

Using the “SIR – CAU Data for CMS LTCH PPS” Output Option – Simplified

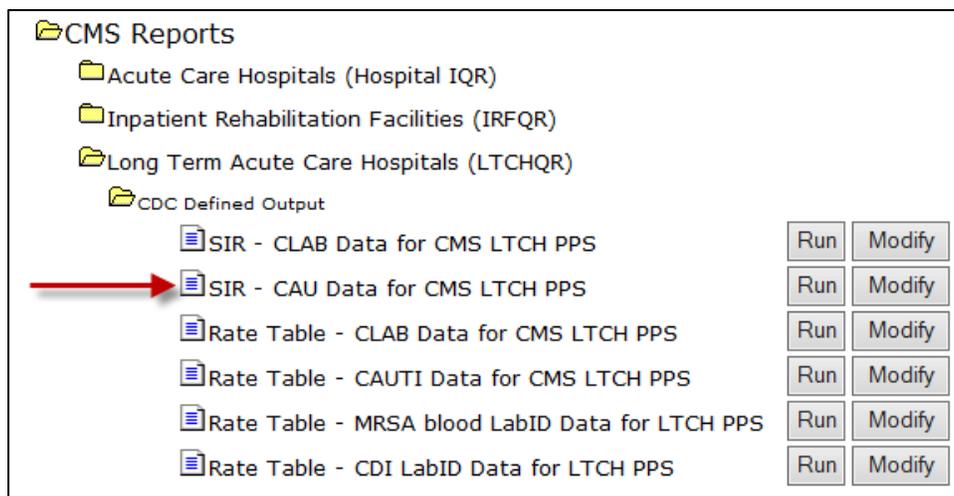
The NHSN Analysis Output Option, “SIR – CAU Data for CMS LTCH PPS” was created in order to allow long term care hospitals (known as long term acute care hospitals, or LTACHs, in NHSN) to review those data that would be submitted to CMS on their behalf if they are participating in the CMS LTCH Quality Reporting Program.

- a. This report will only include **in-plan CAUTI data for each LTAC ICU and ward location beginning with January 2014 data**. Rates were used through 2013 for CMS submission.
- b. This output option provides rates for each LTACH, not each CCN. If your LTACH shares a CCN, the SIRs will only represent the data that your LTACH has contributed to the overall SIR for all LTACHs that share the CCN.
- c. The SIR that will be shared with CMS and presented in this output option is calculated at the facility-level. Separate SIRs will be calculated for each LTACH location to allow for data accuracy checks.
- d. The data in this report will represent data current as of the last time you generated datasets. Quarterly data are frozen as of the final submission date for that quarter (e.g., Q1 data will be frozen as of 1am ET on May 16th); any changes made to these data in NHSN after the final submission deadline will not be reflected in data shared with CMS.

Example of the “SIR – CAU Data for CMS LTCH PPS” Output Option:

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 > Output Options, navigate through the following folders: CMS Reports > Long Term Acute Care Hospitals (LTCHQR) > CDC-Defined Output. Click “Run” next to “SIR – CAU Data for CMS LTCH PPS”, as shown below:



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.

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3. The first table, titled “SIR for Urinary Catheter-associated UTI Data for CMS LTCH PPS” will be presented in the pop-up HTML window. The table presents SIRs for each calendar quarter, for the entire facility. This is the information that will be submitted to CMS for your facility.

Sample output for the “SIR – CAU Data for CMS LTCH PPS,” output option is displayed below:

National Healthcare Safety Network

SIR for Urinary Catheter-associated UTI Data for CMS LTCH PPS - By OrgID

As of: December 2, 2014 at 2:53 PM

Date Range: CAU_RATESLTAC summaryYr After and Including 2015

if (((utiPlan = "Y")))

orgid=10546 CCN=999999

orgid	summaryYQ	infCount	numExp	numucathdays	SIR	SIR_pval	SIR95CI
10546	2015Q1	3	1.484	683	2.022	0.2506	0.514, 5.504

If infCount in this table is less than you reported, aggregate data are not available to calculate numExp.

Lower bound of 95% Confidence Interval only calculated if infCount > 0. SIR values only calculated if numExp >= 1.

SIR excludes those months and locations where device days are missing.

Source of aggregate data: 2013 NHSN Data

From this output, we can conclude the following:

- During the first quarter of 2015 (*summaryYQ*), the facility reported 3 CAUTIs (*infCount*) and 683 urinary catheter days (*numucathdays*).
- Based on the National baseline data, 1.484 CAUTIs were predicted (*numExp*). This results in an SIR of 2.022 (*SIR*).
- The p-value is 0.2506 (*SIR_pval*) and the 95% confidence interval is (0.514, 5.504) (*SIR95CI*); both of these results indicate that the facility’s SIR is not statistically significantly different than 1.

If these numbers are correct then you can feel confident that your numbers are ready to be sent to CMS on the deadline date. If these numbers are not correct, please see the detailed guidance “Using the ‘SIR – CAU Data for LTCH PPS’ Output Option” to follow step-by-step instructions on how to check your data and identify where information is missing/incomplete. This document is available from:

<http://www.cdc.gov/nhsn/cms/index.html>.

