June 25, 2012

Ms. Marilyn Tavenner  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, D.C.  20201

Attention: CMS-1588-P: Medicare program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Fiscal Year 2013 Rates

Dear Ms. Tavenner:

The Association for Professionals in Infection Control and Epidemiology (APIC) and the Society for Healthcare Epidemiology of America (SHEA) wish to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input into its proposed FY 2013 Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System changes. We are pleased that CMS continues to demonstrate its commitment to improving the quality of patient care and we believe CMS is moving in the right direction. We are writing to address issues raised by CMS related specifically to healthcare-associated infections (HAIs).

Preventable Hospital Acquired-Conditions (HACs), Including Infections

APIC and SHEA do not support the proposal to add a new condition, Surgical Site Infection (SSI) Following Cardiac Implantable Electronic Device (CIED) Procedures as a HAC for Fiscal Year (FY) 2013. As APIC and SHEA have noted in previous comments on earlier proposed rules, we are opposed to the use of administrative/claims data to identify HAIs. The use of claims data for the determination of HAI-HACs has limited value in improving patient care because claims data do not provide precise identification of HAIs, nor do they provide information in a timely manner
to provide effective treatment and prevention.\textsuperscript{1} There have been additional studies that reinforce our continued concern with use of claims versus clinician/epidemiologic data elements.\textsuperscript{2,3,4} This results in questionable data comparison for end users whom these reported data are intended to guide. While we applaud federal efforts to improve the quality and safety of patient care, we believe that the patients who receive that care would be better served by the use of more precise and accurate data to identify the conditions. While claims data may be used as a supplemental method to assist in finding records to be evaluated for possible SSI, we oppose use of claims data by itself to determine HAI-HACs.\textsuperscript{5}

The proposed rule also notes that there is no unique code that identifies SSI following CIED procedures and thus CMS proposes to use a combination of codes to capture this data. However, our concerns with this approach are twofold: 1) It is rare that such an infection would develop during the average four day stay patients experience after the procedure, thus you would miss identifying those infection cases, and 2) If you proceed with monitoring any admission that has such documented codes, you also risk identifying patients who had the procedure done in another facility but are being admitted to a second facility for a surgical site infection, thus erroneously penalizing the second admitting facility. Based on this proposal we have concerns with the specificity of the data and again would urge CMS to not add any additional infections to the HAC policy.

In addition, we also do not support the addition of diagnostic codes 999.32 (Bloodstream infection due to central venous catheter) and 999.33 (local infection due to central venous catheter (CVC)) to the Vascular Catheter-Associated Infection HAC category for FY 2013. As we have commented in previous rules, having different definitions associated with bloodstream and urinary infections (one collected via administrative data and one collected via epidemiological surveillance for reporting in the Inpatient Quality Reporting program (IQR)/Value-Based Purchasing (VBP) program) causes confusion and has the potential for misdirection of finite resources.

Finally, we note CMS proposed to add a new HAC: Iatrogenic Pneumothorax with Venous Catheterization. APIC and SHEA are extremely concerned that the inclusion of this measure may have unintended and deleterious consequences which may lead providers toward using a site for central line placement such as the internal jugular or femoral veins that are less prone to pneumothorax, but carry increased risk of mechanical and infectious complications.

\textit{Recommendations:}

- APIC and SHEA do not support the addition of diagnostic codes 999.32 and 999.33 to the Vascular Catheter-Associated Infection HAC category, or the addition of SSI
following CIED as a HAC for FY 2013, and we recommend this proposal not be finalized.

- We again recommend that CMS remove Vascular Catheter-Associated Infections and Catheter-Associated Urinary Tract Infections (CAUTIs) from the existing HAC policy once they are defined and transitioned into the Hospital IQR program.
- Due to unintended but well known consequences, APIC and SHEA do not support the addition of Iatrogenic Pneumothorax with Venous Catheterization to the HAC list, and we recommend this proposal not be finalized.

**Hospital Readmissions Reduction Program**

APIC and SHEA note this is an area of substantial concern for all involved – patients, providers and payers. It should be noted there is some recent evidence that HAI contributes to readmissions. However, readmission mitigation continues to be investigated – often with mixed success – and may have unintended adverse consequences for patient safety. Given this uncertainty we recommend sustained focus on mitigating readmissions but advocate for an interim incentive that supports continued research to identify strategies that are effective without immediate progression to reduced reimbursement for providers based solely on a summary performance metric.

**Hospital Inpatient Quality Reporting (IQR) Program**

APIC and SHEA support the proposal that if the National Quality Forum (NQF) updates an endorsed measure that is currently used in the Hospital IQR program and is not considered by CMS to be a substantial change, the subregulatory process would be used to update the measure specifications that apply to the program. Conversely, we also support the need to continue to use the rulemaking process for those updates where such a fundamental change is occurring that it is no longer the same measure that was originally adopted. We agree that following this process will incorporate NQF changes in a most expeditious manner, yet still allows the public to comment on updates that are substantially different.

We applaud the removal of the eight HAC Measures from the IQR program. We agree that removal of these from the IQR program reduces redundancy and lessens confusion with measures that are based on clinical and epidemiologic methodology. We strongly support the replacement of HACs with NQF-endorsed measures, specifically CAUTI and Central Line-Associated Bloodstream Infection (CLABSI) collected via the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) system.

We also support the removal of the five Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI) which includes PSI 11: Post-Operative Respiratory Failure and PSI
Postoperative wound dehiscence as part of CMS’s efforts to continue to reduce redundancy.

Recommendations:

- We support the use of a subregulatory process for updating measures with non-substantial changes and the continued use of the rulemaking process for those measures with updates that are substantially different.
- We applaud and support the removal of the eight HAC measures and the five AHRQ PSIs as part of efforts to reduce redundancy and replace with NQF-endorsed measures.

Hospital IQR FY 2015

CMS has noted in this proposed rule that it is seeking comment on expanding both CLABSI and CAUTI to non-ICU locations in hospitals and to other types of care settings. At this point in time, with future measures continuing to be added to multiple reporting programs, and a limited number of facilities with an electronic surveillance system for collecting data, we would suggest a slow, focused expansion to other locations in hospitals, such as having each facility target one non-ICU location. A recent survey from New York State identified only 15% of hospitals had adopted an Electronic Health Record (EHR) and many of those organizations that do have an EHR have not yet been able to validate the collection of denominator data electronically. Therefore, we believe the expansion to one non-ICU location for surveillance of CAUTI and CLABSI in FY 2015 is feasible. We also note that CMS has been reporting the CDC-calculated standardized infection ratio (SIR) for CLABSI and is planning to add the SIR for CAUTI in adult ICUs on its Hospital Compare website. We support this calculation and agree it is a more accurate way to report these measures for comparative purposes.

Finally, as our members collaborate with providers to work toward improved stewardship in the use of urinary catheters, we want CMS to be aware that a modeling study and another investigation in a large health system offer an alternative outcome metric to the traditional NHSN and NQF-endorsed metric. This involves use of a population-based CAUTI rate, i.e. CAUTI/10,000 patient days. The traditional NHSN measure, CAUTI/1000 urinary catheter days, is well tested and validated, but according to these new studies, the rate/10,000 patient days may better illustrate a decrease with improved use of urinary catheters. Less frequent use of catheters may result in an increase as the denominator, catheter days, will drop with less frequent use. This will result in an increased CAUTI rate/1,000 urinary catheter days solely
because of the change in the size of the denominator. The population-based measure is less susceptible to this effect.

**Recommendations:**

- APIC and SHEA request a targeted expansion of measures to one non-ICU location in hospitals and other types of care settings until the majority of facilities have electronic surveillance systems for collecting data in place. Expansion to multiple adult non-ICU locations could be considered incrementally – ideally based on facility-specific risk assessment and annual infection prevention plan— and should not include reporting of CAUTI for the pediatric patient population.
- We support the reporting of CLABSI and adult CAUTI using the SIR calculation.

In addition, CMS continues to include laboratory identified MRSA bacteremia, *Clostridium difficile* (*C. Diff*), and Healthcare Personnel Influenza Vaccination as part of its HAI measures in FY 2015 IQR program measures. We have commented on these in past rules, and continue to have concerns.

**MRSA and *C. difficile***:

Given that both of these CMS-proposed measures utilize the laboratory event reporting option in CDC/NHSN, we recognize they have the greatest potential for reduced labor intensity for data collection because they draw primarily on data obtained from the microbiology laboratory. However, both measures highlight the importance of support from clinical informatics vendors and/or internal informatics personnel. Efficient use of laboratory information requires an interface with the patient admission-discharge-transfer (ADT) system that is not available from most laboratory information systems (LIS). We also have concerns about differences in testing methodologies which leads to variations when comparing rates across different facilities.

**Recommendation:**

- We recommend that these measures be delayed by one year to allow CMS and CDC to collaborate in developing, making available and maintaining a set of vendor neutral technical specifications for the detection and reporting of LabID events from electronic health data sources such as the LIS. This guidance will enable consistent interpretation and use of the LabID event protocols in LabID event detection and reporting.
Healthcare Personnel (HCP) Influenza Vaccination (NQF #0431)

For the FY 2015 payment determination, CMS is also proposing to adopt one additional HAI measure that is currently collected by CDC via the NHSN module: Healthcare Personnel (HCP) Influenza Vaccination (NQF #0431). This NQF-endorsed measure assesses the percentage of HCP employed at the facility that received vaccination against influenza as part of an overall seasonal influenza prevention program.

Because healthcare personnel can unintentionally expose patients to seasonal influenza if the HCP have not been vaccinated, and such exposure can be dangerous to vulnerable patients, both SHEA and APIC have recently updated position papers supporting mandatory HCP influenza vaccination as a condition of employment.\textsuperscript{11, 12} We applaud CMS for adding this measure to the Hospital IQR program as we feel this will advance this strategy aimed at improving safety of patients. We note that healthcare personnel in general continue to have low influenza vaccination rates. We support the public reporting of HCP vaccination rates; however, we are concerned that requiring the collection of this information through the current CDC/NHSN module is redundant and labor intensive. Most hospitals already have a database, maintained by the Employee/Occupational Health Department to record the vaccinations for tracking purposes and to report aggregated rates. CMS states that the current Influenza Vaccination and Management and Exposure Module may soon offer options for healthcare facilities to submit vaccination summary data and that CDC/NHSN plans to partner with vendor-based surveillance systems to permit periodic data extractions into CDC/NHSN, but hospitals will not be able to utilize that capability until hospital information technology system issues are more fully addressed. We support the intent of this measure and agree that influenza vaccination data submitted to CDC/NHSN will ultimately capture regional trends on the yearly uptake of the vaccine, prophylaxis and treatment for healthcare personnel, and the elements within yearly influenza campaigns that succeed or require improvement. At the state and national levels, the HCP component can aid in monitoring rates and trends.

\textit{Recommendation:}

- APIC and SHEA strongly support mandatory HCP vaccination, as well as public reporting of HCP vaccination rates. We support CDC’s continuing efforts to develop an infrastructure and a system that would allow hospitals to submit summarized, aggregate data on HCP influenza rates, ideally drawn from existing databases, to avoid the need to input other extraneous information unrelated to this measure.
Proposed New Claims-Based Measures: Hip/Knee Complication: Hospital-Level Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip (THA) and Total Knee Arthroplasty (TKA) (NQF #1550)

CMS notes that it feels it is important to assess the quality of care provided to Medicare beneficiaries who undergo one or both of these orthopedic procedures and is proposing to assess the quality of care given to these patients via the outcome measure proposed above. APIC and SHEA have concerns with using this measure, in that it consists of a composite of multiple complications including sepsis/septicemia, wound infection and periprosthetic joint infection. Combining all of these into one number and including other morbidity measures makes data analysis and interpretation by the consumer challenging and potentially misleading. We are aware that NQF has endorsed RSCR but feel more experience among providers is needed prior to incorporation as a measure of performance.

**Recommendation:**
- APIC and SHEA urge CMS to delay incorporation of this measure into the IQR until it can be further analyzed and studied.

Hospital IQR FY 2016 and Measure Topics for Future Years

APIC and SHEA note there were no new HAI measures proposed for FY 2016 or currently for future years. We also note with interest the discussion on evolving electronic health record technology and infrastructure. Success in utilizing electronic surveillance requires universal data standards be incorporated by vendors to ensure that data are comparable and valid. APIC and SHEA support future progress toward electronic reporting because it reduces the administrative burden on hospitals under the IQR program. We also support that pilot testing, reliability and validity testing would be part of the implementation process.

**Recommendations:**
- APIC and SHEA support continued exploration into the electronic reporting of chart abstracted measures currently part of the Hospital IQR program.
- APIC and SHEA urge CMS to use IPPS rulemaking as a mechanism to establish NHSN as a core component of HAI data reporting and encourage its adoption in meaningful use criteria being led by the Department of Health and Human Services (HHS) Office of the National Coordinator for Health Information Technology.
Proposed Data Submission and Reporting Requirements for Healthcare-Associated Infection (HAI) Measures Reported via NHSN

CMS proposes allowing an exception whereby the reporting of CLABSI and CAUTI measures would not be required for hospitals that do not have locations that meet the NHSN criteria for reporting, for example, when a hospital has no Intensive Care Units (ICU). APIC and SHEA support the removal of this data measure and the provision of a HAI exception form as we agree this is a reasonable revision and supports reducing the burden of reporting.

CMS is also recommending surveillance for Surgical Site Infections (SSI) not be required if the hospital performs less than a combined total of 10 colon and abdominal hysterectomy procedures in a calendar year. We agree that the data on such a few numbers of cases may not be meaningful for Hospital Compare or sufficiently reliable to be utilized for payment determination. This proposed exception to the rule recognizes the unreliability of limited data collection, but sets the exception at 10 for both procedures combined. This combined procedure number does not strengthen the statistical value of the outcome data. We recommend increasing the number of cases to 10 per procedure per calendar year and careful review of minimum threshold of cases with NHSN as they may be able to offer the precision of data when there are low denominators by procedure groups.

Recommendations:

- APIC and SHEA support the exception allowing those facilities without locations that meet the NHSN criteria to not submit their CAUTI or CLABSI data.
- APIC and SHEA also support not requiring reporting of CAUTI or CLABSI for locations that are not included in NHSN (e.g. NHSN does not have a NICU location for CAUTI so these locations would not be expected to report this data).
- APIC and SHEA support setting a threshold exception for SSI, but we recommend the amount be 10 for each procedure and that careful review with NHSN is considered when establishing thresholds.

CMS also continues to recognize the need for validation of HAI data and we support the use and application of the standardized NHSN definitions for interfacility comparisons. CMS appropriately proposes to separate out the HAIs from the process of care measure set validation because the reporting mechanism and collection methodology for the HAIs differs from that of the process of care measures. This will allow for separate scores for HAIs and a differing validation process which is to be commended. APIC and SHEA also agree with CMS that validation of surgical site infections has gaps, particularly in the area of post-discharge surveillance. The concern about lack of a standardized methodology currently exists. An additional concern is that patients readmitted with infection may not be readmitted to the
provider who performed the original procedure. For future considerations, NHSN is currently working to identify standard practices for post-discharge surveillance and we urge CMS to delay adoption of post-discharge surveillance methods until NHSN is able to develop recommendations related to this specific issue. We also note that some states currently require reporting of SSIs that are admitted to hospitals other than where the surgery was performed. Exploring these state-mandated methodologies could prove useful in determining pros and cons of various systems.

**Recommendations:**

- APIC and SHEA strongly support the use and application of the standardized NHSN definitions for interfacility comparisons and continue to encourage CMS to work closely with NHSN in its validation development.
- We support the proposed individualized process for validating each of the HAIs -- CLABSI (ICUs), CAUTI (ICUs) and SSI (colon and hysterectomy). For SSIs, we concur that utilizing two charts will be necessary to provide a thorough review of the NHSN criteria.
- We suggest changes to the CMS Conditions of Participation that would incorporate post-discharge surveillance reporting once a preferred and valid methodology is identified.

**Proposed PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**

In this section of the proposed rule, CMS is proposing to adopt two NQF-endorsed HAI measures for the FY 2014 program and subsequent program years of the PCHQR Program: 1) NHSN CLABSI Outcome Measure; and 2) NHSN CAUTI Outcome Measure. APIC and SHEA note that NHSN has recognized the current CLABSI definition may be overly sensitive in certain oncology patient populations, detecting bloodstream infections (BSIs) that occur in patients with central lines but are not primarily due to the presence of the central line. Acknowledging this, we understand CDC is developing a modification of the definition that will provide a separate, non-CLABSI reporting pathway for BSIs in oncology patients. This modification, which primarily targets oncology patients, is termed “Mucosal Barrier Injury-Laboratory Confirmed Bloodstream Infection,” or MBI-LCBI. This is currently being field tested among some comprehensive cancer centers. In addition, the CDC is in the process of defining and mapping new locations, which will better reflect oncology patient populations.

As it relates to CAUTI, in 2009 less than 110 CAUTI events were reported in all classes of Hematology Oncology patients via NHSN. There was lower overall utilization of catheters in this
population (.16 for Bone Marrow Transplant, HemeOncology and Pediatric HemeOncology combined) than many other units. These populations have the same mucosal barrier injury and neutropenia issues noted for CLABSI and thus we have similar concerns.

Recommendation:

- APIC and SHEA recommend the reporting requirement for CLABSI and CAUTI be deferred until one year after publication of the new CDC definitions and locations to allow for cancer centers to gain familiarity and expertise. This delay would also allow for more granularities in identifying higher risk subpopulations.

Hospital Value-Based Purchasing (VBP) Program

Proposed Measures for the FY 2015 VBP Program

For FY 2015, CMS is proposing to adopt two additional outcome measures: PSI-90, the AHRQ PSI composite measure and the CLABSI: Central Line-Associated Blood Stream Infection measure for the outcome domain. APIC and SHEA applaud the adoption of the CLABSI measure into the VBP program, as it aligns with the intention of using HAI measures and rewarding hospitals that achieve high quality outcomes. However, we have concerns with the use of the AHRQ PSI composite measure. As APIC has noted in previous comments related to the VBP Program, although the PSI composite measure is NQF-endorsed, six of the eleven individual PSI measures have not been NQF-endorsed and the composite includes infection-related measures. This type of aggregate calculation makes it challenging for facilities to act upon the measure, without significant analysis. In addition, because the HAI measures within the composite are collected differently from the other HAI measures proposed for VBP, it adds confusion to stakeholders when focusing on improvement methodology.

Proposed Measures for the FY 2016 VBP Program

For FY 2016, CMS is not recommending inclusion of the NHSN CLABSI outcome measure, but is continuing to recommend inclusion of the AHRQ PSI composite.

Recommendations for Proposed FY 2015 and FY 2016 measures:

- APIC and SHEA support the inclusion of the NHSN CLABSI data for the outcome measure.
- We urge CMS to remove the AHRQ PSI composite measure from the VBP reimbursement for reasons discussed. More research is needed on the correlation between PSI and HAIs.
Proposed Quality Measure Domains

CMS is proposing to regroup the Hospital VBP quality measures into six domains that are a reflection of the National Quality Strategy, beginning with the FY 2016 Hospital VBP Program. APIC and SHEA note that the Surgical Care Improvement Project process measures are proposed to remain in the Clinical Care domain, and the CLABSI measure will be placed in the Safety domain. We support this alignment in that the domain does reflect the primary measurement objective and the type of quality improvement goal the measure is attempting to capture. Reductions in CLABSI are indeed a critical patient safety effort as infections present the possibility of significant harm to the patients that acquire them.

**Recommendation:**
- APIC and SHEA support the proposed domain categories for FY 2015 and FY 2016 and the alignment of the measures in the proposed location.

Proposed Performance Standards for the FY 2015 Hospital VBP Program Measures

CMS is proposing to establish performance standards using the same methodologies as previously adopted. APIC and SHEA note with interest the benchmark standard for CLABSI is 0.00 and support this standard as it aligns with our organizational efforts to eliminate central line infections. More broadly, APIC, SHEA, CDC and several other organizations have published a position paper that advocates for a goal of eliminating HAIs in the context of a public health framework. The framework for the latter is aimed at “maximal reduction of the incidence of infection caused by a specific agent in a defined geographical area as a result of deliberate efforts; continued measures to prevent reestablishment of transmission are required.” This perspective is important as surveillance and strategies for prevention do have limitations based on the current state of the science and therefore all who share a desire for elimination of HAIs also need to be aware of managing expectations as we move forward with VBP. For example, a patient’s co-morbidities combined with the immunosuppressive effects of some contemporary therapies could result in a HAI despite complete and consistent application of all prevention strategies. Managing expectations, therefore, will be important for both provider and patient to avoid unintended consequences and misinterpretation of performance metrics. The goal of eliminating HAIs is sound, but our task is avoiding passivity in acceptance and instead using knowledge from analysis of modifiable factors that led to them to continue to advance their prevention.
Recommendation:

- APIC and SHEA urge HHS to continue to support collaboration of all key stakeholders, especially patients and providers, through support for effective infrastructure, research, realistic expectations, communication, and emphasis on sustainability under IPPS and expertise across its range of agencies and divisions.

Long-Term Care Hospital Quality Reporting (LTCHQR) Program

Program measures for FY 2014 Payment Determination and Subsequent Fiscal Years

For FY 2014, CMS is proposing to adopt the changes to the NQF-endorsed CAUTI and CLABSI measures as well as proposing to include these for FY 2015 payment determination and all subsequent fiscal years. While APIC and SHEA recognize that NQF has now endorsed these measures, there still remains concern about their adaptation into the long-term care (LTC) environment. We are concerned that LTCHs that are not currently participating in CDC/NHSN for internal needs at this time may need major resources to enroll, receive training, and educate staff on the CDC/NHSN basics, including surveillance definitions and processes, for staff members who are responsible for data input. Similar challenges related to the electronic health record support and validation as discussed for hospitals earlier in this document are of equal concern for LTCHs.

Recommendation:

- APIC and SHEA recommend that CMS consider one outcome measure, such as CLABSI or CAUTI, which can be phased in and tested for FY 2014 before adding additional measures. We also recommend that CMS limit data collection to a specific type or types of units within the LTCH. Consider those associated with the highest risk of infection such as long-term care ventilator units that may utilize either type of catheter more extensively.

Proposed New LTCHQR Program Measures Beginning with the FY 2016 Payment Determination

For FY 2016 CMS is proposing to adopt five new quality measures, four of which are of interest to APIC and SHEA. The four that we will comment on are as follows:

1) NQF #0680 Percent of Nursing Home Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay)
2) NQF #0682 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (Short Stay)
3) NQF #0431 Influenza Vaccination Coverage among Healthcare Personnel (HCP)
4) NQF #0302 Ventilator Bundle

*Seasonal Influenza Vaccine and Pneumococcal Vaccine for Nursing Home Residents (Short Stay)*

We recognize the importance of vaccine assessment and intervention. According to the Guidelines for Preventing Healthcare-Associated Pneumonia 2003, nursing homes and other long-term care facilities should have an established standing order program for the administration of the vaccine for those at high risk. In addition, the rate of death and/or serious complication from both influenza and pneumonia is high, which therefore makes this of significant importance in preventing morbidity and mortality. Finally, APIC and SHEA note that the measure is currently collected and reported as part of the Nursing Home Quality Initiative, and thus this proposal would be aligned with standardization and minimizing the burden for implementation of the measures.

**Recommendation:**

- APIC and SHEA support the addition of both NQF #0680 and NQF #0682 as part of the LTCHQR Program measures beginning FY 2016.

*Influenza Vaccination Coverage among HCP*

While APIC and SHEA again applaud CMS for proposing this measure in the LTC setting, we again refer to our previous comments as noted above in the Hospital IQR section. While CMS identifies it is trying to reduce administrative burden by funneling the CLABSI, CAUTI and HCP vaccination data through NHSN, concerns exist that LTC facilities may not have the infrastructure in place to support the data reporting, and, as stated above, may need to provide duplicative reporting due to the inability to have the IT infrastructure support for data transmission.

**Recommendation:**

- APIC and SHEA applaud CMS for the foresight to consider the HCP vaccination as part of the LTCHQR program, and strongly support mandatory HCP vaccination rates. However, we encourage development of an infrastructure and a system that would allow facilities to submit summarized, aggregate data on HCP influenza rates, ideally drawn from existing databases, to avoid the need to input other extraneous information unrelated to this measure.
**Ventilator Bundle**

APIC and SHEA agree that a significant portion of the LTC population are on a ventilator and thus are at risk for development of a ventilator-associated event, including pneumonia (VAP). Several of the pieces of the proposed bundle, such as daily sedation reduction and daily weaning of ventilator settings, may not be applicable to patients who are on a long term ventilator and may not ever be weaned from the ventilator. Collection of this information then may be an unnecessary use of limited resources. Finally, NQF has recently decertified the traditional VAP measure used within NHSN and is currently monitoring the development and use of ventilator-associated events (VAE). Therefore, APIC and SHEA recommend that CMS wait until NQF has endorsed this newly defined CDC/NHSN VAE measure and look to this outcome measure for potential expansion into the LTC population.

APIC and SHEA appreciate the opportunity to comment on the proposed measures and continue to applaud CMS’s commitment to improving quality and promoting patient safety. Our organizations continue to support transparency in healthcare improvement efforts, and reporting of healthcare-associated infections as a means to that end. With the increasing volume of data reported, we believe it is integral that an assessment of the effects of public reporting on both the patient and the healthcare system are examined and shared. We stand ready to assist CMS in these assessments as well as all efforts to reduce preventable HAIs based upon standardized validated measures and evidence-based guidelines.

Sincerely,

Michelle Farber, RN, CIC
Jan E. Patterson, MD, MS
President, APIC
President, SHEA

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