IPs: Your message has been heard

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"Don't let the noise of others' opinions drown out your own inner voice."

–Steve Jobs

WHEN CONGRESS PASSED the Affordable Care Act in 2010, the inclusion of healthcare-associated infections (HAIs) in Centers for Medicare & Medicaid Services (CMS) quality measures was seen as an opportunity to elevate the focus on infection prevention and to advocate for more resources for infection prevention and control (IPC) programs. The requirement that HAIs be reported through the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) was preferred by infection preventionists (IPs) because it would ensure the use of accurate, standardized, and actionable data that could be used in real time to improve IPC programs in hospitals and other healthcare settings.

However, there was concern that provisions tying Medicare reimbursement to quality improvement would result in misleading reporting to prevent reductions in Medicare payments. The CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) addressed this issue in a 2013 report identifying strategies for surveillance, prevention, and control of HAIs, and assessing the challenges associated with using HAI surveillance data for external quality reporting, including the

unintended consequences of clinician veto and clinical adjudication panels.[1]

Now that quality reporting and pay-for-performance programs have gone into effect, the initial concerns have proven to be true. As Value-Based Purchasing (VBP), Hospital-Acquired Condition (HAC) Reduction, and Hospital Readmission Reduction programs have resulted in substantial penalties for some facilities, some clinicians and administrators have undertaken to reinterpret HAI rates by using different definitions than those required by NHSN protocols. IPs, as the primary NHSN users in many facilities, have borne the brunt of these disputes by trying to be true to NHSN definitions but are receiving pressure from other clinicians to use different definitions in order to reduce HAI rates.

Fortunately, IPs have spoken out and the federal government is responding. By listening to IPs who have written or called the NHSN help desk and raised issues and asked questions at APIC's Annual Conference and NHSN training sessions, CDC staff have learned about the challenges IPs face in their facilities. Troubling reports received about HAI reporting include:

- Decisions to report to the NHSN being made by personnel who may not be aware of CDC's protocols, definitions, and criteria, or who may choose to disregard them;
- Facilities using review processes to overrule the decision of an IP to report an infection to NHSN;
- Clinicians departing from standard diagnostic practices to avoid reporting infections to NHSN, which can raise patient safety concerns.

When IPs are faced with disputes about NHSN definitions, it may be helpful to remind colleagues that the definitions you follow are not for clinical diagnosis, but rather for preventing HAIs. Although clinical and surveillance definitions do not always agree, according to the CDC, "surveillance determinations always 'trump' in epidemiologic surveillance." It is important that IPs know the NHSN definitions, consistently apply them, and are able to articulate the differences in clinical and surveillance definitions with the entire clinical team and to management when necessary. In a March 2014 NHSN training presentation, CDC staff summarized the difference between surveillance definitions and clinical diagnoses as follows:

- **Surveillance definitions:**
  - **Purpose:** Identify trends within a population for prevention and research
  - **Components:** Limited predetermined data elements
- **Clinical diagnoses:**
  - **Purpose:** Identify disease in, and treatment needs for, individual patients
  - **Components:** All diagnostic information

It may also be helpful to remind physicians and hospital administrators that federal law and regulations require reporting HAIs into NHSN in strict adherence to NHSN protocols, and long-term unintended consequences of noncompliance could be severe. NHSN has the right to revoke the enrollment of facilities that knowingly violate NHSN protocols. If enrollment is revoked, those facilities will be unable to meet CMS quality reporting requirements and will incur Medicare penalties for failure to comply.

If IPs or other NHSN users are unable to reconcile differences within their facilities, the U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) is tasked with protecting the integrity of HHS programs, including Medicare. **Facility staff who become aware of intentional deviations from NHSN reporting protocols are encouraged to contact the OIG hotline at 1-800-HHS-TIPS (1-800-447-8477) or https://oig.hhs.gov.**

NHSN is used by CDC, state health departments, hospitals, and other healthcare facilities for HAI surveillance. CMS chose to require reporting into this established system when developing HAI reporting requirements. CDC, CMS, state governments, healthcare providers, and consumers all agree the primary goal is always to keep patients safe. The best way to eliminate HAIs is to know where they are and to implement successful strategies to prevent them. This can only be accomplished when all providers use standardized definitions to identify and monitor HAIs and apply prevention efforts across the continuum of care. Federal agencies rely on IPs as stewards of HAI surveillance. PS

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Reference

1. Talbot TR, Bratzler DW, Carrico RM, et al. Public reporting of health care-associated surveillance data: recommendations From the Healthcare Infection Control Practices Advisory Committee. *Ann Intern Med.* 2013;159:631-635.