Documenting, Coding, and Reporting Healthcare-Associated Infections (HAIs) Used in CMS' Hospital Inpatient Quality Reporting (IQR) Program

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**Objectives**

By the end of this webinar participants will be able to:

- Identify documentation details required to assign specific ICD-10-CM/PCS codes and POA\(a\) indicators for the healthcare-associated infections (HAIs) included on Medicare’s HAC\(b\) program.

- Recognize the difference in how CLABSI\(c\), CAUTI\(d\), and SSIs\(e\) are identified for the HAC program versus how they are identified and reported for CMS’ Hospital Inpatient Quality Reporting (IQR) program, HAC Reduction program, and Hospital Value Based Purchasing (HVBP) program.

- Recall key criteria for each HAI.

- Locate and access the appropriate manuals, training materials and tools for reporting HAIs on the CDC's National Healthcare Safety Network (NHSN) and the CMS QualityNet website.

\(a\) Present on Admission (POA)

\(b\) Hospital-Acquired Condition (HAC)

\(c\) Central line associated blood stream infection (CLABSI)

\(d\) Catheter-associated urinary tract infection (CAUTI)

\(e\) Surgical site infections (SSIs)
HAIs on the Hospital-Acquired Condition (HAC) List

- Catheter-associated urinary tract infection (CAUTI)
- Vascular catheter–associated infection
- Surgical site infection following:
  - Coronary artery bypass graft (CABG) - Mediastinitis
  - Cardiac device procedures
  - Bariatric surgery
  - Certain orthopedic procedures (spine, neck, shoulder, elbow)

Hospital-Acquired Conditions (HAC) Program:
- Potentially affects the payment for just the cases with a condition on the HAC List.
- HACs reported on claims as secondary diagnoses with a POA of “N” or “U” (occurring after admission or unknown) are not counted as MCCs or CCs when assigning the MS-DRG to the case.
- Payment on the specific cases can be affected, if the HAC is the only MCC or CC.
- No changes to HAC list for FY2016 or FY 2017
## HAIs Used In CMS’ Hospital IQR Program (and Others)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Hospital IQR program</th>
<th>HVBP program</th>
<th>HAC Reduction program</th>
<th>Publically Reported on the Hospital Compare Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter-Associated Urinary Tract Infection (CAUTI)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Central Line-Associated Bloodstream Infection (CLABSI)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Surgical Site Infection (SSI): abdominal hysterectomy and colon surgery</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td><em>Methicillin-resistant Staphylococcus aureus</em> (MRSA) bacteremia</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><em>Clostridium difficile</em> infection</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
Backbone of CMS Quality Initiatives. It requires the collection, submission, transmission, or use of all the quality measures that are:

- Compiled and displayed on CMS’ Hospital Compare Website
- Used in all of CMS’ other hospital quality initiatives, namely the following:
  - 30-day Readmission and 30-day Mortality Reduction programs
  - HAC Reduction program
  - Hospital Value Based Purchasing program

It is considered a voluntary program, however, hospitals that do not participate or who do not get their data in on-time will be penalized. For FY 2016 the penalty is a 0.6% reduction to their Medicare hospital base operating payment rate.

Data from calendar year 2014 was used for FY 2016 payment determinations. The data consisted of:

- 42 measures that were manually collected and submitted via the CDC or CMS’ QualityNet.org portal
- 7 measures were extracted by CMS from claims data,
- 4 structural measures were collected via questionnaire on the QualityNet website,
- 4 electronic measures were electronically submitted from the patient EHRs
CMS Quality Initiatives: HVBP Program

Part of the CMS’ effort to link Medicare’s payment system to a value-based system to improve hospital quality of care. Participating hospitals are paid for inpatient acute care services based on the quality of care, not just quantity of the services they provide.

The HVBP program is funded by a percentage withhold amount from participating hospitals base-operating MS-DRG payment rates. For FY2016 the withhold percentage is 1.75%. The money withheld in FY2016 will be paid back to qualifying hospitals via readjustments to the MS-DRG payment rates.

Roughly half of the hospitals will receive incentive payments (in essence earning back some or all of the previous year’s withheld amount) while the other half will lose some or all of their withheld amount depending on their score and ranking among all the hospitals.

CMS assesses each hospital’s total performance by comparing its Achievement and Improvement scores for each HVBP measure. To determine the improvement score for FY 2016 data from 2012 was compared to data from 2014. For FY 2017 data from 2013 will be compared to data from 2015.

Incentive payments are based on how a hospital ranks on the quality measure scores compared to all the other acute care hospitals. The quality measures are grouped into weighted domains which determines how much value the measures in each domain will have when calculating each hospital’s final ranking.

The HAIs are in the “Outcome” domain which for FY2016 accounts for 40% of each hospital’s total score if they meet minimum reporting requirements in all 4 domains. In FY2017 the HAI measures will be in the “Safety” domain and account for 20% of each hospital’s total score.
CMS Health Initiatives: HAC Reduction Program

Domain 1

- Composite PSI-90 (AHRQ patient safety measure)
  - Score 1-10 (with 1 being the best)
  - Weighted 25% of total score for FY2016
  - Weighted 15% of total score for FY2017

Domain 2

- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Colon and Abdominal Hysterectomy Surgical Site Infection (SSI)
  - Score each 1-10 (with 1 being the best)
  - Weighted 75% of score for FY2016
  - Weighted 85% of score for FY2017

- Mandated by the Affordable Care Act
- Effective October 1, 2014 and includes all IPPS hospitals
- CMS calculates a total HAC score for measures in the two domains listed below for each hospital based on the ratio of HACs to eligible patients for the specific measures.
- Hospitals with scores in the top (worst) 25% of all IPPS hospitals have all of their Medicare payments reduced by 1% in FY 2016.
HAI Conditions – Future Plans and Data

• For FY 2017 payment determinations, CMS is adding hospital acquired *Clostridium. Difficile* and *MRSA bacteremia* rates to the infection rates that are scored in Domain 2. Data collection for these started in January 2014.

• CLABSI and CAUTI measures will expand in FY2018 to include all patients in ICUs, medical and surgical units and wards (including pediatric patients). Data collection for patients in medical/surgical units and wards started in January 2015.

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2017 Domain 1 data: July 1, 2013 – June 30, 2015</td>
<td></td>
<td></td>
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<tr>
<td>FY2017 Domain 2 data: Jan 1, 2014 – Dec 31, 2015</td>
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</table>
Infections on the Hospital-Acquired Conditions (HACs) List
CDC’s Definition of a Healthcare Associated Infection (HAI)

According to the CDC, *an infection is considered a healthcare-associated infection (HAI), if the date of the first positive diagnostic test or exam confirming a site-specific infection was obtained on or after the third calendar day of admission.*

The date of the first positive test or exam that confirmed the infection is referred to as the "event date." If no diagnostic test, the event date is the date of the first documented localized sign or symptom that is linked to the site specific infection.

For NHSN reporting purposes, "diagnostic tests" for confirming site-specific infections include:
- Laboratory specimen collections
- Imaging tests
- Procedures or exams
- Physician diagnosis
- Initiation of treatments

<table>
<thead>
<tr>
<th>Event Date</th>
<th>Classification</th>
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<tr>
<td>2 days before admit</td>
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</tr>
<tr>
<td>1 day before admit</td>
<td>POA</td>
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<td>Hospital day 1 (Day of admission)</td>
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<td>Hospital day 2 (Day after admission)</td>
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<tr>
<td>Hospital day 3 (2 days after admission)</td>
<td>HAI</td>
</tr>
<tr>
<td>Hospital day 4 (3 days after admission)</td>
<td></td>
</tr>
<tr>
<td>Hospital day 5 (4 days after admission)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: This 7-day infection window criteria does not apply to CAUTI, CLABSI, or SSI.*
Hospital-Acquired Conditions (HACs) Program

**HAC 06: Catheter-Associated Urinary Tract Infection (CAUTI)**

Secondary dx code (with POA = “N” or “U”)
T83.51XA, Infection and inflammatory reaction due to indwelling urinary catheter, initial encounter

AND if present (with POA = “N” or “U”)

- B37.41, Candidal cystitis and urethritis
- B37.49, Other urogenital candidiasis
- N10, Acute tubulo-interstitial nephritis
- N11.9, Chronic tubulo-interstitial nephritis, unspecified
- N12, Tubulo-interstitial nephritis, not specified as acute or chronic
- N13.6, Pyonephrosis
- N15.1, Renal and perinephric abscess
- N28.84, Pyelitis cystica
- N28.85, Pyeloureteritis cystica
- N28.86, Ureteritis cystica
- N30.00, Acute cystitis without hematuria
- N30.01, Acute cystitis with hematuria
- N34.0, Urethral abscess
- N39.0, Urinary tract infection, site not specified
Hospital-Acquired Conditions (HACs) Program

HAC 07: Vascular Catheter-Associated Infection (VCAI)

Secondary Dx Codes (with POA = “N” or “U”)

- T80.211A, Bloodstream infection due to central venous catheter, initial encounter
- T80.212A, Local infection due to central venous catheter, initial encounter
- T80.218A, Other infection due to central venous catheter, initial encounter
- T80.219A, Unspecified infection due to central venous catheter, initial encounter

Types of vascular catheters included in the HAC list codes:

- Hickman catheter
- Peripherally inserted central catheter (PICC)
- Portacath (port-a-cath)
- Triple lumen catheter
- Umbilical venous catheter
Hospital-Acquired Conditions (HACs) Program

HAC 08: Surgical site infection – Mediastinitis after CABG

Secondary dx code (with POA = “N” or “U”)
- J98.5, Diseases of mediastinum, NEC

CABG procedure code from ICD-10-PCS table: 021

<table>
<thead>
<tr>
<th>Section</th>
<th>Body System</th>
<th>Operation</th>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
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<tr>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0 Coronary Artery, One Site</td>
<td>0 Open</td>
<td>9 Autologous Venous Tissue</td>
<td>3 Coronary Artery</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1 Coronary Artery, Two Sites</td>
<td></td>
<td>A Autologous Arterial Tissue</td>
<td>8 Internal Mammary, Right</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2 Coronary Artery, Three Sites</td>
<td></td>
<td>J Synthetic Substitute</td>
<td>9 Internal Mammary, Left</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Coronary Artery, Four or More Sites</td>
<td>0 Open</td>
<td>K Nonautologous Tissue Substitute</td>
<td>C Thoracic Artery</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>0 Coronary Artery, One Site</td>
<td>0 Open</td>
<td>Z No Device</td>
<td>F Abdominal Artery</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1 Coronary Artery, Two Sites</td>
<td></td>
<td>3 Coronary Artery</td>
<td>W Aorta</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2 Coronary Artery, Three Sites</td>
<td>0 Open</td>
<td>8 Internal Mammary, Right</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3 Coronary Artery, Four or More Sites</td>
<td></td>
<td>9 Internal Mammary, Left</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 Coronary Artery, One Site</td>
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<td>4 Intraluminal Device, Drug-eluting</td>
<td>4 Coronary Vein</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1 Coronary Artery, Two Sites</td>
<td></td>
<td>D Intraluminal Device</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 Coronary Artery, Three Sites</td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td>3 Coronary Artery, Four or More Sites</td>
<td>3 Percutaneous</td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 Coronary Artery, One Site</td>
<td></td>
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</tr>
</tbody>
</table>
Hospital-Acquired Conditions (HACs) Program

HAC 11: Surgical Site Infection – Bariatric Surgery

Principal dx code:
- E66.01, Morbid (severe) obesity to excess calories

AND secondary dx codes (with POA = “N” or “U”)
- K68.11. Postprocedural retroperitoneal abscess
- K95.01, Infection due to gastric band procedure
- K95.81, Infection due to other bariatric procedure
- T81.4XXA, Infection following a procedure, initial encounter

Bariatric surgery procedure codes from ICD-10-PCS tables
- OD16 - Bypass of stomach
- ODV64Z – Restriction of stomach with extraluminal Device, percutaneous endoscopic approach
Hospital-Acquired Conditions (HACs)

HAC 12: Surgical Site Infection – Certain Orthopedic Procedures of the Spine, Shoulder and Elbow

Secondary dx codes (with POA = “N” or “U”)
- T84.6—A, Infection and Inflammatory reaction due to internal fixation device, initial encounter
  - Unspecified site
  - Humerus, ulna, radius or unspecified arm bone
  - Spine
  - Other internal orthopedic prosthetic devices, implants and grafts

Certain spine, shoulder, and procedure codes from ICD-10-PCS tables for fusion or other procedures involving use of an orthopedic device.
- 0RU: Supplemental (sites involving the spine, shoulder or elbow)
- 0RG and 0SG: Fusion (sites involving the spine shoulder or elbow)
- 0RQ: Repair (sites involving shoulder and elbow)
Hospital-Acquired Conditions (HACs) Programs

**HAC 13: Surgical site infection (SSI) following cardiac implantable electronic device (CIED) procedures**

**Procedure codes from the following ICD-10-PCS tables:**
- 02H: Insertion of pacemaker, defibrillator or cardiac lead
- 02P: Removal of cardiac lead
- 02W: revision of cardiac lead
- 0JH: Insertion of pacemaker, defibrillator generator, or cardiac rhythm related device
- 0JP: Removal of cardiac rhythm device
- 0JW: Revision of cardiac rhythm device

**With secondary diagnosis (with POA = “U” or “N”):**
- K68.11, Postprocedural retroperitoneal abscess
- T81.4XXA, Infection following a procedure, initial encounter
- T82.6XXA, Infection and inflammatory reaction due to cardiac valve prosthesis, initial encounter
- T82.7XXA, Infection and inflammatory reaction due to other cardiac and vascular devices, implants and grafts, initial encounter
Healthcare Associated Infections (HAIs) Used in Other CMS Health Quality Initiatives – General Requirements
Reporting of HAIs for Other CMS Health Quality Initiatives

Hospitals must submit data quarterly on each of the following HAIs to the Centers for Disease Control and Prevention (CDC) via the National Healthcare Safety Network (NHSN).

| Central Line-Associated Bloodstream Infection (CLABSI)* | Catheter-Associated Urinary Tract Infection (CAUTI)* | Surgical Site Infection (SSI) following abdominal hysterectomy and colon surgery* | Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia | Clostridium difficile infections |

The CDC developed the NHSN tool for hospitals to use when submitting their HAI data. The CDC strongly recommends that hospitals have multiple users complete the required training and have access to the tool. Although CMS requires hospitals to submit their HAI data quarterly, CDC recommends that hospitals submit their data monthly.

The data must include all adult and pediatric medical and surgical, ICU and NICU patients who meet the NHSN definitions for the specific types of infections as described on the following screens.
**Acceptable Documentation**

According to the *Specifications Manual for National Hospital Inpatient Quality Measures*. The following guidelines should be adhered to during the data abstraction process:

- Use only documentation that was present in the patient's record during the hospitalization and that is present at the time of abstraction.

- Entries or addendums to the patient's medical record can be used, for abstraction purposes, as long as
  - information was added within 30 days of discharge
  - complies with generally accepted recordkeeping standards, unless otherwise specified in the data element criteria

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### General Exclusion Criteria

Each hospital-reported measure has extensive criteria for determining which patients in the population are not eligible for inclusion in that particular measure's cohort. However, the following patients are generally always excluded:

- 18 years of age or younger, unless required by particular measure
- LOS >120
- On comfort measures only
- Enrolled in a clinical trial
- Transferred in or out of the hospital
- Left AMA or discontinued care on the day of, or the day after, arrival
- Died on the day of, or the day after, arrival
- Pre-existing condition or clinical contraindication to the measure (for example, allergy to drug, or significant risk factor)
HAIs that Should Not be Reported to the CDC

Organisms belonging to the following genera are typically causes of community-associated infections. According to the CDC, infections with one of these as the causative organism should not be reported to the NHSN as an HAI:

- *Blastomyces*
- *Histoplasma*
- *Coccidioides*
- *Paracoccidioides*
- *Cryptococcus*
- *Pneumocystis*. 
The Catheter-Associated Urinary Tract Infections (CAUTI), Central Line Blood Stream Infection (CLABSI), and Surgical Site Infection (SSI) quality measures are included in:

- Hospital IQR Program
- HVBP Program
- HAC Reduction Program
- Hospital Compare Site

are very different than the CAUTI measure used in the HAC program discussed earlier.
CAUTI Measures: Indwelling Urinary Catheter

- The only type of CAUTIs included in the CMS health quality programs and submitted via the NHSN are those associated with indwelling catheter catheters, also called Foley catheters.

- The UTIs associated with following types of catheters are not included in this measure unless a Foley catheter is also present:
  - Condom or straight in-and-out catheters
  - Nephrostomy tubes
  - Ileoconduits
  - Suprapubic catheters

Indwelling urethral catheters that are used for intermittent or continuous irrigation are included in CAUTI measure.
CAUTI Measures: CDC’s Definition of **Symptomatic CAUTI (SUTI 1a)**

Patient must meet 1, 2, and 3 below during the HAI portion of the infection window period to meet the criteria for a symptomatic CAUTI:

| 1. Patient had an indwelling (Foley) urinary catheter that had been in place for > 2 days as of the date of event (day of device placement = Day 1) AND was either:  
  • Present for any portion of the calendar day on the date of event,  
  • OR  
  • Removed the day before the date of event | 2. Patient has at least one of the following signs or symptoms:  
  • fever (>38.0°C)  
  • suprapubic tenderness  
  • costovertebral angle pain or tenderness  
  • urinary urgency (only after catheter is removed)  
  • urinary frequency (only after catheter is removed)  
  • dysuria (only after catheter is removed) | 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥105 CFU/ml. |
CAUTI Measures: CDC’s Definition of - Asymptomatic CAUTI

Patient must meet 1, 2, and 3 below during the HAI portion of the infection window period to meet the criteria for an asymptomatic CAUTI:

1. Patient with an indwelling urinary catheter has no signs or symptoms of a symptomatic CAUTI

2. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

3. Patient has organism identified by a culture or non-culture based microbiologic testing method of a blood specimen with at least one bacterium from the blood culture matching to the bacterium identified in the urine specimen, or meets LCBI 2 criterion (without fever) explained on the next portion of this webinar and matching common commensal(s) in the urine.
CAUTI Measures: More Reporting Information

Patients transferred with an indwelling urinary catheter in place, and found to have a CAUTI on the day of transfer (date of admission to the new facility) or the day after must be reported as a CAUTI by transferring hospital.

CAUTIs caused by any of the following organisms should not be reported, unless another bacterium greater than or equal to 100,000 CFU/ml is also present in the urine specimen:

- Yeast or any type of Candida species
- Mold
- Dimorphi fungi
- Parasites

For all patients with an indwelling Foley catheter at some point during a hospitalization, patient and device days must be collected, calculated and reported. Hospitals are not required to report CAUTIs from the neonatal ICUs or well-baby nurseries.
CLABSI Measures: Central Line Catheters

A central line (CL) catheter is an intravascular catheter that is inserted into a peripheral vein and terminates at or close to the heart, or in one of the great vessels. Catheters inserted into an umbilical (UC) vein are also included in this measure.

The following devices are not considered central lines for NHSN reporting purposes:
- Extracorporeal membrane oxygenation (ECMO)
- Femoral arterial catheters
- Intra-aortic balloon pump (IABP) devices
- Hemodialysis dialysis catheters
- Impella heart devices

For NHSN reporting purposes, the catheter must be placed for the purpose of infusion, withdrawal of blood, or hemodynamic monitoring.
CLABSI Measures: Great Vessels

For CLABSI reporting purposes the following are considered the great vessels:

- Aorta
- Pulmonary artery
- Superior or inferior vena cava
- Brachiocephalic veins
- Internal jugular veins
- Subclavian veins
- External or common iliac veins
- Femoral veins
- Umbilical artery/vein (in neonates)
# CLABSI Measures: Reportable Infections

A reportable CLABSI must be a primary* bloodstream infection and requires **ONE** of the following scenarios:

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th>Scenario 2</th>
<th>Scenario 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A laboratory-confirmed bloodstream infection (LCBI) where the central line (CL) or umbilical catheter (UC) was in place &gt;2 calendar days on the event date, with day of device placement being Day 1, and the line was also in place on the date of event or the day before.</td>
<td>A CL or UC in place for &gt;2 days with the date of event of the LCBI being the day that the CL or UC was removed or the day after.</td>
<td>A patient who is transferred with a CL or UC in place, and is found to have a LCBI on the day of transfer (date of admission to the new facility) or the day after must be reported as a CLABSI by transferring hospital.</td>
</tr>
</tbody>
</table>

*A primary bloodstream infection is not secondary to another infection in another body site.*
A LCBI requires that a patient have a recognized pathogen identified from one or more blood specimens by a culture or non-culture based microbiologic testing method, and an organism(s) identified in the blood is not related to an infection at another site.

A second method for confirming a LCBI (LCBI 2) is for a patient to have at least one of the following signs or symptoms:
- fever (>38.0 °C)
- chills
- hypotension
- an organism(s) identified from blood that is not related to an infection at another site.

The same common commensal must also be identified from two or more blood specimens drawn on separate occasions by culture or non-culture based microbiologic testing methods.

A LCBI in a child a year-old has the same criteria as LCBI2 except that the child must have either a fever (>38.0 °C), hypothermia (<36. °C), apnea, or bradycardia.

Catheter tip cultures are not used to determine whether a patient has a primary
CLABSI Measures: Additional Information

Hospitals must submit the total number of device days and patients days for all patients who had a central line (CL) catheter or Umbilical catheter (UC) while hospitalized including those without an infection.

For the special care units, such as ICUs, NICUs, and oncology units, the CDC requires that the days be counted separately for patients with temporary versus permanent CLs.

The CDC recommends that hospitals collect the data at the same time, every day, by location in the hospital.

For non-special care units, hospitals are to collect the number of patients with one or more CLs of any type. If a patient has both a temporary and a permanent CL, count only the temporary CL.
SSIs Measures: Data Submission Requirements

The CDC collects information on all types of surgical site infections (SSI) via the NHSN. CMS requires that hospitals submit data on the following procedures:

- Abdominal hysterectomies (including both open and laparoscopic approaches codes: 0UT90ZZ and 0UT94ZZ)
- Colon procedures (excluding rectal procedures (very long list of codes starting with 0D))

Hospitals must submit data on all cases with one these targeted procedures including the ones without a SSI.

The targeted procedures can be either the principal procedure or a secondary procedure on the patient's record.
SSI Measures: Deep Incisional Primary (DIP) SSIs

The CDC only sends data on the deep incisional primary (DIP) SSIs following abdominal hysterectomies or colon surgery:

An infection must meet the following criteria to be reported to CMS: Infection must occur within 30-days after the hysterectomy or colon surgery (where day 1 = the procedure date).

The patient must have at least one of the following:

• Purulent drainage from the deep incision

• Abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test

• Deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician or other designee and the organism is identified by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment. If a culture or non-culture based microbiologic testing method is not performed then the patient must have a fever (>38°C), localized pain or tenderness.

• A culture or non-culture based test that has a negative finding does not meet this criterion.
SSI Measures: American Society of Anesthesiologists (ASA) Classification of Physical Status

The CDC risk adjusts the SSI data reported to CMS by taking patient age and ASA score into account:

ASA physical status is an assessment by the anesthesiologist of the patient’s preoperative physical condition using the American Society of Anesthesiologists’ (ASA) Classification of Physical Status. Patients are assigned one of the following:

1. A normally healthy patient
2. A patient with mild systemic disease
3. A patient with severe systemic disease
4. A patient with severe systemic disease that is a constant threat to life
5. A moribund patient who is not expected to survive without the operation
6. A declared brain-dead patient whose organs are being removed for donor purposes

Procedures with an ASA physical status of 6 are not reported.
MRSA bacteremia and *Clostridium Difficile* infections

For the hospital IQR program, hospitals must submit data to the CDC for Methicillin-resistant *Staphylococcus Aureus (MRSA)* bloodstream infections and *Clostridium Difficile (C. difficile)* infections as defined by the CDC using the LabID event reporting option, which relies on lab results to identify cases.
### MRSA bacteremia and *Clostridium Difficile* infections

| **Staphylococcus aureus** cultured from a blood specimen obtained for clinical decision making purposes (i.e., no surveillance cultures) that tests oxacillin-, cefoxitin-, or methicillin-resistant. | **C. difficile** is identified as the associated pathogen for patient illness by a positive lab test result for:  
- *C. difficile* toxin A and/or B,  
- *C. difficile* toxin gene, or a toxin-producing  
- *C. difficile* organism detected by culture, or other FDA-approved lab methods |
| --- | --- |
| The testing can be done by:  
- Standard susceptibility test methods,  
- Lab test that is FDA-approved for MRSA detection from isolated colonies, or by methods that provide a positive result by any FDA-approved test for MRSA detection from the specimen source | The test must have been performed on an unformed stool sample, obtained for clinical decision making purposes (i.e., no surveillance cultures) |
| For patients who are inpatients, or in the ED, or 24-hour observation location having no previous like specimen identified from a laboratory result from that patient in that location in the previous 14 days. | From patient in a specific inpatient, ED, or 24-hour observation location having no previous like specimen identified from a laboratory result from that patient in that inpatient location in the previous 14 days. |
Highlights of Differences between HAI Measures for HAC Program and CMS’ Other Health Quality Program

**HAC Program**
- Cases with HAC determined by ICD-10-CM/PCS codes and POA indicators
- No specified definitions or guidelines for determining what is and isn’t a HAC
- Identified from administrative claims data collected and coded and by coding specialists in the HIM department based on documentation in the patient’s record
- Affects payment on a case-by-case basis

**CMS’ Other Quality Initiative Programs**
- Cases selected for submission determined by detailed clinical definitions and inclusion and exclusion criteria
- Data manually collected and submitted from the patient’s record, usually by nurses to the CDC via the NHSN.
- Affects payment of all Medicare patients
- HAI data publically displayed on the Hospital Compare site.
Key Characteristics of HAI Infections: General

• Any non-device or procedure-related infection with an event date before day 3 a hospital stay is POA.

• Generally excluded from HAI submission to the CDC via the NHSN:
  • Children
  • LOS > 120 days
  • Patients on comfort care or in a clinical trial
  • Transfer patients
  • left AMA or died on or 1 day after admission
  • Infections caused by organisms that are typically associated with community-acquired infections.
Key Characteristics of HAI Infections: CAUTI, CLBSI, SSI

**CAUTI Characteristics**
- CAUTI quality measures include indwelling catheters only. They exclude condom and straight catheters, nephrostomy tubes, ileoconduits and suprapubic catheters.
- Catheter has to be in 2 days prior to or including the event date.

**CLBSI Characteristics**
- CLBSI quality measures excludes catheter tip cultures are not used to determine whether a patient has a primary blood stream infections.
- CL catheter must be end in one the great vessels near or in the heart.
- CL catheter must be placed for the purpose of infusion, withdrawal of blood, or hemodynamic monitoring.
- CLABSI must be a primary bloodstream infection that is laboratory confirmed.

**SSI Characteristics**
- Report ALL instances of the targeted procedures.
  - abdominal hysterectomies (codes 90UT90ZZ and 0UT94ZZ)
  - colon procedures (except rectal) (long list of codes starting with 0D)
CAUTI Documentation

<table>
<thead>
<tr>
<th>Details about the infection must be documented:</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify site and type of infection or inflammation if possible, such as: kidney (nephritis), bladder (cystitis), urethra (urethritis) or unspecified UTI.</td>
<td></td>
</tr>
<tr>
<td>Causative organism</td>
<td></td>
</tr>
<tr>
<td>Type of catheter involved (straight or Foley)</td>
<td></td>
</tr>
<tr>
<td>Date, time and place (ED, nursing unit, home) where catheter was inserted</td>
<td></td>
</tr>
<tr>
<td>Date and time catheter was removed, if applicable</td>
<td></td>
</tr>
<tr>
<td>Date/Time that the infection was first suspected or known, along with signs and symptoms and lab findings</td>
<td></td>
</tr>
<tr>
<td>Etiology or relationship between the catheter and infection. Use linking terms such as “due to”, “secondary to”, or caused by” to show cause-and-effect relationship.</td>
<td></td>
</tr>
<tr>
<td>Date, time and body site of when and from where specimens were collected</td>
<td></td>
</tr>
<tr>
<td>Specify if this is the initial or subsequent admission to treat the infection, or an admission to treat a sequela resulting from a previous CAUTI.</td>
<td></td>
</tr>
</tbody>
</table>
# CLABSI or Vascular Catheter Infection Documentation

To ensure that vascular catheter associated infections are coded accurately and reported correctly, the following details about the infection must be documented:

<table>
<thead>
<tr>
<th>Details</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of infection, such as cellulitis, vascularitis, phlebitis, or sepsis, and extent of infection (bloodstream, localized, specified other extent)</td>
<td></td>
</tr>
<tr>
<td>Causative organism</td>
<td></td>
</tr>
<tr>
<td>Type and site of catheter involved</td>
<td></td>
</tr>
<tr>
<td>Date, time and place (ED, Operating room, nursing unit, etc) where catheter was inserted</td>
<td></td>
</tr>
<tr>
<td>Date and time catheter was removed, if applicable</td>
<td></td>
</tr>
<tr>
<td>When infection first suspected or known, along with signs and symptoms and lab findings</td>
<td></td>
</tr>
<tr>
<td>Etiology or relationship between the catheter and infection, if any using linking terms such as “due to”, “secondary to”, or caused by”</td>
<td></td>
</tr>
<tr>
<td>Date, time and site of when and from where specimens were collected</td>
<td></td>
</tr>
<tr>
<td>Specify if this is the initial or subsequent admission to treat the infection, or an admission to treat a sequela resulting from a previous CAUTI.</td>
<td></td>
</tr>
</tbody>
</table>
## SSI Documentation

To ensure that SSIs are coded accurately and reported correctly, the following details must be documented:

<table>
<thead>
<tr>
<th>Details</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific type, site, and extent of the surgical site infection, such as cellulitis, acute peritonitis, pelvic abscess, acute gastritis, or acute osteomyelitis,</td>
<td></td>
</tr>
<tr>
<td>Etiology of the infection and relationship between the procedure/device and the infection, if any, using terms such as “due to”, ‘secondary to”, or “caused by” to establish the cause and effect relationship.</td>
<td></td>
</tr>
<tr>
<td>Organism causing the infection</td>
<td></td>
</tr>
<tr>
<td>Date/Time infection first suspected or known, along with signs and symptoms and lab findings</td>
<td></td>
</tr>
<tr>
<td>Date, time and site of when and from where infection related specimens were collected</td>
<td></td>
</tr>
<tr>
<td>Specify if this is the initial or subsequent admission to treat the infection, or an admission to treat a sequela resulting from surgery during a previous hospitalization or outpatient encounter.</td>
<td></td>
</tr>
<tr>
<td>Date and time of surgery related to the infection.</td>
<td></td>
</tr>
<tr>
<td>Procedure details, such as body system and specific body parts involved, surgical approach, purpose/objective and extent of the procedure, implanted devices, was it diagnostic or therapeutic</td>
<td></td>
</tr>
</tbody>
</table>
Implications for Hospitals Due to Reporting Differences

• The HAI cases for CAUTI, CLABSI reported by a hospital for the HAC program are not going to match up to the cases reported via the CDC’s NHSN website.

• May lead to targeted reviews and reclassification by auditors with a subsequent impact on penalties, rankings and revenue

• Provide opportunities for hospitals to do their own comparisons to ensure the correct cases are being reported properly

• The CDC definitions and criteria may be helpful in developing policy and procedures for identifying CAUTIs, CLABSIs, SSIs, as well as MRSA and C.difficile infections for coding and reporting on the claims.

• The CDC definitions and criteria for information that needs to be reported via the HCSN also serve as a good starting point for developing internal documentation guidelines to support coding and reporting.
Key Websites for Finding Information on HACs and HAIs

CMS.gov
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

Hospital Compare
https://www.medicare.gov/hospitalcompare/compare.html

CDC NHSN
http://www.cdc.gov/nhsn/

QualityNet
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetHomepage&cid=1120143435383

Quality Reporting Center – CMS Support Contractor
www.qualityreportingcenter.com
References and Resources – HAC Program

• Centers for Medicare and Medicaid Services, Hospital-Acquired Conditions (Present on Admission Indicator). ICD-10 List
  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

References and Resources – HAI Information


References and Resources – CAUTI Information


References and Resources – CLBSI Information

References and Resources – SSI Information


• Centers for Disease Control and Prevention. *Operational guidance for reporting surgical site infection (SSI) data to CDC’s NHSN for the purpose of fulfilling CMS’s hospital inpatient quality reporting (IQR) program requirements.*: www.cdc.gov/nhsn/pdfs/cms/ssi(final-ach-ssi-guidance_2015.pdf

• American Society of Anesthesiologists. ASA: www.asahq.org/resources/clinical-information/asa-physical-status-classification-system
References and Resources: Other


Q&A

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- Present on Admission (POA) Indicator: An Overview
- Hospital-Acquired Conditions (HACs): A Regulatory Overview
- Hospital-Acquired Conditions (HACs): Never Events
- Hospital-Acquired Conditions (HACs): Post-Procedure Infections and Venous Complications
- Hospital Quality Initiatives (HQIs): Overview of Regulations and Requirements
- Hospital Quality Initiatives (HQIs): Claims-Based Quality Measures
- Hospital Quality Initiatives (HQIs): Hospital-Reported Quality Measures

**Clinical Documentation Improvement**

**Documentation Essentials for Specific Topics, Diagnoses, and Procedures**
- Chronic Kidney Disease, Renal Calculus, and Urinary Tract Infections

**EduCode Doc Briefs**
- Renal Calculi and UTI

**EduCode Inpatient Coding Curriculum**

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- Diagnosis: An Overview
- Diagnosis: Other Topics

**ICD-10-CM/PCS Injuries, Burns and Poisonings**
- Diagnosis: Complications of Care

**ICD-10-CM/PCS Skin and Subcutaneous Tissue (5 Lessons)**
- Diagnosis: An Overview
- Diagnosis: Infections and Other Conditions of the Skin and Subcutaneous Tissue
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