How to Set Up Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID Event Reporting per NHSN Protocol for the CMS Inpatient Quality Reporting Program

In order to fully comply with NHSN and CMS reporting requirements for the Hospital Inpatient Quality Reporting (IQR) Program for MRSA bacteremia and *C. difficile* LabID Event surveillance, facilities must:

- Map each of their inpatient locations, outpatient emergency departments (ED) (i.e., adult and pediatric) and 24-hour observation locations
- Include MRSA bacteremia and *C. difficile* LabID events in their monthly reporting plan each month
- Enter LabID events when identified
- Enter facility-wide inpatient denominator records each month
- Indicate when they have zero LabID events to report for the facility in a given month.

If these reporting requirements are not met, your facility's data will not be sent to CMS.

The following instructions can be used as a guide to assist with facility setup and monthly reporting as required by NHSN and the CMS program. This guidance only applies to the CMS IQR Program's facility-wide inpatient (FacWideIN) reporting requirement, and does not replace or supersede any requirements as part of state mandatory reporting. Separate guidance is available on the CMS Requirements page on the NHSN website for acute care facilities that have separate CMS licensed Inpatient Rehabilitation Facility (IRF) units: http://www.cdc.gov/nhsn/cms/index.html.

Step 1: Map every inpatient location, outpatient ED, and 24-hour observation location

- Reporting of MRSA bacteremia and *C. difficile* LabID events must be done for all inpatient locations in your facility.
- Beginning January 2015, hospitals that are performing in-plan FacWideIN LabID Surveillance will also be required to perform in-plan surveillance in each emergency department (ED) and 24-hour Observation location (Obs) for the same organism and LabID event type (i.e., All specimens or blood specimens only).
- Each inpatient, ED, and 24-hour observation location must be mapped as a unique location in NHSN.
- To view, add, or edit the locations that you have mapped in your facility, click on Facility > Locations in the NHSN navigation bar to access the Location Manager.
- For more information and instructions on how to map your locations, refer to the location mapping guidance: <u>http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf</u>.

Step 2: Include facility-wide, ED, and 24-hour observation reporting of MRSA bacteremia and *C. difficile* LabID events in your monthly reporting plans

- At the beginning of each month, add facility-wide reporting of MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan using the "FacWideIN" location.
- Beginning January 2015, mapped active ED and 24-hour observation locations will be automatically populated on the monthly reporting plan if FacWideIN reporting has been added by the facility.
- The MDRO/CDI Module section of the plan must contain the rows shown in the screenshot below, as applicable, in order for your acute care facility's data to be sent to CMS.



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Mul	ti-Drug Resistant Oı	rganism Module									
		Locatio	ns				Specific Organi	ism Type			
Î	FACWIDEIN - Fac	ACWIDEIN - Facility-wide Inpatient (FacWIDEIn)			N	MRSA - MRSA					
	Process and Outcon Infection	Discuss and Outcome Measures AST-Timing AST-Eligible			Lab ID Event Lab ID Event						
	Surveillance	AST-Timing	ASI-		Incidence	Prevalence	All Specimens	Blood Specimens Only	нн	GG	
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	Infection Surveillance	AST-Timing	AST-	AST-Eligible		Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	нн	GG	
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	Surveillance		ASI-				All Specimens	Blood Specimens Only	-		
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	FACWIDEIN - Fac	ility-wide Inpatient (FacWIDEIn)	~			CDIF - C. difficile	~				
	Process and Outcon										
	Infection Surveillance	AST-Timing	AST-	Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	НН	GG	
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	Process and Outcon	- M									
	Infection	AST-Timing	AST-	Eligible	Incidence	Prevalence	Lab ID Event	Lab ID Event	HH	GG	
	Surveillance			~			All Specimens	Blood Specimens Only			
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	Process and Outcon	ne Measures									
	Infection Surveillance	AST-Timing	AST-	Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	
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			New York					DC			

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• If your facility chooses to report LabID events for all MRSA specimens (and indicates this in your monthly reporting plan), only the MRSA LabID events from blood specimens will be included in the data sent to CMS.

Step 3: Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location

- Each month, facilities should use the MDRO/CDI Module protocol to identify MRSA bacteremia and *C. difficile* LabID events.
- All identified LabID events must be entered into NHSN using the specific location where the patient was assigned at the time of specimen collection, as shown in the screenshot below. You will not be able to use the FacWideIN location when reporting individual LabID events.

Event Information	
Event Type *:	LABID - Laboratory-identified MDRO or CDI Event
Date Specimen Collected * :	12/31/2018 6
Specific Organism Type *:	CDIF - C. difficile
Outpatient *:	N - No 🗸
Specimen Body Site/Source *:	DIGEST - Digestive System V
Specimen Source *:	STOOL - Stool specimen 🗸
Date Admitted to Facility *:	12/30/2018 6
Location *:	ICU - MEDICAL ICU 🗸
Date Admitted to Location * :	12/30/2018 6
Last physical overnight location of patient imme	
facility (applies to specimen(s) collected in outpa	tient setting or <4 days after RES - Personal residence/Residential care v inpatient admission):
Has patient been discharged from your fa	cility in the past 4 weeks? *: N - No 🗸
Has the patient been discharged from another	facility in the past 4 weeks?: N - No 🗸
Documented evidence of previous infection or or organism type from a previously reported LabII	olonization with this specific N - No V D Event in any prior month ?:

Step 4: Enter monthly summary data for the entire facility

- At the end of the month, enter an MDRO/CDI Module summary data record for the FacWideIN location.
 - Click on 'Summary Data' and then 'Add' on the left-hand navigation bar.
 - Select 'MDRO and CDI Monthly Denominator all Locations' from the Summary Data Type dropdown menu.
 - On the summary data entry screen, you <u>must</u> select FacWideIN as the location for which you are entering the summary data by clicking on the drop down menu next to 'Location Code.'
 - After selecting the FacWideIN location, month, and year, six summary data fields will become required.
 - Note: The denominator form for the 3rd month of each quarter (March, June, September, December) will have an additional required data entry field for CDI test type. Use the drop-down menu to select the CDI laboratory test method that was used for the majority of that quarter.



- Beginning January 1, 2015 facilities will be required to exclude 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) from Lines 2 and 3 of the monthly FacWideIN denominator counts (patient days and admissions).
 - More detailed guidance on separating IRF and IPF counts can be found here: <u>http://www.cdc.gov/nhsn/pdfs/cms/acutecare-mrsa-cdi-labiddenominator-reporting.pdf</u>
 - As shown in the below screenshot, three separate counts are required:
 - Line 1: The total facility patient days and admissions for <u>all</u> units within the facility.
 - Line 2: The total facility patient days and admissions for all units within the facility minus the separately licensed CMS IRF and IPF locations.
 - Line 3: The total facility patient days and admissions for all units within the facility minus the separately licensed CMS IRF and IPF locations and the NICU and Well Baby locations.

MDRO and CDI Monthly Denominator Form					
Mandatory fields marked with *					
Facility ID *: DHQP Memorial Annex (ID 10401)					
Location Code *: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)					
Month *: September					
Year *: 2018					
General					
Line 1: Setting: Inpatient Total Facility Patient Days *: 2078 Total Facility Admissions *: 350 ×					
Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from "Total Facility Patient Days" and "Total Facility Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1. Counts= [Total Facility - (IRF + IPF)]					
Patient Days *: 1987 Admissions *: 215					
Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" and "Total Facility Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1. Counts= [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]					
Patient Days *: 1800 Admissions *: 196					
For this quarter, what is the primary testing method for <i>C. difficile</i> used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? <i>Note: PCR testing should be indicated by selecting NAAT</i> * EIA - Enzyme immunoassay (EIA) for toxin					

- Beginning January 2015, facilities will also report separate denominators to capture ED and 24-hour observation location(s) encounters for each mapped location.
 - On the summary data entry screen, select the appropriate outpatient location using the Location Code drop down menu.
 - After selecting the outpatient location, month, and year, the encounters field will become required.



MDRO a	nd CDI Monthly Denominator Form
Mandatory fields ma	arked with *
Facility ID *:	DHQP Memorial Annex (ID 10401) 🗸
Location Code *:	ED - ED 🗸
Month *:	September V
Year *:	2018 🗸
General	
Setting: Outpatien	t Total Encounters * : 1125

- Facilities must report denominators for <u>each</u> location listed on the monthly reporting plan.
- For more information about how to collect the information to be entered in these fields, refer to the MDRO/CDI Module protocol (<u>http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf</u>), as the methods of counting patient days and admissions differ for MRSA bacteremia and *C. difficile* LabID event reporting.
- If you have identified and reported both MRSA bacteremia and *C. difficile* LabID events during the month, you are finished with your reporting for the month. If not, proceed to Step 5 (reporting no events).

Step 5: Reporting no events for MRSA bacteremia and C. difficile LabID events

- If you have not identified any LabID events for MRSA bacteremia and/or *C. difficile* at the end of a month, you must indicate this on each summary data record in order for your data to be sent with CMS.
- On the MDRO and CDI Module summary data form, checkboxes for "Report No Events" are found underneath the patient day and admission count fields, as seen in the screenshot below.

Organism Selection/Confirmation of No Events							
Specific Organism Type	MRSA	Report No Events	C. difficile	Report No Events			
Infection Surveillance							
LabID Event (All specimens)			* 🗹				
LabID Event (Blood specimens only)	* 🗸						

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• If LabID events have already reported for the specific organism, the "Report No Events" box will be disabled, preventing it from being checked.

*Please note: If you identify and enter LabID events for an organism after you've already checked the "Report No Events" box, the "Report No Events" check will automatically be removed in the NHSN database.

Additional resources:

- MDRO/CDI Module protocol: <u>http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf</u>
- Operational guidance for Acute Care Hospitals to reporting MRSA bacteremia and *C. difficile* LabID events to CMS via NHSN:
 - MRSA bacteremia: <u>http://www.cdc.gov/nhsn/pdfs/cms/final-ach-mrsa-bacteremia-guidance.pdf</u>
 - o C. difficile: <u>http://www.cdc.gov/nhsn/pdfs/cms/final-ach-cdi-guidance.pdf</u>
- NHSN Guidance for Acute Care Hospital FacWideIN MRSA/CDI LabID Denominator Reporting for 2015: <u>http://www.cdc.gov/nhsn/pdfs/cms/acutecare-mrsa-cdi-labiddenominator-reporting.pdf</u>

