

Evading a \$12M Penalty: A Multidisciplinary Achievement in Establishing National Healthcare Safety Network (NHSN) Antimicrobial Resistance (AR) Reporting to Centers for Medicare & Medicaid Services (CMS)

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Background

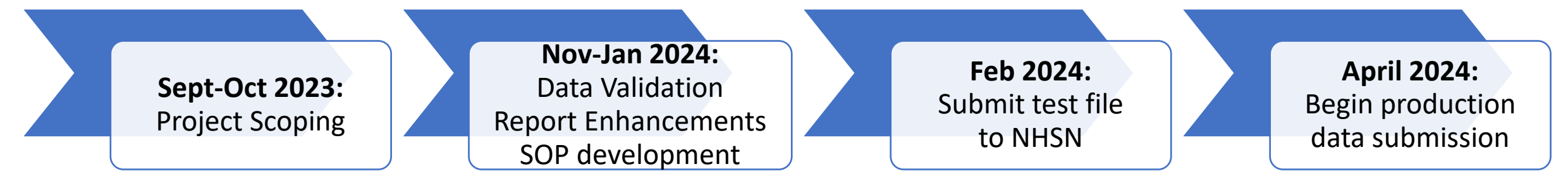
The Promoting Interoperability Program (PIP) is a program initiated by the Centers for Medicare & Medicaid Services (CMS) to encourage eligible healthcare systems to adopt and effectively use electronic health records to improve patient care.

The NHSN Antimicrobial Usage (AU) and Antimicrobial Resistance (AR) Module is a reporting element under the PIP. Beginning in CY2024, eligible hospitals must attest to being in active engagement with the AUR module by submitting data to NHSN. The University of California San Francisco (UCSF) has reported AU data since CY2019, however, the process for submitting AR data is more complex, involving additional reporting elements, workflows and more stakeholders.

Project Goals

The inclusion of AR data to the PIP regulations adds a layer of intricacy, requiring us to develop a robust process in order to meet monthly reporting requirements and contribute meaningfully to antimicrobial stewardship efforts.

Our goal is to have a working process for submitting at least 180 days of continuous AR data to meet the PIP CY24 regulatory requirement by June 2024.

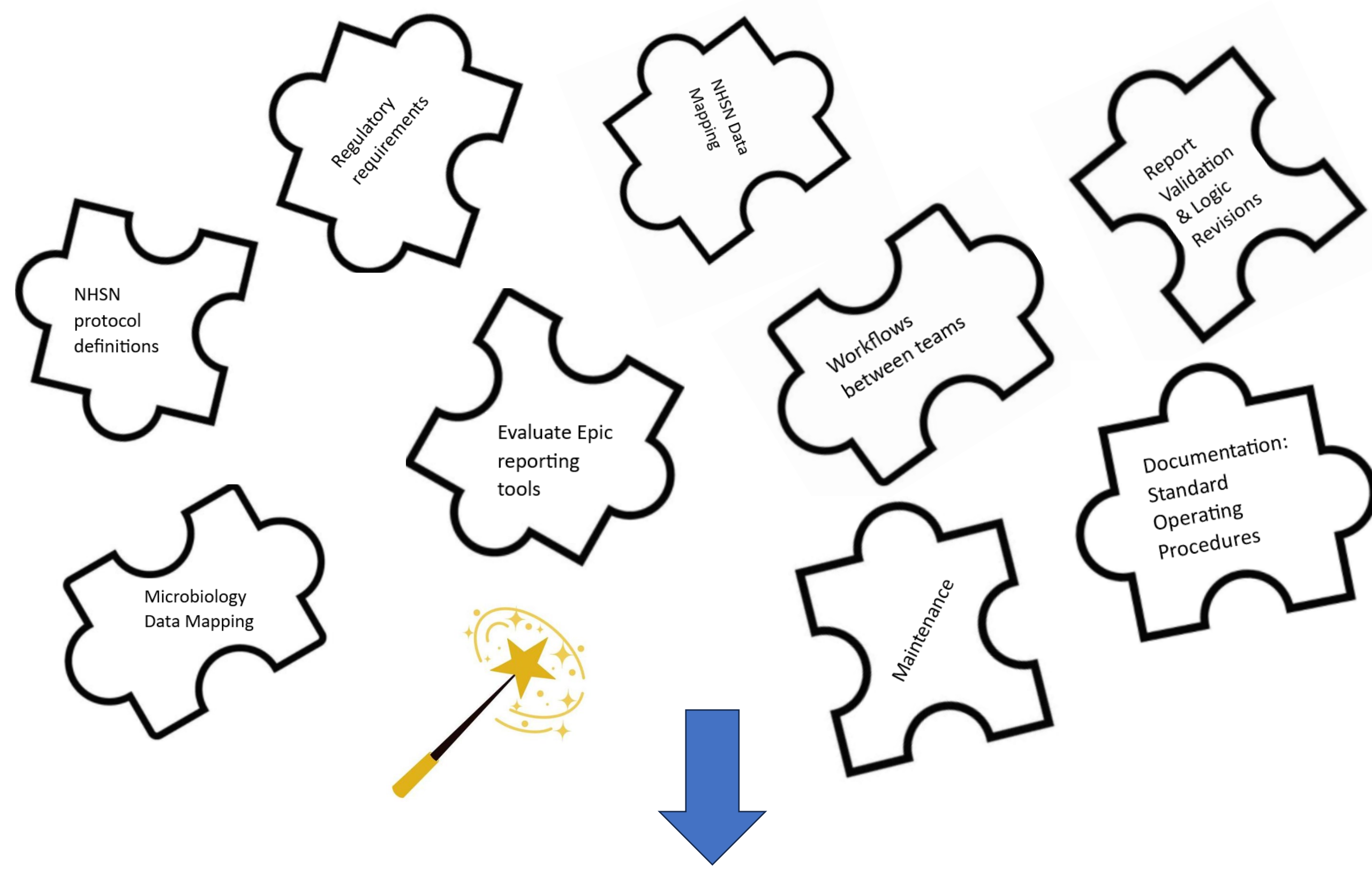


PROBLEM STATEMENT:

The CMS PIP mandates eligible healthcare systems to submit a minimum of 180 days of continuous AU and AR data to NHSN for CY2024, failure to comply may result in a \$12 million penalty.

Our cross-functional team implemented a new scalable process enabling required AR reporting which resulted in an improvement of compliance with regulatory stipulations from 0 to 100% and a cost avoidance of \$12 million for CY2024.

Project Plan and Intervention(s)

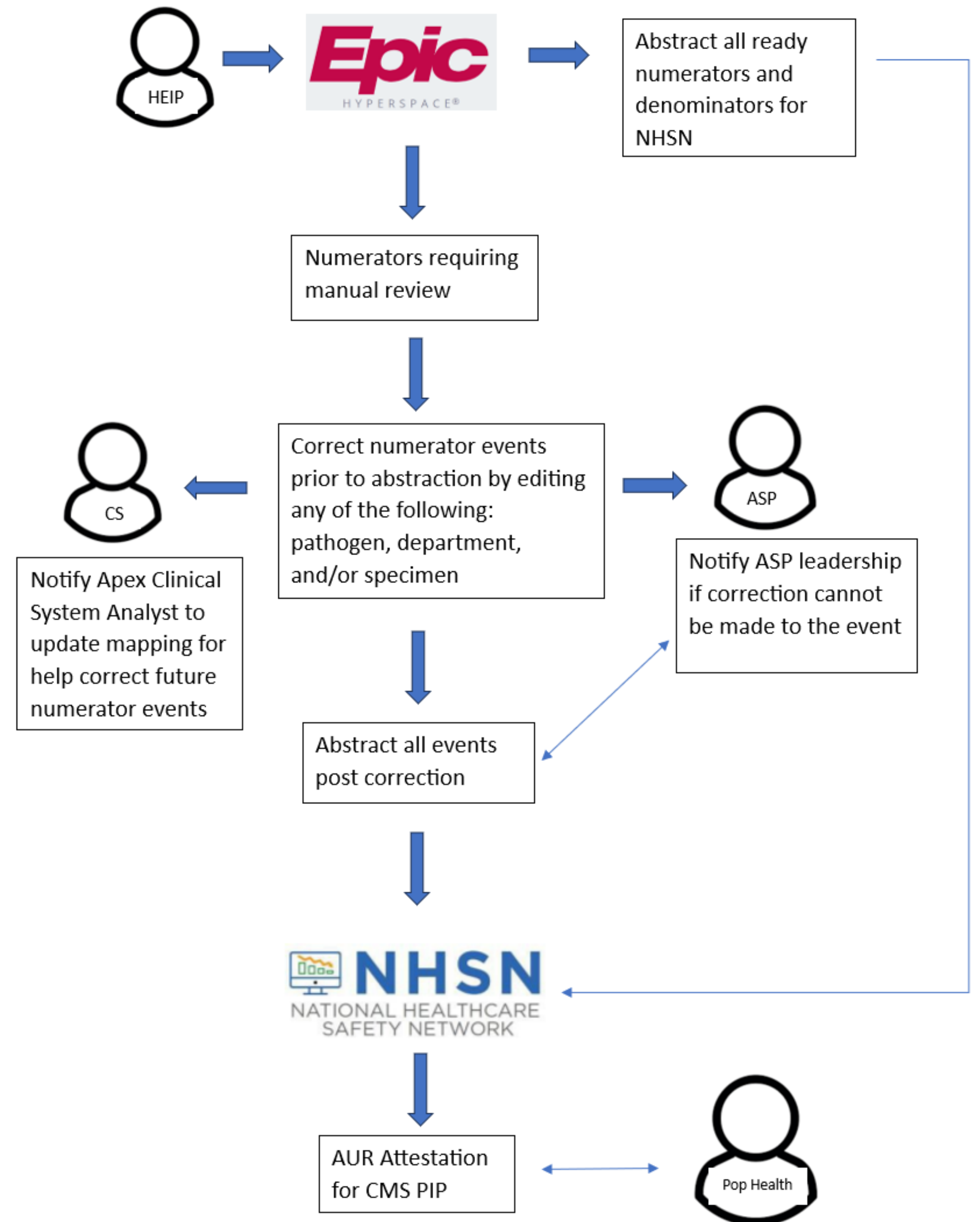


Interventions

Apex Reporting Tools Review	Logic updates to match NHSN	Refresh Schedule	Activate all mandatory data elements	Sequence between reports
Data Mapping & Regulatory Requirements	Identify timeline	Identify campuses involved	Data points mapped to NHSN correctly	Pass NHSN validation test
Workflows	Group trial reporting together	Discussion communication steps	Assign monthly tasks per group	
Maintenance & Documentation	Stakeholders trial reports	Tracker file for validation completed	SOP for monthly workflow	Revisit AR reporting at least annually

Project Outcomes, Results & Impact

New monthly workflow for AR mandated reporting



This team will oversee the necessary updates to workflows in response to changes in NHSN requirements and/or modifications to the Epic system.

Conclusions, Next Steps, & Lessons Learned

Our reports passed the NHSN validation in February 2024 and we successfully submitted AR production data for March 2024. This progression not only aligns us with CMS regulations, but also paves the way for analytic opportunities to further enhance antimicrobial stewardship QI initiatives.

Starting somewhere is often the most challenging aspect of any project. However, it is also the most critical step and breaking it down into manageable, discrete components helped us tackle a project of this magnitude. Here are key strategies that enabled our team to achieve this reporting milestone:

- Gaining insights from peer institutions that have already begun reporting
- Thoroughly reviewing all Epic documentation and NHSN protocols
 - Conducting hands-on experimentation with Epic reports for a use case that previously didn't exist
- Assembling a multidisciplinary group
 - Expertise sharing among team members
- Conducting detailed validation reviews