SCOPE: This policy is applicable to all eligible HCA Healthcare acute care hospitals, Critical Access Hospitals, and Long Term Acute Care hospital (LTAC) facilities, outpatient settings including Ambulatory Surgery Centers (ASC) and Inpatient Rehabilitation Facilities (IRF) freestanding or units within Acute Care Hospitals and their HCA Healthcare affiliated personnel responsible for conducting, supervising, and/or performing quality assurance on data that is submitted into the National Healthcare Safety Network (NHSN).

**NHSN data to be submitted include the following public measures for applicable facility types:**

<table>
<thead>
<tr>
<th>FACILITY TYPE</th>
<th>PUBLIC MEASURES</th>
</tr>
</thead>
</table>
| Acute Care Hospital under the Hospital Inpatient Quality Reporting Program (HIQRP) | 1. Central Line Associated Bloodstream Infections (CLABSI) from ICU adult, pediatric and neonatal units (as of January 2011) and all qualifying inpatient units (as of January 2015).  
2. Catheter Associated Urinary Tract (CA-UTI) Infections from adult and pediatric ICU patients (as of January 2012); and all qualifying inpatient units (as of January 2015).  
3. Surgical procedures and post-operative Surgical Site Infections for Colon resections (COLO) and abdominal hysterectomies (HYST) patients (as of January 2012).  
4. Although not currently part of the HIQRP mandated reporting, Ventilator Associated Events (VAE) in adult ICUs will be reported into the NHSN application (as of January 2014).  
5. PedVAE for Pediatric and Neonatal patients will be reported into NHSN (as of January 2019).  
6. Laboratory Identified Events (LabID) C. difficile and MRSA bacteremia (as of January 2013) and qualifying outpatient and observation units (as of January 2015).  

3/2019
DEPARTMENT: Clinical Services Group - Infection Prevention: Clinical Reporting Program

POLICY DESCRIPTION: National Healthcare Safety Network (NHSN) Reporting

PAGE: 2 of 7

REPLACES POLICY DATED: 1/1/12, 5/15/12, 12/1/14, 5/1/15

EFFECTIVE DATE: May 1, 2019

REFERENCE NUMBER: CSG.COM.004

APPROVED BY: Ethics and Compliance Policy Committee

Long Term Acute Care facilities or units within acute care hospitals under the CMS Long-Term Care Hospital Quality Reporting Program (LTCHQR)

1. CLABSI (as of October 2012).
2. CAUTI (as of October 2012).
3. LabID events C. difficile (as of January 2015).

Inpatient Rehabilitation facilities or units within acute care hospitals under the IRF Quality Reporting Program (IRFQR)

1. CAUTI (as of October 2012).
2. LabID events for C. difficile (as of January 2015).
3. Healthcare Personnel Influenza Vaccination (October thru March) (as of October 2014).

PURPOSE:
To assure accurate and timely NHSN submission for all HCA Healthcare Facilities.

a) Assist all eligible HCA Healthcare facilities in complying with the reporting requirements of the CMS mandated programs in order to receive the full annual inpatient payment update (APU).

b) Facilitate compliance with NHSN rules of behavior and reporting requirements.

c) Facilitate timely, and accurate data collection and reporting across all eligible HCA Healthcare acute care hospitals, LTAC, ASC and IRF.

POLICY:

HCA Healthcare Facilities
All HCA Healthcare facilities will report their infection data into NHSN within 30 days of the end of each reporting calendar month. All HCA Healthcare facilities reporting to NHSN will also comply with the following:

1. Complete the appropriate confirmation to share their NHSN-CDC data.
2. File applicable exception forms.
3. HCA Healthcare requires 2 trained NHSN users per Facility. Appoint one administrator and at least one additional user with conferred rights to enter their facility’s data into NHSN-CDC.
4. Enroll in the NHSN/CDC application and notify Clinical Reporting Program (CRP) of any qualifying patient locations being renamed, repurposed to a new level of care, newly designated, or added to active service through creation and utilization of the Facility Location List Workbook 20xx_Facility Location List Workbook.
5. The Infection Preventionist (IP) or individual conducting NHSN surveillance/reporting will perform Quality Assurance (QA) for the NHSN data by extracting the Required QA reports in Excel format for each measure after NHSN upload/data entry each month. These reports will be reviewed for accuracy of data by the Infection Preventionist (IP) or individual reporting the
NHSN data. These reports will be retained at the facility for historical purposes. QRS will request and review 6 months of these reports as part of HCA Healthcare’s Internal Audit process to assure integrity of the NHSN data.

6. The monthly QA reports will be reviewed by Infection Prevention Director/Quality Director in order to verify the NHSN data is submitted in a timely manner. All data should be entered monthly within 30 days of the end of each reporting calendar month. The facility Infection Prevention Director/Quality Director is responsible for verifying the NHSN reporting is finalized within 30 days of the end of each reporting calendar month by reviewing the provided QA reports. The Infection Prevention Director/Quality Director will report on the status of the NHSN surveillance to the Facility Ethics and Compliance Committee (FECC) at each quarterly meeting.

7. Clinical Reporting Program (CRP) will notify the facility infection preventionist, facility leadership (Infection Prevention, Quality, etc.), as well as the DVPQ/Division IP Leader when data are incomplete, not valid and/or overdue greater than 30 days. Clinical Reporting Program will provide notification in the form of the Facility Data Workflow tool (Tutorial) Troubleshooting Gaps in NHSN data.

8. Facilities with NHSN data which are incomplete, not valid and/or overdue greater than 30 days after the reporting calendar month will utilize the Facility Data Workflow tool (Troubleshooting Gaps in NHSN data) to troubleshoot/identify gaps in data in NHSN prior to submitting a Facility Action Plan Facility Action Plan NHSN Data Missing/Discrepancy Greater than 30 Days to Clinical Reporting Program at CORP.NHSNClinicalReportingProgram@HCAHealthcare.com. The Workflow tool and action plan are due within 5 business days of receiving notification from CRP that data are incomplete, not valid and/or overdue greater than 30 days after the reporting calendar month.

   a. If a Facility receives notification from the Clinical Reporting Program that their data submission is delinquent and they are not in compliance, the IP or designee for the facility will take immediate steps to submit the data and be in compliance by utilizing the Facility Workflow tool (Tutorial) Troubleshooting Gaps in NHSN data and the Facility Action Plan NHSN Data Missing/Discrepancy Greater than 30 Days to Clinical Reporting Program at CORP.NHSNClinicalReportingProgram@HCAHealthcare.com that they are now in compliance.

   b. Facility will submit the need QA reports (List of NHSN Quality Assurance Reports by Measure) for the selected measure in order to verify that the NHSN data is now present along with the Facility Action Plan NHSN Data Missing/Discrepancy Greater than 30 Days to finalize the verification process and to be compliant with HCA Healthcare’s NHSN monthly verification process to CORP.NHSNClinicalReportingProgram@HCAHealthcare.com.
The Clinical Reporting team in the Corporate Clinical Services Group (CSG) will:
1. Check on a regular basis that all HCA Healthcare facilities are signed up to submit their required data at the NHSN-CDC site.
2. Annually confirm with each facility that there are two NHSN administrators: one NHSN administrator and at least one additional person with NHSN data entry permissions set at each facility to ensure entry of the facility’s data at the NHSN-CDC site via Survey Monkey or other polling tool.
3. Assist facilities/ divisions in the CMS template validation process.

The Clinical Analytics team in the Corporate Clinical Services Group (CSG) will:
1. Review on at least a monthly basis the entry of each facility’s NHSN- CDC data after the monthly reporting due date.
2. Perform a final review prior to each quarterly submission of each facility’s NHSN-CDC data.

PROCEDURE:

Facility NHSN Administrator
HCA Healthcare Acute Care Hospitals, Long Term Acute Care Hospitals, Ambulatory Surgery Centers and Inpatient Rehabilitation Facilities must:

a. Enroll facility in NHSN via [https://www.cdc.gov/nhsn/enrollment/index.html](https://www.cdc.gov/nhsn/enrollment/index.html) and consent to share data with CMS by designated deadlines.
   Note: Continue to follow additional state mandated reporting requirements.

b. Qualifying Facilities that have no ICU locations or Adult or Pediatric Medical, Surgical, or Medical/Surgical wards or by having Critical Access Hospital designation, submit to CMS the [HAI Exception Form](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129) provided by CMS on the Healthcare Associated Infections website [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129). Facility must notify Clinical Reporting Program within 5 business days at [CORP.NHSNClinicalReportingProgram@HCAHealthcare.com](mailto:CORP.NHSNClinicalReportingProgram@HCAHealthcare.com) that the exception form was submitted.

c. When qualified by performing no COLO or HYST procedures at facility submit to CMS the [HAI Exception Form](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129) provided by CMS on the Healthcare Associated Infection website [https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129](https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1138115987129). Facility must notify Clinical Reporting Program at [CORP.NHSNClinicalReportingProgram@HCAHealthcare.com](mailto:CORP.NHSNClinicalReportingProgram@HCAHealthcare.com) that the exception form was submitted.

d. Facilities are required to maintain two trained NHSN users at all times. A primary NHSN facility administrator and a minimum of one additional facility user must be actively designated. Facility must notify the Clinical Reporting Program of any changes in the NHSN user status within 5 business days of the change at [CORP.NHSNClinicalReportingProgram@HCAHealthcare.com](mailto:CORP.NHSNClinicalReportingProgram@HCAHealthcare.com).
e. Confer Rights to HCA Healthcare by joining the facility to the HCA Healthcare group [16599] in NHSN for each qualifying reportable public measure by utilizing the Need to Know Learning Series PowerPoint: Conferring Rights to HCA Healthcare: Step by step instructions, NHSN Onboarding for assistance please contact HCA Healthcare’s Clinical Reporting Program at CORP.NHSNClinicalReportingProgram@HCAHealthcare.com

f. As appropriate, enroll into the NHSN/CDC application at https://www.cdc.gov/nhsn/enrollment/index.html
   i. Facility must notify Clinical Reporting Program of any new/change of locations/mapping locations in NHSN HCA Healthcare to the Clinical Reporting Program at CORP.NHSNClinicalReportingProgram@HCAHealthcare.com by utilizing the Facility NHSN location List Workbook 20xx_Facility Location List Workbook to export NHSN location list.
   ii. Facility must notify the Corporate Infection Prevention team by utilization of the Location Workbook/Change form 20xx_Facility Location List Workbook for any new/change of mapping locations in NHSN at Corp.CERTheraDoc@HCAHealthcare.com.

g. Reconcile and edit reported NHSN data by exporting in Excel format HCA Healthcare’s monthly QA reports (List of NHSN Quality Assurance Reports by Measure) after the NHSN monthly upload or data entry is finalized, and prior to the end of the quarter reporting CMS deadline.

h. Finalize and validate the end of the quarter CMS final reporting within 3 months after the end of the calendar quarter. (End of quarter accounts for post-surgical cases occurring up to 90 days post procedure (per NHSN requirements for SSI’s) and for infection events entered after the end of the reporting month.)

Noncompliance with the CMS/NHSN/HCA Healthcare HAI requirements will place the hospital in jeopardy of not receiving their Annual Payment Update (APU), impacting the hospital’s Medicare Reimbursement.

<table>
<thead>
<tr>
<th>Reporting Measure</th>
<th>Description/Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Line Associated Bloodstream Infections (CLABSI)</td>
<td>Patient case numerators and device day denominators into the NHSN database within 30 days after the end of each reporting calendar month.</td>
</tr>
<tr>
<td>Catheter Associated Urinary Tract (CA-UTI)</td>
<td>Patient case numerators and device day denominators into the NHSN database within 30 days after the end of each reporting calendar month.</td>
</tr>
<tr>
<td>LabID C. difficile (Acute and Outpt (ED/OBS))</td>
<td>Patient case numerators and patient day denominators into the NHSN database within 30 days after the end of each reporting calendar month.</td>
</tr>
<tr>
<td>LabID MRSA bacteremia (Acute and Out (ED/OBS))</td>
<td>Patient case numerators and patient day denominators into the NHSN database within 30 days after the end of each reporting calendar month.</td>
</tr>
<tr>
<td>Surgical procedures and post-operative Surgical Site Infections for Colon resections (COLO) and abdominal hysterectomies (HYST)</td>
<td>Patient case SSI numerators and the procedure case denominator elements into the NHSN database within 30 days after the end of each reporting calendar month.</td>
</tr>
<tr>
<td>VAE (adults) and pedVAE (pediatric and neonatal)</td>
<td>Out of plan into the NHSN database, on a monthly basis within 30 days after the end of each reporting calendar month.</td>
</tr>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>Data sourced from the Lawson data extracts and locally reconciled into NHSN for the required categories on a monthly basis on or within 30 days after the end of each reporting calendar month.</td>
</tr>
</tbody>
</table>

**Corporate Responsibilities**

**The Clinical Analytics Team:**

1. By 31 days after the month and again 5 business days prior to the quarterly submission deadline, Clinical Analytics will review the HCA Healthcare Group members and validate the data entered through a tracking of facilities listed and an analysis of the data from the reports available at the NHSN-CDC site as well as an analysis of Surgical Site Infections (SSIs) per the Casemix database.
2. When the Clinical Analytics team identify a facility that is not maintaining accurate and timely NHSN data and NHSN-CDC membership will notify the Clinical Reporting Manager and AVP of Infection Prevention.
3. Verify completeness of report extracts from NHSN by facility and reporting units.
The Clinical Reporting Program:
Will send out the Facility Data Workflow Tools (Tutorial) **Troubleshooting Gaps in NHSN data** for monthly measures and SSI count validations to the facility NHSN administrators and users to use in conjunction with the **Facility Action Plan NHSN Data Missing/Discrepancy Greater than 30 Days** to resolve reporting issues and ensure timely and accurate submission on data into the NHSN CDC site. Infection Prevention Directors/Quality Directors, and DVPQ's/Division IP Leader will be notified as well.

REFERENCES:

1. CMS Inpatient Quality Reporting Program
2. CMS Long-Term Care Hospital Quality Reporting Program
3. CMS Inpatient Rehabilitation Quality Reporting Program
4. CMS Hospital Outpatient Quality Reporting Program
5. NHSN/CDC: [https://www.cdc.gov/nhsn/enrollment/index.html](https://www.cdc.gov/nhsn/enrollment/index.html)
7. CMS and NHSN reporting requirements and deadlines: