

CHANGE ASSOCIATED WITH JUNE 24, 2010 NHSN PATCH RELEASE

Addition of C. diff Specific Denominators when Monitoring for FacWideIN or FacWideOUT

In the June 24, 2010 patch release for NHSN we have added specific C. diff denominators that will be required for data entry whenever C. diff is being reported at the FacWide (IN or OUT) level for LabID in-plan monitoring and for LabID or Infection Surveillance off-plan monitoring. If monitoring C. diff for FacWideIN, then “C. diff Days” and “C. diff Admissions” will be required, and if monitoring C. diff for FacWideOUT, then “C. diff Encounters” will be required. This addition to the MDRO/CDAD Summary Data was necessary, because of the protocol requirement that all NICU and Well Baby location counts be subtracted from the Total Days, Total Admissions, and Total Encounters when reporting the denominators for C. diff monitoring. The paper form “MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring” has also been updated to show these new variables. All existing MDRO/CDAD Summary Data was handled in the following manner:

- 1) If only MDROs were being monitored at the FacWide level, then the entered denominator data will remain in the appropriate “Total” denominator counts as entered, and no further data will be required.
- 2) If only C. diff was being monitored at the FacWide level, then the entered denominator data will be moved to the appropriate “C. diff” denominator counts, and no further data will be required.
- 3) If both C. diff and an MDRO were being monitored at the FacWide level, then the entered denominator data will remain in the appropriate “Total” denominator counts as entered, and the appropriate “C. diff” denominator counts will be marked as required. The Summary will be set to incomplete and will need user follow-up to complete entry of the “C. diff” denominators. This assumes that the data already entered contained full denominator counts without removal of NICU and Well Baby location counts. If this is not the case, then the user will have to reconcile their Summary Data to be accurate.

As a rule of guidance and reference, by definition, the “C. diff Days” will always be less than or equal to the “Total Days”, the “C. diff Admissions” will always be less than or equal to the “Total Admissions” and the “C. diff Encounters” will always be less than or equal to the “Total Encounters”, based on the requirement that NICU and Well Baby locations be removed for all “C. diff” denominator counts.

If a facility has previously joined a Group and has “Conferred Rights” to that Group for FacWide C. diff LabID Event reporting, then the facility user must revise those “Confer Rights” immediately. The user must check the new “C. difficile Admissions” and “C. difficile Patient Days” boxes for FacWideIN and the “C. difficile Encounters” box for FacWideOUT, in order for the “C. diff” denominator data to be shared with the Group. The “Admissions” and “Patient Days” boxes for FacWideIN and the “Encounters” box for FacWideOUT must also be checked, if the user also intends to share the “Total” denominator data for any of the MDROs (i.e., ACINE, KLEB, MRSA, MSSA, or VRE). The necessary updates to “Confer Rights” required as a result of these recent changes must be made by the facility user.

MDRO/CDAD Events

Plan	MonthYear	MonthYear	Location Type	Location
(All)		to	FACWIDE	FACWIDEIN - FacWideIN

Specific Organism Type:

- ACINE
- CDIF
- KLEB
- MRSA
- MSSA
- VRE

Event Type:
LABID - Laboratory-identified MDRO or CDAD Event

MDRO/CDAD Summary Data (Denominators)

Plan	Month	Year	Month	Year	Location Type	Location
(All)			to		FACWIDE	FACWIDEIN - FacWideIN

Admissions Patient Days Encounters
 C. difficile Admissions C. difficile Patient Days C. difficile Encounters

IMPORTANT REMINDERS FOR USING THE MDRO/CDAD MODULE

Guidance for ED Collected Specimens from Patients Admitted to LabID Event Monitoring Location

If a specimen is collected and an MDRO or CDAD is identified from a patient during an Emergency Department visit and the patient is admitted to the facility on the same date into a location that is monitoring LabID Events for the identified MDRO or CDAD, then that specimen can be reported as the first specimen for the patient in that admitting inpatient location for the month. If the facility is also monitoring LabID Events for the same MDRO or CDAD in the ED, then the same specimen for the patient would also be reported a second time for the outpatient ED location.

Important 14-Day Rule Info for Reporting LabID Blood Specimens and C. difficile

This is a reminder that the rule for reporting MDRO LabID Blood specimens and C. diff LabID specimens is that positive specimens for the same organism reported in the same monitoring location should not be reported more frequently than every 14 days. The NHSN system will only stop LabID Events from being reported if there is a previous specimen in the system for the preceding 14 days. Because the system will not be aware of duplicate MDRO/CDAD isolates collected but not entered into the system, you must keep track of the 14-day count in your own records. For example, if a positive specimen is identified on day 1 it should be entered into the system. However, a duplicate specimen collected on day 6, cannot, and should not be entered into the system. If another specimen is collected on day 15 the system will allow the entry, although, according to protocol, it should NOT be entered because the specimen collected 9 days earlier makes this a duplicate specimen also. So, you should wait to enter another LabID Event until there are no positive specimens identified for a full 14 days from the patient for the organism in the same monitoring location.

Determining Accurate Admission Dates and Total Admission and Patient Day Counts

The NHSN Help Desk has recently been receiving questions about how to define and handle patients that are considered to be “observation”, but have been placed in inpatient locations because of overflow issues in the Emergency Department and designated Observation Units. The NHSN definition of an inpatient is someone whose admit date and discharge date are different calendar days. If a patient spends the night in an inpatient location, then they do need to be counted as an inpatient to the facility and to that specific location, even though the healthcare system may be coding them as an “observation” patient. Therefore, when determining a patient’s admission dates to the facility and specific inpatient location, the NHSN user must take into account any time the patient spent in an inpatient location as an “observation” patient before being officially admitted as an inpatient to the facility. Any patient stays that meet the NHSN definition of inpatient, contribute to exposure

risk and must contribute to the counts of admissions and patient days for the facility and specific location, regardless of whether the patient was an officially admitted inpatient or an “observation” patient at the time. Facility and admission dates must be moved back to the first day spent in the inpatient location. If facilities advance to electronic/CDA collection of these data, they must be sure that this information is also accounted for when computing these variables. Also of note, some facilities use a term called “adjusted patient days” for their accounting purposes and these should not be used for the NHSN counts, as they also include information from outpatients. A few examples of scenarios follow:

Pt ID	Date into observation status on inpatient location	Date into admission status on inpatient location	Date of discharge	Date of admission to facility for NHSN	Date of admission to location for NHSN	Number of Admissions in NHSN
A	-----	1/1/2010	1/10/2010	1/1/2010	1/1/2010	1
B	1/1/2010	1/4/2010	1/10/2010	1/1/2010	1/1/2010	1
C	1/1/2010	-----	1/3/2010	1/1/2010	1/1/2010	1