

Using the “SIR – CDI FacwideIn LabID Data for Hospital IQR” Report

The NHSN Analysis Report, “SIR – CDI LabID Data for Hospital IQR” was created in order to allow acute care facilities to review those *C.difficile* LabID data that would be submitted to CMS on their behalf. It’s important to keep in mind the following as you begin to use this report:

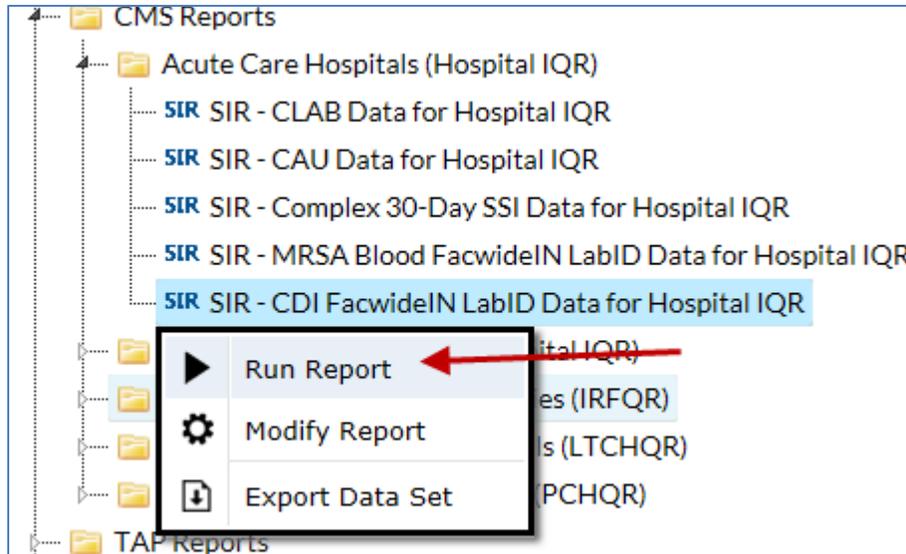
- a. These data will only be submitted for those facilities that are participating in the CMS IPPS Hospital IQR Program, as indicated by their CCN recorded in NHSN.
- b. **The SIRs generated in this output will be calculated using the 2015 national baseline data.** To learn more about the standardized infection ratio (SIR) under the 2015 baseline as it pertains to CDI data, please see: <https://www.cdc.gov/nhsn/2015rebaseline/>.
- c. This report will only include in-plan FacWideIn CDI LabID data beginning with 2015. Earlier years for which you may have reported these data will not be included in this output. Data that have previously been submitted to CMS for participation in a Quality Reporting Program can be found at the following folders: Baseline Set 1 > CMS Acute Care Hospitals (Hospital IQR) > SIR – CDI FacwideIN LabID Data for CMS IPPS.
- d. **IMPORTANT!** Facilities must appropriately **Report No Events** for those FacWideIn months for which no CDI LabID events were identified in an inpatient location.
- e. This output option represents an SIR for each hospital, not each CCN. If your hospital shares a CCN, this SIR will only represent the data that your hospital has contributed to the overall SIR for all hospitals that share the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for all the hospitals that share a CCN. More information about the Group feature can be found here: <http://www.cdc.gov/nhsn/group-users/index.html>.
- f. The data in this report will represent data current as of the last time you generated datasets. Note that data in the Provider Participation Report are not updated simultaneously with your data in NHSN. Data changes made in NHSN will be reflected in the next monthly submission to CMS. **EXCEPTION:** Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 3am ET on August 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in later months on the Provider Participation Report or on Hospital Compare.
- g. The information in this document should be used in conjunction with the document, “How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID events for the CMS Inpatient Quality Reporting Program”, available at: <https://www.cdc.gov/nhsn/pdfs/cms/how-to-set-up-and-report-mrsa-cdi.pdf>



Example of the “SIR – CDI FacWideIN LabID Data for Hospital IQR”: Interpretation and Data Checking

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click “Generate New”.

1. After selecting Analysis > Reports, navigate through the following folders: CMS Reports > Acute Care Hospitals (Hospital IQR) > SIR – CDI FacwideIN LabID Data for Hospital IQR. After clicking the title of the report, click “Run” on the subsequent pop-up menu.



2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from *.cdc.gov.
3. Within the output, there may be multiple tables, each described below.

I. SIR – CDI FacwideIN LabID Data for CMS Hospital IQR (2015 Baseline)

SIR for CDI FacwideIN for CMS Hospital IQR (2015 baseline)
 As of: December 13, 2016 at 2:04 PM
 Date Range: BS2_LABID_RATESCDIF summaryYr After and Including 2015
 if (((cdifLabIDPlan = "Y")))

orgID	location	summaryYQ	months	CDIF_facInCHOCcount	numPred	numpatdays	SIR	SIR_pval	sir95ci
10401	FACWIDEIN	2016Q1	3	-	-	-	-	-	-
10401	FACWIDEIN	2016Q2	3	0	0.980	2273	-	-	-

The table represents an overall, single SIR for your facility, per calendar quarter. This is the information that will be submitted to CMS for each IPPS-participating facility, as indicated by the facility’s CCN. The example above shows SIR data for 2016 Q1 and 2016 Q2.

II. CDI Quarters with Outlier Prevalence Rate

A second table may appear if there are any quarters in which the community-onset (CO) prevalence rate is considered an outlier (> 2.6 CO events per 100 admissions). The number of predicted infections, and thus the SIR, cannot be calculated in such instances. However, in order to signify compliance with the reporting requirements, the quarter will appear in the first table with the number of months indicated.

CDI Quarters with Outlier Prevalence Rate				
As of: December 13, 2016 at 2:04 PM				
Date Range: BS2_LABID_RATE\$CDIF summaryYr After and Including 2015				
if (((cdifLabIDPlan = "Y")))				
location	summaryYQ	cdif_admprevcocount	numAdms	CDI_COprevRate
FACWIDEIN	2016Q1	1	37	2.703

Using the two tables above, one can conclude the following:

- a. During the first quarter of 2016, three months of data were submitted, however, the prevalence rate for that quarter (2.703) is considered an outlier and therefore, the number of predicted infections and the SIR cannot be calculated for this quarter. In this situation, the number of observed CDI events and the total number of patient days will also be “missing” from the SIR report.
- b. During the second quarter of 2016:
 - i. The facility identified 0 incident, healthcare facility-onset (HO) CDI LabID events among 2,273 patient days.
 - ii. The number of predicted incident, HO CDI LabID events was 0.980.
 - iii. Because the number of predicted events is less than 1, the SIR for CDI LabID events during this time period is not calculated. Therefore, the p-value and 95% confidence interval are also not calculated.

The SIR is not calculated for either 2016 Q1 or Q2 for this facility. However, assuming all other reporting requirements are met, the data from these two quarters as shown in the SIR report are considered “complete” and will still be submitted to CMS in order to comply with Quality Reporting Programs.

4. What can be done if a quarter does not appear in the table or if the data are inaccurate?
 - i. Check that the summary data for the FACWIDEIN location have been entered for each month in the quarter and double-check the accuracy of these data, which includes patient days and admissions.
 - ii. If summary data have been entered, double-check your monthly reporting plan for each month in the quarter. Check to make sure that CDI LabID surveillance is included in your monthly reporting plan for the location FACWIDEIN.
 - iii. If summary data have been entered and no CDI LabID events have been identified, be sure to check the 'Report No Events' box on the summary record or through the "Missing Events" alerts tab.
 - iv. If the number of events is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the CDI LabID events in NHSN using the CDI LabID events line list.

REMEMBER: If you have made any changes to your data, regenerate your datasets in order to review your output options with the most up-to-date data in NHSN.

Additional Resources:

Troubleshooting MRSA and CDI LabID Event SIR:

https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf

CMS Resources for NHSN Users: <http://www.cdc.gov/nhsn/cms/index.html>

Operational Guidance for ACHs to report CDI:

<https://www.cdc.gov/nhsn/pdfs/cms/final-ach-cdi-guidance.pdf>

Analysis Quick Reference Guides:

<http://www.cdc.gov/nhsn/PS-Analysis-resources/reference-guides.html>

