

Operational Guidance for Long Term Care Hospitals* to Report Ventilator-associated Event (VAE) Data to CDC's NHSN for the Purpose of Fulfilling CMS's Quality Reporting Requirements

**Note that Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN.*

Updated September 2016

The Centers for Medicare and Medicaid Services (CMS) published final rules for the Long Term Care Hospital Quality Reporting (LTCHQR) Program in the *Federal Register* on August 22, 2014 that include a requirement for LTCHs to report ventilator-associated event (VAE) data to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) for VAEs that occur on or after January 1, 2016. This operational guidance provides additional information about reporting VAE data to NHSN as part of the LTCHQR Program requirements. These requirements do not preempt or supersede any state mandates for VAE reporting to NHSN (i.e., hospitals in states with a VAE reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

Each licensed LTCH should enroll in NHSN as a separate facility (i.e., they will have a unique NHSN orgID), even if they are currently defined as patient care locations within an acute care facility. During enrollment they should identify themselves as a HOSP-LTAC and complete their LTCH facility survey, and they should accurately enter their CMS certification number (CCN) either when it is requested on enrollment or by entering it on the Facility Information screen after enrollment. After enrollment is complete they should map each of their inpatient locations to the appropriate CDC-defined location type.

NHSN users reporting VAE data to the system must adhere to the definitions and reporting requirements for VAEs as specified in the NHSN Patient Safety Component Protocol at <https://www.cdc.gov/nhsn/ltach/vae/index.html>. This includes reporting of denominator data (patient days and ventilator days), as well as VAEs from each adult patient care location in which facilities are required to monitor and report VAEs. The VAE surveillance definition algorithm identifies a broad range of conditions and complications occurring in mechanically-



ventilated adult patients. There are three definition tiers within the VAE algorithm: 1) Ventilator-Associated Condition (VAC); 2) Infection-related Ventilator-Associated Complication (IVAC); and 3) Possible VAP (PVAP). Conducting VAE surveillance means assessing patients for the presence of ALL events included in the algorithm—from VAC to IVAC to PVAP.

LTCHs must report VAEs and associated denominator data that occur on or after January 1, 2016 from all adult inpatient locations.

Monthly reporting plans must be created or updated to include VAE surveillance in all adult locations from which reporting is required, i.e., VAE surveillance must be “in-plan” for data to be shared with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the “no events” field for any month during which no VAEs were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application.

CDC/NHSN requires that data be submitted for each month in reporting plan and encourages healthcare facilities to enter each month’s data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30). That way the data will be more immediately available for prevention activities and are likely to yield greater benefits for prevention than data entered long after events have occurred. For purposes of fulfilling CMS quality measurement reporting requirements, each facility’s data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for data to be shared with CMS.

VAE data submitted to NHSN hospitals that participate in the LTCHQR Program will be reported by CDC to CMS for each hospital. CDC will share all in-plan VAE data from locations that are required to report VAEs (all inpatient locations for LTCHs). CDC will provide hospital-specific

total VAE and IVAC+ standardized infection ratios (SIRs) for each reporting hospital by CMS Certification Number (CCN).

