

## CMS Inpatient Prospective Payment System FY2011 Rule Finalized

The following is an excerpt of the IPPS FY2011 press release. Full text may be accessed at the following URL: <http://bit.ly/d1fne6>

The Centers for Medicare & Medicaid Services (CMS) today issued a final rule establishing fiscal year (FY) 2011 policies and payment rates for inpatient services furnished to people with Medicare by acute care hospitals, long-term care hospitals (LTCHs), and certain excluded hospitals. Due to the timing of the passage of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the "Affordable Care Act"), CMS issued a FY 2011 IPPS/LTCH proposed rule, as well as a supplemental proposed rule that addressed certain changes made by the Affordable Care Act. The final rule responds to comments received by CMS on both the proposed rule and the supplemental proposed rule, which appeared in the May 4 and June 2 issues of the *Federal Register*, respectively.

The final rule applies to approximately 3,500 acute care hospitals paid under the Inpatient Prospective Payment System (IPPS), and approximately 420 long-term care hospitals paid under the LTCH Prospective Payment System (PPS), for discharges occurring on or after October 1, 2010. It also updates the rate-of-increase limits for certain hospitals excluded from the IPPS that are paid on a reasonable cost basis subject to these limits. The updated rate-of-increase limits are effective for cost reporting periods beginning on or after October 1, 2010.

In the action, CMS is updating acute care hospital rates by 2.35 percent. This update reflects a market basket increase of 2.6 percent for inflation, which is a slight increase over the FY 2010 inflation rate. The final rule reduces the 2.6 percent inflation update by 0.25 percent, as required by the Affordable Care Act. Further, CMS will apply a "documentation and coding" adjustment of -2.9 percent. Hospital coding practices following adoption of the Medicare severity DRGs increased aggregate payments to hospitals, but did not reflect actual increases in patients' severity of illness.

## CMS Rule: A Bold Step, But Just One Step Toward Eliminating HAIs

Neil Fishman, MD  
August 5, 2010

The following is an excerpt. Full text may be accessed at the following URL: <http://bit.ly/cOFSYb>

With the announcement of the new CMS rule last week, the United States has taken an important first step toward creating a national public reporting system that can be used to guide and monitor our efforts to eliminate healthcare-associated infections (HAIs). To its credit, CMS responded to the recommendations of experts in the field (see [SHEA FY 2011 IPPS Comments June 2010](#)) and based the rule upon reporting to the CDC National Healthcare Safety Network (NHSN). Here in the U.S., we must: 1) Look beyond the ICU, 2) Validate reported data, 3) Improve the definitions, and 4) Help patients interpret and synthesize the data.

## CDC News Briefs:

- CDC has launched an enhanced Antibiotic and Antimicrobial Resistance web portal: [www.cdc.gov/drugresistance](http://www.cdc.gov/drugresistance). The new website provides an entry point for all antimicrobial resistance activities for the agency. Topics covered include: general information on drug-resistant pathogens, surveillance systems which track and monitor these infections, educational campaign resources, and laboratory testing and training resources. Please visit the site at: [www.cdc.gov/drugresistance](http://www.cdc.gov/drugresistance)
- On CDC's Safe Healthcare Blog, Dr. Alex Kallen, CDC medical epidemiologist, applauds decreases in serious healthcare-associated MRSA infection rates but reminds us that more needs to be done to prevent and reduce these infections. Join the conversation at <http://bit.ly/ceWXac>

### Free Webinars from Premier, Inc.!

- Using the CDC's National Healthcare Safety Network (NHSN) to meet the new CMS reporting requirement: <http://bit.ly/9GlatF>
- FY 2011 Medicare Inpatient PPS Interim Final Rule: <http://bit.ly/dCK7wJ>
- For more free webinars, visit <http://premierinc.com/advisorlive/>



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[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)

# CMS Rule: A Monumental Step Forward for Patient Safety and Transparency

Peter J. Pronovost, MD, PhD, FCCM  
August 2, 2010  
AHCMedia.com

The following is an excerpt. Full text may be accessed at the following URL:  
<http://blogs.cdc.gov/safehealthcare/?p=653>

On July 30, the Centers for Medicare and Medicaid Services (CMS) took a bold step that will provide consumers with important information about their risks in hospitals. With the new [CMS rule](#), we have, for the first time, a trifecta: robust interventions known to reduce infections, payment policies to reward hospitals for reporting and reducing infections, and transparent public reporting of infections using valid data.

Building upon decades of research, all hospitals now have the ability to nearly eliminate these infections, making CLABSI the polio campaign of the 21st century. We have an approach that works — using an intervention that includes a simple checklist of best practices; measuring and reporting infection rates to the clinical teams and administrators; and improving teamwork among doctors, nurses and hospital leaders, the Johns Hopkins Hospital virtually eliminated these infections. With support from the Agency for Health Care Research and Quality (AHRQ), this Hopkins program reduced CLABSI by 66% in 103 Michigan intensive care units. State Hospital Associations, CMS Quality Improvement Organizations (QIOs), and state health departments, with support from CDC, work with our national team and local providers to implement the program state-by-state. We get additional support from professional societies, consumer groups,

## State NHSN Webinar Schedule

Mark your calendars for the following Learnlinc Webinars that will be offered through the Infectious Disease Epidemiology Section! To register for a Learnlinc account, contact [Rosemarie.Robertson@la.gov](mailto:Rosemarie.Robertson@la.gov) for an account and training guide. Our Learnlinc application may be accessed at the following URL: <http://inlinc.oph.dhh.la.gov>.

- November 12<sup>th</sup> at 10 a.m. – Data entry, import, and customization
- January 21<sup>st</sup> at 10 a.m. – Central line-associated BSIs
- March 25<sup>th</sup> at 10 a.m. – NHSN analysis

and business coalitions. Working together, linked to a common measurable goal, we will reduce these infections.

Yet we recognize that we need to learn how to reduce the data collection burden on hospitals, to make reports more meaningful to consumers and clinicians, and to hold hospitals accountable when infections remain high. We can do this.

In 2008, the U.S. Secretary for Health and Human Services aligned the country around a measurable goal and a common purpose: reducing CLABSI. It's a bold yet attainable goal. Public reporting of CLABSI rates on the CMS [Hospital Compare](#) Website and required use of standardized CLABSI definitions will encourage needed innovation, and leverage the strengths of the multiple groups whose efforts we need needed to reduce infections.

Today, CMS puts us on a road likely to dramatically reduce infections, provide our patients with needed information, help to ensure patients are safer, and learn how to move forward to tackle the next types of preventable harms. We hope this is but the first step in similar future initiatives to make our hospitals safer.

More information about the CLABSI prevention project discussed at the following URL: <http://www.onthecuspstophai.org/Stop-7611.html>

## NHSN Trainings

80 infection preventionists, public health personnel and HAI partners participated in the statewide National Healthcare Safety Network (NHSN) trainings held from July 26<sup>th</sup> to August 11<sup>th</sup>. These trainings assisted infection preventionists with NHSN competencies, and we were pleased to have Kathy Allen-Bridson, RN, BSN, CIC and Theresa Horan, MPH, CIC of CDC dial in for question and answer periods at the conclusion of each training session. More educational opportunities are being offered for our facilities in light of the IPPS FY2011 Rule. In addition to the Learnlinc webinars, IDES will offer 8-hour CLABSI trainings in January of next year to reinforce definitions, review case studies, and provide collaborative support. Details will be provided in the winter 2010 issue of the *In The Know* newsletter.

## LA APIC Chapters Corner!



Infection Prevention  
is everyone's business

International Infection Prevention Week

October 17 - 23, 2010

### Greater New Orleans

Congratulations to APIC-GNO for being selected to be a host chapter for IIPW 2010!

The next chapter meeting will be held on Oct 6<sup>th</sup> at Ochsner Baptist Hospital at 9:00 am.

The speaker will be Dr. Allan Morrison, who will be speaking on "Better Living through Chemistry" and will be sponsored by Care Fusion. Contact [lpolo@stph.org](mailto:lpolo@stph.org)

### River Regions

5 members were sponsored to attend the National APIC Conference in New Orleans. Next meeting: November 19<sup>th</sup>  
Contact [blancheleblanc@cox.net](mailto:blancheleblanc@cox.net)

The River Regions CLABSI Prevention Collaborative will kick off this fall!  
Contact [pamela.kreyling@la.gov](mailto:pamela.kreyling@la.gov) for more information.

### Ark/La/Tex

Our local chapter assisted in sponsoring 3 members, Vickie Moore, Diane Jones and Angela Hernandez, to attend the New Orleans Annual APIC conference. Our chapter also made a donation to APIC Research for 2010.

Next meeting: November 5<sup>th</sup> at Christus Schumpert, Shreveport. Contact [rsnyder@wkhs.com](mailto:rsnyder@wkhs.com)