PATIENT SAFETY AUTHORITY
An independent agency of the Commonwealth of Pennsylvania

Using Pennsylvania Patient Safety Reporting System Analytics to Enhance Quality Improvement in Long-Term Care

In April 2016, the Pennsylvania Patient Safety Authority presented a statewide webinar about Pennsylvania Patient Safety Reporting System (PA-PSRS) analytics. This document provides the results of the question-and-answer session for that webinar and accompanies the webinar recording.

Q. I track infections that do not meet the PA-PSRS criteria but which the doctors are still treating. It looks like the analytics will only show me the infections that are reported. Do I need to keep two sets of books?

A. It is not necessary to keep two sets of books. For facility-specific tracking, the events reported to PA-PSRS can be directly exported from the analytic page to a Microsoft Excel workbook, and then other infections that are not reportable or do not meet criteria can be added. Columns for events that meet PA-PSRS criteria or are reportable to the Department of Health have been found to be helpful on a monthly line listing. This tracking method can be used, for example, to track prescribers who are treating asymptomatic conditions with antibiotics and other symptomatic infections and organisms of epidemiologic importance such as carbapenem-resistant Enterobacteriaceae (CRE). Not meeting criteria may be also a result of poor documentation, physician push back, treatment of asymptomatic conditions, or inappropriate laboratory work.

Q. One reason we don't use the PA-PSRS analytics is that the criteria in PA-PSRS do not match the MDS (minimum data set) criteria. Is there any collaboration to change this, as it impacts our [Centers for Medicaid and Medicare Services (CMS)] Star ratings?

A. The revised McGeer Criteria and the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) urinary tract infection (UTI) criteria module for long-term care (LTC) also do not match CMS's MDS criteria, but do mirror the PA-PSRS criteria.

PA-PSRS reporting does not replace MDS reporting, and it's important to understand why there are differences in clinical (treatment), coding (MDS), and surveillance (reporting and prevention) definitions:

- Clinicians use clinical definitions, judgment, and experience to decide on a diagnosis and select treatment for their residents.
- MDS coding definitions identify diagnosis and procedures for payment.
- Surveillance and reporting definitions are based on a national standard to identify trends within a population and are critical to (1) accurately track healthcare-associated infections (HAIs), (2) guide and prioritize local, state, and national infection prevention activities, and (3) protect residents by measuring quality of care and improvement.

Q. Can I set up additional people to access the Learning Management System (LMS)?

A. Yes. Anyone can individually register. If you do not have access to PA-PSRS, call the Authority's Help Desk (1-866-316-1070) for instructions. (To access the LMS, log on to PA-PSRS, click the "Resources" tab to open the drop-down menu, select "PA-PSRS LTC HAI Reporting Training," and follow the prompts.) The LMS can also be directly accessed without logging on to PA-PSRS at http://ecrilearning.ecri.org/PAPSRS.

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Q. How fast do the analytic reports run?

A. Once you select the criteria for your report, it can be ready in seconds, depending on your Internet function and dependability.

Q. Is it safe to say that if an infection does not meet the HAI PA-PSRS criteria that we should not include that infection in our infection rate and stats?

A. If an infection does not meet PA-PSRS criteria, it will be omitted from the Pennsylvania state rates and analytics. This is another reason to examine whether nurses, nurse aides, and physicians are familiar with all the criteria for accurate assessment, reporting, and documentation. For example, while an asymptomatic condition such as a positive urine culture with no symptoms is not an HAI, it may be important to track the rate of asymptomatic conditions being inappropriately treated with antibiotics.

Q. How can PA-PSRS analytics give us an all-encompassing view of MDROs (multidrug-resistant organisms) in our facility if certain infections (e.g., CRE, VRE [vancomycin-resistant enterococci]) do not meet criteria for "true infections"?

A. A resident who does not have infectious symptoms but has bacterial organisms found in a culture are considered “colonized,” NOT infected. Therefore, the true infection reported to PA-PSRS is the facility true rate of infection with resistant organisms. Treatment with an antibiotic frequently does not eradicate colonization, especially in the urine. It may be helpful for the facility to track all cultures of MDROs.

If you have additional questions, contact the help desk at 1-866-316-1070 or support_papsrs@pa.gov.

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