

New NHSN Guidance for Acute Care Hospital FacWideIN MRSA/CDI LabID Denominator Reporting

The CDC and CMS work together on a continual basis to align the NHSN reporting protocols with the CMS reporting requirements as much as possible, while at the same time maintaining the scientific integrity, accuracy, and usefulness of the data. As part of these ongoing efforts, we are updating the protocol guidance for facility-wide inpatient (FacWideIN) reporting of MRSA Bacteremia and *C. difficile* (CDI) LabID denominators from Acute Care Hospitals (ACHs) to meet the requirements for the CMS IPPS IQR Program. We ask that the ACHs begin following and instituting this guidance for denominator data submitted beginning January 2015. The CDC and CMS are not requiring facilities to revise any methods or entered data prior to January 2015.

When preparing and entering ACH FacWideIN patient day and admission counts, the ACHs should not include counts from any of their inpatient rehabilitation facilities (IRF) and inpatient psychiatric facilities (IPF) units that have separate CMS Certification Numbers (CCNs), excluding even those units whose CCNs differ only by a single letter in the third position of the CCN. Therefore, the monthly FacWideIN patient day and admission counts for MRSA Bacteremia and CDI LabID Event surveillance from the ACHs will be the sum of all units where patients are housed within the facility minus any of the IRF and IPF units that have separate CCNs. In turn, this also means that the MRSA Bacteremia and CDI LabID Events (i.e., numerators) identified from the IRF and IPF units with the separate CCNs are not required to be monitored or reported to meet the ACH requirement for the CMS IPPS IQR Program. However, this reporting is required from IRFs to meet the CMS Inpatient Rehabilitation Facility Quality Reporting Requirements (see separate IRF Operation Guidance in the CMS Supporting Materials section here: <http://www.cdc.gov/nhsn/inpatient-rehab/mdro-cdi/index.html>).

To validate this new reporting guidance NHSN will be adding additional patient day and admission required fields onto the MDRO/CDI Monthly Monitoring form in January 2015. Below is a screen shot showing the additional variables that will indicate the ACH is appropriately removing denominator counts from the IRF and IPF units with separate CCNs, if the ACH has such units, out of the monthly ACH FacWideIN patient day and admission totals.

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

[HELP](#)

Mandatory fields marked with *

Facility ID*: 10401 (DHQP Memorial Annex)

Location Code*: FACWIDEIN - Facility-wide Inpatient (FacWideIn) ▼

Month*: January ▼

Year*: 2015 ▼

General

Setting: Inpatient Total Facility Patient Days*: 2450 Total Facility Admissions*: 435

Setting: Outpatient Total Facility Encounters:

If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF, IPF) from Totals:

MDRO Patient Days*: 2300 MDRO Admissions*: 400 MDRO Encounters:

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF, IPF) as well as NICU and Well Baby counts from Totals:

CDI Patient Days*: 2150 CDI Admissions*: 380 CDI Encounters:

As shown in the screenshot above, the ACH facility would enter the total facility patient days and total facility admissions for the month for all units where patients are housed in the facility. These numbers would be used for validation purposes to show the counts from IRF and IPF units with separate CCNs have been removed from the ACH MRSA and ACH CDI total denominator counts. The ACH facility user would then enter the total facility patient days and admissions subtracting the patient days and admissions that would be attributed to any IRF and IPF units. These numbers would be used as the denominators for the ACH MRSA metric calculations. The ACH facility user would then enter the total facility patient days and admissions subtracting the patient days and admissions that would be attributed to any IRF and IPF unit, as well as patient day and admission counts from NICUs and Well Baby units. These numbers would be used as the denominators for ACH CDI metric calculations.

Additional Resources:

ACH MRSA Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf>

ACH CDI Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf>

NHSN MDRO Protocol: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf