NHSN Resources for Healthcare Facilities –
Assuring quality measure data reported to NHSN are included in the files CDC submits to CMS and identifying when quality measure data were reported to NHSN

Many resources are available on the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) website to help healthcare facilities assure that their data will be transmitted to the Centers for Medicare and Medicaid Services (CMS) on the quarterly due dates. These include guidance, checklists, and instructions for running reports within the application as a way of checking what will be sent to CMS. These can all be found on the NHSN website at: http://www.cdc.gov/nhsn/cms/index.html or by clicking the CMS/NHSN icon throughout our website. The icon looks like this:

On this site healthcare facilities can find, for each quality measure, the following (the surgical site infection [SSI] links provided here are examples):

- Operational guidance: http://www.cdc.gov/nhsn/PDFs/FINAL-ACH-SSI-Guidance.pdf
- Help Tips (which is a checklist for all that needs to be to be in compliance): http://www.cdc.gov/nhsn/PDFs/CMS/Helpful-Tips-for-SSI-Reporting.pdf
- Instructions for running reports within the application to show them exactly what will be sent to CMS on the next due date: http://www.cdc.gov/nhsn/PDFs/CMS/CMS-IPPS-CLABSI-SIR.pdf. This report will run successfully only if a healthcare facility has taken the required steps to be compliant (i.e., surveillance is in the monthly reporting plan, no events boxes are checked if necessary, and other reporting requirements).

As for how data flows from NHSN to CMS, the following FAQ should explain (using 2012 Q2 as an example):

Q: My facility participates in CMS's Hospital Inpatient Quality Reporting (IQR) Program. When will CDC/NHSN send my CLABSI, CAUTI, and SSI data for the second quarter of 2012 to CMS?
A: Healthcare-associated infection data that are reported to NHSN by facilities that participate in CMS's Hospital IQR Program are due 4 ½ months after the end of a quarter. Therefore, data for the second quarter of 2012 are due on November 15, 2012. However, CDC/NHSN sends data to CMS more frequently than every quarter so it can be loaded into QualityNet and is included in your facility's Provider Participation Reports. Here is a timeline for submission of data from CDC/NHSN to QualityNet:

- A snapshot of the data is taken at the end of the day of the 15th of each month (i.e., midnight central time).
- Data from this snapshot are submitted to QualityNet on the first business day after the 15th.
- Prior to a quarter's submission deadline, a file is submitted more frequently: on the last day of the previous month, and then on the 9th, 13th, and 16th of that month. For example, the final deadline for 2012 Q2 data is November 15th. Data will be submitted to QualityNet on October 16th, October 31st, November 9th, November 13th, and the final submission will be on November 16th.

It is important to note that once a quarter's final submission date has passed, updated data for that quarter will no longer be submitted to QualityNet. In other words, if you were to change your 2012 Q2 data in NHSN on December 1, 2012, those changes would not be reflected on the next submission date since that quarter's deadline has passed and they would not be reflected on your Provider Participation Reports or on Hospital Compare.

What this means is that if a facility does not wait until the last minute to enter their data, they can run the report within the NHSN application to check their data and make adjustments if necessary. Also, their data is transmitted to CMS at regular intervals and uploaded to QualityNet so they can see it in their Provider Participate Report. Again, as long as the facility avoids waiting until the last minute, the facility will have ample time to see their data appear in the Provider Participate Report and know that everything is okay before the final due date.

Last, but not least, here are the instructions NHSN provides to facilities so they can look and determine when data were submitted to NHSN (e.g., as part of a reconsideration process). CLABSI reporting is used here as an example:

• To check the date in which the summary/denominator data (i.e., patient days, central line days) were entered for each month and location, use the "Line Listing – All Summary Data" output option. (Found under Advanced > Summary-level Data > CDC Defined Output).
To better focus the output report, use the Modify button and first go to "Select a time period" section and enter the Date Variable as "summaryYM" Beginning 01/2011 and Ending 12/2011. Then, in the first column of the "Specify Other Selection Criteria" table enter "eventType" and choose "CLAB" and in the second column enter "locationType", then chose "in" as the operator and choose "CC-CC" and "CC_N-CC_N" as the values. Run this report to make sure that the createDates for each month's summary data are on or before the CMS due dates (August 15, 2011 for Q1, November 15, 2011 for Q2, February 15, 2012 for Q3, and May 15, 2012 for Q4).

• To check this data on your event level data, use the "Line Listing – All Infection Events" output option (Found under Advanced > Event-level Data > CDC Defined Output)
To better focus the output report, use the Modify button and first go to "Select a time period" section and enter the Date Variable as "eventDateYQ" Beginning 2011Q1 and Ending 2011Q4. Then, in the first column of the "Specify Other Selection Criteria" table enter "eventType" and choose "BSI". Finally, go to bottom and click on "Modify List" for "Modify Variables to Display by Clicking" and click on "createDate" and ">>" to move that variable from "Available Variables" to "Selected Variables". Run this report to make sure that the createDates are on or before the CMS due dates (August 15, 2011 for Q1, November 15, 2011 for Q2, February 15, 2012 for Q3, and May 15, 2012 for Q4).

• Since these data must also be in plan, you may wish to check the modifyDate on your monthly reporting plans. This variable can be found in the "Line Listing – Patient Safety Plans" output option. (under Advanced > Plan Data > CDC Defined Output)

To better focus the output report, use the Modify button and first go to "Select a time period" section and enter the Date Variable as "planYM" Beginning 01/2011 and Ending 12/2011. Then, in the first column of the "Specify Other Selection Criteria" table enter "bsiPlan" and enter "Y" and in the second column enter "locationType", then chose "in" as the operator and choose "CC-CC" and "CC_N-CC_N" as the values. Run this report to make sure that the createDates and modifyDates are on or before the CMS due dates (August 15, 2011 for Q1, November 15, 2011 for Q2, February 15, 2012 for Q3, and May 15, 2012 for Q4).

For CMS reporting, if a facility reported a CAUTI, CLABSI, or SSI event by the appropriate deadline but did not report the denominator data in time – or these data were not included in the facility's plan by the due date – the data would not have been submitted to CMS on behalf of the facility.