PEC FAQs

Last Updated: April 5, 2017

The following frequently asked questions (FAQs) represent inquiries the Program Evaluation Contractor (PEC) team has received from various Hospital Improvement Innovation Networks (HIINs) through the PEC mailbox, along with our team's responses. The PEC team will update this document quarterly to ensure it reflects current and relevant information. We encourage HIINs to share feedback on additional topics for inclusion in the FAQs. These requests can be sent to our team via email at: PEC@bah.com.

Baselines

Q1: We noticed that the PEC is using CY 2015 baselines for all NHSN metrics for both SIRs and rates. What is the rationale for this, given that the HIIN SOW (Task 4)* indicates providing 2014 baseline data for all areas of focus?

**As required in the HIIN Statement of Work (Task Four), HIINs shall provide 2014 baseline data for each area of focus. The detail below outlines how the evaluation contractor will currently proceed in assessing data submitted.*

- **A:** Given the changes to several NHSN definitions impacting CY 2015 data, the PEC will use CY 2015 as the baseline for all NHSN-defined measure rates and SIRs when available for the purposes of the analysis. Please review the following details when submitting data:
    - A hospital must provide at least three months of data in the baseline period. Beginning with the April 9, 2017 data submission, we will also require at least three months of data on or after October 1, 2016 (performance period) in order to be counted for reporting. For each period (baseline and performance), the data does not have to be consecutive to count toward reporting; however, when we assess improvement over time we will require the measurement period to be at least three consecutive months.
    - Our programs will combine consecutive monthly reporting periods into quarterly or annual reporting periods in order to find the best fit between your set of hospitals' reporting and the measurement period needed.

Q2: Are we required to report baseline rates?

- **A:** HIINs are required to report all available baseline data for periods prior to the current HIIN period of performance (back to 2014, the official program baseline) for all areas of focus. This may be supplemented by baselines consistent with 2015 definitions for NHSN measures, or a period beginning October 2015 for AHRQ PSI measures dependent on ICD-10 data for comparability with future periods, where feasible. You may provide a monthly or longer baseline period (e.g., an annual 2015 figure for each hospital for the NHSN measures).
- We will aggregate monthly data to construct a baseline. For a particular measure, it is by far best for measurement if all hospitals report the same baseline period.

Q3: Should the HIINs continue to use 2014 AHRQ measures or should we use Quarter 5, 2015 through Quarter 3, 2016?

A. Given the impact of the switch from ICD-9 to ICD-10 on the AHRQ PSI measures, the PEC will be using a baseline period for AHRQ measures of Q4 2015 through Q3 2016, due to the switch

from ICD-9 to ICD-10. Additionally, for AHRQ measures to be included in reporting and baseline calculations, hospitals must use version 6.0 of the AHRQ PSI software for their reporting.

Q4: Is it OK to leave the "Data Type" column in the flat file for now, since not all the baselines are set to 2014 and we expect changes over time?

A: Please remove the "Data Type" column from the flat file. This column was removed from the flat file template because it is not used to determine the baseline or current period. Instead, the "Begin Date" and "End Date" fields are used to determine the baseline period, which is measure-specific and changes over time.

Q5: In regard to the RAISE Report, can the baselines be calculated by cohort? The self-reported cohort may have differing baselines from the statewide/NHSN baselines (2014/2015 baselines).

A: If there are different baseline levels between the cohort and statewide/NHSN: The PEC agrees it would be helpful for your HIIN to examine whether there are different trends in these cohorts, so we recommend that you keep the ability to do that. The focus of the PEC is on HIIN-level progress, so we will not run calculations for different cohorts based on different baseline levels for one subgroup of hospitals vs. another.

If there are different baseline timeframes between the cohort and statewide/NHSN: The PEC's process is set up to look for the most appropriate common baseline period across the HIIN hospitals for each measure. To the extent possible, please provide a complete series of data points with each submission in order to determine the most appropriate baseline period to use for each measure. Since our focus is on HIIN-wide progress, we do not analyze the data with different baseline periods for different hospitals on the same measure within a HIIN. However, you may include data for different time periods for different hospitals as it may be beneficial for your own internal analysis.

Reporting Requirements

Q6: Is there a recommended method for calculating savings? Where should we report savings monthly?

A: We have collaborated with CMS to determine the most appropriate mechanism for providing the HIINs an optional formula for savings/ROI calculations. You should report these savings/ROI calculations within Section M of the HIIN Monthly Report. To view and download the "Revised Updated Section M Methodology" document, visit the CoP PEC folder here.

Q7: When reporting a SIR on the HIIN flat file (HIIN Data Reporting Template), can we change the "Per_Unit" field to "1" in order for the SIR to calculate correctly?

A: Yes, you may change the "Per_Unit" column to "1" to calculate the SIR correctly in the "Rate" column for the SIR measures. The data in the flat file template is mock data and is not meant to represent the actual "Per_Unit" values for the associated measures, so please edit each column to fit the data you are submitting.

Q8: For the measure "NHSN CLABSI SIR - ICU, including NICU", ICU and NICU are reported separately in NHSN. We cannot report one numerator and denominator for this measure. How do you recommend we report this measure?

A: Please report ICU and NICU as separate measures labeled as “NHSN_CLABSI_SIR_ICU” and “NHSN_CLABSI_SIR_NICU”.

Q9: Will you allow us to report a mix of Medicare fee-for-service (FFS) and all payer data for our hospitals? When reporting ADEs, can we report Medicare FFS since we have pharmacy data?

A: Yes, as long as the measure is labeled to reference the Medicare population as appropriate.

Q10: Do you have any recommendations on how to report multiple units? Should we combine the unit data for each hospital into a single entry?

A: Please combine the data as our system and data quality processes are set up to analyze data at the hospital level, not the unit level.

Q11: How should we z-score hospitals that have combined data when the hospitals are listed separately? Do we enter "z" “0,” or “1” under respective areas of harm for both organizations or just list them for one of the facilities under each area of harm?

A: Please enter a “z” “0,” or “1” under the harm areas for each hospital, regardless of whether the hospital provides combined data with another on the list. The PEC will make the necessary adjustments to the scoring calculations based on the list of hospitals provided with the combined data.

Q12: When does the reporting period begin for new HIINs? Are we required to start reporting information beginning with October 2016 dates?

A: For all HIINs, the reporting period begins on October 2016. The reporting period aligns with the HIIN contract award date of September 28, 2016. For baseline period requirements, please refer to questions 1 and 2.

Q13: We have hospitals in several states with differing reporting abilities (i.e., self-reported vs. statewide inpatient database). Should we report hospitals within the same flat file or use separate files? These hospitals will be reporting the same measures, but will have different data sources.

A: Please report all hospital data in one flat file, regardless of the data source. Please note both data sources for the measure in the relevant row for the measure in the “Measures Specifications” section.

Measures

Q14: Regarding the device utilization ratio measures, should all units (including pediatrics) be included in this calculation?

A: The PEC assumes that the HIINs are using a device utilization ratio that parallels the units that they include in their CAUTI and CLABSI SIR measures. If a HIIN is using an all tracked units approach to those measures, then we assume they would include all units. However, not all HIINs have consistently shared this level of definitional detail with the PEC, nor have we prescribed it. If HIINs are only using the ICU measure, then we have provided space for the CAUTI-UR and CLABSI-UR in the hospital list file template to indicate a “z” where the measures would not be applicable for a hospital**.**

Q15: Is it OK to change the measure name conventions as long as it is noted in the measure names tab of the flat file?

A: Please use the measure names corresponding to those listed in the "Standardized_Measures" worksheet of the "HIIN Flat File Format Example.xlsx" template. For additional measures not listed in the "Standardized_Measures" worksheet, please use your preferred naming convention, and include the measure definition in the "Measure_Specifications" worksheet for all measures. If you would like to change a measure name from what was used in a previous report, that is fine as long as the "Measures_Specifications" tab is updated.

Q16: How should we report and handle facilities and metrics when in some cases the metric is measured in a combined fashion due to two facilities sharing a license number, but in others the metrics are reported separately?

A: For facilities that report measures together, please send an email to PEC@bah.com listing the unique hospital ID for the facilities that are being combined and for which specific measures (or note all measures). We will make the necessary adjustments to the scoring calculations based on the information you provide.

Q17: Should we label measures differently by data source (e.g., "Readmissions and Readmissions_SR" to indicate self-reporting)?

A: Please label measures that are calculated the same in the same manner, regardless of data source. If there are differences in how the measure is calculated, such as readmissions to the same hospital in the self-reports vs. readmissions to all hospitals from the data file, or exclusion of planned readmissions in one but not the other, then the measures should be named as different measures and the definitions should be provided in the Measures Specification worksheet. Please send an email to PEC@bah.com if this is the case. If the measure is the same across the two sources, then the HIINs might want to analyze by source as part of their own analysis, so that they can better pinpoint who is leading and lagging. HIINs can use different measure names as they prepare an internal version for analysis and then just change them to the same name prior to sending to the PEC, since the PEC's focus is on HIIN-wide progress.

Q18: Can the readmission measure that is listed on the "Standardized Measure Names" worksheet be used for index hospital readmissions? Please clarify which measure this refers to since the flat file does not specify.

A: In the "Standardized_Measures" worksheet, the list under "Additional Common Measures" provides names that will help the PEC group similar measures; however, there are many examples where measures that are defined differently may fit the same common measure name. If you have two measures that fit "READM_30DAY," please select one of them and give that measure a different name that includes "READ" in the title (e.g., "READ_INDEX"). Please be sure both measures are defined on the "Measures_Specifications" worksheet, including the measure description, data source, and inclusion and exclusion criteria for the numerator and denominator for this measure. The PEC is careful to review the measure definitions; we do not assume that all measures that use a common name are the same measure.

Q19: The measure name listed for "Sepsis Mortality" is "PSI04." While "PSI-04" includes components of sepsis and septic shock, this measure also accounts for other complications, such as DVT, GI hemorrhage, and pneumonia. If a HIIN will be reporting "Sepsis Mortality," but is not collecting this information via PSI-04, would you still like the measure labeled as such, or should it be named something different?

A: You may label the measure name to more accurately reflect the measure description (i.e., something other than "PSI04"). Please also see the response to question 18 above, as the measure definition is very important.

Q20: What is the difference between the measure "NHSN CAUTI Rate - ICU + Other Units" and "NHSN CAUTI Rate - Hospital-Wide"? The same question applies for CLABSI.

A: After receiving HIIN comments on this issue at a recent roundtable, the PEC will be changing the list of measures in the flat file template to only list "NHSN CAUTI Rate – Hospital-Wide".

Recruitment and Eligibility

Q21: Should we include newly recruited hospitals on our hospital list if we do not have eligibility information for them?

A: A hospital should be included on the hospital list once it has definitely aligned with your network. As long as you have at least the hospital's CCN, the hospital should be included on the list. Eligibility can be indicated as "1" in the "Acute Care," "Children's," or "CAH" column if the last digit of the CCN is an "F" or if the last four digits are between 0001 and 0999, 1300 and 1399, or 3300 and 3399.

Q22: If we do not have data or eligibility for a committed hospital, should it be included in the flat file?

A: If you have the hospital's CCN and can see that its CCN is in the ranges mentioned in response to question 21, then the hospital is presumed eligible and any data for that hospital should be included in the flat file. If there is no data for the hospital, or if the CCN does not fall within the described ranges, then the hospital does not need to be included in the flat file and there is no advantage to including blank rows.

A: A hospital should be included on the hospital list once they have definitely aligned with your network. As long as you have at least the hospital's CCN, the hospital should be included on the list. Eligibility can be indicated ("1" in Acute Care, Children's, or CAH column) if the last four digits of the CCN are between the following: 0001 and 0999, 1300 and 1399, or 3300 and 3399, or the last digit is an "F".