

Centers for Medicare & Medicaid Services

Inpatient Rehabilitation Facility

Quality Reporting Program

Special Open Door Forum

October 29, 2014

1:00 p.m. – 2:30 p.m. ET

Affordable Care Act Section 3004 (b)

- Section 3004(b) of the Affordable Care Act (ACA) requires that Inpatient Rehabilitation Facilities (IRFs) submit quality measure data in a time, form, and manner required by the Secretary of Health and Human Services (HHS).
- IRFs that do not submit the required quality measure data may receive a two percentage point reduction to their annual payment update (APU) for the applicable payment year.

Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

- On 10/01/2014, IRFs began to use a revised IRF-PAI (Version 1.2)
- IRF-PAI Version 1.2 contains revised pressure ulcer items and patient influenza vaccination status items
- IRF-PAIs must be completed for all patients receiving inpatient services in an IRF under the following Medicare programs:
 - Medicare Fee-For-Service
 - Medicare Managed Care

IRF-PAI Submission Requirements

- For more information about collection and submission of IRF quality measure data using the IRF-PAI quality indicator items, please visit:
 - IRF Quality Reporting Program webpage
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>
 - IRF PPS webpage
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/index.html>

IRF QRP: Quality Measures

(finalized on or before August 06, 2014)

1. Percent of Patients or Residents with Pressure Ulcers that are New or Worsened (Short-Stay) (NQF #0678) – IRF-PAI data collection started 10/01/2012
2. Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short-Stay) (NQF #0680) – IRF-PAI data collection started 10/01/2014
3. All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge From Inpatient Rehabilitation Facilities – claims-based measure; no additional data submission from IRFs

IRF QRP: Quality Measures

(finalized on or before August 06, 2014)

4. NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) - data collection started 10/01/2012
5. Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) - data collection started 10/01/2014
6. NHSN Facility-Wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716) – reporting begins on 01/01/2015
7. NHSN Facility-Wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717) - reporting begins on 01/01/2015

Data Submission Deadlines

In the FY 2014 IRF PPS Final Rule, CMS established quarterly data submission deadlines for the quality indicator items:

- Each quarterly data submission deadline occurs 4½ months (135 days) after the end of each quarter
- IRFs must submit quality data for each quarter by the quarterly data submission deadline
- Data submitted after the quarterly data submission deadline will not be accepted for IRF QRP compliance determination
- Missing one or more of these deadlines may lead to a finding of non-compliance

Data Submission Deadlines for IRF-PAI Based Measures (starting 10/01/2014)

Final Data Submission Deadlines for **IRF-PAI** Based Quality Measures From 10/01/2014 & Continuing*

Quarter	Data Collection Time Frame	Data Submission Deadline
Quarter 1	Oct. 1, 2014 – Dec. 31, 2014, then Oct. 1 st – Dec. 31 st each year	May 15, 2015, then May 15 th each year
Quarter 2	Jan. 1, 2015 – March 31, 2015, then January 1 st – March 31 st each year	Aug 15, 2015, then Aug. 15 th each year
Quarter 3	April 1, 2015 – June 30, 2015, then April 1 st – June 30 th each year	Nov. 15, 2015, then Nov 15 th each year
Quarter 4	July, 1, 2015 – September 30, 2015, then July 1 st – September 30 th each year	Feb. 15, 2016, then Feb. 15 th each year

*IRF-PAI data are submitted to CMS per IRF PPS rule. Corrections to quality indicator items must be submitted on or before this date for the IRF QRP

Data Submission Deadlines for NHSN Measures: CAUTI, MRSA, CDI

Final Data Submission Deadlines for **Calendar Year (NHSN)** Based Measures Beginning on January 1, 2013 & Continuing

Quarter	Data Collection Time Frame	Data Submission Deadline
Quarter 1	January 1, 2013 – March 31, 2013, then January 1 st – March 31 st each year	August 23, 2013, then August 15 th each year*
Quarter 2	April 1, 2013 – June 30, 2013, then April 1 st – June 30 th each year	November 15, 2013, then November 15 th each year
Quarter 3	July 1, 2013 – September 30, 2013, then July 1 st – September 30 th each year	February 15, 2014, then February 15 th each year
Quarter 4	October 1, 2013 – December 31, 2013, then October 1 st – December 31 st each year	May 15, 2014, then May 15 th each year

* For Quarter 1 of 2014 (Jan 1, 2014 – March 31, 2014), the data submission deadline for CAUTI has been extended to November 15, 2014.

Data Collection & Submission Timelines for the Patient Influenza Measure (NQF #0680)

Timelines for Data Collection and Submission for the NQF #0680 Measure for the FY 2017 APU Determination and Continuing Years

FY Quarter	Data Collection Time Frame	Data Submission Deadline
Quarter 1 (During IVS)	Oct. 1, 2014 – Dec. 31, 2014, then Oct. 1 st – Dec. 31 st each year	May 15, 2015, then May 15 th each year
Quarter 2 (During IVS)	Jan. 1, 2015 – March 31, 2015, then Jan. 1 st – March 31 st each year	Aug. 15, 2015, then Aug. 15 th each year
Quarter 3	April 1, 2015 – June 30, 2015, then April 1 st – June 30 th each year*	Nov. 15, 2015, then Nov. 15 th each year
Quarter 4	July, 1, 2015 – Sept. 30, 2015 July 1 st – Sept. 30 th each year*	Feb. 15, 2016, then Feb. 15 th each year

IVS = Influenza Vaccination Season

* includes patients in the IRF one or more days between October 1 and March 31

Data Submission Timelines for the Healthcare Personnel Influenza Measure (NQF #0431)

Healthcare personnel included if worked 1 or more days during this time period	Data Submission Deadlines
October 1, 2014 to March 31, 2015	May 15 , 2015
October 1 st to March 31 st each year thereafter	May 15 th each year thereafter

Using NHSN for Multidrug Resistant Organism and *Clostridium difficile* Infection (MDRO/CDI) Laboratory-Identified (LabID) Event Reporting

Inpatient Rehabilitation Facilities (IRF)

Angela Anttila, PhD, MSN, NP-C, CIC

Nurse Epidemiologist

CMS Inpatient Rehabilitation Facility Training: MRSA & CDI

October 29, 2014

For Today, Our Goals Are:

- Understand why surveillance for MRSA bacteremia and *C. difficile* infections are important.
- Understand Inpatient Rehabilitation Facility (IRF) requirements for MRSA bacteremia and *C. difficile* LabID Event reporting to CMS via NHSN.
- Describe how to correctly set-up monthly reporting plan for MRSA bacteremia and *C. difficile* LabID Event reporting.
- Understand MRSA bacteremia and *C. difficile* LabID Event definitions and protocols.
- Describe how to correctly enter MRSA bacteremia and *C. difficile* LabID Event data into NHSN.
- Describe how to correctly enter denominator data for LabID Event reporting into NHSN.

Why is MRSA Bacteremia Surveillance Important?

- Serious threat level, requiring prompt and sustained action.
- Staph bacteria, including MRSA, are one of the most common causes of healthcare-associated infections.
- CDC estimates >80,000 invasive MRSA infections and >11,000 related deaths occurred in 2011.
- Despite a slight decrease in the percentage of *S. aureus* resistant to Oxacillin (MRSA), MRSA continues to dominate among pathogens.

Why is *C. difficile* Surveillance Important?

- *C. difficile* infections contribute to approximately 14,000 deaths/year
 - ≈ 90% elderly
 - 400% increase, 2000-07
- Hospital stays from CDI tripled in the last decade

Risk Factors: Key Prevention Targets

- Antimicrobial exposure
- Acquisition of *C. difficile*
- Advanced age
- Underlying illness
- Immunosuppression
- Tube feeds
- Gastric acid suppression?

Main modifiable risk factors

OVERVIEW OF CMS REQUIREMENTS INPATIENT REHABILITATION FACILITIES (IRF)

Online Resources – CMS Related

<http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>

- **Protocols**
- **Training opportunities**
- **Operational Guidance documents**
- **Helpful Tips**
- **Analysis**

If participating in CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)...

Facility-wide inpatient (FacWideIN) MRSA Bacteremia and *C. difficile* laboratory-identified (LabID) event reporting from Inpatient Rehabilitation Facilities (IRFs) is required beginning January 1, 2015 for both free-standing IRF's and IRF units located within a hospital.

CMS 2015

Inpatient Rehabilitation Facility (IRF) MRSA Bacteremia LabID Event

Organism: Methicillin-Resistant *Staphylococcus aureus* (MRSA)

Data Collection: CDC NHSN - MDRO/CDI Module (LabID Event)

Required Locations: FacWideIN, which includes CMS-licensed IRF unit within an enrolled acute care or critical access hospital (*each will have either a “T” or an “R” in the 3rd position of the CCN*) and CMS-licensed free-standing IRFs (*last 4 digits of CCN will be between 3025-3099*).

Required Data: MRSA blood specimens, including **Community-Onset (CO)** and **Healthcare-Onset (HO)** Event

CCN = CMS Certification Number

CMS 2015

Inpatient Rehabilitation Facility (IRF)

C. difficile LabID Event

Organism: *Clostridium difficile* (C. diff / CDI)

Data Collection: CDC NHSN - MDRO/CDI Module (LabID Event)

Required Locations: **FacWideIN**, which includes CMS-licensed IRF unit within an enrolled acute care or critical access hospital (*each will have either a “T” or an “R” in the 3rd position of the CCN*) and CMS-licensed free-standing IRFs (*last 4 digits of CCN will be between 3025-3099*).

Required Data: *C. difficile* toxin positive results tested on unformed stool specimens, including **Community-Onset (CO)** and **Healthcare-Onset (HO) Events**

CCN = CMS Certification Number

	Free-standing IRF	Hospital IRF Unit
	CMS-licensed (last 4 digits of CCN be between 3025-3099)	CMS-licensed IRF unit (“T” or an “R” in 3 rd position of CCN)
Enrollment	Enroll as separate facility- HOSP-REHAB. Will have a unique NHSN orgID	No separate enrollment (already enrolled under the hospital)
Locations	Map each inpatient location to CDC-defined location type (Rehabilitation Ward or Rehabilitation Pediatric Ward)	Map each CMS-IRF unit to Inpatient Rehabilitation Ward location within enrolled hospital. Must indicate the unit is a CMS IRF on the Location screen and enter the CCN for the IRF unit.
Monthly Reporting Plan	Facility-wide Inpatient (FacWideIN)	Location specific for each CMS-IRF unit in hospital
Numerator Data (LabID Events)	Report LabID Events separately for each location	Report LabID Events separately for each IRF unit
Denominator Data	Facility-wide Inpatient (FacWideIN)	Location specific CCN = CMS Certification Number

<http://www.cdc.gov/nhsn/PDFs/irf/Updating-IRF-locations-within-NHSN.pdf>



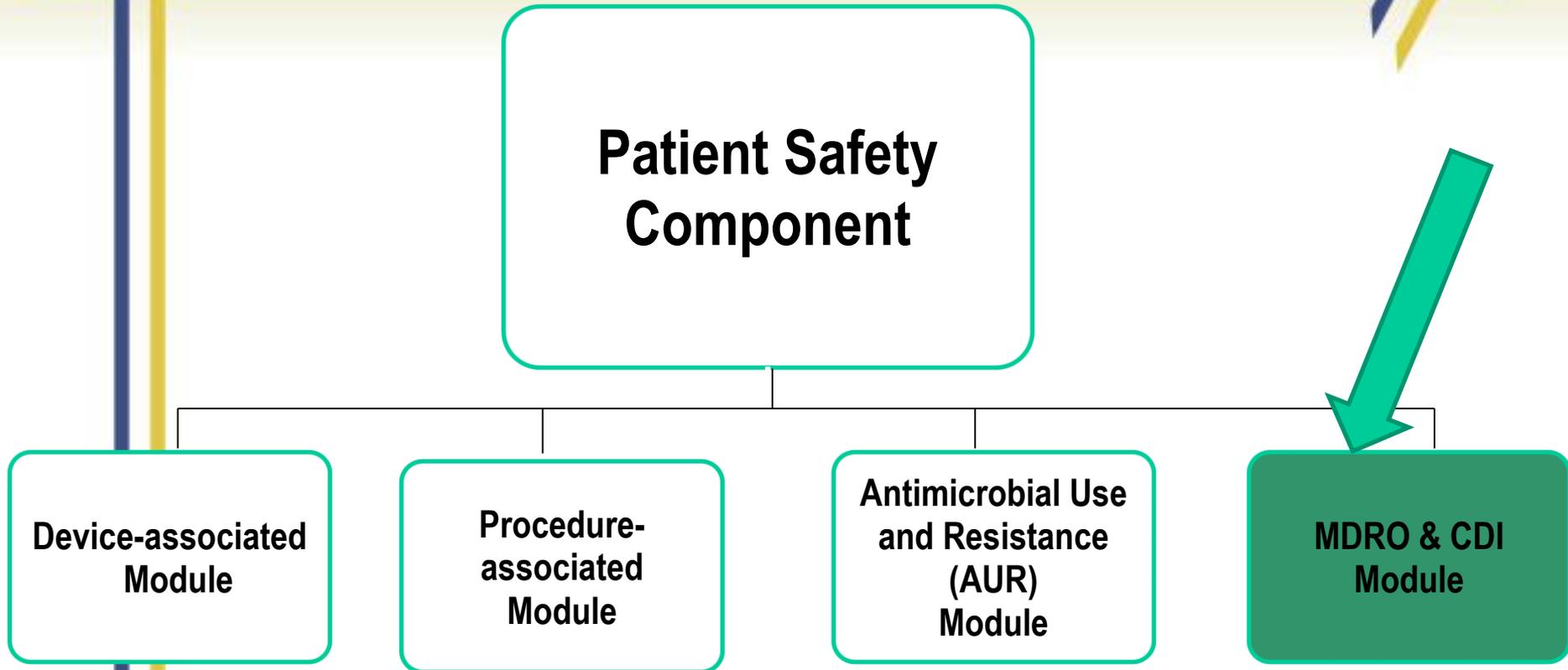
NHSN

MULTIDRUG RESISTANT AND

CLOSTRIDIUM DIFFICILE

(MDRO AND CDI) MODULE

Patient Safety Component 4 Modules



Reporting Requirements and Options

Active participants must choose main reporting method

Infection Surveillance
(MDRO / CDI)

LabID Event Reporting
(MDRO / CDI)

additional options then become available

Prevention Process Measures:

- Adherence to Hand Hygiene
- Adherence to Gown and Glove Use
- Adherence to Active Surveillance Testing (for MRSA / VRE Only)

Outcome Measures:

- AST Prevalence / Incidence (for MRSA/VRE Only)

Definitions

- MRSA: *S. aureus* testing oxacillin, ceftazidime, or methicillin resistant; or positive from molecular testing for mecA and PBP2a
- *C. difficile*: *C. difficile* is identified as the associated pathogen for LabID Event or HAI reporting (Gastrointestinal System Infection)

OVERVIEW OF LABORATORY-IDENTIFIED (LabID) EVENT REPORTING

LabID Event reporting allows laboratory testing data to be used without clinical evaluation of the patient, allowing for a much less labor intensive method to track *C. difficile* and MDROs, such as MRSA.

These provide **proxy** infection measures of **healthcare acquisition, exposure burden, and infection burden** based primarily on laboratory and limited admission data

**Metrics in MDRO and CDI Module
align with recommendations from
published literature**

Advantages of LabID Event Reporting include.....

- **Objective laboratory-based metrics that allow the following **without** extensive chart review to:**
 - **Identify vulnerable patient populations**
 - **Estimate infection burden**
 - **Estimate exposure burden**
 - **Assess need for and effectiveness of interventions**
- **Standardized case definitions**

Why are Standardized Case Definitions & Data Collection Methods Important?

- **Increases comparability between clinical settings.**
- **Guide implementation of interventions and to monitor impact of such interventions.**

AND WE KNOW.....

- **Documentation of symptoms may differ between healthcare settings.**
- **Resources vary among facilities, which may result in unfair comparison.**
- **Completeness of medical record documentation and variances among facilities may influence how definitions are applied.**
- **Simplicity of auditing data to validate accuracy of submitted data.**

“CHECKLIST”

For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- Review location options and map inpatient IRF locations in NHSN as necessary.**
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.
- Enter FacWideIN denominator data for each month under surveillance.
- Resolve “Alerts,” if applicable.

Location Reporting

If located inside hospital....

Location Specific Reporting

**Selected CMS-licensed IRF unit(s)
Set-up as Inpatient Rehabilitation Ward
location**

**Report LabID Events separately for each
specific IRF location(s) being monitored**

**Monthly location specific denominators
(total patient days and total
admissions) from the IRF unit(s)**

If IRF is a located inside a hospital.....

MRSA bacteremia and *C. difficile* LabID Events must be reported at the location level from each IRF location

Location Reporting If Free-standing IRF

**Overall Facility-wide Inpatient
(FacWideIN)**

**All Inpatient IRF Locations in
entire rehab facility**

**Report LabID Events from each
IRF unit separately (numerator)**

**Report facility-wide denominators summed across all inpatient
IRF locations (total facility patient days and total facility
admissions) with FacWideIN selected as the location. *This may
include subtracting counts from locations with different CCNs***

If IRF is a Free-standing Facility...

MRSA bacteremia and *C. difficile* LabID Events must be reported at the facility-wide Inpatient (FacWideIN) level, which includes reporting LabID Events from each mapped unit inside the IRF.

SETTING UP LOCATIONS

PS Home Page: Facility > Locations



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

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NHSN Home

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility ←

▸ [Customize Forms](#)

▸ [Facility Info](#)

▸ [Add/Edit Component](#)

▸ [Locations](#) ←

▸ [Surgeons](#)

Group

Log Out

NHSN Patient Safety Component Home Page

Use the Navigation bar on the left to access the features of the application.

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

NHSN maintenance may occur nightly between 12am and 6am Eastern time.



[Get Adobe Acrobat Reader for PDF files](#)

Find Locations: All or Specific Search

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Is this location a CMS IRF unit within a hospital?:

If Yes, specify the IRF CCN (will have an R or T in the 3rd position)*:

Status*:

Bed Size*: × A bed size greater than zero is required for most inpatient locations.



Add

Export Location List

Clear



[Display All](#) [Print Location List](#)

Page 1 of 1 10 View 1 - 5 of 5

Delete	Status	Your Code ↑	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	9 SOUTH	IRF	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	20
<input type="checkbox"/>	Active	IRW	IRW	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	30
<input type="checkbox"/>	Active	REHAB	REHAB	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	14
<input type="checkbox"/>	Active	REHAB1	REHAB LOCATION	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	10
<input type="checkbox"/>	Active	REHAB2	REHAB LOCATION	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	10

Page 1 of 1 10 View 1 - 5 of 5



Add Location: Specify Location Info

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

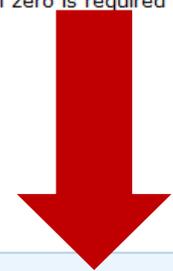
Is this location a CMS IRF unit within a hospital?*:

If Yes, specify the IRF CCN (will have an R or T in the 3rd position)*:

Status*:

Bed Size*: x

A bed size greater than zero is required for most inpatient locations.



[Display All](#) [Print Location List](#)

Delete	Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	9 SOUTH	IRF	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	20
<input type="checkbox"/>	Active	IRW	IRW	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	30
<input type="checkbox"/>	Active	REHAB	REHAB	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	14
<input type="checkbox"/>	Active	REHAB1	REHAB LOCATION	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	10
<input type="checkbox"/>	Active	REHAB2	REHAB LOCATION	Rehabilitation Ward	IN:ACUTE:WARD:REHAB	1070-2	10



“CHECKLIST”

For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- ✓ Review location options and map inpatient locations, emergency department(s), and 24-hour observation location(s) in NHSN as necessary.
- ❑ **Review Monthly Reporting Plan(s) and update as necessary.**
- ❑ Identify and enter all MRSA bacteremia and *C.difficile* LabID events into NHSN by location.
- ❑ Enter FacWideIN denominator data for each month under surveillance.
- ❑ Resolve “Alerts,” if applicable.

Monthly Reporting Plan

- **The Monthly Reporting Plan informs CDC which modules a facility is participating in during a given month**
 - Referred to as “In-Plan” data
- **The Plan also informs CDC which data can be used for aggregate analyses**
 - This INCLUDES sharing applicable data with CMS!
- **A facility must enter a Plan for every month of the year**
- **NHSN will only submit data to CMS for those complete months in which the following are indicated on the monthly reporting plan**

Creating a Monthly Reporting Plan



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Centers for Disease Control and Prevention

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Logged into DHQP Memorial Hospital (ID 10000) as ANGELA.
Facility DHQP Memorial Hospital (ID 10000) is following the PS component.

Alerts

Reporting Plan

[Add](#)

[Find](#)

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Multi-Drug Resistant Organism Module [HELP](#)

Locations
Specific Organism Type

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID E Blood Sp
<input type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows

Clear All Rows

Copy from Previous Month

CMS

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Monthly Reporting Plan IRF Unit within a Hospital

- At the beginning of each month, add MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan using your CMS IRF location.
- The MDRO/CDI Module section of the plan must contain the two rows shown in the screenshot below in order for your facility's data to be sent to CMS.

Repeat steps for each IRF unit

Multi-Drug Resistant Organism Module [HELP](#)

Locations	Process and Outcome Measures						Specific Organism Type			
2S - CMS REHAB	Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	MRSA - MRSA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2S - CMS REHAB	Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG	CDIF - C. difficile
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Monthly Reporting Plan Free-Standing IRF

- At the beginning of each month, add facility-wide reporting for MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan (MRP) using the “FACWIDEIN” location.
- The MDRO/CDI Module section of the plan must contain the two rows shown in the screenshot below in order for your facility’s data to be sent to CMS. Use the “Add Rows” button to add an additional row to the MRP.

The screenshot displays the 'Multi-Drug Resistant Organism Module' interface. It features two rows of configuration for different organisms. The first row is for MRSA, and the second row is for *C. difficile*. Each row includes a 'Locations' dropdown set to 'FACWIDEIN - Facility-wide Inpat', a 'Specific Organism Type' dropdown, and a 'Process and Outcome Measures' section. The 'Process and Outcome Measures' section includes checkboxes for 'Infection Surveillance', 'AST-Timing', 'AST-Eligible', 'Incidence Prevalence', 'Lab ID Event All Specimens', and 'Lab ID Event Blood Specimens Only'. The 'Lab ID Event Blood Specimens Only' checkbox is checked in both rows. At the bottom of the interface, there are three buttons: 'Add Rows', 'Clear All Rows', and 'Copy from Previous Month'. The 'Add Rows' button is circled in red. Red stars are placed to the left of the 'Locations' dropdowns for both rows. Red circles highlight the 'Specific Organism Type' dropdowns for both rows. Red boxes highlight the 'Lab ID Event Blood Specimens Only' checkboxes for both rows.

Locations	Specific Organism Type	Infection Surveillance	AST-Timing	AST-Eligible	Incidence Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
FACWIDEIN - Facility-wide Inpat	MRSA - MRSA	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FACWIDEIN - Facility-wide Inpat	CDIF - C. difficile	<input type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Buttons: Add Rows, Clear All Rows, Copy from Previous Month

“CHECKLIST”

For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- ✓ Review location options and map inpatient locations, emergency department(s), and 24-hour observation location(s) in NHSN as necessary.
- ✓ Review Monthly Reporting Plan(s) and update as necessary.
- ❑ **Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location using the MDRO/CDI LabID Event protocols.**
- ❑ Enter FacWideIN denominator data for each month under surveillance.
- ❑ Resolve “Alerts,” if applicable.

OVERVIEW

MRSA Bacteremia LabID Event Reporting in NHSN

CMS

MRSA Bacteremia LabID Event

Inpatient Rehabilitation Facilities (IRF)

- **Organism:** Oxacillin-resistant, ceftazidime-resistant, or methicillin-resistant *Staphylococcus aureus* (MRSA)
- **Specimen Source:** Blood isolates only
- **Data Collection:** CDC NHSN - MDRO/CDI Module (LabID Event)
- **Required Locations:** **FacWideIN**, which includes CMS-licensed IRF unit within an enrolled acute care or critical access hospital (*each will have either a “T” or an “R” in the 3rd position of the CCN*) and CMS-licensed free-standing IRFs (*last 4 digits of CCN will be between 3025-3099*).
- **Required Data:** Community-Onset (CO) and Healthcare-Onset (HO) MRSA Bacteremia LabID Events

Definition

MRSA Positive Blood Isolate

Any MRSA blood specimen obtained for clinical decision making purposes

(excludes screening cultures, such as those used for active surveillance testing)

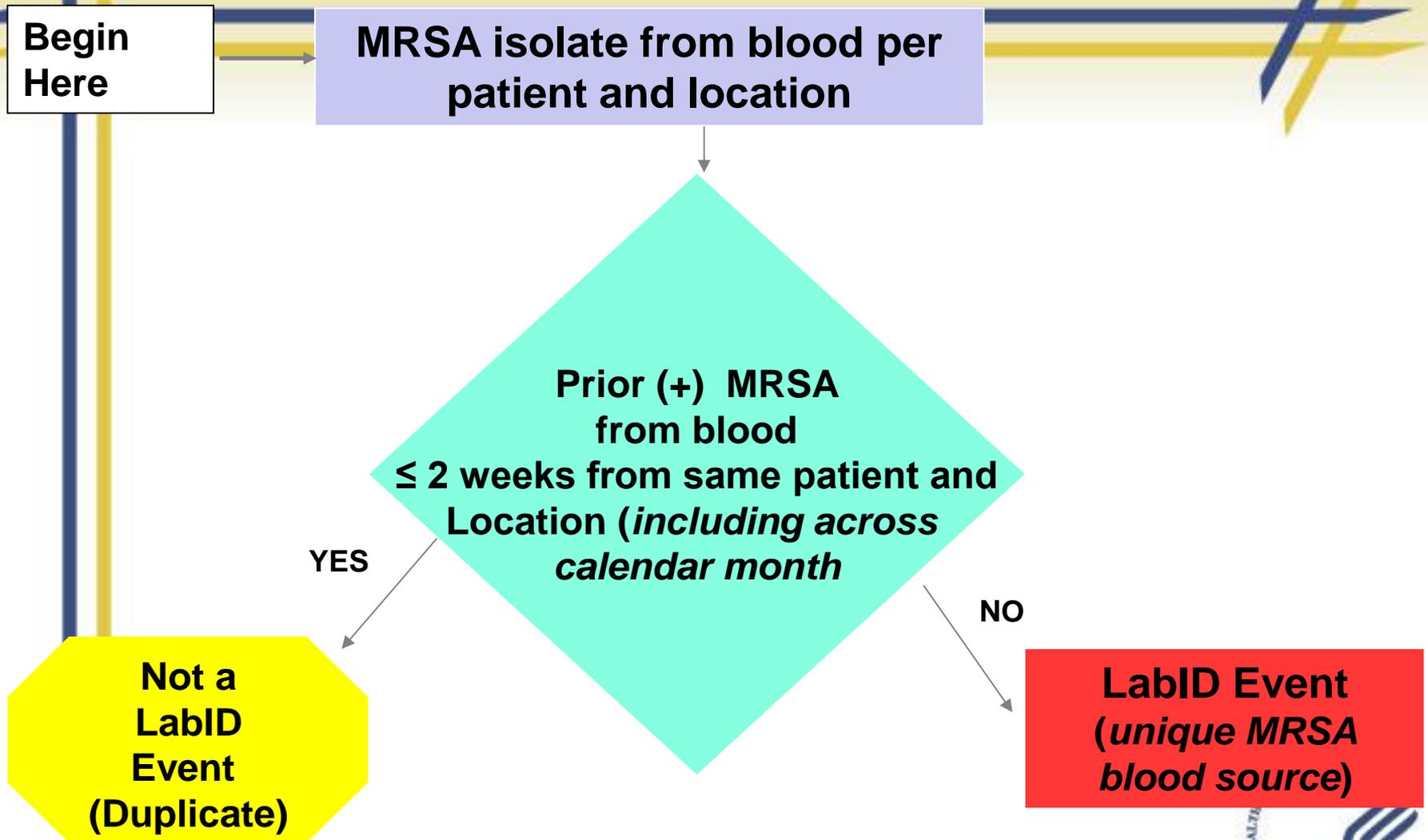
Definition

MRSA Bacteremia LabID Event

MRSA positive blood specimen for a patient in a location with no prior MRSA positive blood specimen result collected within 14 days for the patient and location (*includes across calendar months for Blood Specimen Only reporting*)

Also referred to as non-duplicate LabID Events

MRSA Bacteremia LabID Event Reporting *Blood Specimen Only*



Event - Patient Information



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Add Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information [?HELP](#)

Facility ID*:

Event #:

Patient ID*:

Social Security

#:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:



Ethnicity:

Race: American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

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[Event](#)

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Add Event Information

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

Event Information [HELP](#)

Event Type*: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected*: 01/15/2015

Specific Organism Type*: MRSA - MRSA

Outpatient*: N - No

Specimen Body Site/Source*: CARD - Cardiovascular/ Circulatory/ Lymphatics

Specimen Source*: BLDSPC - Blood specimen

Date Admitted to Facility*: 01/10/2015

Location*: 4W- Rehab Ward

Date Admitted to Location*: 01/10/2015

Documented prior evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event?: N - No

ACF or IRF
(if free standing)

At time of specimen collection

Auto-populated.
Based on
previous month
LabID Events

Additional Questions

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission) (Check one):

- Nursing Home/Skilled Nursing Facility Personal residence/Residential care
 Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.) Unknown

*Has patient been discharged from your facility in the past 3 months? Yes No

If Yes, date of last discharge from your facility: _____

Has patient been discharged from another facility in the past 4 weeks? Yes No Unknown

If Yes, from where (Check all that apply):

- Nursing Home/Skilled Nursing Facility Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

Question: What **facility** admission date should be used?

Free-Standing IRF

The admission date should reflect the date the patient was physically admitted to the IRF

Question: What **facility** admission date should be used?

IRF unit inside hospital

The admission date should reflect the date the patient was physically admitted to the hospital as an inpatient

NHSN will Categorize your MRSA Blood Specimen LabID Events as CO or HO

NHSN Application Categorizes* MRSA LabID Events As:

- **Community-Onset (CO)**: LabID Event specimen collected in an outpatient location or in an inpatient location ≤ 3 days after admission to the facility (i.e., days 1 (admission), 2, or 3)
- **Healthcare Facility-Onset (HO)**: LabID Event specimen collected > 3 days after admission to the facility (i.e., on or after day 4)

*Based on Inpatient Admission & Specimen Collection Dates

What MRSA bacteremia data are reported to CMS?

All in-plan healthcare facility-onset (HO) MRSA bacteremia LabID Event data from participating IRFs

Freestanding IRF:

FacWideIN MRSA bacteremia HO incidence rate, defined as unique blood source LabID Events identified > 3 days after admission to the facility.

IRF Unit inside Hospital:

MRSA bacteremia HO incidence rate for all CMS-certified IRF units combined, defined as all unique blood source LabID Events collected in CMS-certified IRF unit and identified > 3 days after admission to the facility.

Reminder.....

Community-onset LabID Events and admission prevalence of a facility will play an important role in assignment of LabID Event onset, and so both HO and CO LabID Events must be reported into NHSN.

What if a patient is admitted with a suspected BSI, but the blood culture is not collected until Day 4? Will this count against my facility?

LabID Events are categorized as Healthcare Facility-Onset (HO) or CO based on admission date and specimen collection date. Exceptions are not made for signs/symptoms.

This allows for more effective standardization of reporting across all facilities.

What if the patient has a CLABSI with MRSA?

Report both a MRSA bacteremia LabID Event and a CLABSI. Each Event must be reported separately in NHSN

1. LCBI-CLABSI Event, *using the applicable HAI criteria, and*
2. LabID Event, *using the MRSA bacteremia LabID Event reporting protocol*

Example of MRSA LabID Event & BSI HAI Event with MRSA

Event Information [HELP](#)

Event Type*: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected*: 01/07/2013

Specific Organism Type*: MRSA - MRSA

Outpatient*: N - No

Specimen Body Site/Source*: CARD - Cardiovascular/ Circulatory/ Lymphatics

Specimen Source*: BLDSPC - Blood specimen

Date Admitted to Facility*: 01/02/2013

Location*: 5W - 5 WEST - ICU

Date Admitted to Location*: 01/02/2013

Event Information [HELP](#)

Event Type*: BSI - Bloodstream Infection

Date of Event*: 01/07/2013

Post-procedure: N - No

MDRO Infection Surveillance*: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module

Location*: [REDACTED]

Date Admitted to Facility*: 01/02/2013

Pathogen 1: *Staphylococcus aureus - SA* Search 15 drugs required

Risk Factors [HELP](#)

Central line*: Y - Yes

* CIPRO	LEVO	MOXI	* DOXY	MINO	* CEFOX	METH	OX
OSOR	OSOR	OSOR	OSOR	OSOR	OSOR	OSOR	OSOR
OION	OION	OION	OION	OION	OION	OION	OION
* CILOR	* CLIND	* DADTO	* EDVTL	* GENT	* INZ	* QUITAL	* DIC

Let's Review

MRSA Bacteremia LabID Event Reporting for **Free-Standing** Inpatient Rehabilitation Facilities

- MRSA bacteremia LabID Events must be reported at the facility-wide Inpatient (FacWideIN) level, which includes reporting MRSA blood LabID Events from each mapped unit inside the IRF.
- Report facility-wide denominators summed across all inpatient IRF locations (total facility patient days and total facility admissions) with FacWideIN selected as the location. This may include subtracting counts from locations with different CCNs, if applicable (example: counts from a skilled nursing facility with different CCN located inside IRF must be excluded).
- All MRSA blood LabID Event(s) **MUST** be entered whether community-onset (CO) or healthcare facility-onset (HO).
- A blood specimen qualifies as a LabID Event if there has not been a previous positive blood culture result for the **patient, organism (MRSA), and location** within the **previous 14 days**.

Let's Review

MRSA Bacteremia LabID Event Reporting for Inpatient Rehabilitation Facility (IRF) **inside a Hospital**

- Location specific reporting is required, which means numerator and denominator counts are reported separately for each CMS certified IRF unit inside the hospital.
- All MRSA blood LabID Event(s) **MUST** be entered whether community-onset (CO) or healthcare facility-onset (HO).
- A blood specimen qualifies as a LabID Event if there has not been a previous positive blood culture result for the **patient, organism (MRSA), and location** within the **previous 14 days**.

IRF unit inside ACF

Identify the LabID Events

	Pt	Admit Date/ Location	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Bill	02/15/15 CCU	02/16/15 CCU	Blood	MRSA	YES/ CCU	1st MRSA + blood in location (CCU)
2	Bill	02/15/15 CCU	02/20/15 2-Rehab	Blood	MRSA	YES 2-Rehab	First MRSA bacteremia for location
3	Bill	02/15/15 CCU	03/01/15 2-Rehab	Blood	MRSA	NO	Duplicate ≤14 days
4	Bill	02/15/15 CCU	03/10/15 2-Rehab	Blood	MRSA	NO	≤ 14days previous <u>specimen</u>
5	Bill	02/15/15 CCU	03/10/15 ICU	Blood	MRSA	YES / 2-ICU	NEW location

Assume all specimens collected are shown

Free-standing IRF

Identify the LabID Events

	Pt	Admit Date/ Location	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Bill	02/15/15 1-S	02/16/15 1-S	Blood	MRSA	YES/ 1-S	1st MRSA + blood in location (1-S)
2	Bill	02/15/15 1-S	02/20/15 2-W	Blood	MRSA	YES/2-W	First MRSA bacteremia for location
3	Bill	02/15/15 1-S	03/01/15 2-W	Blood	MRSA	NO	Duplicate ≤14 days
4	Bill	02/15/15 1-S	03/10/15 2-W	Blood	MRSA	NO	≤ 14days previous <u>specimen</u>
5	Bill	02/15/15 1-S	03/10/15 1-S	Blood	MRSA	YES/1-S	NEW location; >14 days

Assume all specimens collected are shown

OVERVIEW

C. difficile LabID Event Reporting in NHSN

CMS

***C. difficile* LabID Event Inpatient Rehabilitation Facilities (IRF)**

- **Organism:** *Clostridium difficile* (*C. difficile*)
- **Specimen Source:** Loose stools only
- **Data Collection:** CDC NHSN - MDRO/CDI Module (LabID Event)
- **Required Locations:** **FacWideIN**, which includes CMS-licensed IRF unit within an enrolled acute care or critical access hospital (*each will have either a “T” or an “R” in the 3rd position of the CCN*) and CMS-licensed free-standing IRFs (*last 4 digits of CCN will be between 3025-3099*).
- **Required Data:** Community-Onset (CO) and Healthcare-Onset (HO) *C. difficile* LabID Events

Setting

Can occur in any adult or pediatric inpatient or outpatient location except locations known to predominantly house babies. This includes: neonatal intensive care unit (NICU), specialty care nursery (SCN), babies in labor, delivery, recovery, post-partum (LDRP), well-baby nurseries, or well-baby clinics.

Definition

CDI Positive Laboratory Assay

- A positive laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays)

OR

- A toxin-producing *C. difficile* organism detected by culture or other laboratory means performed on a stool sample

***C. difficile* testing only on unformed stool samples!!**

Stool should conform to shape of container

CDI LabID Event: Laboratory Testing

Diagnostic Test	Demonstrates Evidence of Toxigenic Strain		Comments
	YES	NO	
Glutamate dehydrogenase (GDH) antigen		X	Detects antigen in both toxin and non-toxin producing strains
Toxin enzyme immunoassay (EIA)	X		<ul style="list-style-type: none"> C. difficile toxin A and/or B GDH plus EIA for toxin (2-step algorithm)
Nucleic acid amplification test [NAAT](e.g., PCR, LAMP)	X		<ul style="list-style-type: none"> C. difficile toxin B gene GDH plus NAAT (2-step algorithm) GDH plus EIA for toxin, followed by NAAT for discrepant results
Cell cytotoxicity neutralization assay (CCNA)	X		<ul style="list-style-type: none"> Requires tissue culture
Toxigenic (cytotoxic) C. difficile culture	X ⁺		+Requires use of second test for toxin detection

Definition

CDI LabID Event

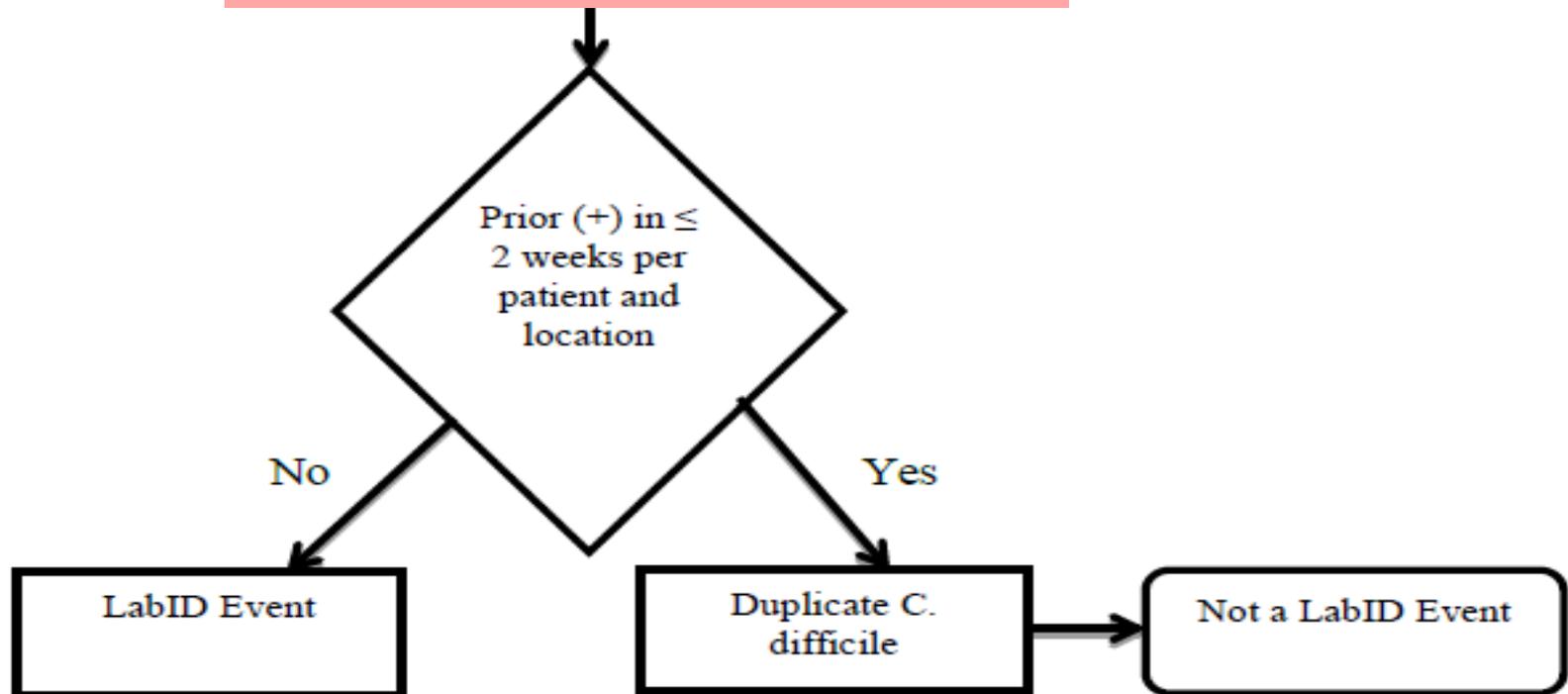
A toxin-positive *C. difficile* stool specimen for a patient in a location with no prior *C. difficile* specimen result reported within **14 days** for the patient and location

Also referred to as non-duplicate LabID Events

Identifying a *C. difficile* LabID Event

Figure 2. *C. difficile* test Results Algorithm for Laboratory-Identified (LabID) Events

(+) *C. difficile* toxin
test result per patient and
location



Event - Patient Information



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Add Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information [?HELP](#)

Facility ID*: Pleasant Valley Hospital (ID 10312)

Event #: 24941

Patient ID*: DS3636

Social Security

#:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*: F - Female

Date of Birth*: 05/16/1943



Ethnicity:

Race: American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

[NHSN Home](#)

[Reporting Plan](#)

[Patient](#)

[Event](#)

Add

Find

Incomplete

[Procedure](#)

[Summary Data](#)

[Import/Export](#)

[Analysis](#)

[Surveys](#)

[Users](#)

[Facility](#)

[Group](#)

[Log Out](#)

Add Event Information

- Each month, facilities must use the MDRO/CDI Module protocol to identify *C. difficile* LabID events.
- All identified LabID events must be entered into NHSN using the specific CMS-IRF location where the patient was assigned at the time of specimen collection, as shown in the screenshot below.
- Users 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*: 09/15/2012 

Specific Organism Type*: CDIF - C. difficile

Outpatient*: N - No

Specimen Body Site/Source*: DIGEST - Digestive System

Specimen Source*: STOOL - Stool specimen

Date Admitted to Facility*: 09/10/2012 

Location*: 2 W-Rehab **At time of specimen collection**

Date Admitted to Location*: 09/10/2012 

Documented prior evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event?: N - No

ACF or IRF
(if free
standing)

Based on prior
months' Events.
Not used in CDI
calculations

Additional Questions

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission) (Check one):

- Nursing Home/Skilled Nursing Facility Personal residence/Residential care
 Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.) Unknown

*Has patient been discharged from your facility in the past 3 months? Yes No

If Yes, date of last discharge from your facility: _____

Has patient been discharged from another facility in the past 4 weeks? Yes No Unknown

If Yes, from where (Check all that apply):

- Nursing Home/Skilled Nursing Facility Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

NHSN will Categorize *C. difficile* LabID Events Based on Inpatient Admission & Specimen Collection Dates

- **Healthcare Facility-Onset (HO)**: LabID Event specimen collected > 3 days after admission to the facility (i.e., on or after day 4).
- **Community-Onset (CO)**: LabID Event specimen collected in an outpatient location or an inpatient location ≤ 3 days after admission to the facility (i.e., days 1 (admission), 2, or 3).
- **Community-Onset Healthcare Facility-Associated (CO-HCFA)**: CO LabID Event collected from a patient who was discharged from the facility ≤ 4 weeks prior to the date current stool specimen was collected.

NHSN will Further Categorize *C. difficile* LabID Events based on Specimen Collection Date & Prior Specimen Collection Date of a Previous CDI LabID Event (that was entered into NHSN)

- **Incident CDI Assay**: Any CDI LabID Event from a specimen obtained **> 8 weeks** after the most recent CDI LabID Event (or with no previous CDI LabID Event documented) for that patient.
- **Recurrent CDI Assay**: Any CDI LabID Event from a specimen obtained **> 2 weeks** and **≤ 8 weeks** after the most recent CDI LabID Event for that patient.

What CDI data are reported to CMS?

All in-plan healthcare facility-onset (HO) CDI LabID Event data from participating IRFs

Freestanding IRF:

FacWideIN CDI HO incidence rate, which is defined as non-duplicate *C. difficile* LabID Events identified > 3 days after admission to the facility.

IRF Unit inside ACF:

CDI HO incidence rate for all CMS-certified IRF units combined, which is defined as all non-duplicate *C. difficile* LabID Events collected in a CMS-certified IRF unit and identified > 3 days after admission to the facility.

Reminder.....

Community-onset LabID Events and admission prevalence of a facility will play an important role in assignment of LabID Event onset, and so both HO and CO LabID Events must be reported into NHSN.

Will a patient in my facility still be categorized as CO-HCFA if he/she spent time in another healthcare facility between admissions to my facility?

YES. Although the patient could have spent time at another facility in the time between previous discharge and the new admission, this additional information is not utilized because of burden for searching outside of one's own facility. The optional fields *can be used, if a facility wants to track such information for internal purposes*

LabID Events categorized as CO-HCFA are simply an additional level and subset of the categorized CO events.

Healthcare facilities are NOT penalized for CO-HCFA LabID Events

What if the patient was admitted with diarrhea, but the stool was not tested for *C. difficile* until day 4, will the Event still be categorized as healthcare facility-onset (HO)?

YES. A LabID Event will be categorized as HO if specimen collection is >3 days after admission to the facility. No exceptions!!

LabID Events are categorized based on the date of specimen collection and the date of admission

Signs and Symptoms are NOT applicable to LabID Event reporting

A *C. difficile* LabID Event is categorized as **Incident** or **Recurrent** based on current specimen collection date and specimen collection date of previous *C. difficile* LabID Event within the same facility

Only incident HO
C. difficile LabID Event data
are shared with CMS!!!

Let's Review

C. difficile LabID Event Reporting for **Free-Standing** Inpatient Rehab Facilities (IRF)

- **C. difficile** LabID Events must be reported at the facility-wide Inpatient (FacWideIN) level, which includes reporting LabID Events from each mapped non-baby unit inside the IRF.
- Report facility-wide denominators summed across all inpatient IRF locations (total facility patient days and total facility admissions) with FacWideIN selected as the location. This may include subtracting counts from locations with different CCNs, if applicable (example: counts from a skilled nursing facility with different CCN located inside IRF must be excluded).
- All LabID Event(s) **MUST** be entered whether community-onset (CO) or healthcare facility-onset (HO).
- Only loose stools should be tested for *C. difficile*.
- 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 location within the previous 14 days.**

Let's Review

C. difficile LabID Event Reporting for Inpatient Rehabilitation Facility (IRF) located **inside a Hospital**

- Location specific reporting is required, which means numerator and denominator counts are reported separately for each CMS certified IRF unit inside the hospital.
- All *C. difficile* LabID Event(s) MUST be entered whether community-onset (CO) or healthcare facility-onset (HO).
- Only loose stools should be tested for *C. difficile*.
- 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 location within the previous 14 days.**

IRF unit inside ACF

Identify the LabID Events

	Pt	Admit Date/ Location	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Sue	02/15/15 CCU	02/16/15 CCU	Stool	C. Diff toxin +	YES/ CCU	1st C. diff in location (CCU)
2	Sue	02/15/15 CCU	02/20/15 2-Rehab	Stool	C. Diff toxin +	YES 2-Rehab	First C. diff toxin for location
3	Sue	02/15/15 CCU	03/01/15 2-Rehab	Stool	C. Diff toxin +	NO	Duplicate ≤14 days
4	Sue	02/15/15 CCU	03/10/15 2-Rehab	Stool	C. Diff toxin +	NO	≤ 14days previous <u>specimen</u>
5	Sue	02/15/15 CCU	03/10/15 ICU	Stool	C. Diff toxin +	YES / 2-ICU	NEW location

Assume all specimens collected are shown

Free-standing IRF

Identify the LabID Events

	Pt	Admit Date/ Location	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Joe	02/15/15 1-S	02/16/15 1-S	Stool	C. Diff toxin +	YES/ 1-S	1st C. diff in location (1-S)
2	Joe	02/15/15 1-S	02/20/15 2-W	Stool	C. Diff toxin +	YES 2-W	First C. diff for location
3	Joe	02/15/15 1-S	03/01/15 2-W	Stool	C. Diff toxin +	NO	Duplicate ≤14 days
4	Joe	02/15/15 1-S	03/10/15 2-W	Stool	C. Diff toxin +	NO	≤ 14days previous <u>specimen</u>
5	Joe	02/15/15 1-S	03/10/15 1-S	Stool	C. Diff toxin +	YES / 1-S	NEW location; >14 days

Assume all specimens collected are shown

“CHECKLIST”

For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- ✓ Review location options and map inpatient locations, emergency department(s), and 24-hour observation location(s) in NHSN as necessary.
- ✓ Review Monthly Reporting Plan(s) and update as necessary.
- ✓ Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.
- ❑ **Enter FacWideIN denominator data for each month under surveillance.**
- ❑ Resolve “Alerts,” if applicable.

LabID Event Reporting Denominator Data

Denominator Data

- Click on 'Summary Data' and then 'Add' on the left-hand navigation bar.
- Select 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring' from the Summary Data Type dropdown menu (see screenshot below). This is a different form than the one you use to report summary data for CLABSI and CAUTI.

The screenshot displays the NHSN web application interface. At the top left is the CDC logo. The header text reads "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is a blue navigation bar with "NHSN - National Healthcare Safety Network" on the left and "NHSN Home | My Info" on the right. A user login notification states: "Logged into DHQP Memorial Hospital (ID 10000) as MAGGIE. Facility DHQP Memorial Hospital (ID 10000) is following the PS component." The main content area is titled "Add Patient Safety Summary Data". Below the title is a dropdown menu for "Summary Data Type" with the selected option being "MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring". At the bottom of the form are two buttons: "Continue" and "Back". A red arrow points to the "Continue" button. On the left side, there is a vertical navigation menu with the following items: "NHSN Home", "Alerts", "Reporting Plan", "Patient", "Event", "Procedure", "Summary Data", and "Import/Export". Under "Summary Data", there are four sub-items: "Add", "Find", "Incomplete", and "Delete AUR Data". A red arrow points to the "Add" sub-item.

Denominator Data IRF Unit within a Hospital

- On the summary data entry screen, you must select the CMS IRF unit 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 appropriate unit, month, and year, four summary data fields will become required. For more information about how to collect the information to be entered in these fields, refer to the MDRO/CDI Module protocol, as the methods of counting patient days and admissions differ for MRSA bacteremia and *C. difficile* LabID event reporting.

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

HELP

Mandatory fields marked with *

[Print](#)

Facility ID*: 10401 (DHQP Memorial Annex)

Location Code*: 2S - CMS REHAB

Month*: January

Year*: 2015

IRF ward patient days and admission counts

General

Setting: Inpatient Total Facility Patient Days*: 108 Total Facility Admissions*: 39

Setting: Outpatient (or Emergency Room) Total Facility Encounters:

Denominator Data: IRF Free-Standing

- On the summary data entry screen, select FACWIDEIN as the location for which you are entering the summary data.
- After selecting the FACWIDEIN location, month, and year, six summary data fields will become required.

[HELP](#)

Mandatory fields marked with *

Facility ID*: 

Location Code*:

Month*:

Year*:

ALL inpatient locations in IRF facility

ALL inpatient Admissions into IRF facility

General

Setting: Inpatient Total Facility Patient Days*: Total Facility Admissions*:

Setting: Outpatient (or Emergency Room) Total Facility Encounters:

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

MDRO Patient Days*: MDRO Admissions*: MDRO Encounters: **Level B**

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

CDI Patient Days*: CDI Admissions*: CDI Encounters: **Level C**

IRF inpatient days and admission minus counts from other CMS designated units (separate CCN)

“CHECKLIST”

For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- ✓ Review location options and map inpatient locations, emergency department(s), and 24-hour observation location(s) in NHSN as necessary.
- ✓ Review Monthly Reporting Plan(s) and update as necessary.
- ✓ Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.
- ✓ Enter FacWideIN denominator data for each month under surveillance.
- ❑ **Resolve “Alerts,” if applicable.**

Denominator Data Report No Events

- 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 and can skip this step.
- If you have not identified any LabID events for MRSA bacteremia or *C. difficile* at the end of a month, you must indicate this on the 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.

MDRO & CDI Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	MDR- Acinetobacter	Report No Events	<i>C. difficile</i>	Report No Events
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LabID Event (Blood specimens)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

These boxes will auto-check for each event you are following “in-plan”. If these boxes are not checked automatically, your data are not complete and will not be submitted to CMS

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.

Denominator Data

- **For Freestanding IRFs Only:** Select CDI Test type quarterly (last month of each calendar-year quarter- March; June; September; December)

**For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Enzyme immunoassay (EIA) for toxin | <input type="checkbox"/> GDH plus NAAT (2-step algorithm) |
| <input type="checkbox"/> Cell cytotoxicity neutralization assay | <input type="checkbox"/> GDH plus EIA for toxin, followed by NAAT for discrepant results |
| <input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) | <input type="checkbox"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) |
| <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) | <input type="checkbox"/> Other (specify): _____ |

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report.)

More about CDI Test Type...

- Important to select correct CDI test type for future risk adjustment.
- If “Other” is selected when a more appropriate response is available on the form, your facility’s data will not be risk-adjusted to the most appropriate level.
- “Other” should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided.

LabID Event Calculator

- Available for use with *C. difficile* and MDRO LabID Event reporting
- Aids in decision making around the 14-day rule
- External calculator

MDRO Lab ID Calculator

Welcome to the Multidrug-resistant Organism and Clostridium difficile LabID Event Calculator (LabID Calculator) which implements the National Healthcare Safety Network (NHSN) MDRO and *C. difficile* surveillance definitions. The calculator is designed as a learning tool for understanding the [... more](#)

Enter a Reporting Plan...

Choose an organism to track

- MRSA
- MSSA
- VRE
- CephR-Klebsiella
- CRE-E.coli
- CRE-Klebsiella
- MDR-Acinetobacter
- CDIF-C. difficile

All Specimen Types: Blood Specimens Only:

Use Generic Locations: Type In Your Own:

Choose a reporting month Choose a reporting year

Next...

To Begin.....

- 1: Choose Organism
- 2: Select reporting type (MRSA/MDRO): *ALL specimen Types* or *Blood Specimens Only*
- 3: Select *Generic Locations* or *Type in Your Own Locations*
- 4: Choose a reporting month and year

MDRO Lab ID Calculator

Welcome to the Multidrug-resistant Organism and Clostridium difficile LabID Event Calculator (LabID Calculator) which implements the National Healthcare Safety Network (NHSN) MDRO and C. difficile surveillance definitions. The calculator is designed as a learning tool for understanding the [... more](#)

Enter a Reporting Plan...

Choose an organism to track ▲

- MRSA
- MSSA
- VRE
- CephR-Klebsiella
- CRE-Ecoli
- CRE-Klebsiella
- MDR-Acinetobacter
- CDIF-C. difficile ▼

All Specimen Types: Blood Specimens Only:

Use Generic Locations: Type In Your Own:

Choose a reporting month ▼

Choose a reporting year ▼

Next...

MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

Back to instructions...

Clear Data...

Start Over

Close

Calculate Lab

- Specimen collection date
- Organism
- Specimen Body Site
- Specimen Type
- Location of patient at time of specimen collection.

Date	Positive for...	Specimen Body Site	Specimen Type	Location	Reportable
11/16/2013	...	...	...	...
11/17/2013	...	...	...	...
11/18/2013	...	...	...	...
11/19/2013	...	...	...	...
11/20/2013	...	...	...	...
11/21/2013	...	...	...	...
11/22/2013	...	...	...	...
11/23/2013	...	...	...	...
11/24/2013	...	...	...	...
11/25/2013	...	...	...	...
11/26/2013	...	...	...	...
11/27/2013	...	...	...	...
11/28/2013	...	...	...	...
11/29/2013	...	...	...	...
11/30/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	UNK
12/1/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	ARTERY -Artery sample	BURN ICU	YES
12/2/2013	...	...	...	...
12/3/2013	...	...	...	...
12/4/2013	...	...	...	...
12/5/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/6/2013	...	...	...	...
12/7/2013	...	...	...	...
12/8/2013	...	...	...	...
12/9/2013	...	...	...	...
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013	...	...	...	...



MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

[Back to instructions...](#)

- Once all applicable specimens have been entered, click **Calculate Lab ID**
- Review Reportable column for validation of reportable LabID Events

Date	Positive for...	Specimen Body Site	Specimen Type	Location	Reportable
11/16/2013	...	...	...	...	...
11/17/2013	...	...	...	...	...
11/18/2013	...	...	...	...	...
11/19/2013	...	...	...	...	...
11/20/2013	...	...	...	...	...
11/21/2013	...	...	...	...	...
11/22/2013	...	...	...	...	...
11/23/2013	...	...	...	...	...
11/24/2013	...	...	...	...	...
11/25/2013	...	...	...	...	...
11/26/2013	...	...	...	...	...
11/27/2013	...	...	...	...	...
11/28/2013	...	...	...	...	...
11/29/2013	...	...	...	...	...
11/30/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	UNK
12/1/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	ARTERY -Artery sample	BURN ICU	YES
12/2/2013	...	...	...	...	...
12/3/2013	...	...	...	...	...
12/4/2013	...	...	...	...	...
12/5/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/6/2013	...	...	...	...	...
12/7/2013	...	...	...	...	...
12/8/2013	...	...	...	...	...
12/9/2013	...	...	...	...	...
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013	...	...	...	...	...

Reportable LabID Events



MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

[Back to instructions...](#)

Clear Data...

Start Over

Close

Calculate Lab ID

• **NOTE: Admission date is not collected and therefore the protocol rules for specimens collected from affiliated outpatient locations must be applied.**

Date	Positive for...	Specimen Body Site	Specimen Type		
11/16/2013
11/17/2013
11/18/2013
11/19/2013
11/20/2013
11/21/2013
11/22/2013
11/23/2013
11/24/2013
11/25/2013
11/26/2013
11/27/2013
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12/7/2013
12/8/2013
12/9/2013
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013

Reportable LabID Events



LabID Event Calculator

- Grayed dates are outside of the selected reporting month.
- Only enter positive lab results for applicable specimens in the grayed dates to calculate the 14 day rule. **NOTE:** A determination is not provided for lab results entered into the grayed dates since these are outside of the selected reporting month.
- You may change values, and recalculate as many times as you wish for a given reporting plan.
- To get an explanation of a determination, click on the YES/NO/UNK values that will appear in the right column.
- If you need to enter more than one lab result on a calendar day, click on the applicable date to generate a new row.

MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

[Back to instructions...](#)

Date	Positive for...	Specimen Body Site	Specimen Type	Location	Reportable
11/16/2013	
11/17/2013	
11/18/2013	
11/19/2013	
11/20/2013	
11/21/2013	
11/22/2013	
11/23/2013	
11/24/2013	
11/25/2013	
11/26/2013	
11/27/2013	
11/28/2013	
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12/7/2013	
12/8/2013	
12/9/2013	
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013	



IRF QRP Website and E-mail Resources

- IRF QRP website and e-mail address:
 - Web: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html>
 - E-mail: IRF.questions@cms.hhs.gov
- For questions about CDC/NHSN data or submission:
 - E-mail: NHSN@cdc.gov
- To receive mailing list notices and announcements about the IRF QRP, sign up at:
 - <https://public.govdelivery.com/accounts/USCMS/subscriber/new>

IRF QRP Help Desk Resources

- Technical issues regarding the IRF-PAI: IRFTechIssues@cms.hhs.gov
- Questions regarding access to QIES, IRVEN submission, and CASPER: QIES Technical Support office, help@qtso.com, 1-800-339-9313
- Questions regarding clinical non-quality items on the IRF-PAI: QIES Technical Support office, help@qtso.com, 1-800-339-9313
- CASPER = Certification And Survey Provider Enhanced Reports
- QIES = Quality Improvement Evaluation System

Questions?