

DEPARTMENT: Clinical Operations Group – Infection Prevention: Clinical Reporting Program	POLICY DESCRIPTION: National Healthcare Safety Network (NHSN) Reporting
PAGE: 1 of 4	REPLACES POLICY DATED: 1/1/12, 5/15/12, 12/1/14, 5/1/15, 5/1/19
EFFECTIVE DATE: August 1, 2021	REFERENCE NUMBER: COG.COM.004 (formerly CSG.COM.004)
APPROVED BY: Ethics and Compliance Policy Committee	

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 freestanding Inpatient Rehabilitation Facilities (IRF) or units within acute care Hospitals as well as colleagues responsible for conducting, supervising, and/or performing quality assurance on the data submitted to the National Healthcare Safety Network (NHSN).

PURPOSE: To ensure eligible HCA Healthcare facilities accurate and timely submission of required data to the National Healthcare Safety Network (NHSN) to comply with the reporting requirements of the Center for Medicare & Medicaid Services (CMS) mandated programs in order to receive the full Annual Payment Update (APU). Non-compliance with the requirements set forth in this policy will place the facility in risk of not receiving their APU, and negatively impacting the facility's Medicare reimbursement.

POLICY:

This policy provides guidance for responsible parties at eligible HCA Healthcare facilities to accurately and timely submit the required data to NHSN, to comply with CMS' mandated reporting requirements. **In order to receive the full Annual Payment Update (APU), compliance with CMS reporting requirements is mandatory.**

The HCA Healthcare Infection Prevention program will:

1. Refer to CDC.gov NHSN website to access CMS reporting requirements for each type of facility;
2. Follow all procedure guidelines outlined within this policy to ensure appropriate set-up as well as maintenance for accurate and timely reporting to NHSN; and
3. Understand all elements of this policy and be able to expertly speak to its purpose and the procedures outlined within.

PROCEDURE:

Facility Infection Preventionist (IP) or Designee:

1. Refer to the CDC.gov NHSN website to access CMS reporting requirements for the specific type of facility and location.
2. Maintain the facility set-up for NHSN reporting process by:
 - a. Ensuring the facility is enrolled in NHSN and has consented to share data with CMS.
 - b. Assigning at least two facility-level trained NHSN users – one administrator and at least one additional user with conferred rights to enter facility data. If administrator role is being vacated, ensure administrator role is transitioned **prior to** the original administrator leaving.
 - c. Ensuring the Division Leader of Infection Prevention (DLIP) or other trained Division-based designee is conferred rights to enter data on behalf of the facility.

DEPARTMENT: Clinical Operations Group – Infection Prevention: Clinical Reporting Program	POLICY DESCRIPTION: National Healthcare Safety Network (NHSN) Reporting
PAGE: 2 of 4	REPLACES POLICY DATED: 1/1/12, 5/15/12, 12/1/14, 5/1/15, 5/1/19
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- d. Ensuring HCA Healthcare is conferred rights by joining the HCA Healthcare group (16599) in NHSN for each qualifying reportable measure.
 - e. Ensuring all other mandated state or local organizations are conferred rights, as appropriate.
3. Maintain an appropriate facility location list by:
 - a. Ensuring units are appropriately registered into and maintained in the NHSN/CDC application based on requirements of patient type.
 - i. Notifying DLIP if a patient location is eligible to be renamed, repurposed to a new level of care, newly designated, added to active service, or retired. Written approval from DLIP is required to proceed with any location changes.
 - ii. Notify Corporate TheraDoc team of any patient location changes via email request.
 - b. Review on an annual basis and as-needed.
 4. Report CMS mandated infection data into NHSN
 - a. Within 30 days after the end of each month (Required Surgical Site Infection (SSI) data up to 90 days after the end of each month as required by surgery type).
 - b. Finalize and validate CMS reporting within three months after the end of each quarter.
 - c. Submit required Healthcare Associated Infection (HAI) exception forms to CMS if facility meets requirements. Notify and receive support from DLIP or Division-based designee if an exception form is being created and submitted.
 - d. Acknowledge and remediate identified issues with data submission.
 - i. Review monthly and quarterly Quality Assurance (QA) reports distributed by DLIP to facilities with missing or incorrect data;
 - ii. Troubleshoot and remediate data issues in a timely manner and report to DLIP when data errors are fixed; and
 - iii. Escalate unresolved issues to the Corporate Infection Prevention Team.

Division Leader of Infection Prevention (DLIP) or Designee:

1. Refer to CDC.gov NHSN website to access CMS reporting requirements for each facility within the Division.
2. Maintain conferred rights to enter data on behalf of all facilities within the Division. If DLIP role is being vacated, ensure a trained Division-based Designee is identified **prior to** the DLIP exit.
3. Ensure facilities maintain at least two trained NHSN users – one administrator and at least one additional user with conferred rights to enter facility data. If the facility administrator role is being vacated, ensure the transition occurs **prior to** the original administrator leaving.
4. With the facility designee, evaluate appropriateness of any proposed patient location being renamed, repurposed to a new level of care, newly designated, added to active service, or retired. DLIP must provide written approval for the facility to proceed with any location changes and be included on the communications with the Corporate TheraDoc team.
5. Review monthly QA reports distributed by COG:
 - a. Forward to any facilities within the Division that are shown to have data issues; and
 - b. Assist with troubleshooting and timely remediation.

DEPARTMENT: Clinical Operations Group – Infection Prevention: Clinical Reporting Program	POLICY DESCRIPTION: National Healthcare Safety Network (NHSN) Reporting
PAGE: 3 of 4	REPLACES POLICY DATED: 1/1/12, 5/15/12, 12/1/14, 5/1/15, 5/1/19
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6. Review quarterly QA reports provided by COG prior to facilities' final submissions to NHSN.
7. Provide escalation pathway and overall support for facility users needing assistance.
8. Accountable party if facilities within the Division do not meet the requirements set forth within this policy.

Corporate Teams:

1. Business Operations Data Team:
 - a. Monthly, distribute QA reports to DLIPs or Division-based Designees.
 - b. Quarterly, perform and distribute to DLIPs or Division-based designee a final review prior to each quarterly submission of NHSN data.
2. Infection Prevention Team:
 - a. Support Division if they are unable successfully to assist facility with remediation of data issues.
 - b. Provide escalation pathway and overall support for DLIP or Division-based designee needing assistance.
 - c. Accountable party if Divisions do not meet the requirements set forth in this policy.
3. TheraDoc Team:
 - a. Complete location changes in TheraDoc as requested by facility with confirmation from DLIP or Division-based Designee and notify facility and Division when the location change is complete.
 - b. Consult with DLIP or Division-based designee on discrepancies in data or location (NHSN) management.

DEFINITIONS:

Acute Care Hospital: A hospital that provides inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short term illness or condition).

Ambulatory Surgical Center (ASC): A place other than a hospital that does outpatient surgery, also known as "outpatient surgery center" or "same day surgery center."

Annual Payment Update (APU): CMS annually updates the operating and capital payment rates to eligible hospitals by considering the projected increase in the market.

Centers for Disease Control and Prevention (CDC): The branch of the U.S. Public Health Service under the Department of Health and Human Services charged with the investigation and control of contagious disease in the nation.

Centers for Medicare & Medicaid Services (CMS): A federal agency within the United States Department of Health and Human Services (HHS) that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.

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PAGE: 4 of 4	REPLACES POLICY DATED: 1/1/12, 5/15/12, 12/1/14, 5/1/15, 5/1/19
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Clinical Operations Group (COG): A pillar of HCA Healthcare designed to support operating teams and care excellence at scale.

Critical Access Hospital: Designation given to eligible rural hospitals by the Centers for Medicare and Medicaid Services (CMS) that meet specific criteria.

Division Leader of Infection Prevention (DLIP): Division-based role within HCA Healthcare acts as a leader in driving the Infection Prevention vision and agenda for the Divisions. With regard to this policy, the DLIP is responsible for ensuring NHSN validation and timely reporting of all facilities within the Division.

Healthcare Associated Infection (HAI): An infection that develops as a result of medical care.

Inpatient Rehabilitation Facilities (IRF): Free standing rehabilitation hospitals and units in acute care hospitals that provide an intensive rehabilitation program for patients who must be able to tolerate three hours of intense rehabilitation services per day.

Infection Preventionist (IP): Facility Infection Prevention colleague or their designee who is responsible for maintaining the facility set-up for the NHSN reporting process.

Long Term Acute Care Hospitals (LTAC): Facilities that specialize in the treatment of patients with serious medical conditions that require care on an ongoing basis but no longer require intensive care or extensive diagnostic procedures.

National Healthcare Safety Network (NHSN): Secure, internet-based system managed by the Centers for Disease Control and Prevention that expands and integrates patient as well as healthcare personnel safety surveillance.

Surgical Site Infection (SSI): An infection that occurs after surgery in the part of the body where the surgery took place.

REFERENCES:

1. [COG Infection Prevention Atlas Connect Site](https://connect.medicity.net/web/ip?t=bf9d6b55-7aa2-4358-a15a-97ce576e2040)
2. CMS Quality Programs <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Quality-Programs>
3. CMS Reporting Requirements <https://www.cdc.gov/nhsn/cms/index.html>
4. NHSN Website <https://www.cdc.gov/nhsn/>
5. [Attachment A](#): Corporate Infection Prevention Team Contact List