

Frequently Asked Questions (FAQ) on Healthcare Acquired Infection Hospital Data Summary Sheets

1. My report is missing data. What can I do?

There are three general reasons data may be missing from your report: First, data may be missing because you do not report on such a procedure or you have received a waiver from reporting from the Office for Health Policy and Research (OHPR). For example, if your hospital does not perform coronary artery bypass surgery, the lower right corner of your page will be blank. As another example, if your hospital meets waiver requirements for central-line associated bloodstream infection reporting, this section of the report will be labeled “This hospital is exempt from central line associated bloodstream infection reporting.” Under these circumstances, your hospital is in compliance with reporting requirements and no action is required by your hospital.

A second example is you may have a section of the report that is labeled “No data reported by this hospital.” This means your hospital has not reported required data. Contact OHPR to determine if your hospital qualifies for a waiver or if you can complete this section. All corrections (including missing data) need to be submitted to OHPR by 5 pm on March 31, 2010.

A third example of missing data is that only a portion of your data are showing on the report. For example, you reported 80 knee replacement procedures in NHSN, but only 75 are showing on your report. Contact OHPR to troubleshoot why the knee procedures are not showing on your report. Often, it is a simple issue of coding procedures as outpatient (instead of inpatient). All corrections need to be submitted to OHPR by 5 pm on March 31, 2010.

2. We have only one infection control professional at our hospital, but our report states our Infection Control Practitioner full-time equivalent (FTE) is 1.25. How do I correct the FTE?

The Infection Control FTE is calculated from the annual survey data in NHSN. Under the section titled “Infection Control Practices,” the annual survey includes several items related to the infection control professional’s surveillance activities, including the count of infection control practitioners at a facility, the total hours per week performing surveillance, and the total hours per week for infection and control activities other than surveillance. The infection control FTE is calculated by dividing the total hours per week performing surveillance by 40 hours (which represents a full-time work week). Therefore, if you write that you perform surveillance activities 50 hours per week, the infection control FTE will be reported as $50/40 = 1.25$.

To correct survey data in NHSN, log onto NHSN. From the left blue navigation bar, select Survey → Find. Input “Annual Facility Survey” and “2009.” Your survey will appear. Scroll to the bottom of the page and select the “Edit” button. Make your revisions. Scroll to the bottom of the page and select the “Save” button.

3. The bed count listed on our report is incorrect. How do I correct this?

The total bed count is calculated from the NHSN Annual Survey. It is a sum of all bed types listed under the Facility Characteristics section. If you are missing some beds, please review this section and revise your counts as appropriate.

To correct survey data in NHSN, log onto NHSN. From the left blue navigation bar, select Survey→ Find. Input “Annual Facility Survey” and “2009.” Your survey will appear. Scroll to the bottom of the page and select the “Edit” button. Make your revisions. Scroll to the bottom of the page and select the “Save” button.

4. What is the date range for the data presented in this report?

With the exception of the Surgical Care Improvement Project (SCIP) Process of Care Measurements, all of the data is for calendar year 2009. The SCIP measurement data are obtained from the Hospital Compare web site (www.hospitalcompare.hhs.gov). The SCIP data on the Hospital Compare web site are presented as rolling annual rates. As of this writing (March 8, 2010), the most recent set of data on Hospital Compare is from April 2008 through March 2009.

5. How can I validate the SCIP data?

As noted under question 4, the source for SCIP data is the Hospital Compare web site (www.hospitalcompare.hhs.gov). The SCIP data on the Hospital Compare web site are presented as rolling annual rates. As of this writing (March 8, 2010), the most recent set of data on Hospital Compare is from April 2008 through March 2009.

6. The comparison charts include three benchmarks: National, State and Peers. What is the source of these benchmarks?

- The National Benchmark is provided by NHSN, as detailed in the “2009 NHSN Report, Summary of Device-Associated and Procedure Associated module data collected and reported by hospitals and ambulatory surgical centers participating in the National Healthcare Safety Network (NHSN) from January 2006 through December 2008” as reported to the Centers for Disease Control and Prevention (CDC) by July 6 2009.
- The State Benchmark represents the average performance of all Oregon hospitals that participate in this measurement for calendar year 2009. The average was calculated by dividing the sum of the numerators for a given measurement by the sum of the denominators.
- The Peer Benchmark is a subset of Oregon hospitals that are stratified by bed size.

7. In the letter submitted to CEOs and Infection Control Professionals with this draft report, it is noted that once these data are corrected, OHPR will apply thresholds for reporting in the final report, such that CLABSI data will only be reported for hospitals with 50 or more central line days and surgical site

**measurements will be reported for hospitals with 20 or more procedures.
How were these thresholds determined?**

We selected these methods based on CDC recommendations in reporting data from the National Health and Safety Network (NHSN).

8. We are a small hospital with a low volume of procedures. Will the report comment on how to interpret these data?

Our Reporting Advisory Committee has discussed the need to include a section in the report to outline the limitations of the data in this report, including but not limited to the fact that this is the first year of reporting, these data are not validated, and that outcomes for small hospitals with small denominators need to be interpreted with caution.

9. What are my options to provide comments on our data?

Our procedure for including comments is that OHPR will include a web link on your data sheet that will direct readers to a web site maintained by OHPR. This web site will list comments by each hospital. In its section, a hospital may determine if it would like to (1) provide written comments, (2) provide a link to a hospital web site, or (3) provide both written comments and a link to a hospital web site. We have some hospitals that have dedicated hospital web page(s) with quality data and these hospitals are preparing their own data summaries to supplement the data provided in the public report. For example, one hospital is summarizing surgical site infection data that was entered into NHSN over a three-year period.

10. How long do we have to review, correct, and provide comments on our data?

All corrections and comments need to be submitted by 5 pm on March 31, 2010.

Procedure for Corrections. If you wish to submit a correction for data entered into NHSN, you need to (1) enter the revisions in NHSN and (2) send Jeanne Negley an email (jeanne.negley@state.or.us) stating which data were revised (i.e., survey data, central line, knee prosthesis, or coronary bypass surgery). Jeanne will respond within two business days regarding receipt of your correction.

Procedure for Comments. If you wish to submit comments for your data, we have reserved a section on this one-page summary sheet to provide a link to a web site maintained by OHPR that will list submitted comments per hospital. When submitting comments, you can either (1) include your written comments or (2) include a link to a hospital web site that you specify. Therefore, to submit comments, send an email to Jeanne Negley (jeanne.negley@state.or.us) and in the email provide either your comments or a link to a web site. Jeanne will respond within two business days regarding receipt of your correction.