December 4, 2012

Dr. Robert Dimand
Chief Medical Officer

SUBJECT: Provider-Preventable Conditions Including Health Care-Acquired Conditions (HCAC); Neonatal/Pediatric Reporting and Payment Adjustment

Beginning July 1, 2012, the California Department of Health Care Services (DHCS) implemented regulations to comply with Federal and California law prohibiting payments for any amounts expended for providing medical assistance for HCAC.

The core aim is to achieve better outcomes for individuals and populations, while reducing preventable and unsustainable costs through improved quality of care. DHCS assembled a broad-based group of stakeholders to develop recommendations that reflected the unique epidemiology and causal chains for these events in children and neonates.

POLICY
For each of the following events experienced by a neonatal or pediatric patient in any acute inpatient setting providers will be required to submit a report to DHCS as detailed at http://www.dhcs.ca.gov/individuals/Pages/AI_PPC.aspx and http://files.medical.ca.gov/pubsdoco/newsroom/newsroom_20473_1.asp:

Category 1 – Health Care-Acquired Conditions
- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III and IV pressure ulcers
- Fall and trauma
  - Fracture
  - Dislocation
  - Intracranial injury
  - Crush injury
  - Burn
  - Electric shock
- Manifestation of poor glycemic control
  - Diabetic ketoacidosis
  - Nonketotic hyperosmolar coma
  - Hypoglycemic coma
- Secondary diabetes with ketoacidosis
- Secondary diabetes with hyperosmolarity
- Catheter-associated urinary tract infection (CAUTI)
- Vascular catheter-associated infection
  - DHCS uses the same central line-associated bloodstream infection (CLABSI) case definition as already used by all California hospitals in reporting these events to the California Department of Public Health via the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN).
- Surgical site infection following:
  - Coronary Artery Bypass Graft (CABG) - Mediastinitis
  - Bariatric Surgery; including Laparoscopic Gastric Bypass, Gastroenterostomy, Laparoscopic Gastric Restrictive Surgery
  - Orthopedic Procedures; including Spine, Neck, Shoulder, Elbow
- Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) Following Total Knee Replacement or Hip Replacement with pediatric and obstetric exceptions

Effective for discharges occurring on or after October 1, 2012
- Surgical Site Infection (SSI) Following Cardiac Implantable Electronic Device (CIED) Procedures (this is a sub hospital acquired condition within the SSI hospital acquired condition category)
- Iatrogenic Pneumothorax with Venous Catheterization

**Category 2 – Other Provider Preventable Conditions** (For Any Health Care Setting)
- Surgery or other invasive procedure when:
  - The wrong procedure is performed
  - The procedure is performed on the wrong body part
  - The procedure is performed on the wrong patient

**POLICY IMPLEMENTATION**

A. Neonatal/Pediatric Reporting
   i. Complete a Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form DHCS 7107) for each reportable event (sample provided at the end of this document, and available online: [http://files.medi-cal.ca.gov/pubsdoco/Forms/dhcs_7107.pdf](http://files.medi-cal.ca.gov/pubsdoco/Forms/dhcs_7107.pdf)). Detailed instructions accompany the form.

B. Payment Adjustment: A hospital claim payment adjustment for covered beneficiaries shall reflect the estimated economic impact of the preventable event, which shall be updated periodically.

C. DHCS-approved Best Practices for CL care
   Best practices for CL care consist of applying insertion and maintenance bundle elements and confirming their application via checklist use
   1. Bundle: A small group of specific care practices essential for providing effective and safe care to a defined group of patients. Bundle application is considered an
all-or-nothing phenomenon. A patient receiving some but not all of the elements is not considered to have been provided the bundle.

2. Checklist: A cognitive tool to ensure each bundle element is always applied when appropriate. A checklist reminds the provider of exactly what must be done, when. A checklist should be used for CL insertion and one or more checklists for CL maintenance; together, all checklists must reflect all CL insertion and maintenance bundle elements specified below.

3. NICU Bundle for CL care
   i. CL insertion
      a. Establish a central line kit or cart to consolidate all items necessary for the procedure
      b. Perform hand hygiene with hospital-approved alcohol-based product or antiseptic-containing soap before and after palpating insertion sites and before and after inserting the central line
      c. Use maximal barrier precautions (including: sterile gown, sterile gloves, surgical mask, hat, and large sterile drape)
      d. Disinfect skin with appropriate antiseptic (eg, 2% chlorhexidine, 70% alcohol) before catheter insertion
      e. Use either a sterile transparent semipermeable dressing or sterile gauze to cover the insertion site
   ii. CL maintenance
      a. Perform hand hygiene with hospital approved alcohol-based product or antiseptic containing soap before and after accessing a catheter or before and after changing the dressing
      b. Evaluate the catheter insertion site daily for signs of infection and to assess dressing integrity
      c. At a minimum, if the dressing is damp, soiled, or loose change dressing aseptically and disinfect the skin around the insertion site with an appropriate antiseptic (eg, 2% chlorhexidine, 70% alcohol)
      d. Develop and use standardized intravenous tubing setup and changes
      e. Maintain aseptic technique when changing intravenous tubing and when entering the catheter including “scrub the hub”
      f. Daily review of catheter necessity with prompt removal when no longer essential

4. PICU Bundle for CL care
   i. CL insertion
      a. Hand washing before procedure
      b. Chlorhexidine scrub at insertion site (30-s scrub [2 min for groin] and 30–60-s air dry for all children ≤2 mo of age)
      c. No iodine skin preparation; no iodine ointment at insertion site
      d. Prepackaged or filled insertion cart, tray, or box
      e. Insertion checklist (with staff empowerment to stop nonemergency procedure if sterile insertion practice not being followed)
      f. Full sterile barrier for providers and patient
      g. Insertion training for all providers (eg, slides and video)
ii. CL maintenance
   a. Daily assessment of whether catheter is needed
   b. Catheter site care
      1. No iodine ointment
      2. Chlorhexidine scrub to site with dressing changes (30-s scrub and 30-s air dry)
      3. Change gauze dressings every 2 d unless soiled, dampened, or loosened (CDC recommended)
      4. Change clear dressing every 7 d unless soiled, dampened, or loosened (CDC recommended)
      5. Prepackaged dressing change kit (each unit to define package contents)
   c. Catheter hub/cap/tubing care
      6. Replace administration sets, including add-on devices, no more frequently than every 72 h unless soiled or suspected to be infected
      7. Replace tubing used to administer blood, blood products, or lipids within 24 h after initiation of infusion (CDC recommended)
      8. Change caps no more often than 72 h (or according to manufacturers’ recommendations), but caps should be replaced when administration set is changed (CDC recommended)
      9. Prepackaged cap change kit/cart/central location (elements designated by local institution)

D. Regional NICU Role
   i. Regional NICU Cooperation Agreements with affiliated NICUs place Regional NICUs in a pivotal position to:
      a. promote best practices for preventing NICU CLABSI
      b. evaluate the results of practice changes
      c. provide ongoing assistance to affiliated Community and Intermediate NICUs
   ii. DHCS expects Regional NICU Medical Directors to execute their leadership role for affiliated NICUs with regard to this new policy.


References

Additional resources:


Stevens TP, Schulman J. Evidence-Based Approach to Preventing Central Line Associated Bloodstream Infection (CLABSI) in the NICU. Acta Paediatrica; 2012; 101 (Suppl. 464); 11-16.
**MEDI-CAL PROVIDER-PREVENTABLE CONDITIONS (PPC) REPORTING**

Providers must identify provider-preventable conditions that are associated with claims for Medi-Cal payment or with courses of treatment furnished to Medi-Cal patients for which Medi-Cal payments would otherwise be available. See instructions for a more detailed description of PPCs and criteria for reporting.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Name of facility:</strong></td>
<td><strong>2. National Provider Identifier (NPI):</strong></td>
</tr>
<tr>
<td><strong>3. Type of facility:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>4. Address:</strong></td>
<td><strong>City:</strong></td>
</tr>
</tbody>
</table>

**PPC – Other Provider-Preventable Condition (OPPC) in any health care setting:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5. Date of OPPC:</strong></td>
<td>**6. **</td>
</tr>
</tbody>
</table>

**PPC – Health Care-Acquired Conditions (HCAC) in an inpatient setting:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9. Date of HCAC:</strong></td>
<td>**10. **</td>
</tr>
</tbody>
</table>

**19. calculation for pediatric CLABSI**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20. Does the provider intend to file a claim for payment for PPC?</strong></td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td></td>
</tr>
<tr>
<td><strong>21. Patient under 21 years of age?</strong></td>
<td><strong>Y</strong></td>
<td><strong>N</strong></td>
<td></td>
</tr>
<tr>
<td><strong>22. Patient’s name:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>23. Client Index Number (CIN):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24. Patient’s address:</strong></td>
<td><strong>City:</strong></td>
<td><strong>State:</strong></td>
<td><strong>Zip Code</strong></td>
</tr>
<tr>
<td><strong>Apt.:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25. Name of person completing report:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>26. Title:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>27. Phone:</strong></td>
<td><strong>Email:</strong></td>
<td><strong>Fax:</strong></td>
<td></td>
</tr>
</tbody>
</table>

*See form instructions for criteria and exemptions for adult and pediatric patients.

**Signature:** ___________________________ **Date:** ___________________________

28. Mark “PROTECTED HEALTH INFORMATION: CONFIDENTIAL” and send completed report within 5 days of discovery to:

**Via Secure Fax**
Department of Health Care Services
Audits and Investigations Division
Occurrence of Provider Preventable Conditions
(916) 650-6690

**Via U.S. Post Office**
Department of Health Care Services
Occurrence of Provider Preventable Condition
Audits and Investigations Division, MS 2100
P.O. Box 997413
Sacramento, CA 95899-7413

**Via UPS, FedEx, or Golden State Overnight**
Department of Health Care Services
Occurrence of Provider Preventable Condition
Audits and Investigations Division, MS 2100
1500 Capitol Ave., Suite 72.624
Sacramento, CA 95814-5006
INSTRUCTIONS

Providers must complete one form for each provider-preventable condition (PPC). Please send each form separately. By law, providers must report any PPC to DHCS that did not exist prior to the provider initiating treatment for a Medi-Cal beneficiary, even if the provider does not intend to bill Medi-Cal. A pediatric patient is anyone under 21 years of age when the provider detected the PPC.

Facility information (boxes 1-4)
1. Enter name of facility where the PPC occurred.
2. Enter the facility’s National Provider Identifier (NPI).
3. Check the appropriate box if the PPC occurred in an inpatient or outpatient facility.
4. Enter the street address, city, state, and zip code of the facility where the patient was being treated when the PPC occurred.

PPC – Other Provider-Preventable Condition (boxes 5-8)
5. If reporting an OPPC (inpatient or outpatient), enter the date (mm/dd/yyyy) that the OPPC occurred.
6. Check the box if the provider performed the wrong surgical or other invasive procedure on a patient.
7. Check the box if the provider performed a surgical or other invasive procedure on the wrong body part.
8. Check the box if the provider performed a surgical or other invasive procedure on the wrong patient.

PPC – Health Care Acquired Condition (boxes 9-19)
9. If reporting an HCAC (inpatient only), enter the date (mm/dd/yyyy) that a provider detected the HCAC.
10. Check the box if an adult patient experienced a clinically significant air embolism. An incidental air embolism need not be reported.
    For a pediatric patient, check the box only if the patient has a significant stroke with major neurologic deficit directly attributable to an air embolism following elective surgical repair of isolated ventricular septal defects or atrial septal defects.
11. Check the box for an incidence of blood incompatibility.
12. Check the box if an adult patient experienced a catheter-associated urinary tract infection.
    Check the box for a pediatric catheter-associated urinary tract infection (UTI), defined as greater than 1x10^5 CFU of a single species less than 24 hours after catheter insertion or within 48 hours of catheter removal. Do not check if the patient has the following high risk conditions: congenital GU/renal abnormality, vesicoureteral reflux (grade 3, 4) trauma to GU tract, neurogenic bladder, burn to perineum requiring urinary catheter, or extra-corporeal life support (ECLS).
13. Check the box if the patient experienced deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement in an inpatient setting. Do not check the box if the patient was under 21 or pregnant at time of PPC.
14. Check the box if the patient experienced a significant fall or trauma including:
    • Fracture
    • Dislocation
    • Intracranial injury
    • Crushing injury
    • Burn
    • Electric shock
15. Check the box for any unintended foreign object retained after surgery.
16. Check the box if the patient experienced any of the following manifestations of poor glycemic control:
    • Diabetic ketoacidosis
    • Nonketotic hyperosmolar coma
    • Hypoglycemic coma
    • Secondary diabetes with ketoacidosis
    • Secondary diabetes with hyperosmolarity
17. Check the box if the patient developed a stage III or stage IV pressure ulcer.
18. Check the box if an adult patient experienced:
    • Mediastinitis following coronary artery bypass graft (CABG)
    • A surgical site infection following:
      o Bariatric surgery
      • Laparoscopic gastric bypass
• Gastroenterostomy
• Laparoscopic gastric restrictive surgery

• A surgical site infection following: (continued)
  o Orthopedic procedures
    ▪ Spine
    ▪ Neck
    ▪ Shoulder
    ▪ Elbow

Check the box if a pediatric patient experienced a surgical site infection:
• Mediastinitis following pediatric cardiac surgery excluding infants less than 30 days of age, single ventricle, delayed sternal closure.
• Following elective scoliosis repair, excluding children with neuromuscular disease.

19. Check the box if an adult patient experienced a vascular catheter-associated infection.

Check the box for a pediatric patient or neonate and provide the following additional information:
Did the hospital apply Department of Health Care Services-approved insertion and maintenance bundles and checklists for all neonatal and pediatric patients?

☑ No. This event must be reported.
☒ Yes. Complete items “A” through “C.”

A. If infection occurred in a neonate, provide number of neonatal central-line days __ in previous calendar year; if infection occurred in a pediatric patient, provide number of pediatric central-line days __ in previous calendar year.
B. This CLASBI event is number __ of total number of CLASBIs during the current calendar year among the patients in the group to which the index patient belongs – neonate, or pediatric.
C. Divide “B” by “A” and multiply by 1,000.
Payment may be adjusted if number is greater than 1.8 for a neonatal patient or greater than 2.9 for a pediatric patient.

20. Check the box if the provider intends to file a claim to treat the PPC.

Patient information (boxes 21-24)
21. Check the appropriate box. If the patient is under 21, see pediatric specific instructions for numbers 10, 12, 18, and 19.
22. Enter beneficiary’s name (last, first, middle) as described on the Beneficiary Identification Card.
23. Enter beneficiary’s Client Index Number (CIN) from the Beneficiary Identification Card.
24. Enter beneficiary’s home street address, including city, state, zip code, and apartment number, if applicable.

Provider Contact information (boxes 25-27)
25. Enter the name of the person completing this report.
26. Enter the title of the person completing this report.
27. Enter a work phone number, email address, and fax number where DHCS can contact the person completing this report.

Department of Health Care Services
28. Providers must send this form to the Department of Health Care Services (DHCS), Audits and Investigations Division via fax, U.S. Post Office, UPS, or FedEx. The form should be submitted within 5 days of discovery of the event, or in the case of beneficiaries over the age of 21, within 5 days of the discovery of the PPC and confirmation that the patient is a Medi-Cal beneficiary. The preferred methods of sending the reports for confidentiality are No. 1, overnight courier with appropriate marking, No. 2, secure fax machine with appropriate marking, and No. 3, U.S. mail with appropriate marking. Providers must comply with HIPAA and any other relevant privacy laws to ensure the confidentiality of patient information.

THE INFORMATION CONTAINED IN THE COMPLETED FORMS IS PROTECTED HEALTH INFORMATION AND PERSONALLY IDENTIFIABLE INFORMATION, UNDER FEDERAL (HIPAA) LAWS AND CA STATE PRIVACY LAWS. IT MUST BE SHARED ONLY WITH DHCS' AUDITS AND INVESTIGATIONS DIVISION. THE PROVIDER IS RESPONSIBLE FOR ENSURING THE CONFIDENTIALITY OF THIS INFORMATION.