MDCH SHARP NHSN USERS CONFERENCE CALL
Wednesday, May 23, 2012

Thank you to those who were able to join our monthly NHSN users' conference call. If you were unable to participate on this call, we hope that you will be able to participate next month. Any healthcare facility is welcome to participate in these calls, whether they are sharing NHSN data with us or not. These conference calls are voluntary. Registration and name/facility identification are **not** required to participate.

Our monthly conference calls will be held on the 4th Wednesday each month at 10:00 a.m.

Call-in number: 877-336-1831
Passcode: 9103755
Webinar: http://breeze.mdch.train.org/mdchsharp/

Suggestions for agenda items and discussion during the conference calls are always welcome! Please contact Judy at weberj4@michigan.gov to add items to the agenda.

HIGHLIGHTS FROM CONFERENCE CALL

Welcome & Previous Meeting Notes
Judy welcomed those on the call and introductions were made by SHARP staff. Judy announced that minutes from previous conference calls are posted on the SHARP HAI home page at www.michigan.gov/hai, under "archived call notes".

Update on SHARP Reports
Allison gave a brief SHARP Surveillance Report. She said that the 2010-2011 Annual Reports will be posted to the SHARP website in the next week or so. She is also working on the corresponding individual hospital reports. She is hoping to get these out to hospitals by early June. She will be attaching a Survey Monkey to the reports in order to get some feedback from recipients.

Updates and Reminders

Release of NHSN Version 6.6.1
Judy announced that CDC released NHSN Version 6.6.1 on April 30th. If you did not receive the new release changes, check with your NHSN Facility Administrator, refer to the document attached at the end of these minutes. There are 4 basic changes within the new version:

1. Changes to Dialysis Event reporting
2. Updates to the Hemovigilance module within the Biovigilance Component
3. Release of a new analysis output option for SSI data being sent to CMS

4. Updates for inpatient rehabilitation locations in acute care facilities

Changes in NHSN Definitions Coming
There has been considerable hearsay and discussion about upcoming changes within NHSN definitions. Most of this hearsay has centered around the definition of ventilator-associated pneumonia. These changes are tentatively expected in January 2013 and we will be hearing more about them in the coming months.

There have already been changes made to the CAUTI definitions. These changes were discussed during our April NHSN conference call. These changes can be found at http://www.michigan.gov/documents/mdch/4-25-12_NHSN_Call_Notes_383859_7.pdf.

Updated Current & Proposed Reporting Requirements for CMS via NHSN
We have recently become aware of an updated version of the "Current and Proposed Requirements for Healthcare Facility HAI Reporting to CMS via NHSN". A copy of the draft version can be found on the homepage of the SHARP HAI website at www.michigan.gov/hai . Note that adult and pediatric Long Term Care Hospitals (LTACs) will be required to begin reporting CLABSIs and CAUTIs from their adult and pediatric ICUs and wards beginning on October 1, 2012. Also on October 1, 2012, CAUTIs will be required to be reported by inpatient rehabilitation facilities, specifically from their adult and pediatric IRF wards.

Effective January 2013, CMS has indicated that MRSA bacteremia LabID Events and *C. difficile* LabID Events must be reported facility-wide for all acute care facility inpatients. CMS has also announced the requirement to report HCW influenza vaccination by all acute care hospitals beginning January 1, 2013. Additional details regarding the January 2013 reporting requirements will be announced as the information becomes available.

Helpful Tip Sheets
Several new tip sheets and checklists have recently been released by the CDC which make it easier to ensure that all NHSN data has been entered prior to the quarterly CMS Reporting Program deadline. These Tip Sheets include Helpful Tips for CLABSI, CAUTI and SSI Reporting. The tip sheets are attached at the end of these minutes.

SIR Tip Sheets
Allison went over the SIR tip sheets for output options. She detailed the output options for viewing CLABSI, SSI, and CAUTI data that will be reported to CMS. These output options display a sample of what CMS will be seeing from each facility. The "helpful tip sheets" can be used in conjunction with these sheets to view your facility's data. These sheets are attached at the end of these minutes.

Open Questions and Answers and Participant Announcements
Judy opened the meeting up to questions from the conference call participants. Judy asked for feedback from participants on whether additional training on NHSN is needed. Several persons suggested that additional training using case studies would be beneficial, especially in reference to SSIs and their definitions. An additional training in conjunction

with the fall 2012 MSIPC conference will be considered and discussed with the MSIPC conference planning committee. Additional comments or thoughts regarding NHSN training needs can be sent to any of the SHARP staff.

Next Call – Wednesday, June 27, 2012

An agenda for our next conference call should be posted a week or so before June 27th. Please join us on this call if you can.

Using the "SIR – CAUTI Data for CMS IPPS" Output Option

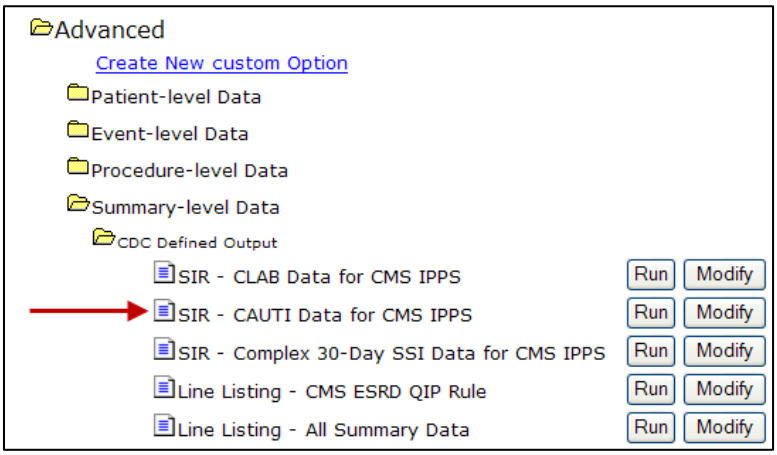
The NHSN Analysis Output Option, "SIR – CAUTI Data for CMS IPPS" was created in order to allow facilities to review those CAUTI data that would be submitted to CMS on their behalf. It's important to keep in mind the following as you begin to use this report:

a. These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
b. This report will only include **in-plan CAUTI data for each adult and pediatric ICU beginning with 2012 data**. Other locations/earlier years for which you may have reported CAUTI data will not be included in this output.
c. **IMPORTANT!** Beginning with 2012 data, facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified.
d. This output option represents an SIR for each hospital, not each CCN. If your hospital shares a CCN, this SIR will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found here: http://www.cdc.gov/nhsn/library.html#group .
e. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS. **EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 1am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare. If you have specific questions about the data appearing on your APU dashboard, please contact your QIO or the QIOSC at hrpqiosc@iaqio.sdps.org.
f. To learn more about the standardized infection ratio (SIR), including how it is calculated for device-associated data, please see the SIR Newsletter at: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf .
g. The information in this document should be used in conjunction with the document, **"Helpful Tips for CAUTI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)"**, available at: http://www.cdc.gov/nhsn/library.html#psc

Example of the "SIR – CAUTI Data for CMS IPPS": Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click "Generate New".

1. After selecting Analysis > Output Options, navigate through the following folders: Advanced > Summary-level Data > CDC-Defined Output. Click "Run" next to "SIR – CAUTI Data for CMS IPPS", as shown below:



2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.

   Within the output, there will be 4 tables, each described below:

   i. SIR CAUTI Data for CMS IPPS – **By OrgID**

   The first table represents an overall, single SIR for your facility, per calendar-year quarter, as shown below. This is the information that will be submitted to CMS for each IPPS-participating facility, as indicated by the facility's CCN.

National Healthcare Safety Network
SIR for CAUTI Data for CMS IPPS - By OrgID
As of: April 2, 2012 at 1:40 PM
Date Range: CAU_RATESICU_SCA summaryYr After and Including 2012
if (((utiPlan = "Y") AND (locationType IN ("CC"))))

orgid=10018

orgid	summaryYQ	infCount	numExp	numucathdays	SIR	SIR_pval	SIR95CI
10018	2012Q1	2	5.573	2538	0.359	0.0840	0.043, 1.296

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
SIR excludes those months and locations where device days are missing.
Source of aggregate data: NHSN Report, Am J Infect Control 2011;39:349-367
Data contained in this report were last generated on April 2, 2012 at 1:36 PM.

Using the above table, one can conclude the following:

a. This facility identified 2 CAUTIs (infCount) among 2538 urinary catheter days (numucathDays) during the 1st quarter of 2012 (2012Q1).
b. The number of CAUTIs expected (numExp), based on national data, was 5.573.
c. The overall SIR for this facility during this time period is 0.359, indicating that this facility observed approximately 66% fewer infections than expected.
d. Based on the p-value (SIR_pval) and the 95% confidence interval (SIR95CI), the SIR for this facility is not statistically different from 1, indicating that there were not significantly fewer infections identified than were expected.

ii. SIR CAUTI Data for CMS IPPS – **By OrgID/Location Type**

The second table provides an SIR for each quarter and location type (e.g., ICU). "ICU-OTHER" in this table will represent all adult and pediatric ICUs with reported in-plan CAUTI data during each time period.

National Healthcare Safety Network
SIR for CAUTI Data for CMS IPPS - By OrgID/Location Type
As of: April 2, 2012 at 1:40 PM
Date Range: CAU_RATESICU_SCA summaryYr After and Including 2012
if (((utiPlan = "Y") AND (locationType IN ("CC"))))

orgid=10018

orgid	locationtype	summaryYQ	infCount	numExp	numucathdays	SIR	SIR_pval	SIR95CI
10018	ICU-OTHER	2012Q1	2	5.573	2538	0.359	0.0840	0.043, 1.296

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
SIR excludes those months and locations where device days are missing.
Source of aggregate data: NHSN Report, Am J Infect Control 2011;39:349-367
Data contained in this report were last generated on April 2, 2012 at 1:36 PM.

The data in this table can be interpreted similar to the first SIR table, described above. Note that this table will allow you to see the how many CAUTIs and device days were reported in each location type, as defined by CDC.

iii. SIR for CAUTI Data for CMS IPPS – **By OrgID/CDC Location Code**

The third table provides an SIR for each quarter and CDC location (e.g., adult medical ICU, pediatric medical/surgical ICU). Note that if your facility reports data for more than one location of the same CDC type (for example, 2 medical ICUs), these locations will be grouped into one SIR in this table.

National Healthcare Safety Network
SIR for CAUTI Data for CMS IPPS - By OrgID/CDC Location Code
As of: April 2, 2012 at 1:40 PM
Date Range: CAU_RATESICU_SCA summaryYr After and Including 2012
if (((utiPlan = "Y") AND (locationType IN ("CC"))))

orgid=10018

orgid	loccdc	summaryYQ	infCount	numExp	numucathdays	SIR	SIR_pval	SIR95CI
10018	IN:ACUTE:CC:C	2012Q1	2	1.760	880	1.136	0.5252	0.138, 4.105
10018	IN:ACUTE:CC:M	2012Q1	0	3.813	1658	0.000	0.0221	, 0.967

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
SIR excludes those months and locations where device days are missing.
Source of aggregate data: NHSN Report, Am J Infect Control 2011;39:349-367
Data contained in this report were last generated on April 2, 2012 at 1:36 PM.

iv. SIR for CAUTI Data for CMS IPPS – **By OrgID/Location**

The fourth table provides an SIR for each quarter and individual location within your facility. This is also the only table that will allow you to see how many months of data are included in each location's quarterly SIR.

For example, looking at the MICU location below, we can see that the "months" column shows a value of 3, indicating that 3 months of data have contributed to the quarterly SIR for this location (as one would expect). If less than 3 months contribute to a quarterly SIR, than this will indicate that the SIRs in this output option are incomplete and additional data checking is needed.

National Healthcare Safety Network
SIR for CAUTI Data for CMS IPPS - By OrgID/Location
As of: April 2, 2012 at 1:40 PM
Date Range: CAU_RATESICU_SCA summaryYr After and Including 2012
if (((utiPlan = "Y") AND (locationType IN ("CC"))))

orgid=10018

orgid	location	summaryYQ	months	infcount	numExp	numucathdays	SIR	SIR_pval	SIR95CI
10018	5G	2012Q1	3	2	1.760	880	1.136	0.5252	0.138, 4.105
10018	MICU	2012Q1	3	0	3.813	1658	0.000	0.0221	, 0.967

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
SIR excludes those months and locations where device days are missing.
Source of aggregate data: NHSN Report, Am J Infect Control 2011;39:349-367
Data contained in this report were last generated on April 2, 2012 at 1:36 PM.

3. What can be done if data are incomplete or if the number of infections or urinary catheter days is incorrect?
   i. Check that the summary data for this location have been entered for each month in the quarter. This includes urinary catheter days and patient days.
   ii. If summary data have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that each location is included in your monthly reporting plan, with the CAUTI box checked.
   iii. If summary data have been entered and no CAUTIs have been identified, be sure to check the 'Report No Events' box on the summary record, next to the Urinary Catheter days count.
   iv. If the number of infections is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the UTI events in NHSN: if urinary catheter is entered as "NEITHER", the event is *not* considered a CAUTI and will

not appear in this report. Note that you can edit the event with the correct information, if necessary.

REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.

Using the "SIR - CLAB Data for CMS IPPS" Output Option

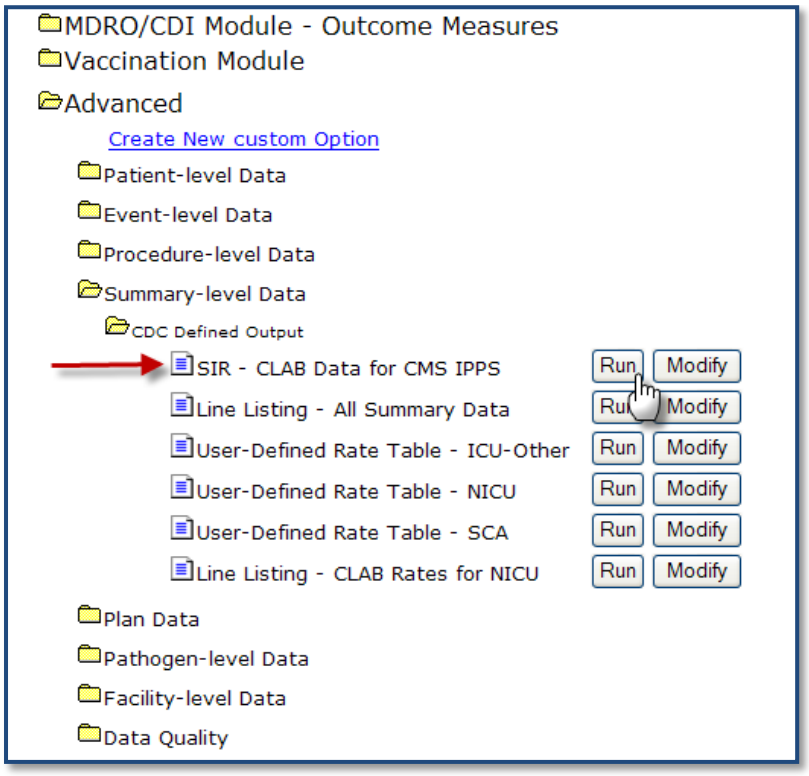
The NHSN Analysis Output Option, "SIR - CLAB Data for CMS IPPS" was created in order to allow facilities to review those data that would be submitted to CMS on their behalf. It's important to keep in mind the following as you begin to use this report:

a. These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
b. This report will only include **in-plan CLABSI data for each adult, pediatric, and neonatal ICU beginning with 2011 data**. Other locations/earlier years for which you may have reported CLABSI data will not be included in this output.
c. **IMPORTANT!** Beginning with 2012 data, facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified.
d. This output option represents an SIR for each hospital, not each CCN. If your hospital shares a CCN, this SIR will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found here: http://www.cdc.gov/nhsn/library.html#group .
e. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS. **EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 1am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare. If you have specific questions about the data appearing on your APU dashboard, please contact your QIO or the QIOSC at hrpqiosc@iaqio.sdps.org.
f. To learn more about the standardized infection ratio (SIR), including how it is calculated for CLABSI data, please see the SIR Newsletter at: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf .
g. The information in this document should be used in conjunction with the document, "Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)", available at: http://www.cdc.gov/nhsn/PDFs/HelpfulTips_CLABSI_Reporting.pdf .

Example of the "SIR – CLAB Data for CMS IPPS": Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click "Generate New".

1. After selecting Analysis > Output Options, navigate through the following folders: Advanced > Summary-level Data > CDC-Defined Output. Click "Run" next to "SIR – CLAB Data for CMS IPPS", as shown below:



2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.

   Within the output, there will be 4 tables, each described below:

   i. SIR CLAB Data for CMS IPPS – **By OrgID**

      The first table represents an overall, single SIR for your facility, per calendar-year quarter, as shown below. This is the information that will be submitted to CMS for each IPPS-participating facility, as indicated by the facility's CCN.

National Healthcare Safety Network
SIR for CLAB Data for CMS IPPS - By OrgID
As of: July 25, 2011 at 8:13 AM
Date Range: CLAB_RATESALL summaryYr After and Including 2011
if (((bsiPlan = "Y") AND (locationType IN ("CC", "CC_N"))))

orgid=10000

orgid	summaryYQ	infCount	numExp	numCLDays	SIR	SIR_pval	SIR95CI
10000	2011Q1	3	3.535	2057	0.849	0.5291	0.175, 2.480
10000	2011Q2	0	0.260	124	.	.	

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
Source of aggregate data: NHSN Report, Am J Infect Control 2009;37:783-805
Data contained in this report were last generated on July 25, 2011 at 8:10 AM.

Notice that the SIR will not be calculated if the number of expected infection (numExp) is <1. Using the above table, one can conclude the following:

a. This facility identified 3 CLABSIs (infCount) among 2057 central line days (numCLDays) during the 1st quarter of 2011 (2011Q1).
b. The number of CLABSIs expected (numExp), based on national data, was 3.535.
c. The overall SIR for this facility during this time period is 0.849, indicating that this facility observed approximately 15% fewer infections than expected.
d. Based on the p-value (SIR_pval) and the 95% confidence interval (SIR95CI), the SIR for this facility is not statistically different from 1, indicating that there were not significantly fewer infections identified than were expected.

ii. SIR CLAB Data for CMS IPPS – **By OrgID/Location Type**

The second table provides an SIR for each quarter and location type (e.g., ICU, NICU). "ICU-OTHER" in this table will represent all adult and pediatric ICUs with reported in-plan CLABSI data during each time period; NICU will include all level 2/3 and level 3 neonatal ICUs with reported in-plan CLABSI data during each time period.

National Healthcare Safety Network
SIR for CLAB Data for CMS IPPS - By OrgID/Location Type
As of: July 25, 2011 at 8:13 AM
Date Range: CLAB_RATESALL summaryYr After and Including 2011
if (((bsiPlan = "Y") AND (locationType IN ("CC", "CC_N"))))

orgid=10000

orgid	locationtype	summaryYQ	infCount	numExp	numCLDays	SIR	SIR_pval	SIR95CI
10000	ICU-OTHER	2011Q1	2	2.600	1686	0.769	0.5183	0.093, 2.778
10000	ICU-OTHER	2011Q2	0	0.260	124	.	.	
10000	NICU	2011Q1	1	0.935	371	.	.	

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
Source of aggregate data: NHSN Report, Am J Infect Control 2009;37:783-805
Data contained in this report were last generated on July 25, 2011 at 8:10 AM.

The data in this table can be interpreted similar to the first SIR table, described above. Note that this table will allow you to see the how many CLABSIs and device days were reported in each location type, as defined by CDC.

iii. SIR for CLAB Data for CMS IPPS – **By OrgID/CDC Location Code**

The third table provides an SIR for each quarter and CDC location (e.g., adult medical ICU, pediatric medical/surgical ICU). Note that if your facility reports data for more than one location of the same CDC type (for example, 2 medical ICUs), these locations will be grouped into one SIR in this table.

National Healthcare Safety Network
SIR for CLAB Data for CMS IPPS - By OrgID/CDC Location Code
As of: July 25, 2011 at 8:13 AM
Date Range: CLAB_RATESALL summaryYr After and Including 2011
if (((bsiPlan = "Y") AND (locationType IN ("CC", "CC_N"))))

orgid=10000

orgid	loccdc	summaryYQ	infCount	numExp	numCLDays	SIR	SIR_pval	SIR95CI
10000	IN:ACUTE:CC:C	2011Q1	2	0.800	400	.	.	
10000	IN:ACUTE:CC:CT	2011Q1	0	1.800	1286	0.000	0.1652	, 2.049
10000	IN:ACUTE:CC:MS	2011Q2	0	0.260	124	.	.	
10000	IN:ACUTE:CC:NURS	2011Q1	1	0.935	371	.	.	

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
Source of aggregate data: NHSN Report, Am J Infect Control 2009;37:783-805
Data contained in this report were last generated on July 25, 2011 at 8:10 AM.

iv. SIR for CLAB Data for CMS IPPS – **By OrgID/Location**

The fourth table provides an SIR for each quarter and individual location within your facility. This is also the only table that will allow you to see how many months of data are included in each location's quarterly SIR.

For example, looking at the CMICU location below, we can see that the "months" column shows a value of 2, indicating that only 2 months of data have contributed to the quarterly SIR for this location. This will indicate that the SIRs in this output option are incomplete and additional data checking is needed.

National Healthcare Safety Network
SIR for CLAB Data for CMS IPPS - By OrgID/Location
As of: July 25, 2011 at 8:13 AM
Date Range: CLAB_RATESALL summaryYr After and Including 2011
if (((bsiPlan = "Y") AND (locationType IN ("CC", "CC_N"))))

orgid=10000

orgid	location	summaryYQ	months	infcount	numExp	numcldays	SIR	SIR_pval	SIR95CI
10000	3 MS	2011Q2	1	0	0.260	124	.	.	
10000	CMICU	2011Q1	2	2	0.800	400	.	.	
10000	CTICU	2011Q1	3	0	1.800	1286	0.000	0.1652	, 2.049
10000	NICU 3	2011Q1	3	1	0.935	371	.	.	

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
Source of aggregate data: NHSN Report, Am J Infect Control 2009;37:783-805
Data contained in this report were last generated on July 25, 2011 at 8:10 AM.

3. What can be done if data are incomplete, as in the CMICU example above, or if the number of infections or central line days is incorrect?
    i. Check that the summary data for this location have been entered for each month in the quarter. This includes central line days and patient days.
    ii. If summary data have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that each location is included in your monthly reporting plan, with the CLABSI box checked.
    iii. If summary data have been entered and no CLABSIs have been identified, be sure to check the 'Report No Events' box on the summary record, next to the Central Line days count.
    iv. If the number of infections is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the BSI events in NHSN: if central line is entered as "No", the event is *not* considered a CLABSI and will not appear in this report. Note that you can edit the event with the correct information.

REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.

Using the "SIR – Complex 30-Day SSI Data for CMS IPPS" Output Option

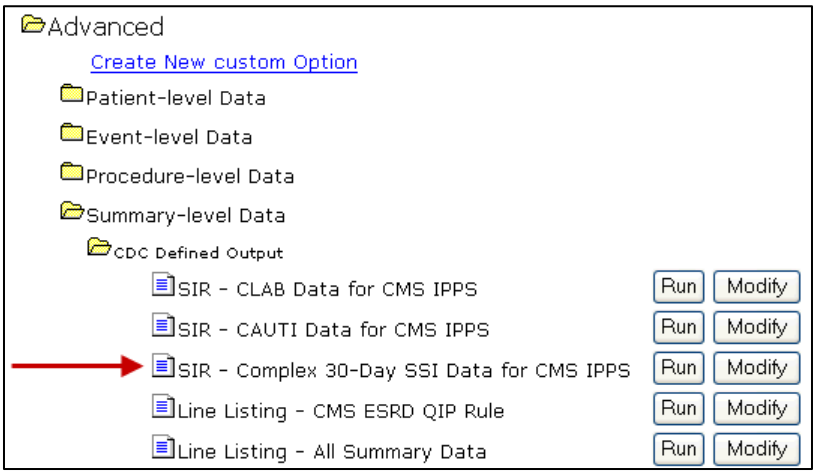
The NHSN Analysis Output Option, "SIR – Complex 30-Day SSI Data for CMS IPPS" was created in order to allow facilities to review those SSI data that would be submitted to CMS on their behalf. It's important to keep in mind the following as you begin to use this report:

a. These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
b. While facilities performing SSI surveillance for COLO and HYST must report to NHSN all types of SSIs identified from all COLO and HYST procedures performed, this report will only include the following SSI and procedure data beginning with procedures performed on or after January 1, 2012, per the CMS requirements:
    i. In-plan, inpatient COLO and HYST procedures in adult patients (i.e., ≥ 18 years of age at the time of the procedure)
    ii. Deep incisional primary and organ/space SSIs with an event date (i.e., identified) within 30 days of the operative procedure
c. **IMPORTANT!** Beginning with 2012 data, facilities must appropriately **Report No Events** for those procedures and months for which no SSIs were identified.
d. This output option represents SIRs for each hospital, not each CCN. If your hospital shares a CCN, the SIRs will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found here: http://www.cdc.gov/nhsn/library.html#group .
e. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS. **EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data are frozen as of 1am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare. If you have specific questions about the data appearing on your APU dashboard, please contact your QIO or the QIOSC at hrpqiosc@iaqio.sdps.org.
f. To learn more about the standardized infection ratio (SIR), including how it is calculated for SSI data, please see the SIR Newsletter at: http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf .
g. The information in this document should be used in conjunction with the document, **"Helpful Tips for SSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)",** available at: http://www.cdc.gov/nhsn/library.html#psc

Example of the "SIR – Complex 30-Day SSI Data for CMS IPPS": Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click "Generate New".

1. After selecting Analysis > Output Options, navigate through the following folders: Advanced > Summary-level Data > CDC-Defined Output. Click "Run" next to "SIR – Complex 30-Day SSI Data for CMS IPPS", as shown below:



2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.

   Within the output, there will be up to 2 tables, each described below:

   i. SIR for Complex 30-Day SSI Data for CMS IPPS – By OrgID/ProcCode

      The first table represents 2 SIRs for your facility (one for COLO and one for HYST), per calendar-year quarter, as shown below. This is the information that will be submitted to CMS for each IPPS-participating facility, as indicated by the facility's CCN.

National Healthcare Safety Network
SIR for Complex 30-Day SSI Data for CMS IPPS by Procedure - By OrgID/ProcCode
As of: April 3, 2012 at 2:33 PM
Date Range: All SIR_COMPLEX30DSSIPROC

orgid=10541

orgid	proccode	summaryYQ	procCount	infCountComplex30d	numExpComplex30d	SIRComplex30d	SIRComplex30d_pval	SIRComplex30d95CI
10541	COLO	2012Q1	504	4	13.532	0.296	0.003	0.081, 0.757
10541	HYST	2012Q1	386	3	2.45	1.224	0.443	0.253, 3.578

Includes in-plan, inpatient COLO and HYST procedures in patients >=18 years of age.
Includes SSIs with an event date within 30 days of the procedure date.
Excludes all Superficial Incisional SSIs and Deep Incisional Secondary (DIS) SSIs.
Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.
Source of aggregate data: 2006-2008 NHSN SSI Data
Data contained in this report were last generated on April 3, 2012 at 2:30 PM.

Using the above table, one can conclude the following:

a. This facility identified 4 SSIs (infCountComplex30d) among 504 COLO procedures (procCount) during the 1st quarter of 2012 (2012Q1).
b. The number of SSIs expected (numExpComplex30d), based on national data, was 13.532.
c. The SIR for COLO procedures during this time period is 0.296, indicating that this facility observed approximately 70% fewer SSIs than expected.
d. Based on the p-value (SIRComplex30d_pval) and the 95% confidence interval (SIRComplex30d95CI), the SIR for COLO procedures in this facility is statistically different from 1, indicating that there were significantly fewer SSIs identified than were expected.

ii. Incomplete Procedures Not Included in SIR

The second table provides a count of the number of procedures and SSIs that were excluded from the SIRs above. Note that this will list only those procedures that were excluded from the SIR due to either incomplete data or those meeting the exclusion criteria for SSI SIRs.

3. What can be done if data are incomplete, missing, or if the number of infections or procedures is incorrect?
   i. Check that all procedure records for the operative procedure category have been entered for each month in the quarter.
   ii. If all procedures have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that each procedure category (COLO and HYST) is included in your monthly reporting plan for INPATIENT SSI surveillance.

iii. If all procedures have been entered and no SSIs have been identified, make sure that you have checked "Report No Events" for SSIs for that month and procedure category on the 'Missing PA Events' tab of the Alerts screen.

REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.

Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infection (CAUTI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 5, 2011 that include catheter-associated urinary tract infection (CAUTI) reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals program requirements for 2012. More specifically, the rule announced a reporting requirement for CAUTI data from acute care hospitals beginning on January 1, 2012. This operational guidance provides additional information about reporting CAUTIs to NHSN as part of the IPPS program. The requirements for CAUTI reporting to NHSN for this CMS program do not preempt or supersede any state mandates for CAUTI reporting to NHSN (i.e., hospitals in states with a CAUTI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting CAUTI data to the system must adhere to the definitions and reporting requirements for CAUTIs as specified in the NHSN Patient Safety Component Protocol Manual http://www.cdc.gov/nhsn/psc_da.html. This includes reporting of denominator data (patient days and urinary catheter days), as well as symptomatic urinary tract infections (SUTIs) and asymptomatic bacteremic urinary tract infections (ABUTIs) that are catheter-associated (i.e., patient has an indwelling urinary catheter at the time of or within 48 hours before onset of the event), from each patient care location in which facilities are required to monitor and report CAUTIs.

Acute care hospitals must report CAUTIs and associated denominator data for infections that occur on or after January 1, 2012 from all adult and pediatric intensive care units (ICUs). Reporting is not required from neonatal ICUs. At this time, reporting is not required from any other (non-ICU) patient care location types within acute care hospitals.

Monthly reporting plans must be created or updated in NHSN to include CAUTI surveillance in all locations from which reporting is required, i.e., CAUTI surveillance must be in the monthly reporting plans ("in-plan") in order for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the "no events" field for any month during which no CAUTI events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at http://www.cdc.gov/nhsn/CDA_eSurveillance.html).

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for data to be shared with CMS. CAUTI data submitted to NHSN by IPPS hospitals that have completed their Annual Payment Update (APU) pledges will be reported by CDC to CMS for each hospital. CDC will share all in-plan CAUTI data from locations that are required to report CAUTIs (adult and pediatric ICUs for acute care hospitals). CDC will provide a hospital-specific CAUTI standardized infection ratio (SIR) for each reporting hospital.

Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 16, 2010 that include central line-associated bloodstream infection (CLABSI) reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Inpatient Prospective Payment System (IPPS) for Acute Care Hospitals program requirements for 2011. More specifically, the rule announced a reporting requirement for CLABSI data from acute care hospitals beginning on January 1, 2011. This operational guidance provides additional information about reporting CLABSIs to NHSN as part of the IPPS program. The requirements for CLABSI reporting to NHSN for this CMS program do not preempt or supersede any state mandates for CLABSI reporting to NHSN (i.e., hospitals in states with a CLABSI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting CLABSI data to the system must adhere to the definitions and reporting requirements for CLABSIs as specified in the NHSN Patient Safety Component Protocol Manual http://www.cdc.gov/nhsn/psc_da.html. This includes reporting of denominator data (patient days and central line days), as well as CLABSIs, which are defined as primary bloodstream infections, i.e., not secondary to an infection at another body site, that are laboratory-confirmed and occur when a central line or umbilical catheter is in place or was in place within 48 hours before onset of the event, from each patient care location in which facilities are required to monitor and report CLABSIs.

Acute care hospitals must report CLABSIs and associated denominator data for infections that occur on or after January 1, 2011 from all adult, pediatric, and neonatal intensive care units

(ICUs). At this time, reporting is not required from any other (non-ICU) patient care location types within acute care hospitals.

Monthly reporting plans must be created or updated in NHSN to include CLABSI surveillance in all locations from which reporting is required, i.e., CLABSI surveillance must be in the monthly reporting plans ("in-plan") in order for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the "no events" field for any month during which no CLABSI events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at http://www.cdc.gov/nhsn/CDA_eSurveillance.html).

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for data to be shared with CMS.

CLABSI data submitted to NHSN by IPPS hospitals that have completed their Annual Payment Update (APU) pledges will be reported by CDC to CMS for each hospital. CDC will share all in-plan CLABSI data from locations that are required to report CLABSIs (adult, pediatric, and neonatal ICUs for acute care hospitals). CDC will provide a hospital-specific CLABSI standardized infection ratio (SIR) for each reporting hospital.

Operational Guidance for Reporting Surgical Site Infection Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements

The Center for Medicare and Medicaid Services (CMS) published a final rule in the *Federal Register* on August 18, 2011 that includes surgical site infection (SSI) reporting via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Hospital Inpatient Quality Reporting (IQR) program requirements for 2012. More specifically, the rule announced a reporting requirement for SSI data for inpatient abdominal hysterectomy and colon procedures beginning with surgical procedures performed on January 1, 2012. This operational guidance provides additional information about reporting SSIs to NHSN as part of the Hospital IQR program. The requirements for SSI reporting to NHSN for the Hospital IQR program do not preempt or supersede state mandates for SSI reporting to NHSN (i.e., hospitals in states with a SSI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting SSI data to the system must adhere to the definitions and reporting requirements for SSIs as specified in the NHSN Patient Safety Component Protocol Manual http://www.cdc.gov/nhsn/psc_pa.html. These specifications include sets of ICD-9-CM procedure codes that comprise the abdominal hysterectomy and colon surgery operative procedure categories. All surgical procedures performed, to which one or more of the listed ICD-9-CM codes may be assigned, must be monitored for SSI and included in submitted SSI data. These ICD-9-CM codes and corresponding sets of CPT codes that comprise the abdominal hysterectomy and colon surgery operative procedure categories are provided here:

Procedure Category	ICD-9-CM	CPT
Abdominal Hysterectomy	68.31, 68.39, 68.41, 68.49, 68.61, 68.69	58150, 58152, 58180, 58200, 58210, 58541, 58542, 58543, 58544, 58548, 58570, 58571, 58572, 58573, 58951, 58953, 58954, 58956
Colon Surgery	17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94	44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44160, 44204, 44205, 44206, 44207, 44208, 44210

All abdominal hysterectomies and colon surgeries performed on acute care hospital inpatients at the reporting hospital must be included in the data reported to NHSN. Monthly reporting plans must be created or updated in NHSN to include these inpatient procedures, i.e., SSI surveillance for abdominal hysterectomies and colon surgeries must be in the monthly reporting plans ("in-plan"). SSI data for abdominal hysterectomies and colon surgeries should include SSI events and operative procedures regardless of whether the procedure was the primary one performed on the patient or secondary to another procedure. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the "no procedures performed" field for any month during which no inpatient colon or abdominal hysterectomy procedures were performed and the "no events" field for any month during which inpatient colon or abdominal hysterectomy procedures were performed, but no SSI events were identified.

SSI surveillance data may be reported to NHSN in a number of ways. Numerator data for SSI events may be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format (resources available at http://www.cdc.gov/nhsn/CDA_eSurveillance.html). Denominator data may be reported by manual data entry, CDA or by means of an ASCII comma delimited text file, the format for which is specified at http://www.cdc.gov/nhsn/library.html#psc).

CDC/NHSN requires data submission on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for it to be shared with CMS.

SSI data for abdominal hysterectomies and colon surgeries submitted to NHSN by Inpatient Prospective Payment System (IPPS) hospitals that have completed their Annual Payment Update (APU) pledges will be reported by CDC to CMS for each hospital. The SSIs reported by CDC to CMS will be deep incisional and organ/space infections detected during the operative hospitalization, on readmission to the hospital where surgery was performed or on admission to another hospital, or through post-discharge surveillance. Only SSIs detected 30 days or less following the operative procedure and SSIs identified in patients who were 18 years or older at the time of their surgery will be included in the data that CDC reports to CMS. CDC will risk adjust SSI data reported to CMS by taking patient age and ASA score into account. CDC will provide hospital-specific SSI standardized infection ratios (SIRs), one for abdominal hysterectomies and one for colon surgeries, for each reporting hospital.

May 2012

Helpful Tips for CAUTI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit ICU CAUTI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases CAUTI data to CMS for those hospitals participating in the CMS Reporting Program, only those months in which the facility included CAUTI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CAUTI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

☐ **Enter denominator data for each location and month under surveillance**

Denominator data (i.e., patient days and urinary catheter days) can be entered using the Summary Data > Add option within NHSN and selecting the appropriate Denominator Data type (e.g., ICU/Other).

☐ **If no events have been identified, check "Report No Events" on denominator data form**

IMPORTANT! Beginning with 2012 data, facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: http://www.cdc.gov/nhsn/PDFs/pscManual/NHSN-Alerts_6_5.pdf

☐ **If CAUTI events have been identified, enter the appropriate events**

CAUTI events can be entered by using the Event > Add option within NHSN.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – CAUTI Data for CMS IPPS" was created in order to allow facilities to review those CAUTI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – CAUTI Data for CMS IPPS" Output Option** on the NHSN website: http://www.cdc.gov/nhsn/library.html#psc

Additional Resources:

Operational Guidance for Acute Care Hospitals to Report Catheter-Associated Urinary Tract Infection (CAUTI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements: http://www.cdc.gov/nhsn/PDFs/FINAL-ACH-CAUTI-Guidance.pdf

NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/TOC_PSCManual.html

Updated May 2012

Helpful Tips for CLABSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program)

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit ICU CLABSI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases CLABSI data to CMS for those hospitals participating in the CMS Reporting Program, only those months in which the facility included CLABSI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan CLABSI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

☐ **Enter denominator data for each location and month under surveillance**

Denominator data (i.e., patient days and central line days) can be entered using the Summary Data > Add option within NHSN and selecting the appropriate Denominator Data type (e.g., ICU/Other, NICU).

☐ **If no events have been identified, check "Report No Events" on denominator data form**

IMPORTANT! Beginning with 2012 data, facilities must appropriately **Report No Events** for those locations and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: http://www.cdc.gov/nhsn/PDFs/pscManual/NHSN-Alerts_6_5.pdf

☐ **If CLABSI events have been identified, enter the appropriate events**

CLABSI events can be entered by using the Event > Add option within NHSN.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – CLAB Data for CMS IPPS" was created in order to allow facilities to review those CLABSI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – CLAB Data for CMS IPPS" Output Option** on the NHSN website: http://www.cdc.gov/nhsn/library.html#psc.

Additional Resources:

Operational Guidance for Acute Care Hospitals to Report Central Line-Associated Bloodstream Infection (CLABSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements: http://www.cdc.gov/nhsn/PDFs/FINAL-ACH-CLABSI-Guidance.pdf

NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/TOC_PSCManual.html

May 2012

Helpful Tips for SSI Reporting for the Centers for Medicare and Medicaid Services' Hospital Inpatient Quality Reporting Program (CMS Reporting Program) via NHSN

The following steps should be completed prior to the quarterly CMS Reporting Program deadline:

☐ **Verify Your Facility's CMS Certification Number (CCN)**

An accurate CCN is required for those facilities participating in the CMS Reporting Program, as this is the ID that will be used to submit SSI data to CMS on your behalf. To update the CCN, use the **Facility > Facility Info** option within NHSN. At the top of the Facility Information screen, verify and update, if necessary, the CCN in the appropriate data entry field. If any changes have been made, remember to click the **"Update"** button at the bottom of screen. *Please be sure to double- and triple-check this number!*

☐ **Check the Monthly Reporting Plan each month**

When NHSN releases SSI data to CMS for those hospitals participating in the CMS Reporting Program, only those months in which the facility included SSI in its NHSN monthly reporting plan (MRP) will be included (i.e., in Plan SSI). It is the responsibility of each facility to check their MRPs for compliance with this requirement.

☐ **Enter procedure records for each procedure category and month under surveillance**

Per the NHSN reporting requirements, facilities must enter a procedure record for each procedure performed that is included in the SSI surveillance per the monthly reporting plan.

☐ **If no events have been identified, check "Report No Events"**

IMPORTANT! Beginning with 2012 data, facilities must appropriately **Report No Events** for those procedures and months for which no events of each type under surveillance were identified. If no events have been reported and this box is not checked, your data will not be submitted to CMS. For instructions, please see: http://www.cdc.gov/nhsn/PDFs/pscManual/NHSN-Alerts_6_5.pdf

☐ **If SSIs have been identified, enter these events and link to the attributable procedure record**

Per the NHSN reporting requirements, facilities must enter a record for each SSI identified following the procedure categories under surveillance.

☐ **Use NHSN Analysis Tools to check for accuracy and completion**

The NHSN Analysis Output Option, "SIR – Complex 30-Day SSI Data for CMS IPPS" was created in order to allow facilities to review those SSI data that would be submitted to CMS on their behalf. For more information about this output option, please see **Using the "SIR – Complex 30-Day SSI Data for CMS IPPS" Output Option** on the NHSN website: http://www.cdc.gov/nhsn/library.html#psc

Additional Resources:

Operational Guidance for Reporting Surgical Site Infection Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Program Requirements: http://www.cdc.gov/nhsn/PDFs/FINAL-ACH-SSI-Guidance.pdf

NHSN Patient Safety Component Manual: http://www.cdc.gov/nhsn/TOC_PSCManual.html