Using the “SIR - CDI FacwideIN LabID Data for LTCHQR” Report

The NHSN Analysis Report, “SIR - CDI FacwideIN LabID Data for LTCHQR” was created in order to allow long term acute care facilities (also known as Long Term Care Hospitals, or LTCHs) 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:

• These data will only be submitted for those facilities that are participating in the CMS Long Term Care Hospital Quality Reporting (LTCHQR) Program, as indicated by their CCN recorded in NHSN.

• 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/.

• This report will only include in-plan FacWideIn CDI LabID data beginning with January 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 - Long Term Acute Care Hospitals (LTCHQR) > Rate Table - CDI LabID Data for LTCH PPS.

• IMPORTANT! Facilities must appropriately Report No Events for those FacWideIn months for which no CDI LabID events were identified in an inpatient location(s).

• This output option represents an SIR report for each hospital, not each CCN. If your hospital shares a CCN with another facility, the 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.

• The data in this report will represent data current as of the last time you generated datasets. NOTE: Quarterly data are frozen as of the final submission date for that quarter (e.g., first quarter (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 the data submitted to CMS.

• 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 Long Term Care Hospital Quality Reporting Program”, available at: https://www.cdc.gov/nhsn/pdfs/cms/ltac/setting-up-and-reporting-labid-event_ltch.pdf
Example of the “SIR - CDI FacWideIn LabID Data for LTCHQR”: 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 > Long Term Acute Care Hospitals (LTCHQR) > SIR - CDI FacwideIN LabID Data for LTCHQR. 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. Data presented below are fictitious.

a. SIR Example Report:
   “SIR - CDI FacwideIN Data for LTCHQR”

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 facility, as indicated by the facility’s CCN.
Using the table above, one can conclude the following:

- For the first quarter of 2016, this facility reported three months of CDI LabID (months).
- The facility identified 3 incident healthcare facility-onset (HO) CDI LabID events among 4,541 patient days. For more information about which events are counted in the numerator of the SIR, refer to the LabID SIR Troubleshooting document (see Additional Resources below).
- The number of predicted FacWideIn incident, HO CDI LabID events was 5.538.
- The SIR is calculated as 3 / 5.538 = 0.542. Because the SIR is less than 1, we can conclude that the facility observed fewer events than predicted.
- The p-value and 95% confidence interval are not statistically significant. Therefore, the facility did not observe significantly fewer events than predicted.

NOTE: If the number of predicted events is less than 1, an SIR, p-value, and 95% confidence interval will not be calculated. However, assuming all other reporting requirements are met, the SIR data are considered “complete” and will still be submitted to CMS in order to comply with Quality Reporting Programs.

- Be sure to read the footnotes beneath the SIR report for important information about the SIR calculation.

b. **SIR Risk Factors Example Report**

“Risk Adjustment Factors for LTAC FacwideIN CDI SIR”

The table presents the SIR-associated risk factors used in the calculation of the overall FacWideIn SIR for each calendar quarter. This information is provided to help facility’s understand the SIR calculation and ensure accuracy of each risk adjustment variable. This information is not directly submitted to CMS.
Additional details regarding the SIR risk factors can be found here: https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf.

4. What can be done if a quarter does not appear in the table, if one or more months are missing, or if the data are inaccurate?
   a. 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.
   b. 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.
   c. 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.
   d. 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 CDIF 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 LTACHs to report CDI:

Analysis Quick Reference Guides: