FAQs: Rebaseline Implementation Timeline

Frequently asked questions regarding the implementation and timelines related to the 2015 standardized infection ratio (SIR) rebaseline effort for healthcare-associated infections (HAI) reported to NHSN.

What data are included in the 2015 baseline?

HAI data reported to NHSN for 2015 will be used as the new baseline, serving as a new “reference point” for comparing progress.

CDC is using data entered into NHSN during calendar year 2015 to create the final risk adjustments for HAIs tracked by NHSN, as reported by May 15, 2016. Risk adjustment methods and risk models will vary from the original baselines and, once completed, all new risk models will be implemented into the NHSN application in the form of new SIRs.

When will the new SIRs be available within NHSN?

The final models will be included in the NHSN v8.6 release scheduled for January 2017.

Will 2016 Quarter 1 (Q1) data be sent to Centers for Medicare and Medicaid Services (CMS) using the original baselines or the new 2015 baseline?

On August 16, 2016, 2016 Q1 data will be submitted to CMS for the CMS Quality Reporting Programs using the new 2015 baseline. Users will not be able to see the data reported to CMS until the v8.6 release, which is scheduled for January 2017.

How will Hospital Value Based Purchasing (VBP) be effected?

2015 and 2016 SIRs calculated using the original baselines are required for Hospital VBP:

- Fiscal years 2017 and 2018 Program years will use SIRs calculated under the original NHSN baselines.
- Fiscal year 2019 and forward will use SIRs calculated under the 2015 NHSN baseline.

In addition, for acute care hospitals, 2015 data will be recalculated and resubmitted to CMS using the new baseline. This will be completed by using files frozen at the end of each quarter. First-quarter 2016 data will be submitted using the new 2015 baseline on August 16, 2016. Second quarter 2016 data will be submitted using the new 2015 baseline on November 16, 2016.

This means six quarters of data will be sent to CMS using the updated risk adjustment models before hospitals see the calculations. For additional details regarding the use of the NHSN 2015 baselines for CMS programs, (also referred to as the “New Standard Population Data”), please refer to the Final Rule: https://federalregister.gov/a/2015-19049.

If I log into the NHSN application and run the CMS SIR reports after August 16, 2016, the expected values and SIRs returned via the application will not be calculated using the new 2015 baseline and risk model, correct?

Yes; analysis reports run in the application prior to the NHSN v8.6 release in January will still use the original baseline data and risk models.

Why will 2016Q1 and 2016Q2 SIRs be submitted to CMS before facilities have the opportunity to view them?

Each calendar quarter, beginning with central line-associated bloodstream infections (CLABSIs) that occurred in the first quarter of 2011, CDC has submitted HAI SIRs on behalf of hospitals to CMS. CDC also has enabled hospitals to
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reproduce CDC’s SIR calculations in the NHSN application, a feature in which the risk models developed by CDC for each HAI and the hospitals own denominator data for that HAI (e.g., central line days, patient days) are used to calculate the predicted number of infections.

This year, CDC is developing new risk models for each HAI—part of CDC’s work to establish a new baseline for each HAI SIR calculation—and plans to use the new risk models in the 2016Q1 and 2016Q2 HAI SIRs reported on behalf of hospitals to CMS. These new risk models also will be incorporated into the next release of the NHSN application. As a result, hospitals will not be able to calculate their own 2016Q1 and 2016Q2 HAI SIRs in the NHSN application until January, i.e., after CDC has reported the first two 2016 calendar quarter’s HAI SIRs to CMS. CDC needs the remaining months of 2016 to ensure that the new risk models and new output options have been accurately applied in the NHSN application. While hospitals will be unable to see the new SIR calculations within NHSN until January, the numerator (i.e., number of events) and contributing denominator (e.g., central line days, patient days) can continue to be reviewed in NHSN by using the existing SIRs and rate tables. In addition, every effort will be made by CDC to submit preliminary, quarterly files to CMS – using the new 2015 baseline - for inclusion in the QualityNet reports prior to each of the quarterly deadlines.

We encourage hospitals to continue to use the existing SIRs and output options within NHSN, including all reports related to the CMS Quality Reporting Programs. In addition to using these reports for completion and accuracy of the data used for these, and related programs, the existing reports can also be used to assess progress of various prevention efforts that may be underway within the hospital.

Once the 2015 rebaseline is implemented, will I be able to run the original models on previously entered data?

Yes; the original models will still be available in NHSN. Users will have the ability to use them to analyze all data dated through December 31, 2016. Data representing a later time period (i.e., after December 2016) must be analyzed using the new 2015 rebaseline models. Year 2016 will be the final year of data that the original models can be used to calculate SIRs.

Will I be able to run the 2015 rebaseline models on data entered before December 31, 2014?

No; the 2015 rebaseline models can only be used to analyze data from January 1, 2015 and forward.

Questions can be directed to nhsn@cdc.gov.