

IRF Public Reporting Preview Reports

This article applies only to Inpatient Rehabilitation Facilities participating in CMS Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP).

The Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) is the nation's most widely used healthcare-associated infection (HAI) tracking system. The CDC is implementing a new national baseline for HAIs that are reported to NHSN. On January 7, 2017 (previously December 10, 2016), NHSN users, including Inpatient Rehabilitation Facilities (IRFs), will be able to run Standardized Infection Ratios (SIRs) for 2015 and 2016 under both the old baseline, and the new baseline. Data for 2017 and forward will be available solely under the new baseline. *Please note:* in order to ensure fair comparisons between the baseline and performance periods for public reporting in subsequent years, data from calendar year 2015 was also recently recalculated and resubmitted to CMS using the new 2015 baseline. As mentioned in the Rebaseline Timeline posted in the June 2016 [NHSN Newsletter](#), the CDC submitted SIRs to CMS using the new 2015 baseline starting with 2016 Quarter 1 data.

The calendar year 2015 HAI SIRs, in accordance with the new NHSN baselines, were contained in the IRF Preview Reports released on September 1, 2016 and December 11, 2016, prior to the data being publicly posted on IRF Compare in fall 2016 and spring 2017 respectively. These reports are available to IRFs by accessing the CMS IRF QRP CASPER folders within the Quality Improvement and Evaluation System (QIES) application. The data contained within the IRF Preview Reports released on December 11, 2016 provide the quality performance data that is scheduled for posting on IRF Compare this spring 2017. As described, the SIRs contained in the Preview Report are calculated using the updated risk models from the new 2015 national baseline.

Please note: data contained within the current IRF Preview Reports (12/11/16), and the data contained within the analysis reports run within NHSN for the same target period will not appear the same until January 7, 2017, as reports run in the NHSN application still use the original baseline data and risk models. Once NHSN has been updated in December, IRFs can review their 2015 and 2016 SIRs using the new 2015 baseline.

Because the SIRs in the IRF Preview Report and within the NHSN application for the same target periods do not align, IRFs must use an alternative method to calculate and verify the SIR within the Preview Reports. IRFs will have a 30-day preview period during which to verify their quality data. The spring 2017 IRF Compare site refresh will display the NHSN HAI data contained within the IRF provider Preview Reports released on December 11, 2016.

IRFs can continue to verify the accuracy of the HAI data contained within their current Preview Reports, which uses the updated baseline and risk models, using the alternative method. While reviewing data within the report, it is important to consider the following:

1. While IRFs will be unable to see the new SIRs within NHSN until January, the numerator (i.e., number of events) and contributing denominator (e.g., central line days, patient days) can continue to be reviewed in NHSN by using the existing SIR and rate table analysis reports.
2. After each quarterly CMS reporting deadline, CDC sends frozen data to CMS. However, an IRF can continue to add to their data or edit data in NHSN after the deadline has passed. **It is important to note that if the data in NHSN are changed after the data submission deadlines, the reports generated in NHSN will also change.** If you made changes to these data within the NHSN application, data may not (and likely will not) match the data that sent to CMS or the data

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viewable on IRF Compare. For guidance on how to check for data that have been updated within NHSN, view the [How to View Create & Modify Dates within NHSN](#) document.

3. The NHSN 2015 rebaseline updates both the source of aggregate data and the risk adjustment methodology used to calculate the predicted number of infections (i.e., the SIR denominator). **Although the IRF Preview Report will display the new SIRs obtained from the 2015 rebaseline, NHSN will not be updated to contain these same SIRs from the new baseline until the NHSN application is updated in January 2017.** Until then, the data reflected in NHSN will use the original baselines and the number of predicted infections and SIRs will likely not match the data currently presented on IRF Compare.
4. **To enable IRFs to confirm the accuracy of the SIR contained within their current Preview Report, which was calculated using the new baseline and updated risk models, we offer the following information and instructions on the use of an alternative method to verify Preview Report HAI data:**
 - The predicted number of infections in your IRF Preview Report represents calculations performed using new risk models that are not yet available in the NHSN application. Although the predicted number of infections on the Preview Report is presented under a new calculation, **the number of events and device days were not impacted by this change.** Therefore, we recommend that IRFs review and confirm the number of events reported (i.e., the numerator of the SIRs), as well as the number of device days. Once these data are confirmed between the Preview Report and the data within NHSN, an IRF can calculate the SIR using the following formula:
 - $SIR = \text{Number of HAIs reported} / \text{Number of Predicted HAIs}$ where the number of predicted HAIs is that which is presented on the current IRF Preview Report released on September 1, 2016.
 - For calculation of the 95% Confidence Interval associated with the SIR, IRFs can use the “Compare SIR to 1” option in the NHSN Statistics Calculator. View the [Using the Statistics Calculator](#) for further instructions.

Questions about the SIR and the rebaseline can be submitted to NHSN at: NHSN@cdc.gov

On November 16, 2016, CMS and the CDC collaborated to host the *Transition to the 2015 Rebaseline* webinar. The purpose of the webinar was to help inform providers about the CDC’s rebaselining effort, as well as to help explain the new HAI models, as they relate to LTCHs. The PowerPoint presentation used for this webinar is posted on the CMS [IRF QRP Training](#) webpage under the Downloads section. You can also visit this webpage for directions on how to request a CMS review of your Preview Report data, should you believe it contains inaccuracies.