

# Multidrug-Resistant Organism (MDRO) and *Clostridium difficile*-Associated Disease (CDAD) Module

Training Course Section:

**MDRO Infection Surveillance**



Department of Health and Human Services

Centers for Disease Control and Prevention

### Target Audience

This training session is designed for those who will collect and analyze multidrug-resistant organism (MDRO) disease data in the MDRO and CDAD Module of NHSN. This may include:

- NHSN Facility Administrator
- Patient Safety Primary Contact
- Infection Preventionist
- Epidemiologist
- Microbiologist
- Professional Nursing Staff
- Trained Support Staff



**You should complete the *NHSN Overview* prior to viewing this training!**

## MDRO and CDAD Module

The following documents and forms will be discussed in this training. You may wish to PRINT these to follow along.

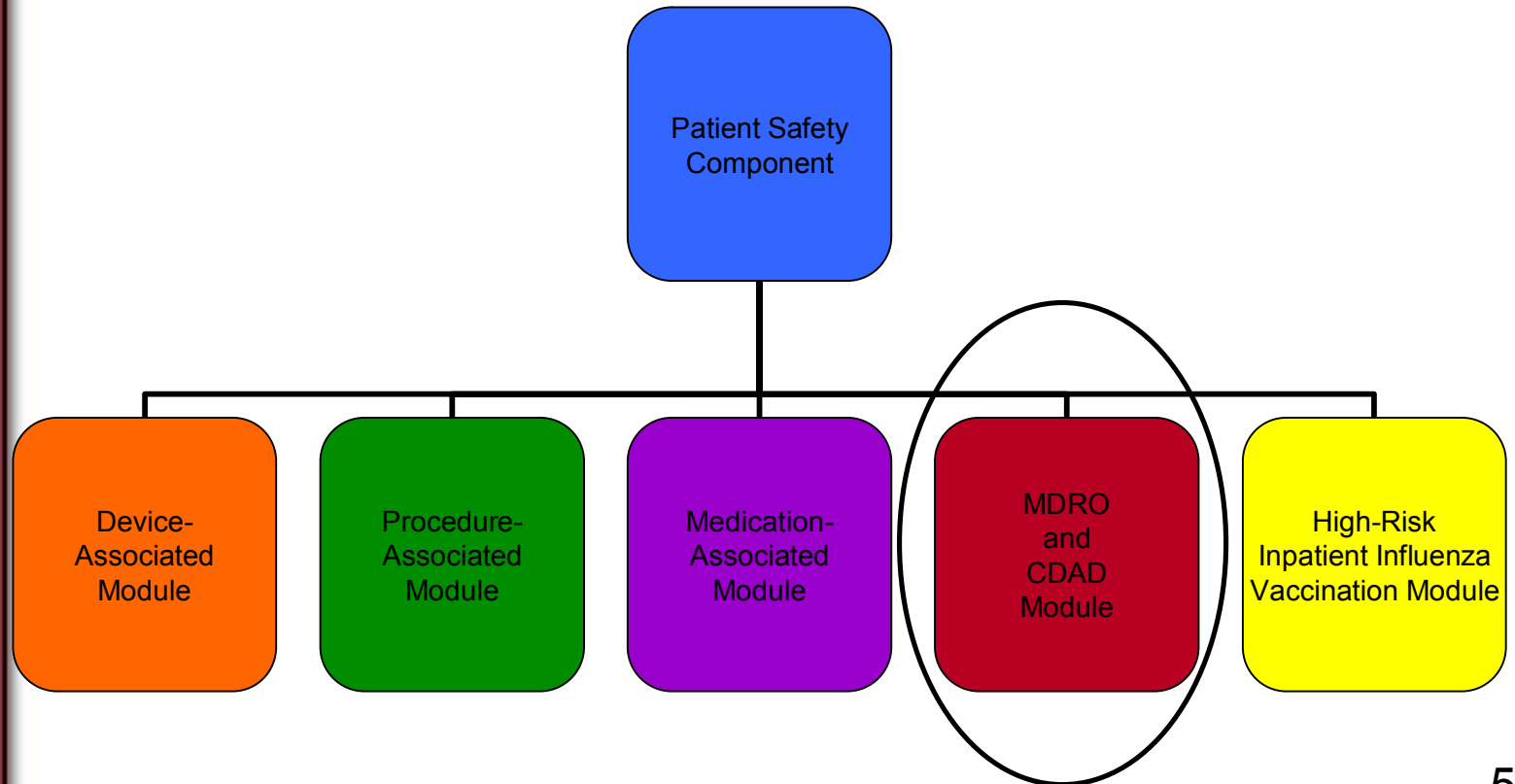
- 1) **MDRO and CDAD Module Protocol**
  - [http://www.cdc.gov/ncidod/dhqp/nhsn\\_MDRO\\_CDAD.html](http://www.cdc.gov/ncidod/dhqp/nhsn_MDRO_CDAD.html)
- 2) **Instructions for Completion of MDRO/CDAD forms**
  - [http://www.cdc.gov/ncidod/dhqp/nhsn\\_instruct\\_MDRO\\_CDAD.html](http://www.cdc.gov/ncidod/dhqp/nhsn_instruct_MDRO_CDAD.html)
- 3) **CDC Definitions for Nosocomial Infections document**
  - <http://www.cdc.gov/ncidod/dhqp/pdf/NNIS/NosInfDefinitions.pdf>
- 4) **Patient Safety Monthly Reporting Plan**
  - [http://www.cdc.gov/ncidod/dhqp/forms/A\\_PSReportPlan\\_BLANK.pdf](http://www.cdc.gov/ncidod/dhqp/forms/A_PSReportPlan_BLANK.pdf)
- 5) **MDRO or CDAD Infection Event form**
  - [http://www.cdc.gov/ncidod/dhqp/forms/57\\_126\\_MDROInfectionEvent.pdf](http://www.cdc.gov/ncidod/dhqp/forms/57_126_MDROInfectionEvent.pdf)
- 6) **Specific NHSN infection event forms (BSI, UTI, SSI, PNEU)**
  - [http://www.cdc.gov/ncidod/dhqp/nhsn\\_PSforms.html](http://www.cdc.gov/ncidod/dhqp/nhsn_PSforms.html)
- 7) **MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring form**
  - [http://www.cdc.gov/ncidod/dhqp/forms/57\\_127\\_MDROMonthlyReporting.pdf](http://www.cdc.gov/ncidod/dhqp/forms/57_127_MDROMonthlyReporting.pdf)

### Objectives

- Review the structure of the MDRO and CDAD\* Module within the Patient Safety Component of NHSN
- Describe the rationale for monitoring MDROs in NHSN
- Describe the methodology, protocols, and definitions used in data collection and reporting of MDRO Infection Surveillance

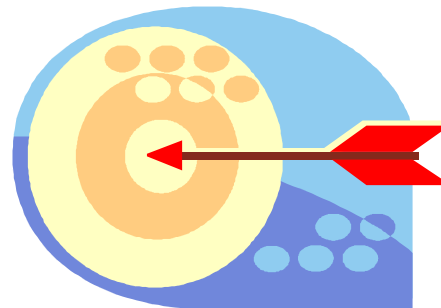
**\**C. difficile* Infection (CDI) is discussed in the CDAD training slide set**

# National Healthcare Safety Network (NHSN)



### Goal of MDRO and CDAD Module

- o Monitoring of MDRO and *C. difficile* infection (CDI) will help to evaluate local trends and changes in the occurrence of these pathogens and related infections.
- o This module will provide a mechanism for facilities to report and analyze MDRO and CDI data, in order to inform infection control staff of the impact of targeted prevention efforts.



### Resistant Organisms Monitored

- Methicillin-Resistant *Staphylococcus aureus* (MRSA)  
(option w/ Methicillin-Susceptible *S. aureus* (MSSA))
- Vancomycin-Resistant *Enterococcus* spp. (VRE)
- Multidrug-Resistant (MDR) *Klebsiella* spp.
- Multidrug-Resistant (MDR) *Acinetobacter* spp.



### Background



Why these organisms:

- The identified organisms have increased in prevalence in US hospitals over the last three decades
- These organisms have important implications for patient safety
- Options for treating patients with these infections are often extremely limited
- MDRO infections are associated with increased lengths of stay, costs, and mortality



### Reporting Options

-Infection Surveillance

-Laboratory-Identified (LabID) Event

-Prevention Process Measures:

-Monitoring Adherence to Hand Hygiene

-Monitoring Adherence to Gown and Gloves Use

-Monitoring Adherence to Active Surveillance Testing

-Active Surveillance Testing (AST) Outcome Measures

One of these  
two options is required  
for participation in MDRO!

See: [LabID Event Training](#)

See: [Prevention  
Process Measures  
and Active  
Surveillance  
Testing Outcome  
Measures Training](#)

# **MDRO Infection Surveillance**

### Purpose

- To provide infection incidence rates for the MDRO being monitored
- Infection incidence rate = number of infections by MDRO type/number of patient days x 1000



### Reporting

Surveillance for all NHSN-defined healthcare-associated infections (HAI) caused by at least one MDRO in at least one selected inpatient facility location for at least three months in a calendar year.

A NHSN Healthcare-Associated Infection (HAI) is a localized/systemic condition resulting from an adverse reaction to the presence of an infectious agent or its toxin. There must be no evidence that the infection was present or incubating at the time of hospital admission.



- **For a complete list of NHSN HAI definitions go to:**
  - - <http://www.cdc.gov/ncidod/dhqp/pdf/NNIS/NosInfDefinitions.pdf>

### AJIC major articles

#### **CDC/NHSN surveillance definition of health care–associated infection and criteria for specific types of infections in the acute care setting**

Teresa C. Horan, MPH, Mary Andrus, RN, BA, CIC, and Margaret A. Dudeck, MPH  
Atlanta, Georgia

BACKGROUND

population for which clinical sepsis is used has been re-  
stricted to patients 17 year old. Another example is

### MDRO Definitions:

- **MRSA:** *S. aureus* testing oxacillin resistant; or positive from molecular testing for *mecA* and PBP2a
- **MSSA** (option): *S. aureus* testing oxacillin susceptible or intermediate, or negative from molecular testing for *mecA* and PBP2a
- **VRE:** Any *Enterococcus* spp. testing resistant to vancomycin
- **MDR-Klebsiella:** *Klebsiella* spp. testing intermediate or resistant to ceftazidime or ceftriaxone

### MDRO Definitions: (continued)

**MDR-*Acinetobacter***: *Acinetobacter* spp. resistant to all agents tested within at least 3 antimicrobial classes, including  $\beta$ -lactams, carbapenems, aminoglycosides, and fluoroquinolones

- $\beta$ -lactams: ampicillin/sulbactam, piperacillin/tazobactam, cefepime, ceftazidime
- Carbapenems: imipenem, meropenem
- Aminoglycosides: amikacin, gentamicin, tobramycin
- Fluoroquinolones: ciprofloxacin, levofloxacin

### Other Requirements

- At least three months in a calendar year for MDRO\*
  - Months do not have to be sequential



*January*



*March*



*July*

- Reporting Methods
  - A. Facility-wide by location
  - B. Selected locations
- Settings - Inpatient locations:
  - ICUs
  - Specialty Care Areas
  - Neonatal ICUs
  - Other inpatient care areas



**\*At least 6 months for participation in NHSN Patient Safety Component**



### Reporting Methods

#### **A. Facility-Wide by Location:**

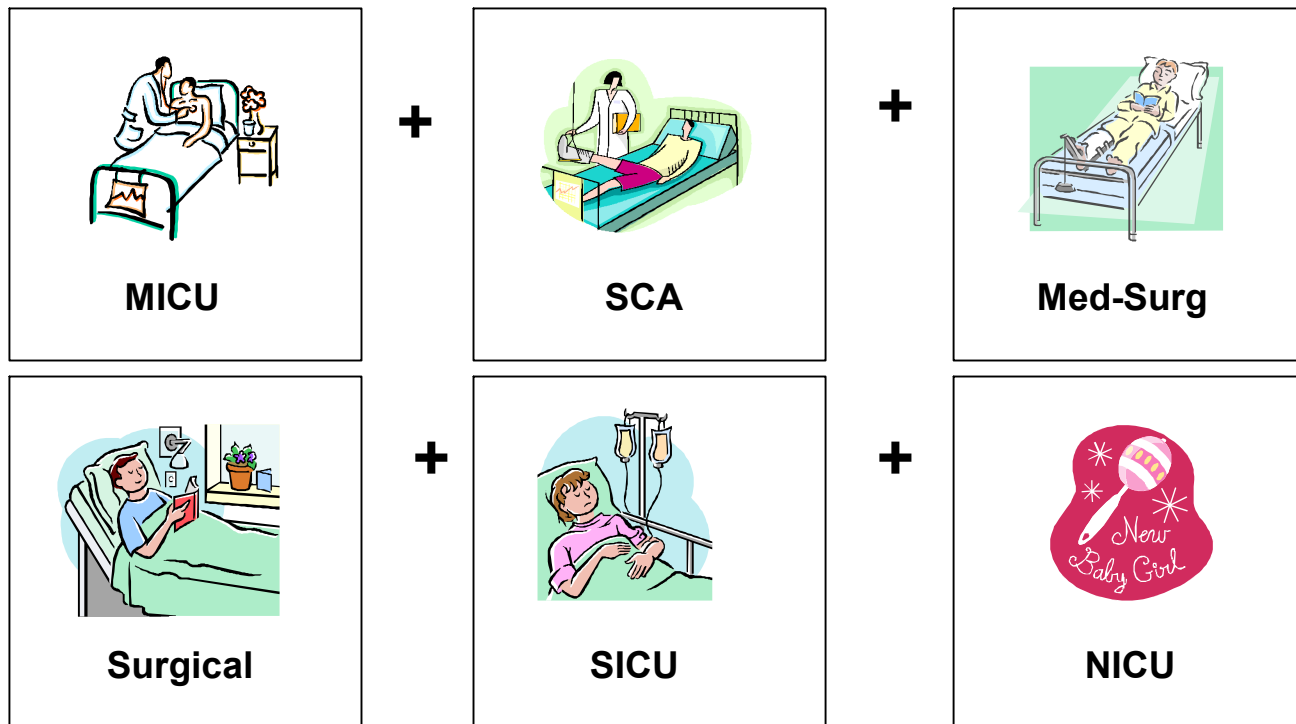
Report separately from all locations of a facility.  
Separate denominators (patient days) for all locations.

#### **B. Selected Locations:**

Report separately from 1 or more specific locations of a facility.  
Separate denominators (patient days) for each location.

Examples of each are shown on the next two slides.

## A. Facility-Wide by Location



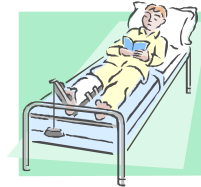
## B. Selected Locations



**MICU**



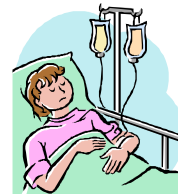
**SCA**



**Med-Surg**



**Surgical**



**SICU**



**NICU**

### Reporting Forms

- Patient Safety Monthly Reporting Plan (Form 57.106)
  - Informs CDC of what you plan to report for the month
- Infection Event forms
  - Numerator: one form per infection
    - Primary bloodstream infection (Form 57.108)
    - Pneumonia (Form 57.111)
    - Urinary tract infection (Form 57.114)
    - Surgical site infection (Form 57.120)
    - Other NHSN-defined HAIs
      - MDRO & CDAD event (Form 57.126)
- MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring form (Form 57.127)
  - Denominator: total patient days per location

### Example



In August 2008, DHQP Memorial Hospital infection preventionist, Betty Brown, initiated surveillance for MRSA infections in two patient care areas of the hospital: MICU and SICU.

Because Betty has chosen to monitor infections in two selected patient care areas, the reporting method she has chosen is:

B. Selected locations

The next slide shows an example of the front and back of the Patient Safety Monthly Reporting Plan that Betty completed at the beginning of August.

# MDRO Infection Surveillance

## Patient Safety Monthly Reporting Plan

\* required for saving

Facility ID: 9999

\*Month/Year: **08** / **2008**

No NHSN Patient Safety Modules Followed this Month

### Device-Associated Module

### Process and Outcome Measures

Locations	Specific Organism Type	Infection Surveillance	%AST Timing	%AST Eligible	Incidence	Prevalence	Lab ID Event	HH	GG
<u>MICU</u>	<u>MRSA</u>	<b>X</b>	Adm	All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Both	NHx					
<u>SICU</u>	<u>MRSA</u>	<b>X</b>	Adm	All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Both	NHx					
_____	_____	<input type="checkbox"/>	Adm	All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Both	NHx					





### Example (continued)

During August, Betty identified MRSA infections in 2 patients in MICU. One patient had a skin and soft tissue infection. For this patient Betty completed the MDRO and CDAD event form. The next two slides show how she completed the form. Detailed instructions for completing each form field can be found in the Tables of Instructions.

#### **Instructions for Completion of MDRO/CDAD forms**

[http://www.cdc.gov/ncidod/dhqp/nhsn\\_instruct MDRO CDAD.html](http://www.cdc.gov/ncidod/dhqp/nhsn_instruct_MDRO_CDAD.html)



# MDRO Infection Surveillance

## MDRO or CDAD Infection Event

**\* required for saving**

**\*\* required for completion**

Facility ID: **9999**

Event #: **333**

\*Patient ID: **A081234**

Social Security #:

Secondary ID:

Patient Name, Last:

First:

Middle:

\*Gender: **M** F

\*Date of Birth: **04/12/1942**

Ethnicity (Specify):

Race (Specify):

### Event Details

\*Event Type: **SST**

\*Date of Event:

[For Event Type = BSI, PNEU, SSI, or UTI use the event specific form]

**08/27/2008**

\*Post Procedure Event: Yes **No**

Date of Procedure:

\*MDRO/CDAD Infection: **Yes** No

NHSN Procedure Code:

ICD-9-CM Procedure Code:

\*Specific Organism Type: (Select up to 3)

MRSA    MSSA    VRE    MDR-*Klebsiella*    MDR-*Acinetobacter*    *C. difficile*

\*Date Admitted to Facility: **08/04/2008**

\*Location **MICU**

\*Specific Event Type (only used for CDC defined events): **DECU**

\*Specify Criteria Used (check all that apply)





## MDRO Infection Surveillance

Specify Criteria Used (check all that apply)

Signs & Symptoms

Abscess                       Heat

Apnea                          Hypotension

Vomiting                       Hypothermia

Bradycardia                  Lethargy

Redness                       Nausea

Cough                         Suprapubic tenderness

Dysuria

Fever

Acute onset of diarrhea (liquid stools for > 12 hours)

Purulent drainage or material

Pain or tenderness

New onset/change in sputum, increased secretions or increased suctioning

Localized swelling

Persistent microscopic or gross blood in stools

Wheezing, rales or rhonchi

Other evidence of infection found on direct exam, during surgery or by diagnostic testing\*

Other signs and symptoms +

Laboratory or Diagnostic Testing

Blood culture:  Positive  Negative or Not done

Other culture:  Positive  Not done

Positive Gram stain when culture is negative or not done

>15 colonies cultured from IV cannula tip using semiquantitative culture method

Positive culture of pathogen

Positive culture of skin contaminant

Other positive laboratory tests

Radiographic evidence of infection

Clinical Diagnosis

Physician diagnosis of this event type\*

Physician institutes appropriate antimicrobial therapy\*

+ Per specific event criteria

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\*Secondary Bloodstream Infection: Yes  No

\*\*Died: Yes  No

Discharge Date: \_\_\_/\_\_\_/\_\_\_

Event contributed to death? Yes  No

\*Pathogens Identified:  Yes  No  
If Yes, specify on page 2

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1	<i>Staphylococcus aureus</i>	CLIND <input checked="" type="radio"/> SIRN	DAPTO <input checked="" type="radio"/> SIRN	ERYTH <input checked="" type="radio"/> SIRN	GENT <input checked="" type="radio"/> SIRN	LNZ <input checked="" type="radio"/> SIRN	OX <input checked="" type="radio"/> SIRN	QUIDAL <input checked="" type="radio"/> SIRN	RIF <input checked="" type="radio"/> SIRN	TMZ <input checked="" type="radio"/> SIRN	VAN <input checked="" type="radio"/> SIRN
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AJIC Horan, Andrus, and Dudeck

June 2008 311

**Table 1. CDC/NHSN major and specific types of health care-associated infections**

<b>UTI</b>	<b>Urinary tract infection</b>	
	SUTI	Symptomatic urinary tract infection
	ASB	Asymptomatic bacteriuria
	OUTI	Other infections of the urinary tract
<b>SSI</b>	<b>Surgical site infection</b>	
	SIP	Superficial incisional

**Table 1. Continued**

<b>EENT</b>	<b>Eye, ear, nose, throat, or mouth infection</b>	
	CONJ	Conjunctivitis
	EYE	Eye, other than conjunctivitis
	EAR	Ear, mastoid
	ORAL	Oral cavity (mouth, tongue, or gums)
	SINU	Sinusitis
	UR	Upper respiratory tract, pharyngitis

		bloodstream infection
	CSEP	Clinical sepsis
<b>PNEU</b>	<b>Pneumonia</b>	
	PNU1	Clinically defined pneumonia
	PNU2	Pneumonia with specific laboratory findings
	PNU3	Pneumonia in immunocompromised patient

**SST**

**Skin and soft tissue infection**

	SKIN	Skin
	ST	Soft tissue
	<b>DECU</b>	<b>Decubitus ulcer</b>
	UMB	Omphalitis
	PUST	Pustulosis
	CIRC	Newborn circumcision

**BJ** **Bone and joint infection**

BONE Osteomyelitis

### Surveillance Definitions of HAI Infections

#### SST-SKIN AND SOFT TISSUE INFECTION

##### SKIN-Skin

Skin infections must meet at least 1 of the following criteria:

1. Patient has purulent drainage, pustules, vesicles, or boils.
2. Patient has at least 2 of the following signs or symptoms with no other recognized cause: pain or tenderness, localized swelling, redness, or heat  
*and*

at least 1 of the following:

- a. organisms cultured from aspirate or drainage from affected site; if organisms are normal skin flora (ie, diphtheroids [*Corynebacterium* spp], *Bacillus* [not *B anthracis*] spp, *Propionibacterium* spp, coagulase-negative staphylococci [including *S epidermidis*], viridans group streptococci, *Aerococcus* spp, *Micrococcus* spp), they must be a pure culture
- b. organisms cultured from blood
- c. positive antigen test performed on infected tissue or blood (eg, herpes simplex, varicella zoster, *H influenzae*, *N meningitidis*)
- d. multinucleated giant cells seen on microscopic examination of affected tissue
- e. diagnostic single antibody titer (IgM) or 4-fold increase in paired sera (IgG)

##### DECU-Decubitus ulcer, including both superficial and deep infections

Decubitus ulcer infections must meet the following criterion:

Patient has at least 2 of the following signs or symptoms with no other recognized cause: redness, tenderness, or swelling of decubitus wound edges  
*and*

at least 1 of the following:

- a. organisms cultured from properly collected fluid or tissue (see Comments)
- b. organisms cultured from blood.

C



### Example (continued)

Another patient in MICU during the monitoring month had a primary bloodstream infection due to MRSA that was associated with a central line. Because there is a specific NSHN form for this infection event, Betty completed the Primary BSI event form. The next slides show how she completed the form. Detailed instructions for completing each form field can be found in the Tables of Instructions at the back of the Patient Safety protocol.

[http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN\\_Manual\\_PatientSafetyProtocol\\_CURRENT.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/nhsn/NHSN_Manual_PatientSafetyProtocol_CURRENT.pdf)



# MDRO Infection Surveillance

## Primary Bloodstream Infection (BSI)

*required for saving    **required for completion	
Facility ID: <b>9999</b>	Event #:
*Patient ID: <b>123456</b>	Social Security #:
Secondary ID:	
Patient Name, Last: <b>Jones</b>	First: <b>Tom</b> Middle:
*Gender: F <input type="radio"/> M <input checked="" type="radio"/>	*Date of Birth: <b>12/05/1941</b>
Ethnicity (specify): <b>Not Latino</b>	Race (specify): <b>White</b>
*Event Type: BSI	*Date of Event: <b>08/12/2008</b>
Post-procedure BSI: Yes <input type="radio"/> No <input checked="" type="radio"/>	Date of Procedure:
NHSN Procedure Code:	ICD-9-CM Procedure Code:
*MDRO Infection: Yes <input type="radio"/> No <input checked="" type="radio"/>	*Date Admitted to Facility: <b>08/03/2008</b> *Location: <b>MICU</b>

<b>Risk Factors</b>	
*If ICU/Other locations, Central line: <input checked="" type="radio"/> Yes <input type="radio"/> No	
*If Specialty Care Area,	Location of Device Insertion: <b>MICU</b>
Permanent central line:    Yes    No	
Temporary central line:    Yes    No	
*If NICU,	Date of Device Insertion: <b>08/05/2008</b>
Non-umbilical Central line: Yes    No	
Umbilical catheter:        Yes    No	
Birth weight (grams):	

<b>Event Details</b>	
*Specific Event:	
<input checked="" type="checkbox"/> Laboratory-confirmed	<input type="checkbox"/> Clinical sepsis

## MDRO Infection Surveillance

\*Specify Criteria Used:

Signs & Symptoms (check all that apply)

- Any patient                      ≤1 year old
- Fever                               Fever
- Chills                                 Hypothermia
- Hypotension                       Apnea
- Bradycardia

Laboratory (check one)

- Recognized pathogen from one or more blood cultures
- Common skin contaminant from ≥2 blood cultures
- Blood culture not done or no organisms detected in blood

Clinical Diagnosis (CSEP only)

- Physician institutes appropriate antimicrobial therapy

\*\*Died:    Yes     No

BSI Contributed to Death:    Yes    No

Discharge Date: **08/27/2008**

\*Pathogens Identified:     Yes    No    \*If Yes, specify on page 2

<b>1</b>	<i>Staphylococcus aureus</i>	<b>CLIND</b> SIR <input checked="" type="radio"/>	<b>DAPTO</b> SIR <input checked="" type="radio"/>	<b>ERYTH</b> SIR <input checked="" type="radio"/>	<b>GENT</b> SIR <input checked="" type="radio"/>	<b>LNZ</b> SIR <input checked="" type="radio"/>	<b>OX</b> SIR <input checked="" type="radio"/>	<b>QUIDAL</b> SIR <input checked="" type="radio"/>	<b>RIF</b> SIR <input checked="" type="radio"/>	<b>TMZ</b> SIR <input checked="" type="radio"/>	<b>VANC</b> SIR <input checked="" type="radio"/>
Pathogen #	Gram-negative Organisms										

### Example (continued)



At the end of the month, Betty completed her MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring form as shown on the next slide. This form indicates her patient day denominator(s) for the month. Because denominators are collected by location she should complete one form for each location that has been monitored, so she would also complete this form for SICU. Denominators should be reported for any location selected for monitoring even if no infections were identified during the monitoring month.

## MDRO Infection Surveillance

### MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring

OMB No. 0920-0666  
Exp. Date: 03-31-2011

Page 1 of 2

\*required for saving      \*\*conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #:   9999      \*Month:  08     \*Year:  2008     \*Location Code:  MICU 

Setting: Inpatient    \*\*Days<sup>5</sup>:  180     \*\* Admissions<sup>5</sup>: \_\_\_\_\_

Setting: Outpatient (or Emergency Room)    \*\*Encounters: \_\_\_\_\_

#### MDRO & CDAD Infection Surveillance or LabID Event Reporting

(Specific Organism Type)	MRSA	VRE	MDR- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	<i>C. difficile</i>
Infection Surveillance	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





### Form Fields Review

- Required fields indicated by asterisk \*
- Your facility decides which patient identifiers to use. Patient ID should be unique to that patient and the same for all visits (most facilities use Medical Record Number)
- Event type and specific event type codes are described in NHSN surveillance criteria
  - Signs, symptoms, and laboratory results must conform to the definition
- Date of Event is the date when the first clinical evidence of the infection was noted, or the date the specimen used to make or confirm the diagnosis was collected, whichever comes first
- If the infection occurs in a patient within 48 hours of transfer from another location, attribute to the transferring location, not the current location of the patient (“transfer rule”)
- All MDRO events must be laboratory confirmed

### Let's Review!



MDROs monitored in this module include:

- Methicillin-Resistant *Staphylococcus aureus* (MRSA)  
(option w/ Methicillin-Susceptible *S. aureus* (MSSA))
- Vancomycin-Resistant *Enterococcus* spp. (VRE)
- Multidrug-Resistant (MDR) *Klebsiella* spp.
- Multidrug-Resistant (MDR) *Acinetobacter* spp.



### Let's Review!

- ✓ MDRO Infection Surveillance is conducted in inpatient locations
- ✓ Either MDRO Infection Surveillance or LabID Event reporting is required in at least one location for participation in the MDRO Module.
- ✓ Two reporting methods can be used for Infection Surveillance:
  - ✓ A. Facility-wide by location
  - ✓ B. Selected locations
- ✓ MDRO Infection Surveillance must be conducted for 3 months in the calendar year but the months do not have to be sequential
- ✓ The NHSN Patient Safety Component requires at least 6 months of reporting in a calendar year


## Let's Review!



- 1) At the beginning of the month Betty completed her Patient Safety Monthly Reporting Plan to inform CDC of the locations and organisms she intended to monitor

	<h3>Patient Safety Monthly Reporting Plan</h3>	<small>OMB No. 0920-0666 Exp. Date: 03-31-2011</small>
<p>* required for saving</p> <p>Facility ID: <u>9999</u>                      *Month/Year: <u>08</u> / <u>2008</u></p> <p><input type="checkbox"/> No NHSN Patient Safety Modules Followed this Month</p> <p><del>Device-Associated Module</del></p>		

- 2) Each time an MRSA infection was identified, Betty completed the appropriate infection event form

	<h3>MDRO or CDAD Infection Event</h3>	<small>OMB No. 0920-0666 Exp. Date: 03-31-2011</small>		
<p style="text-align: center;">Page 1 of 3</p> <table border="1" style="width: 100%;"> <tr> <td data-bbox="361 1142 985 1249"> <p>* required for saving</p> <p>Facility ID:</p> <p>* Patient ID:</p> </td> <td data-bbox="985 1142 1810 1249"> <p>** required for completion</p> <p>Event #:</p> <p>Social Security #:</p> </td> </tr> </table>			<p>* required for saving</p> <p>Facility ID:</p> <p>* Patient ID:</p>	<p>** required for completion</p> <p>Event #:</p> <p>Social Security #:</p>
<p>* required for saving</p> <p>Facility ID:</p> <p>* Patient ID:</p>	<p>** required for completion</p> <p>Event #:</p> <p>Social Security #:</p>			

### Let's Review!



3) At the end of the month, Betty completed the denominator form for each location she monitored

### Questions and Answers



1. If I am also following other events in the NHSN Patient Safety Component such as ventilator-associated pneumonia (VAP) and have a patient with VAP that is due to an MDRO I am monitoring do I have to complete two forms?

*Answer: No, you would only complete the infection event form (Pneumonia) and circle “Yes” for the MDRO Infection question on the form. Be sure to include the results of the antibiogram on the back of the form.*

### Questions and Answers



2. If I choose reporting method A: facility-wide by location, do I have to complete a denominator form for each location?

*Answer: Yes, because even though you are monitoring the entire facility, you need separate denominators for each location*

## MDRO and CDAD Module

### SUMMARY

Table 1. Reporting Choices for MDRO and CDAD Module

<b>Reporting Choices</b>	<b>MRSA or MRSA/MSSA</b>	<b>VRE</b>	<b><i>Klebsiella</i> spp.</b>	<b><i>Acinetobacter</i> spp.</b>
	<b>Method</b>	<b>Method</b>	<b>Method</b>	<b>Method</b>
Infection Surveillance (*Location Specific for $\geq 3$ months) Choose $\geq 1$ organism	A, B	A, B	A, B	A, B



## Custom Fields

- Alphanumeric fields – labels and dates
- Available with each form
- User can customize the data being collected and submitted (i.e. additional information)

### References

Centers for Disease Control and Prevention (CDC)  
– National Healthcare Safety Network (NHSN) –

Home Page:

<http://www.cdc.gov/ncidod/dhqp/nhsn.html>

Document Library (main link to all specific forms):

[http://www.cdc.gov/ncidod/dhqp/nhsn\\_documents.html](http://www.cdc.gov/ncidod/dhqp/nhsn_documents.html)

MDRO and CDAD Module:

[http://www.cdc.gov/ncidod/dhqp/nhsn\\_MDRO\\_CDAD.html](http://www.cdc.gov/ncidod/dhqp/nhsn_MDRO_CDAD.html)