Centers for Medicare & Medicaid Services
Special Open Door Forum:
Long-Term Care Hospital QRP Training, MRSA and CD
Moderator: Jill Darling
Wednesday, November 5, 2014
1:00 p.m. ET

Operator: Good afternoon, my name is (Jonathan), and I will be your conference facilitator today. At this time, I would like to welcome everyone to the Centers for Medicare & Medicaid Services Long-Term Care Hospital QRP Training, MRSA and CDI Special Open Door Forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks, there will be a question and answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Jill Darling, you may begin your conference.

Jill Darling: Thank you Jonathan. Good morning and good afternoon everyone. Thank you for joining us today for the Special Open Door Forum. I'm just going to leave it short and sweet, so we can get right into the presentation. So, I will hand this off to Charles Padgett of CMS.

Charles Padgett: Thank you very much Jill. Hi, my name is Charles Padgett and I am the lead for the LTCH quality reporting program here at CMS. I would like to welcome everyone to today's special open door forum.

The purpose of this open door forum is to provide training on the LabID Event and more specifically the MRSA and CDI measures that LTCHs are required to begin reporting as of January 1, 2015. And so we are lucky enough to have with us today the CDC on the line. I am going to begin the presentation.

Just a reminder the presentation, the PowerPoint slides are available on our Web site on the LTCH quality reporting program training web page. That is accessible from our main web page. In the upper left hand corner, there's a link to the training web page. You can click on that and then the actual

PowerPoint presentation is available for download under the Downloads section at the bottom of the web page.

And I would urge you to download the presentation and follow along. Some of this material is a little complex, our screenshots and so forth to help you and help explain the data collection to you. So, I think it would benefit anybody if you're able to just follow along with the presentation.

So, I'm going to get started, the first couple of slides are background that I'm going to go over briefly and also the requirements of the LTCH quality reporting program. Again, you know, the program is mandated by Section 3004 of the Affordable Care Act, which requires that Medicare certified long-term care hospitals submit quality measure data on all patient admissions and discharges in a time form, and manner required by the Secretary of Health and Human Services.

And any LTCHs that do not submit the required quality measure data may receive a two percentage point reduction to their annual payment update for the applicable payment year. Currently, CMS has adopted 12 quality measures for the LTCH quality reporting program and I'm going to go over those.

First quality measure was percent of patients or residents with pressure ulcers that are new or worsened or NQF #0678. Data collection started on October 1, 2012 for this measure and it is collected using the LTCH CARE Data Set. And it initially effected the fiscal year 2014 APU determination and will subsequently affect each payment determination.

National Healthcare Safety Network Catheter-associated Urinary Tract Infection, otherwise known as CAUTI Outcome Measure, that's NQF# 0138. Again, that was adopted into the program and LTCHs began reporting on this measure as of October 1, 2012. It is reported to CMS via the CDCs NHSN or National Healthcare Safety Network.

National Healthcare Safety Network Central Line-Associated Blood Stream Infection or CLABSI outcome measure which is NQF #139. Again, LTCHs began reporting this measure on October 1st of 2012. It is also reported

through the CDC's NHSN. And more recently, LTCHs began reporting percent of residents or patients who were assessed and appropriately given the seasonal influenza vaccine, short stay measure, it's NQF #0680.

LTCH reporting for this measure began on October 1st of 2014 just recently here. It is collected using the LTCH CARE Data Set and will initially affect the fiscal year 2015 payment update determination. Additionally, we finalized influenza vaccination coverage among healthcare personnel, NQF #0431. Again, LTCH begin reporting this on October 1st of this year 2014. It is – this measure is reported via the CDCs NHSN and will initially affect the fiscal year 2015 payment update determination.

We finalized also the all-cause unplanned readmission measure for 30 days post discharge from long-term care hospitals which is currently under review at NQF. There is no data collection associated with this measure as it is a claims-based measure. So, there's no additional data collection or submission that goes along with this measure.

Moving along, I'm now on page 6 of the slides if anybody is following along. National Healthcare Safety Network Facility-wide Inpatient Hospital-Onset Methicillin-resistant Staphylococcus aureus or MRSA bacteremia outcome measure. That's NQF #1716 as – which is one of the reasons we're here today. LTCHs will be required to begin reporting this measure to CMS via the CDC's NHSN as of January 1, 2015 and it will initially affect the fiscal year 2017 APU.

And additionally the NHSN Facility-wide Inpatient Hospital-Onset Clostridium Difficile Infection or CDI Outcome Measure NQF #1717, hospitals or LTCHs will again, along with MRSA, begin reporting this measure on January 1st of 2015 via the CDC's NHSN. And just like the MRSA measure, it will initially affect the fiscal year 2017 payment update determination for LTCHs.

I'm not going to cover the additional measures that are listed here. I do urge you to review them and make sure you're aware of the upcoming dates in which they – LTCHs will be required to report them, that continues to page 7

of the presentation. The LTCH CARE Data Set is the data collection mechanism that we use for assessment data. Data must be completed for all patients receiving services in an LTCH.

On October 1, 2012, LTCHs began to use the LTCH CARE Data Set version 1.01 which included items for their pressure ulcer measure and on July 1st of 2014, LTCH began to use the LTCH CARE Data Set version 2.01 which includes not only itema for the pressure ulcer measure but also the patient influenza vaccination status measure.

On page 9 of the presentation, there's information about resources you can use to find additional information about our program, about the collection of data using the LTCH CARE Data Set. We list our – the web address to our LTCH quality reporting program web page. I'm not going to repeat it, it's difficult to go over one of these links over the telephone but these are listed here on page 9 for you. We also list links on page 9 to the CDC's NHSN Web site specifically the – related to LTCH quality measures that are required for LTCHs to report to CMS.

Moving onto page 10, this begins with the data submission deadlines for payment update determination. So for the fiscal year 2015 payment update determination and beyond, CMS established quarterly data submission deadlines. Each quarterly data submission deadline occurs 45 days after the end of each calendar year quarter. So, LTCH must submit quality data for each quarter by the quarterly data submission deadline.

Data submitted after this quarterly data submission deadline will not be accepted for purposes of determining compliance for the LTCH quality reporting program, with missing one or more of the deadlines may also lead to a finding of noncompliance. Just a note here for the – for the healthcare professional, influenza vaccination measure which is NQF #0431, the quarterly submission deadline is not applicable.

So, this measure is only – we only required that you submit your summary data once per year. The measure is collected between the dates of October 1st and March 31st of the following year. This year, data collection began on

October 1st of 2014 or whenever the vaccine becomes available and continues through March 31st of 2015.

Moving on to data collection timelines, more specifically, I'm not going to go over all of these. These begin on page 12 and continue through page 17. In the interest of time, I'm going to ask that you look at them on your own. I do want to go over slide 12 though which is the quarterly data submission deadlines for CAUTI and CLABSI.

And for the fiscal year 2015, payment update determination, quarter one which is January 1, 2014 through March 31st 2014 was due by May 15th of 2014. And quarter two which is April 1, 2014 through June 30th of 2014 was due by August 15th of 2014. CMS has announced a deadline extension for both quarter one and quarter two related to NHSN data.

So for the CAUTI and CLABSI measures, you originally had to submit quarter one and quarter two by the stated quarterly deadlines. We have now extended the deadlines for both quarter one and quarter two of 2014. The new deadline is now November 15, 2014 and if you'll just note that aligns with quarter three of 2014. So on November 15th of 2014, all data for quarter one, quarter two and quarter three of 2014 for CAUTI and CLABSI submitted through the NHSN must be submitted by November 15, 2014.

Also for quarter three, LTCHs must submit all LTCH CARE Data Set data as well as NHSN data. So, the extension is only for NHSN data and only applies to quarter one and quarter two. I just want to be clear about that and there's a note about that on the bottom of the slide.

So, the quarterly deadlines and the various measures and how they fall into those quarters are covered in the next couple of slides. I'm going to skip those in the interest of time. The MRSA and CDI presentation is a long presentation and I definitely want to leave enough time for us to make it through that, so that you have time to ask any questions pertaining to the material that's been presented.

And then, I just wanted to point out on page 20 and 21 of the slide deck, we list a lot of Web site and program resources for LTCHs including, you know,

the links to our Web site for the LTCH quality reporting program, link to our manual, a link to our training website, a link that you can go to and sign up for mail or ListServ notices and other mailings.

We list the help desk for general inquiries related the LTCH reporting program and also for technical issues and we also list the help desk e-mail for the CDC's NHSN on that page which is nhsn@cdc.gov.

All right, so at this point as I said we're lucky enough to have the CDC with us on the phone. We have with us today Angela Anttila who is Ph.D., Nurse Epidemiologist with the Centers for Disease Control and Prevention and she is going to be presenting on MRSA and CDI LabID events today. So, I'm going to turn it over to Angela and following this presentation we will have question and answer session. So, Angela?

Angela Anttila: Thank you Charles. OK, so I want to start today by saying thank you to all of the call participants. I hope that you will find this information helpful as you prepare and begin to report your MRSA Bacteremia and C. difficile LabID Event Data to NHSN.

For today's goal, we are going to understand why surveillance for MRSA Bacteremia and C. difficile infections are important. We're going to understand the long-term care hospital's requirement for MRSA Bacteremia and C. difficile LabID Event reporting to CMS via NHSN. We will be describing how to correctly enter monthly reporting plan for MRSA bacteremia and C. difficile. We will understand MRSA Bacteremia and C. difficile LabID Event definitions and protocol as well as described how to correctly enter that data into NHSN. And then I will end with discussing how to correctly enter your denominator data for LabID Event reporting.

So moving on to slide 25, I want to begin with why MRSA bacteremia surveillance is important. I think that we all know how important it is. Staph bacteria including MRSA are one of the most common causes of healthcare-associated infection and we also know through recent data that despite a slight decrease in the percentage of the Staph aureus that is resistant to oxacillin,

MRSA continues to dominate among many of the healthcare pathogens that we're seeing.

Moving to the next slide, C. difficile surveillance is equally important. We know that through recent data that C. difficile infections contribute to approximately 14,000 deaths each year with the majority of those deaths being among our elderly population. We know that between 2000 and 2007, there was a 400 percent increased in C. difficile infections representing, you know, high morbidity or mortality among our patients and that hospital stays from C. difficile infections have tripled in the last decade.

Although a number of risk factors for C. difficile infection have been described, the main modifiable risk factors that we know of are antimicrobial exposure and acquisition of C. difficile. And knowing this, preventing efforts for C. difficile infection really focused on reducing these two particular risks.

So with that, I'm going to begin with a brief overview of the CMS requirements for long-term care hospital and before I get into the details here, I do want to point out that NHSN does provide our users with a wealth of resources. I've included our NHSN homepage for you in the slide deck. We are finalizing guidance documents for reporting for long-term care facilities.

We have numerous training opportunities currently on the Web site and we have some upcoming training opportunities that we're really excited about and we hope that you take advantage of. There's – the protocol is on the Web site, analysis documents, just all kinds of information that we think that will be helpful to our users.

Just to go over the CMS requirements, if participating in CMS long-term care hospital quality reporting program, facility-wide inpatient also referred to as FacWideIN MRSA Bacteremia and C. difficile laboratory identified event reporting is required beginning January 1, 2015. I do want to point out now because you're going to hear these terms used interchangeably within NHSN, we refer to long-term care hospital (LTCH) and long-term acute care hospital or LTAC. So throughout this presentation, you will be hearing me use,

referring to the long-term care hospital as LTAC because that's what we use within the NHSN application.

OK, I'm on slide 31 for those of you following along, just to give you more specific details of the reporting requirements. The organism is methicillin-resistant Staphylococcus aureus or MRSA. Data collection will occur through the CDC's NHSN, MDRO and CDI module within the patient's safety care module. And just to be more – specifically it is chapter 12 if you want to jot that down. Required locations will be all inpatient locations and this is referred to as facility-wide inpatient or FacWideIN.

The required data will be MRSA blood specimen and that's going to include following the LabID Event module for reporting all MRSA blood specimens and that will include those specimens that are collected or maybe deemed as community-onset but collected within your facility as well as healthcare facility-onset and I'll talk more specifically about that as we move through the slides.

OK, moving to slide 32, for C. difficile is the organism. You're going to be looking for toxin positive C. difficile lab specimen. Again the data collection will occur through the CDC NHSN, MDRO and CDI module. The LabID is that portion of the protocol, again that's chapter 12. Required location is exactly the same as for MRSA as all inpatient locations which is refer to as FacWideIN.

The required data is C. difficile toxin positive results, tested on unformed stool assessment and I just want to emphasize unformed stool specimen. And again, you will be reporting according to the protocol which will include community-onset as well as healthcare facility-onset LabID Event.

OK, so next I'm going to provide you with a brief overview of the multidrug-resistant and Clostridium difficile module protocol. We referred to this as the MDRO and CDI module. And if you're looking at slide 34 with me, you're going to see that the patient safety component has four modules. The device-associated module; which many of you maybe familiar with, that would be like your CLABSIs and your CAUTIs.

We have the procedure-associated module which includes surgical site infections. We also have the antimicrobial use and resistance module referred to AUR module and then the fourth on here you will see is the MDRO and CDI module.

Now if you go into chapter 12, the MDRO and CDI module, you will notice that there are two main reporting options for users. You have infection surveillance reporting and you have LabID Event reporting. It is not uncommon for users to get these two mixed up, so I'm going to hopefully really emphasize to you today that you will focus on the LabID event reporting protocol to meet your CMS requirement. Not to say that you can't also participate in infection surveillance because you can but to meet the minimum requirements for long-term care hospital reporting for CMS, you will focus on LabID event reporting.

You'll also see under these two reporting options, that there are some additional options if you are interested looking at prevention process measures such as adherence to hand hygiene, there's adherence to gown and glove use as well as adherence to active surveillance testing for MRSA and VRE. And then there's an outcome measure which looks at active surveillance testing prevalence and incidence for MRSA and VRE.

Just to give you a quick overview of the definitions for MRSA and C. difficile, these definitions are specifically outlined in the protocol for you but to give you – just a quick overview, the MRSA is identified as Staph aureus testing oxacillin, cefoxitin or methicillin-resistant or positive from a molecular testing.

For C. difficile, if C. difficile is identified as the associated pathogen for LabID event reporting or for HAI reporting if you're doing infection surveillance. But again, we're looking for LabID for this presentation.

Next, I will provide you with an overview of LabID event reporting, so now I'm on page 38 on the slide. LabID Event reporting allows laboratory testing data to be used without clinical evaluation of the patient. It allows for a much less labor-intensive method to track C. difficile and MRSA.

It does provide users with proxy infection measures of healthcare acquisition, exposure burden and infection burden and again it's based primarily on laboratory and limited admission data. I do want to let you know that the metrics that are used in the MDRO and CDI protocol aligned with recommendations from published literature.

In the next couple of slides, outlined some advantages of LabID Event reporting. I really included these in here because we get a lot of questions about this, particularly among IPs that are seasoned and used to the – to the foundational way of HAI reporting using the HAI definitions.

LabID Event reporting is different and it does take a little bit of getting used to but these LabID Event reporting does provide users with an objective lab-based metric and it allows you to identify vulnerable patient population, it will allow you to estimate your infection burden, your exposure burden, it allows you to assess need for an effectiveness of prevention, interventions that you have in your facility. And all of this, without expensive chart review.

It also allows for standardize case definitions which is really important when you're comparing between clinical settings as we know that clinical settings can vastly differ and resources differ among facilities, which can result in unfair comparisons of data. We also know that in many cases the complete medical record is not available for review as well as there maybe variances among facilities on how definitions are applied.

OK, so I'm now in slide 42 and I'm going to provide an overview of the location option within NHSN. Just to let you know that reporting MRSA Bacteremia and C. difficile LabID events must be done for all inpatient locations within your facility and what this means is that each inpatient location must be mapped as a unique location within the NHSN application.

So on slide 43, I don't want the slide to confuse you. If you would just write on your slide that this slide is really giving you a snapshot of what reporting could look like in an acute care facility. I wanted to give you something to compare to.

So, let's move to slide 44 because this is the slide that is specific for LTCH, the long-term care hospitals. You can see here that you're going to be reporting overall facility-wide inpatient LabID Event which includes all inpatient locations within your facility. You will report LabID Event from each location separately, so your numerator will be specific for each location. And then you will report facility-wide denominators summed across all inpatient LTCH locations.

OK and again, just to repeat MRSA Bacteremia and C. difficile LabID Event must be reported at the facility-wide inpatient level which does include reporting LabID event separately for each mapped inpatient location within your LTCH.

Considering this, I think it's important that I give you an overview of how to set up your locations if you're not already familiar. You will go to your patient safety homepage; I'm on slide 47 if you're following along. On the left hand side of the screen, you will click on location and on slide 48 it just shows you what it's going to look like when you go to add your specific location.

And we have additional information within on the NHSN homepage on how to set up these locations for your facility but it's really important again that you – that you mapped each inpatient location within your facility, so that you can accurately report data from those locations.

I do also just want to let you know that the location's chapter within the patient safety manual will provide you with more details on the locations that are available for long-term care hospitals. So if you go to the locations chapter which just to let you know, it is chapter 15 within the manual and then you want to go under the LTCH location options and you're going to see under there that you have four options when you're setting up locations. You have LTCH ICU, you have LTCH ward which is your medical ward, you have LTCH pediatrics ICU and LTCH pediatric ward.

OK, next I'm going to review the monthly reporting plan, so if you want to move ahead to slide 50. The monthly reporting plan informs CDC which

modules or facility is participating in a given month. You will often hear this referred to as in-plan reporting for NHSN. Is your data (in-plan), is your report in-plan?

The plan also informs CDC which data can be used for aggregate analysis and this does include sharing data with CMS. So, it's really important that a facility enter a plan for every single month of the year knowing that NHSN will only submit data to CMS for those complete months in which you indicate this in your monthly reporting plan.

So, monthly reporting plan is very important. If you look at slide 51, I have a screenshot of a – how to set up a monthly reporting plan. You'll see on the left hand side of the screen, you click add and then you'll scroll down to the screen section where it says multidrug-resistant organism module, and you can see that you have options to choose from. You're going to want to – for your locations, you're going to select FacWideIN and you should have two rows when you do this.

So you notice on my screenshot, I have two rows showing, so we have FacWideIN for MRSA and we have FacWideIN for C. difficile, very important that both of these are in your monthly reporting plan. For MRSA, you're going to do LabID blood specimens only and then for C. difficile, you're going to select LabID Event all specimen. And even though it says all specimens, the only thing you will be reporting for C. difficile are loose stool specimen.

If your facility happens to monitor MRSA for all specimens and not just blood specimen and if you indicate this in your monthly reporting plan, so you will notice here on the screenshot, you have LabID Event of all specimens and then beside that LabID Event blood specimen. So blood specimen only is the requirement for CMS but if your facility does opt to look at all MRSA specimens, NHSN will only be sharing the result – the LabID Event from the blood specimen for CMS reporting. I just want to point that out to you.

OK, so next on our checklist, I want to identify and enter MRSA Bacteremia and C. difficile LabID Event and NHSN by location using the protocols.

Let's begin with an overview, so if you want to look on slide 55. Again, this is repetitive of what I have in the beginning of the slide deck but just to remind you that for MRSA Bacteremia LabID Event reporting, the organism is oxacillin-resistant, cefoxitin-resistant or methicillin-resistant Staph aureus.

The blood specimen only is the requirement. You will use the NHSN, MDRO, CDI protocol which is chapter 12 and you're going to make sure that you're following that LabID Event option within that protocol. You're going to be doing LabID Event reporting for all inpatient location, referred to as FacWideIN.

And I just have a slide – on slide 56, just to remind you and this is really for those of you who maybe following all MRSA specimen, this does not really apply if you're following blood only but if you're following all MRSA specimen, just to let you know that for LabID Event reporting it includes those specimens that are obtained for clinical decision making purposes only. So if you're following all specimens and you're doing active surveillance screening such as nasal cultures, you will exclude those screening cultures from your LabID Event reporting.

OK, so on slide 57 now, just to give you a definition of a MRSA Bacteremia LabID Event. It is a MRSA positive blood specimen for patient in a location with no prior MRSA positive blood specimen results collected within 14 days for the patient in that location. Really important, so it's 14 days for the patient and the location.

OK, so remember for the LabID Event reporting, you're going to be reporting at the location level. So if that patient is transferring between locations which I'm not sure that's going to be as common in the LTCH but if it happens, remember there's a 14-day rule starts over for each new location. OK, so it's 14 days for the patient and location. You may hear of this referred to or when you're looking in a particle, it's referred to as non-duplicate LabID Event.

On slide 58, this is a repeat of what I just said but it's in a picture format because if you're like me, pictures work well. This just gives you an overview, you know, in a nice picture format of what I just said in the 14-day

rule. This is also in the protocol if you're interested and I know that a lot of users will print this out and they will hang it on their wall and it makes life much easier when you are reporting these LabID Events.

OK, so I'm going to go to slide 59 and this is a screenshot of how you're going to enter a LabID Event. So once you identify a LabID Event within a location, you're going to go to the application and click "add" under event. You will enter your patient information, remembering that everything with a red asterisk is required.

And then moving to slide 60, this shows you how to enter the specific event information. OK, so just as a reminder, all LabID Event must be entered into NHSN using that specific location where the patient was assigned at the time of specimen collection. OK, so if you look down below, where I have circled in red location; that is the location of the patient at the time that specimen was collected.

There's no thought process involved in assigning a location, so there's no transfer rule or anything. It's just where the patient was at the time that specimen was collected. And I also want to point out, because this is another area of confusion, that users will not use the FacWideIN location when reporting an individual LabID Event.

The FacWideIN location code is really what you're selecting for your monthly reporting plan and what you're going to use in your denominator reporting but when you're reporting the actual LabID Event, just remember to queue that specific location where that patient was housed at the time of collection.

So event type, you're going to select LabID and then the date of specimen collection, the specific organism type for MRSA Bacteremia will be MRSA. If it's collected from an inpatient unit, you will select no for outpatient. Your specimen body site source is going to be CARD, the cardiovascular, circulatory, lymphatic and then once you select your specimen body site, then your specimen source will populate and you'll click down and select blood specimen.

So, you will enter the date the patient was admitted to your facility and then again that location, the date the patient was admitted to that location and then the last question on here is an auto-populated question that we used internally. So, you will not be answering that question and that's actually based on previous LabID Events for that patient that has been entered into the application. So, you can just ignore that.

So once you enter the event information, if you'll click the screen, I'll go to slide 61, you're going to see that there are some additional questions, so they're going to populate for you to answer. And these are just allowing for continuum of care for those patients, so you're going to see that there's a question that asked the last physical overnight location for that patient and that's going to apply to specimens that are collected within the first four days or the first three days of admission into your facility.

And you'll have the option to mark that a patient came from a skilled nursing facility, personal residence or residential care or another healthcare settings, so the patient comes to you from an acute care hospital or an inpatient rehab. You have the option to select that. I will let you know that these additional questions are optional for 2015.

The next question which is not optional, you'll see it has an asterisk is, has the patient been discharged from your facility in the past three months, yes or no. And if yes, select the date of the last discharge. This may or may not be as applicable to long-term care hospitals as it is to acute care.

And then the third question which is optional is, has the patient been discharge from another facility in the past four weeks, yes, no, unknown. If yes, additional options will come up for you to select if the patient was discharged from a nursing home or a skilled nursing facility or from another inpatient healthcare setting such as acute care hospital or so forth.

Again just to reemphasize that the admission date should reflect the date that the patient was physically admitted to your LTCH as an inpatient. And if you go to slide 63, this just gives you a look at how NHSN will categorize your LabID Event, to let you know that the users do not categorize LabID Event.

The application will do that for you and it based it again on the admission data and the laboratory data, the date that specimen is collected.

So if you have a patient that comes into your facility and they have a LabID Event specimen collected, the day of admission day two or day three, then the NHSN application is going to categorize that LabID Event as community onset or you'll hear it referred to as CO. Now if you have a specimen that it's collected in a patient on day four or later after admission to your facility, the application will categorize that as healthcare facility onset or also referred to as HO.

Something really important that you should know and that we get asked often is what data will be reported to CMS. So all unplanned healthcare facility onset, so your HO MRSA Bacteremia LabID Event data from participating LTCHs or long-term care hospitals. So, we will be sharing hospital specific, facility-wide inpatient, MRSA Bacteremia, healthcare facility-onset incidence rate. OK, which is defined as a LabID Event identified greater than three days after admission to your facility. OK?

And as I said earlier, it's really important that you also, even though we only report the healthcare facility-onset incidence data to CMS, it's really important that you're also reporting those community-onset LabID Event because we use this data in analysis. So, really important that you're reporting according to that protocol so that we can make sure that your events are categorized correctly and that your reports are correct in analysis.

So in the slide deck, I included a few common questions that I get from our users because I think it's helpful for you to see what some of the issues are, particularly to some of our newer users. One of them, you know, really common question that I get is, what if the patient is admitted with a suspected blood stream infection but my facility does not collect that blood culture until day four, will this count against my facility.

And again, remember LabID event reporting is based on the date the patient is admitted and the date that specimen is collected. So, there are no considerations for signs or symptoms or maybe or what if's. If the specimen

is collected, day four or after admission, it will be categorized by the application in healthcare facility-onset. OK?

And the reason that this is set up this way in application is that it allows prospective standardization and reporting across all facilities because it does take out that subjective piece that may come with other types of healthcare-associated infection reporting.

OK, so – and you can kind of look at these. For the sake of time, I'm not going to answer all of these questions. I do want to point out on slide 67 if your facility does report CLABSI data which I think many of you may, then remember that CLABSI reporting and MRSA Bacteremia LabID Event reporting are two separate and independent protocols.

So if you have a patient that meets criteria for reportable CLABSI but also meets the LabID Event criteria for MRSA Bacteremia LabID Event, you will actually report that specimen twice within the NHSN application. You will report it once using the HAI and CLABSI criteria and then you will report it again using the LabID Event and MRSA Bacteremia criteria.

I provided a screenshot on slide 68; that just shows you how they look, the differences in reporting the two. You can see the event type for LabID Event would be LabID and then again for the CLABSI you will report it as a BSI event type. And if you run into those situations and you're not quite sure what to do, then please don't hesitate to send an e-mail to us to the NHSN inbox and we will – we'll certainly be glad to help you figure that out.

OK, so I'm on slide 69 now and I just want to do a quick review of everything I just said because I know that it's a lot of information to take in, especially if you're new to this. So again, MRSA Bacteremia LabID Event must be reported at the facility-wide inpatient level which includes reporting these events from each mapped location within your LTCH. OK?

You will report facility-wide denominators which is – which will be summed across all inpatient LTCH locations, so that's going to include your patient days and your admission and I'm going to talk a little bit more about that

toward the end of the slide deck. And we'll talk about – yes, so we'll talk more about that as we move to the slide. I don't want to confuse you.

I also want to remind you that all MRSA LabID Event must be entered regardless, if they're community-onset or healthcare facility-onset because remember we need that, so that your analysis can be correct. And then a blood specimen qualifies as a LabID Event if there has not been a previous positive blood culture result for that patient in that location within 14 days. OK?

Again on slide 71, just to give you an example line listing. I know this is a real puny line listing and it's not realistic to what you are all seeing in your facilities but just – if you have time, just go through this. I have the answers on here as well as the explanation for you of why each of these are not a LabID Event. I don't want to take the time out today because I'm running a little short on time but please go through these line listing and if you have any questions, just send me an e-mail and I'll be glad to help you with that.

OK. So next I want to move on to C. difficile LabID Event reporting. A lot of what I'm going to say here is duplication because the only thing that's really changing is the organism. The protocol itself is pretty much the same. So on slide 73, this is the synopsis of what I said in the beginning. You're looking at your Clostridium difficile. It may be called C. diff or CDI for C. difficile infection.

Remember your specimen source is going to be loose stools only and what we mean by that is that it should be formed to the shape of the container. Do not send any LabID Events for stool specimens that are not loose. One practice that we are seeing more commonly in the – on acute care facilities is that they're putting lab policies in place for the lab, will only test loose stool specimens that are sent to the lab for C. diff.

I do recommend that you investigate those policies, maybe go onto your local Web site for infection prevention and see what some of your peers are doing but from what I understand from our acute care facilities, it's working well and what is – what is doing is it's freeing up the IP's time where he or she is

not having to search through the chart to determine if the stool specimen was loose or was it formed because they know that they have a lab policy in place and that their lab is only testing loose stools, so just frees up some surveillance time and give IP's a peace of mind that they are conducting the surveillance correctly.

Again, you're going to use the LabID Event protocol in chapter 12 of the MDRO and CDI module. You're going to be doing C. Diff surveillance for all inpatient locations under that facility wide inpatient umbrella. OK?

And just like I said for the MRSA bacteremia, it is really important that you're reporting all CDI LabID Events including those that are considered community onset or healthcare facility onset so that your data analysis will be correct.

On slide 74, I just give an overview of the setting that this can occur in, because LTCH do not have any NHSN baby location. You don't have the baby exclusion but I do want to emphasize that for C. diff, it can occur – C. diff surveillance can occur in any adult or pediatric inpatient or outpatient location.

The exceptions for C. diff which are different than that of MRSA is that any locations that are known to predominantly help babies, like your neonative intensive care unit, or your specialty care nurseries or babies in labor and delivery are – those locations are excluded from C. difficile reporting because we know that those babies can be colonizers of C. difficile but again the LTCH you guys don't have these baby locations so that exception most likely does not apply to you.

On slide 75, just giving you a definition of a CDI positive laboratory assay. It is a positive laboratory test result for C. difficile toxin A and/or toxin B, this does include molecular testing such as PCR and/or toxin assays.

We do have few facilities that may do a toxin producing C. difficile organism detection by culture. If you do that then that is also acceptable. On slide 76, I just put on here some of the common laboratory tests that are out there. We do not promote any specific testing but I do want to provide this to the users

because I think it is helpful particularly if you are a newer IP, just to kind of understand what are some of the diagnostic tests that may be done for C. difficile and does that particular test qualify that specimen as a LabID Event that is meant for C. difficile.

So take a look at that and if you have any questions, again send me an e-mail and I'll be glad to clarify it for you but just overall what this is saying is that it must be toxin positive and that does include PCR testing.

And on slide 77 giving you the official definition for a C. difficile LabID Event, again this is exactly the same as the LabID Event definition for MRSA except for the organism is different. So for C. difficile it is a toxin positive C. difficile stool specimen for patient in a location with no prior C. difficile specimen result reported within 14 days of that patient and location and you may hear of this refer to as a non-duplicate CDI LabID Event.

On slide 78, I provided a picture for you because again, I think that is always helpful to see a picture especially with us adult learners and this picture is in the protocol for you if you're interested. OK, moving to slide 79, again this is replication as well when you do find a LabID Event, you're going to enter an incident application.

You will go event on the left hand side of your screen, click "add". You're going to enter your required patient information which is everything with a red asterisk and then you will enter your specific event information and again just the same as the MRSA bacteremia, you're going to enter your location as that specific location of the patient at the time of specimen collection, OK?

So your event type is going to be LabID Event, the date of specimen collection, your specific organism for C. difficile will always be the C. diff – C. difficile. The specimen body site source will always be digestive and the specimen source will always be stool. I believe that once you enter that specific organism type, your application is going to autopopulate the specimen source or the specimen body site and the source for C. difficile.

The date the patient is admitted to your facility as an inpatient, the location of specimen collection and so forth, the rest of those questions are exactly the

same. Again, slide 81, these questions are exactly the same as I've already discussed for the MRSA bacteremia so I'm going to skim right through those.

I do want to take you to slide 82 because you're going to notice that the categorization for C. difficile LabID Event are a little bit different than they are for the MRSA bacteremia. They are still based on that inpatient admission date and the specimen collection date.

OK, so your health care facility onset is the same as for MRSA bacteremia so that's any specimen that is collected from a patient greater than three days after admission to your facility will be categorized as a healthcare facility onset and the community onset is also the same, any LabID Event specimen collected from your patient on inpatient day one, two or three will be categorized as community onset.

So you're going to notice there is a third categorization for C. difficile and that is your community onset healthcare facility associated. You'll hear that referred to as CO-HCFA will only be assigned to community onset LabID Events that are collected from the patient who was discharged from your facility in the previous four weeks to that current date of stool specimen collection.

OK, so just again the (CO-HCFA) are a subset of your community onset cases and it is used for those patients that were previously in your facility in the past four weeks. I do just want to point out that facilities are not penalized for (CO-HCFA). We put that categorization in place because some of our facilities like to look at what's going on in the community or when the patient leaves your hospital because they may want to do specific prevention type activities but there's no – you're not penalized for that.

If you go to slide 83, there are some additional categorizations for C. difficile that you'll notice and these are based on prior specimen collection date of a previous C. difficile LabID Event that was entered into NHSN so remember these categorizations are based on a patient that has been in your facility and has had previous LabID Event entered from your facility. It does not cross between facilities.

So you have the incident CDI assay which is any CDI LabID Event from a specimen obtained more than eight weeks after the most recent CDI LabID Event for that patient within your facility and then you have recurrent CDI assay which is any lab ID – CDI LabID Event from a specimen that was obtained more than two weeks but less than eight weeks after the most recent C. diff LabID Event and if you're interested in where these categorizations came from.

These came from the literature just showing that we do recognize that these patients with C. difficile may have this toxin in their bodies for a while and we want to make sure that facilities are not being penalized for that and which takes me to slide 84 on which data are reported to CMS.

So it will be your hospital specific facility wide inpatient C. difficile infection HO so healthcare facility onset incident data for each reporting hospital. OK? So it is healthcare facility onset incident cases of C. difficile for those facilities that are following back wide and plan in your monthly reporting plan.

OK so let's see here, so let's go to slide 86 again, I put in some common questions that we've received that maybe helpful for you. So one of them is will a patient in my facility still be categorized as a (CO-HCFA) if a he or she spent time in another healthcare facility between admissions to my facility, so if a patient left you LPAC and went to an acute care hospital or skilled nursing facility and then came back to your hospital and had C. diff, the (CO-HCFA) would still apply if a LabID Event was reported for that patient in your facility in the first three days but again, just to remind you that you're not being penalized for that categorization.

And we also have some optional data fields within the application when you are entering that event. If you wanted to document that information so that you could track it for internal purposes and we do have some facilities that do that.

Slide 88 is similar to that MRSA blood, what if the patient was admitted with diarrhea but my facility did not test the stool until day four, will my hospital be penalized and the answer again, it will be categorized as healthcare facility

onset because LabID Event reporting is not looking at signs and symptoms on admission. It is only looking at when was that patient admitted to your facility and when did you collect that stool specimen.

OK, let's see here and just remember again, only incident healthcare facility onset C. difficile LabID Event data are shared so if it is healthcare facility onset recurrent, that data will not be shared and you're not penalized for that. If you want to skip ahead to slide 91 just to do a quick review of everything we just talked about. You will see C. difficile LabID Event must be reported at the facility wide inpatient level.

I think all of you will dream about facility wide inpatient, I have said it so much on this call, again just like MRSA bacteremia, your denominators will be summed across the total facility that will include your patient days in admission which I am going to get into shortly. Again, all of your CDI LabID Event data must be entered rather its community onset or healthcare facility onset. Only loose stools should be tested for C. difficile and a toxin positive loose stool specimen qualifies as a LabID Event if there has not been a previous positive laboratory result for the patient and the location within the previous 14 days.

And again, I put on slide 93 an example line listing for you so just you can get an idea what should be report and what should not. OK, so moving on to denominator data. I want to spend a little bit of time assuring that you understand how to enter that denominator data within the application.

OK, so your denominators, you are required to exclude and indicate inpatient locations with a different CMS certification number in your facility. So let's say that within your LTCH you may have another facility that is sharing space, maybe a rehab or something, when you are entering your denominator data, it's going to be really important that you showing proof that your excluding any other account from your denominator data for your LTCH.

We are in the process of finalizing some guidance documents for this because this is new for us as well for 2015 so please stay tuned for additional information on how to set this up but my slides do provide you I believe I

have a screen shot in here so if you go to starting with slide 97, just kind of walk you through this so to enter your summary data, you're going to go to summary data on the left hand side of the screen, click add and then for the summary data type, you'll notice this is going to be different than what you maybe used to if you report (Klebs) here or ((inaudible) data.

You're going to select MDRO and CDI prevention process and outcome measures monthly monitoring and then if you go to slide 98 this gives a screen shot of what it's going to look like. So you're going to select your location codes, will be fact wide and then your going to select your reporting month and reporting year.

And then you can see where it's broken down and this is actually a form. It may look a little bit different when you are entering the data into the application but you can see in the first line under setting you're going to enter total facility patient days and total facility admissions. So this will include all inpatient locations in your facility.

So if you have within your LTCH, if you have an inpatient rehab facility or an inpatient psychiatric facility, you will include all such days in this first line.

I don't think it's common for most long term care hospitals to have this but just in case, I just want to point it out to you and then as you go down and you're entering your specific MDRO patient days and CDI patient days you will subtract any non-LTCH patient days in admission from those numbers.

OK, the last thing we're going to talk about now is resolving alert that you may get. If you have identified and reported both MRSA bacteremia and C. difficile LabID Events during the month then you are – you're done. You can skip this section that I'm about to discuss but there are going to be some months that you have no MRSA bacteremia LabID Events ir you may not have any C. difficile LabID Events. If that is the case then you have one more step that you have to do. You have to go into this screen and you have to select that there are no events to report.

So you can see here on the MDRO and CDI module summary data form, you'll see check boxes by each of these that says report no event so you will

simply just put a check in the box if it's applicable so remember this is only if you have no events reported for that month. Now, let's say that you go into this screen and you enter this data on January 28th because you think that you've had no events for the month so you go ahead and you go in here and you enter I've had no LabID Event for MRSA and I've had no LabID Event reported for C. difficile and then on the 29th of January you do get a LabID Event, you do not have to go back into this screen as the application will automatically uncheck that box for you.

OK? So no worries there. Once you've checked these boxes you're done and if you do happen to enter a LabID Event after you've checked the boxes it will uncheck for you so you're all set. If you look on slide 101, really quickly you will have to select a C. difficile infection test type quarterly. You will select this the last month of each calendar year so in March, June, September and December.

And here are your options that you're going to select from. I do just want to point out that it's really important that you select the correct test type for your facility and that's really important for risk adjustment of your data. I want to discourage you from just automatically selecting other because you are not sure of what you've used because that will affect your facility's data and it will not be – we will not be able to risk adjust your data to the most appropriate level so really save the other for it you truly – if your facility truly does not use any of the test types that we give you options for.

And for the sake of time, I'm just going to on slide 103 very quickly let you know that there is a LabID Event calculator available. It is an external calculator that can be accessed from NHSN Web site and it is available for use for the C. difficile and any of the MDRO LabID Event including MRSA.

And what the calculator does is it helps you make a decision around that 14 day rule I am seeing mostly are newer IP's or IPs that are new to LabID Event reporting using this calculator. It's also a really good tool if you have a new IP come on board and you need to provide he or she some training. This is a great tool for you to use.

These slides are very detailed for you that you can go through and it tells you exactly how to use the calculator and some trouble shooting for this calculator. If you have any questions as you start using the calculator, again, please do not hesitate to send us over an e-mail and we will be happy to answer your questions or to walk you through so that you understand. So Charles that concludes my slides you want to chime back in.

Charles Padgett: Thank you very much, that was fantastic Angela, really appreciate it. All right, unfortunately, we're a little beyond time here so we're not going to have the full half hour for questions but I do want to at least take a few questions.

We do have to stop promptly at 2:30 so I'll ask those of you that don't get your questions in by all means, submit them either to the LTCH quality question helpdesk or the CDCNHSN helpdesk which is NHSN@cdc.gov. If they're specific to the measures themselves and the protocols, we ask that you submit them to the CDC directly, other things like deadlines, requirements that sort of thing by all means submit them to our LTCH quality reporting program helpdesk. So I will – we can start the questions now.

Operator: And as a reminder, ladies and gentlemen if you would like to ask a question please press star then the number one on your telephone keypad, if you would like to withdraw your question, please press the pound key. Please limit your questions to one question and one followup to allow other participants time for questions.

If you will require any further followup you may press star one again to rejoin the queue. Your first question comes from the Karen Finerty with RML, please go ahead.

Diane Collins: Hi, this is Diane Collin the infection preventionist at RML specialty hospital and I guess I'm one of the seasoned infection preventionists. I have a concern about the MRSA bacteremia and C. diff reporting as it pertains to the type of patient population we serve.

As you know in LTCH the patients are coming from other facilities and while you account for the recurrent C. diff within our own facility, there's no way for us to account for that when we do subsequent testing in some of these

patients who we know have either had a history of C. diff at the other facility or may have had a MRSA bacteremia possibly seated in some sort of device and then again has a MRSA bacteremia when we retest the patient here and my concern is that those are being counted against our facility and they don't rightly belong so.

Angela Anttila: OK, so that is a valid concern. I will tell you the optional question that I talked about for 2015, those are optional questions but they may after 2015 become required questions that we may implement into or factor into analyzes but yes, I mean that is a –we hear what you're saying and Dawn, do you have anything that you want to add to that?

Dawn Sievert: Just to say that we do recognize that the connection between the facility is something we still have to work towards. The ideal would be being able to track individuals across the continuum of care and that could be potentially a possibility using the Medicare beneficiary number or other ID numbers.

But we know that medical record numbers at facilities do not track with the patient so that's the difficulty in having that number that we track. As Angela said, those questions, the reason they've been added is for exactly the concern that you have but until they become required and/or we're able to track patients with a single ID, through all of their transitions of care, the best we can at least say is the fact that this is surveillance.

It is standardized surveillance and so what you are experiencing all LTCH are experiencing because they're all following the same rule. So when you look at overall numbers then it's fair across the board with the fact that we know that LTCHs are getting individuals from acute care with conditions and chronic conditions and illnesses that need to be cared for. So you know with surveillance – until we can answer everything, we at least have it standardized so everyone is following the same rules.

Diane Collin: I appreciate your response and my only suggestion might be that in the – when we're doing these, filling these out I have been filling these out for about a year now without reporting a simple box of yes or no has this organism been

identified at another facility within the x number of times might be helpful at least to not artificially inflate the numbers that we're reporting.

It may help us too, you know, do a better job if we're looking at these numbers and what you guys are reporting for our own surveillance purposes, there's nothing we can do about the things that are coming from other facilities.

Dawn Sievert: Right, point taken. Thank you for that and sure that is absolutely another variable that we can consider as you said that variable I think probably two more would have to go along with it because we would need dates – because we'd want to be sure that people weren't just checking box and say yes I think this patient may have had something at some point because then now you're losing your fairness of comparison if you're being exact in following up with every facility the patient came from versus others that might say I can't followup every single patient site. It's impossible for me to know where they came from or to you know to always reach back to their records from that facility, we don't have staff – that sort of thing so that's just where we get into the non-standardized and the actual burden for that followup but absolutely, we can look through the consideration of exactly what we would have to collect and then talk with you know with LTCH groups and leaderships to say would it be adding an extraordinary amount of burden or would it actually be doable for everybody to do it in a standardized way so that it would be fair for those who really were doing it.

Diane Collin: Thank you very much.

Charles Padgett: Hi, Charles Padgett. I just also want to say that right now there is no penalty per se and there is no public reporting yet. I know that that will be here – you know that is to come and these concerns will of course you know be noted but I just also want to remind LTCH that you know we will have monitoring and evaluation program in place and we are always looking at the effects of our quality measures on the facilities which report them and looking at any unintended consequences of reporting and so forth so. Fantastic question and fantastic suggestion. Really appreciate it.

Operator: And again, if you would like to ask a question please press star then the number one on your telephone keypad. Your next question comes from the line of Stephen Catullo with Henry J. Carter please go ahead.

Stephen Catullo: Yes, good afternoon. We have a question for the date of admission, date (inaudible) because our patients here they go back and forth to the acute. We have original date of admission and the latest admission, what date will we use for the date of (inaudible)?

Angela Anttila: You're going to use the most recent admission date to that last.

Stephen Catullo: OK, thank you. Thank you.

Operator: And again if you would like to ask a question, please press star then the number one on your telephone keypad and there are no further questions at this time. I will turn the call back over to the presenters.

Charles Padgett: All right, this is Charles Padgett again. I just want to thank everybody for attending today's open door forum. I hope the information that we've presented here is valuable to you. Again, if you have followup questions or you review the presentation in further detail at a later date, we urge you to reach out to us with your questions. You know to either CMS through our LTCH quality reporting program helpdesk or directly to the CDC at the NHSN helpdesk which is NHSN@cdc.gov. Appreciate everybody's time and you'll hear from us soon. Thank you.

Operator: And ladies and gentlemen, this concludes today's conference call. You may now disconnect. Presenters, please remain on the line.

End