

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

Updated December 2016

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 updated 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 in 2015. We ask that 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.

The monthly denominators used in the MRSA and CDI SIR calculations should not include counts from any inpatient rehabilitation facilities (IRF) and inpatient psychiatric facilities (IPF) units that have separate CMS Certification Numbers (CCNs) from ACH, 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. It is strongly encouraged that LabID events from IRF and IPF units be reported into NHSN; while these events will be excluded from the FacWideIN SIR numerator, they will still be used in the determination of subsequent LabID events for the patient as “incident”. Furthermore, reporting of events from IRF units is required 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>).

Below is a screen shot of the FacWideIN monthly denominator data entry screen:

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

Mandatory fields marked with *

Facility ID *: DHQP Memorial Annex (10401)

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

Month *: February

Year *: 2015

General

Setting: Inpatient Total Patient Days *: 2078 Total Admissions *: 350

Setting: Outpatient Total Encounters:

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

MDRO Patient Days *: 1987 MDRO Admissions *: 215 MDRO Encounters:

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

CDI Patient Days *: 1800 CDI Admissions *: 196 CDI Encounters:

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When entering ACH FacWideIN patient day and admission counts, the hospital will notice three rows of required data entry fields:

- The first row of data entry fields should contain total facility patient days and total facility admissions for the month from all inpatient units where patients are housed in the facility. These numbers are used for validation purposes to show the counts from IRF and IPF units with separate CCNs have been removed from the subsequent rows of denominator data entry for MRSA and CDI.
- The second row of data entry fields should contain total facility patient days and total facility admissions for the month from all inpatient units *EXCEPT* units designated as IRFs or IPFs with a separate CMS Certification Number (CCN). The second row of denominator data entry will be used in the MRSA bacteremia SIR calculation. If your hospital does not contain any CMS-designated IRF or IPF units, the total counts in the second row of denominators should match the total counts from the first row of denominators.
- The third row of denominator data entry fields should contain total facility patient days and total facility admissions from all inpatient units after subtracting the patient days and admissions from any IRF and IPF unit, as well as subtracting patient day and admission counts from NICUs and Well Baby units. The third row of denominator data entry will be used in the CDI SIR calculation.

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

