program, mandated by the Affordable Care Act, requires CMS to reduce hospital payments by 1% for the quartile of hospitals with the highest rates of hospital-acquired conditions (HACs), beginning in FY 2015. This proposal identifies the plan for scoring hospitals for the program.

- **CMS proposals:**
 - To score hospitals using two separate domains – Domain 1 using AHRQ patient safety indicator (PSI) measures, and Domain 2 other using CDC/NHSN measures.
 - CMS provided a proposed approach for Domain 1 using 6 individual PSI measures, and an alternative approach using one composite of 8 component indicators.
 - CMS would weigh the 2 domains equally.
- **APIC recommendations:**
 - APIC supports separating the AHRQ and CDC measures into separate domains.
 - APIC supports the proposed approach for Domain 1 rather than the alternative approach.
- **CMS final rule:**
 - Finalized use of two separate domains to determine Total HAC Score, but decided to use the alternative proposal for Domain 1, including the composite measure.

Hospital Inpatient Quality Reporting (IQR) Program

- **CMS proposals:**
 - To make the individual patient safety indicators (PSIs) that are part of the PSI-90 composite measure available to the public.
 - Remove the following measures from the IQR program:
 - PN-3b: Blood Culture Performed in the Emergency Department Prior to First Antibiotic Received in the Hospital (no longer NQF-endorsed).
 - IMM-1: Immunization for Pneumonia (rapidly changing guidelines that are difficult to adapt and update within the system).
 - SCIP-Inf-10: Surgery patients with perioperative temperature management (measure topped out).

- Continued suspension of SCIP-Inf-6: Appropriate hair removal (measure topped out).
 - Expansion of CAUTI and CLABSI reporting measures to select non-ICU locations (medical, surgical and medical/surgical wards) beginning January 2014.
 - Refinement of SCIP-Inf-4: Controlled 6 am Glucose for Cardiac Surgery Patients (NQF #300), since measure has undergone extensive changes as part of the NQF endorsement maintenance process.
- **APIC recommendations:**
 - APIC does not support display of the individual PSI indicators under the PSI-90 composite. The PSI-90 composite includes PSI-7 central venous catheter-related bloodstream infection rate. APIC believes that, since PSI-7 has a similar name but differs significantly from the CDC/NHSN CLABSI measure, this could increase public confusion.
 - APIC supports the removal or suspension of PN-3b, IMM-1, SCIP-Inf-10, and SCIP-Inf-6, and APIC supports CMS's stance which notes that, despite removal of the pneumonia vaccination measure, hospitals should continue to keep up with vaccination recommendations for various populations.
 - APIC supports a phased-in approach of expansion with CLABSI and CAUTI beyond the ICUs, specifically recommending that CLABSI expansion be transitioned first, followed by CAUTI after surveillance definitions have been updated and implemented.
 - APIC supports refinement of SCIP-Inf-4 but recommends the language "corrective action" be replaced with "documentation of clinical attempt of glucose control."
- **CMS final rule:**
 - Finalized removal of PN-3b and SCIP-Inf-10 measures from the Hospital IQR Program measure set. Suspended (rather than removed) IMM-1 measure. Finalized continued suspension of SCIP-Inf-6.
 - Finalized proposal to make publicly available hospital level data for the PSI indicators that are part of the PSI-90 composite in addition to the composite results.
 - Deferred the implementation date of the CLABSI/CAUTI expansion to non-ICU settings to January 1, 2015.
 - Finalized proposed refinement of SCIP-Inf-4 to match refinements made during NQF re-endorsement. CMS will consider APIC-suggested language change.

Modifications to the Validation Process under the Hospital IQR Program

- **CMS proposals:**
 - To better align with NHSN definitions by replacing requirement to note a "central venous catheter" (CVC) on the CLABSI validation template with "central line".
 - To exclude from the CAUTI validation template all urine cultures with more than two organisms even if they have greater than or equal to 1,000 colony-forming units.
 - To adopt a sub-regulatory process for handling details of the definition specifications.
 - To add MRSA bacteremia and *C. difficile* infection (CDI) to the validation process and randomly assign half the randomly selected hospitals to submit templates for CLABSI and CAUTI and the other half to submit templates for MRSA and CDI for validation.
 - To reduce the number of validation records from 48 to 36, and to exclude patients with length of stay greater than 120 days.
- **APIC recommendations:**
 - APIC supports revisions to the CLABSI and CAUTI validation templates to align with NHSN definitions.
 - APIC supports use of the sub-regulatory process to update measures and validation templates, but encourages CMS to consult with stakeholders, including APIC and CDC/NHSN experts.
 - APIC supports a "split" validation of CLABSI, CAUTI, MRSA, and CDI, as well as the exclusion of patients with a length of stay greater than 120 days and the reduction of validation charts from 48 to 36, all efforts which will reduce the validation burden to hospitals and IPs.

- APIC recognizes that many states have health departments that already provide validation as part of their state reporting requirements. APIC believes State Health Departments are an important stakeholder in prevention and reporting efforts and should lead validation work nationally. This validation work should be coordinated with CMS and their needs to validate NHSN reporting.
- APIC supports continued efforts to establish electronic submission of records for the validation process.
- **CMS final rule:**
 - Finalized proposals to align CMS validation templates with NHSN definitions.
 - Finalized proposal to use a sub-regulatory process to update measures and validation templates, and acknowledged APIC's recommendation that the agency consult with IPs, APIC and stakeholder experts on these updates. CMS noted that it will continue to coordinate with CDC, and will consider collaborations with other stakeholders on these updates.
 - Finalized proposals to add MRSA and CDI validation, as well as efforts that would reduce validation burden on hospitals and IPs.
 - Recognized the role that many states are taking to prevent HAIs, but noted the agency does not intend to fund state efforts to conduct validation activities. CMS believes state efforts in this area are best viewed as complementary to CMS's efforts to uniformly validate HAI data. CMS notes that, since it has the responsibility to ensure the validity of HAI data reported to its Hospital IQR and VBP programs, its validation process must be consistent nationwide.
 - Finalized proposals relating to electronic submission of records for the validation process.

PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

- **CMS proposals:**
 - To adopt the NHSN SSI measure for colon surgeries and abdominal hysterectomies for FY 2015.
 - To adopt six SCIP measures for FY 2016.
 - To defer public reporting of three previously-finalized measures for FY 2014, including the NHSN CLABSI outcome measure and the NHSN CAUTI outcome measure, while CMS is in the process of testing and assessing the data quality.
- **APIC recommendations:**
 - APIC supports adoption of the NHSN SSI measure and the six SCIP measures.
 - APIC supports deferral of public reporting of the FY 2014 measures that have not yet been sufficiently tested or assessed for reliability and validity.
- **CMS final rule:**
 - Finalized adoption of the NHSN SSI for FY 2015 and subsequent years, and SCIP measures for FY 2016 and subsequent years.
 - Finalized proposal to defer public display of measures not yet sufficiently tested and assessed.

Long-Term Care Hospital Quality Reporting (LTCHQR) Program

- **CMS proposals:**
 - To align the reporting period for the Influenza Vaccination Coverage among Healthcare Personnel measure (NQF #0431) with the influenza season, so beginning in FY 2015, the data collection period will be from October 1 (or when the influenza vaccine becomes available) through March 31 of the year in which the flu season ends and submission deadline will be May 15 of the year in which the flu season ends.
 - To delay the start of the collection and submission of data on the measure Percentage of Residents or Patients who were Assessed and Appropriately Given the Seasonal Influenza Vaccine (NQF #0680) from January 1, 2014 to April 1, 2014 in order to allow time and opportunity for LTCHs and vendors to train, plan for and incorporate changes into their data collection and entry systems.

- To add the following measures to the LTCHQR program:
 - NHSN Facility-Wide Inpatient Hospital-Onset MRSA Bacteremia Outcome Measure (NQF #1716) – FY 2017.
 - NHSN Facility-Wide Inpatient Hospital-onset CDI Outcome Measure (NQF #1717) – FY 2017.
 - All-cause Unplanned Readmission Measure for 30 Days Post-Discharge from LTCH – FY 2017.
 - Application of the percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) – FY 2018.
- Measures under consideration for future years include SSI, Ventilator-Associated Event (VAE), and Ventilator Bundle.
- **APIC recommendations:**
 - APIC supports alignment of the HCP Influenza Vaccination Coverage measure with the influenza season.
 - APIC supports delay of the start of the NQF #0680 data collection and submission.
 - While APIC supports the expansion of reporting of HAI measures within the LTCH setting, we encourage CMS to evaluate the timing of introduction to allow for adequate training and resources for all data collection. APIC expresses concern that the rapid increase of reporting measures over a short period of time could result in limited existing resources being moved from prevention activities to reporting activities.
 - APIC does not support addition of the SSI measure for a LTCH facility where surgical procedures are not routinely performed.
 - APIC does not support addition of VAE or the VAP prevention bundle in the LTCH setting, and instead urges CMS to wait for NQF endorsement of the VAE measure as a possibility for future reporting opportunity.
- **CMS final rule:**
 - Finalized revision to the data collection and reporting timeline NQF #0431 for FY 2016 and subsequent years.
 - Finalized revised data collection and reporting timeline for NQF #0680. Starting with the 2014-2015 influenza vaccination season, data collection will be required for any patient admitted or discharged between October 1 and April 30. Submission deadlines will be May 15 of the year in which the flu season ends.
 - Finalized addition of measures for FY 2017 and FY 2018 as proposed.
 - Did not finalize proposed measures for future years.

Change to the Medicare Hospital Conditions of Participation (CoPs) Relating to Administration of Pneumococcal Vaccines

- **CMS proposal:** To delete the term “polysaccharide” from the current CoP standard for the nursing services condition for preparing and administering drugs in reference to the pneumococcal vaccine.
- **APIC recommendation:** APIC supports this proposal.
- **CMS final rule:** Finalized as proposed.