

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

**Note that Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN.*

Updated November 2019

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* in August 2014 that include facility-wide inpatient (FacWideIN) *Clostridioides difficile* infection (CDI) laboratory-identified (LabID) event reporting from long term care hospitals (LTCHs) via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS Long Term Care Hospital Quality Reporting (LTCHQR) Program requirements for 2015. This operational guidance provides additional information about reporting FacWideIN CDI LabID event data to NHSN as part of the LTCHQR Program for LTCHs beginning on January 1, 2015. 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 (specifically, 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 *Clostridioides difficile* Infection (CDI) Module protocol https://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf. This includes individually mapping all inpatient locations (location mapping guidance and the location list can be found at https://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf) from the entire LTCH in NHSN, reporting of a single monthly FacWideIN denominator summed for all inpatient locations (total facility patient days and total facility admissions), as well as 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 (specifically, no surveillance cultures) from a patient in a specific inpatient 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, including how to report events when multi-step stool testing is performed.

LTCHs must report CDI LabID events with a specimen collection date on or after January 1, 2015 from all inpatient locations in the LTCH and associated facility-wide denominator data starting on January 1, 2015.

Monthly reporting plans must be created or updated in NHSN to include FacWideIN CDI LabID events, specifically, FacWideIN CDI LabID event surveillance must be in the monthly reporting plans (“in-plan”) in order for data to be shared with CMS. 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 <https://www.cdc.gov/nhsn/cdaportal/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 (for example, all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. For purposes of fulfilling CMS quality measurement reporting requirements, beginning with Q4 2015 data submissions, each facility’s data must be entered into NHSN no later than 4½ 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 participate in the LTCHQR Program will be reported by CDC to CMS for each LTCH. CDC will share all in-plan FacWideIN healthcare facility-onset (HO) CDI LabID event data from participating LTCHs. Although the metric reported to CMS will be a HO SIR, the community-onset (CO) events play an important role in risk adjustment and the assignment of onset and incidence, **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.

