

LTCH Public Reporting Preview Reports

This article applies only to Long-Term Care Hospitals participating in CMS Long-Term Care Hospital Quality Reporting Program (LTCH 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 December 10, 2016, NHSN Users, including Long Term Care Hospitals (LTCH), 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 that 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 LTCH Preview Reports released on September 1, 2016, prior to the data being publicly posted on LTCH Compare. These reports are available to LTCHs by accessing the CMS LTCH QRP CASPER folders within the Quality Improvement and Evaluation System (QIES) application. The data contained within the LTCH Preview Reports provide the quality performance data that is scheduled for posting on LTCH Compare this fall, 2016. As described, the SIRs contained in the Preview Report are calculated using the updated risk models from the new 2015 national baseline.

Please note that the data contained within the current LTCH Preview Reports, and the data contained within the analysis reports run within NHSN for the same target period will not appear the same until December 2016, as reports run in the NHSN application still use the original baseline data and risk models. Once NHSN has been updated in December, LTCHs can review their 2015 and 2016 SIRs using the new 2015 baseline.

While the SIRs in the LTCH Preview Report and within the NHSN application for the same target periods do not align, there is an alternative method to calculate and verify the SIR within the Preview Reports. However, because this alternative method was not communicated to LTCHs in time to verify their HAI data, therefore not allowing the opportunity to submit inquiries to CMS about that data during the 30-day review period, **CMS will begin publically displaying the NHSN HAI data on the Compare sites for IRFs and LTCHs in the next quarterly refresh in spring 2017 instead of in fall 2016.**

LTCHs 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 LTCHs will be unable to see the new SIRs within NHSN until December, 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 LTCH 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 LTCH 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 LTCH 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 December 2016.** 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 LTCH Compare.
4. **To enable LTCHs 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 LTCH 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 LTCHs 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 LTCH 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 LTCH Preview Report released on September 1, 2016.
 - For calculation of the 95% Confidence Interval associated with the SIR, LTCHs 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

In the coming weeks, CMS will be working in cooperation with the CDC, to host a *Transition to the 2015 Rebaseline* webinar. The purpose of the webinar is 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. Continue to check the CMS LTCH QRP Training webpage for information related to this upcoming training opportunity.