Operational Guidance for Long Term Care Hospitals* to Report Facility-Wide Inpatient (FacWideIN) Methicillin-Resistant *Staphylococcus aureus* (MRSA) Blood Specimen (Bacteremia) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Long Term Care Hospital Quality Reporting Requirements

**Note that Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN.*

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* in August 2014 that include facility-wide inpatient (FacWideIN) methicillin-resistant *Staphylococcus aureus* (MRSA) blood specimen (bacteremia) laboratory-identified (LabID) event reporting from long term care hospitals (LTCHs) via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Long Term Care Hospital Quality Reporting (LTCHQR) Program requirements for 2015. This operational guidance provides additional information about reporting FacWideIN MRSA bacteremia LabID event data to NHSN as part of the LTCHQR Program for LTCHs beginning on January 1, 2015. The requirements for FacWideIN MRSA bacteremia LabID event reporting to NHSN for this CMS program do not preempt or supersede any state mandates for reporting of healthcare-associated infections or events to NHSN (i.e., hospitals in states with a reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting FacWideIN MRSA bacteremia LabID event data to the system must adhere to the definitions and reporting requirements for FacWideIN MRSA bacteremia LabID events as specified in the NHSN Multidrug-Resistant Organism (MDRO) and *Clostridium difficile* Infection (CDI) Module protocol (http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf). This includes individually mapping all inpatient locations (location mapping guidance and the location list can be found at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf) from the entire LTCH in NHSN, reporting of a single monthly FacWideIN denominator summed

for all inpatient locations (total facility patient days and total facility admissions), as well as all MRSA blood specimen LabID events, which are defined as *Staphylococcus aureus* cultured from a blood specimen obtained for clinical decision making purposes (i.e., no surveillance cultures) that tests oxacillin-, cefoxitin-, or methicillin-resistant by standard susceptibility test methods, or by a lab test that is FDA-approved for MRSA detection from isolated colonies, or by methods that provide a positive result by any FDA-approved test for MRSA detection from the specimen source, from a patient in a specific inpatient location having no previous like specimen identified from a laboratory result from that patient in that inpatient location in the previous 14 days. Please see the MDRO/CDI Module protocol for more detailed guidance on MRSA blood specimen LabID event reporting.

LTCHs must report MRSA bacteremia LabID events with a specimen collection date on or after January 1, 2015 from all inpatient locations in the LTCH and associated facility-wide denominator data starting on January 1, 2015.

Monthly reporting plans must be created or updated in NHSN to include FacWideIN MRSA blood specimen LabID events, i.e., FacWideIN MRSA blood specimen LabID event surveillance must be in the monthly reporting plans ("in-plan") in order for data to be shared with CMS. If a facility is reporting all MRSA specimens, and not just blood specimens, CDC will only share the blood specimen data with CMS. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the "no events" field for any month during which no MRSA blood specimen LabID events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at http://www.cdc.gov/nhsn/CDA/index.html).

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month for which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality

measurement reporting requirements, each LTCH's data must be entered into NHSN no later than 1 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by May 15, Q2 data must be entered by August 15, Q3 data must be entered by November 15, and Q4 data must be entered by February 15 to be shared with CMS.

FacWideIN MRSA bacteremia LabID event data submitted to NHSN by hospitals that participate in the LTCHQR Program will be reported by CDC to CMS for each LTCH. CDC will share all in-plan FacWideIN healthcare facility-onset (HO) MRSA bacteremia LabID event data from participating LTCHs. CDC will provide a hospital-specific FacWideIN MRSA bacteremia HO Incidence rate for each reporting hospital. Although the metric reported to CMS will be a HO Incidence rate, the community-onset (CO) events and the admission prevalence of a hospital will play an important role in the assignment of onset and incidence, **and so both HO and CO LabID events must be reported into NHSN**. NHSN will assign these onset categories to the LabID events as they are entered into the system.