Updated Operational Guidance for Acute Care Hospitals for 2015

Operational Guidance for Acute Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) *Clostridium difficile* Infection (CDI) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Hospital Inpatient Quality Reporting (IQR) Requirements

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* in August 2011 that include facility-wide inpatient (FacWideIN) *Clostridium difficile* infection (CDI) laboratory-identified (LabID) event reporting from acute care hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Hospital Inpatient Quality Reporting (IQR) Program requirements for 2013. This operational guidance provides additional information about reporting FacWideIN CDI LabID event data to NHSN as part of the Hospital IQR Program for acute care hospitals beginning on January 1, 2013. The requirements for FacWideIN CDI LabID event reporting to NHSN for this CMS program do not preempt or supersede any state mandates for reporting of healthcare 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 CDI LabID event data to the system must adhere to the definitions and reporting requirements for FacWideIN CDI 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 can be found at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf) from the entire acute care facility in NHSN. Beginning January 1, 2015 facilities must also map and report from outpatient emergency departments (ED) (i.e., adult and pediatric) and 24-hour observation locations. Facilities will report a single monthly FacWideIN denominator summed for all non-neonatal inpatient locations (total facility patient days and total facility admissions minus counts from neonatal critical care locations and well-baby nurseries) (total facility patient days and total facility admissions), as well as separate denominators to capture ED and 24-hour observation location(s) encounters for each mapped location. Additionally, beginning January 1, 2015 facilities will be required to exclude and indicate that inpatient rehabilitation facilities

(IRFs) and inpatient psychiatric facilities (IPFs) locations that have CMS Certification Numbers (CCNs) that are different from the acute care facility (even if only different by a single letter in the 3rd position) have been removed from monthly FacWideIN denominator counts (patient days and admissions).

Facilities will continue to report all CDI LabID events, which are defined as *C. difficile* identified as the associated pathogen for patient illness by a positive lab test result for *C. difficile* toxin A and/or B, the *C. difficile* toxin gene, or a toxin-producing *C. difficile organism* detected by culture, or other FDA-approved lab methods performed on an unformed stool sample, obtained for clinical decision making purposes (i.e., no surveillance cultures) from a patient in a specific inpatient, ED, or 24-hour observation 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 CDI LabID event reporting.

Acute care hospitals must report CDI LabID events from inpatient, ED, and 24-hour observation locations with a specimen collection date on or after January 1, 2015 and associated facility-wide inpatient (minus neonatal units and units with separate CCNs), outpatient ED, and 24-hour observation denominator data starting on January 1, 2015.

Monthly reporting plans must be created or updated in NHSN to include FacWideIN, ED, and 24-hour observation location CDI LabID events, i.e., FacWideIN CDI LabID event surveillance must be in the monthly reporting plans ("in-plan") in order for data to be shared with CMS. Beginning January 2015, mapped active ED and 24-hour observation locations will be automatically populated on the monthly reporting plan if FacWideIN CDI LabID reporting has been added by the facility. 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 CDI 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 facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 data must be entered by November 15, Q3 data must be entered by February 15, and Q4 data must be entered by May 15 to be shared with CMS.

FacWideIN CDI LabID event data submitted to NHSN by hospitals that have completed their Annual Payment Update (APU) pledges will be reported by CDC to CMS for each CCN. CDC will share all in-plan FacWideIN healthcare facility-onset (HO) CDI LabID event data from participating acute care hospital CCNs. CDC will provide a hospital-specific FacWideIN HO CDI standardized infection ratio (SIR) for each reporting CCN. Although the metric reported to CMS will be a HO SIR, the community-onset (CO) events and the admission prevalence of a hospital will play an important role in risk adjustment, **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.