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.
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
  - 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

continued on next slide
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***

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Data Collection Time Frame</th>
<th>Data Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 2</td>
<td>Jan. 1, 2015 – March 31, 2015, then January 1st – March 31st each year</td>
<td>Aug 15, 2015, then Aug. 15th each year</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>April 1, 2015 – June 30, 2015, then April 1st – June 30th each year</td>
<td>Nov. 15, 2015, then Nov 15th each year</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>July, 1, 2015 – September 30, 2015, then July 1st – September 30th each year</td>
<td>Feb. 15, 2016, then Feb. 15th each year</td>
</tr>
</tbody>
</table>

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

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

* For Quarter 1 of 2014 (Jan 1, 2014 – March 31, 2014), the data submission deadline for CAUTI has been extended to November 15, 2014.
Timelines for Data Collection and Submission for the NQF #0680 Measure for the FY 2017 APU Determination and Continuing Years

<table>
<thead>
<tr>
<th>FY Quarter</th>
<th>Data Collection Time Frame</th>
<th>Data Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 2</td>
<td>Jan. 1, 2015 – March 31, 2015, then Jan. 1st – March 31st each year</td>
<td>Aug. 15, 2015, then Aug. 15th each year</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>April 1, 2015 – June 30, 2015, then April 1st – June 30th each year*</td>
<td>Nov. 15, 2015, then Nov. 15th each year</td>
</tr>
<tr>
<td>Quarter 4</td>
<td>July, 1, 2015 – Sept. 30, 2015 July 1st – Sept. 30th each year*</td>
<td>Feb. 15, 2016, then Feb. 15th each year</td>
</tr>
</tbody>
</table>

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

IVS = Influenza Vaccination Season
Data Submission Timelines for the Healthcare Personnel Influenza Measure (NQF #0431)

<table>
<thead>
<tr>
<th>Healthcare personnel included if worked 1 or more days during this time period</th>
<th>Data Submission Deadlines</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 1, 2014 to March 31, 2015</td>
<td>May 15, 2015</td>
</tr>
<tr>
<td>October 1st to March 31st each year thereafter</td>
<td>May 15th each year thereafter</td>
</tr>
</tbody>
</table>
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 \textit{C. difficile} Surveillance Important?

- \textit{C. difficile} infections contribute to approximately 14,000 deaths/year
  - \( \approx 90\% \) 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?
OVERVIEW OF CMS REQUIREMENTS
INPATIENT REHABILITATION FACILITIES (IRF)
Online Resources – CMS Related


• 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
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
<table>
<thead>
<tr>
<th>Free-standing IRF</th>
<th>Hospital IRF Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS-licensed (last 4 digits of CCN be between 3025-3099)</td>
<td>CMS-licensed IRF unit (“T” or an “R” in 3rd position of CCN)</td>
</tr>
<tr>
<td><strong>Enrollment</strong></td>
<td><strong>Locations</strong></td>
</tr>
<tr>
<td>Enroll as separate facility- HOSP-REHAB. Will have a unique NHSN orgID</td>
<td>Map each inpatient location to CDC-defined location type (Rehabilitation Ward or Rehabilitation Pediatric Ward)</td>
</tr>
<tr>
<td><strong>Monthly Reporting Plan</strong></td>
<td><strong>Numerator Data (LabID Events)</strong></td>
</tr>
<tr>
<td>Facility-wide Inpatient (FacWideIN)</td>
<td>Report LabID Events separately for each location</td>
</tr>
<tr>
<td><strong>Denominator Data</strong></td>
<td><strong>Location specific for each CMS-IRF unit in hospital</strong></td>
</tr>
<tr>
<td>Facility-wide Inpatient (FacWideIN)</td>
<td>Report LabID Events separately for each IRF unit</td>
</tr>
<tr>
<td>Location specific for each CMS-IRF unit in hospital</td>
<td>Location specific CCN = CMS Certification Number</td>
</tr>
</tbody>
</table>

NHSN
MULTIDRUG RESISTANT AND CLOSTRIDIUM DIFFICILE (MDRO AND CDI) MODULE
Patient Safety Component
4 Modules

Device-associated Module

Procedure-associated Module

Antimicrobial Use and Resistance (AUR) Module

MDRO & CDI Module
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, cefoxitin, 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
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

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**: 9 SOUTH
- **Your Label**: IRF
- **CDC Location Description**: Rehabilitation Ward
- **Is this location a CMS IRF unit within a hospital?**: Y - Yes
- **If Yes, specify the IRF CCN (will have an R or T in the 3rd position)**: 99T999
- **Status**: Active
- **Bed Size**: 20

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

[Find button]
# Add Location: Specify Location Info

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

- **Your Code**: 9 SOUT TH
- **Your Label**: IRF
- **CDC Location Description**: Rehabilitation Ward
- **Is this location a CMS IRF unit within a hospital?**: Y - Yes
- **If Yes, specify the IRF CCN (will have an R or T in the 3rd position)**: 997999
- **Status**: Active
- **Bed Size**: 20

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

### Table

<table>
<thead>
<tr>
<th>Delete</th>
<th>Status</th>
<th>Your Code</th>
<th>Your Label</th>
<th>CDC Description</th>
<th>CDC Code</th>
<th>NHSN HL7 Code</th>
<th>Bed Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Active</td>
<td>9 SOUT TH</td>
<td>IRF</td>
<td>Rehabilitation Ward</td>
<td>IN:ACUTE:WARD:REHAB</td>
<td>1070-2</td>
<td>20</td>
</tr>
<tr>
<td>☐</td>
<td>Active</td>
<td>IRW</td>
<td>IRW</td>
<td>Rehabilitation Ward</td>
<td>IN:ACUTE:WARD:REHAB</td>
<td>1070-2</td>
<td>30</td>
</tr>
<tr>
<td>☐</td>
<td>Active</td>
<td>REHAB</td>
<td>REHAB</td>
<td>Rehabilitation Ward</td>
<td>IN:ACUTE:WARD:REHAB</td>
<td>1070-2</td>
<td>14</td>
</tr>
<tr>
<td>☐</td>
<td>Active</td>
<td>REHAB1</td>
<td>REHAB LOCATION</td>
<td>Rehabilitation Ward</td>
<td>IN:ACUTE:WARD:REHAB</td>
<td>1070-2</td>
<td>10</td>
</tr>
<tr>
<td>☐</td>
<td>Active</td>
<td>REHAB2</td>
<td>REHAB LOCATION</td>
<td>Rehabilitation Ward</td>
<td>IN:ACUTE:WARD:REHAB</td>
<td>1070-2</td>
<td>10</td>
</tr>
</tbody>
</table>
“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

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: DHQP Memorial Hospital (ID 10000)

Month*: June

Year*: 2013

No NHSN Patient Safety Modules Followed this Month

Multi-Drug Resistant Organism Module

Locations

Specific Organism Type

Process and Outcome Measures

Infection Surveillance

AST-Timing

AST-Eligible

Incidence Prevalence

Lab ID Event

All Specimens

Blood Spec
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](image-url)
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.
“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, cefoxitin-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

Begin Here

MRSA isolate from blood per patient and location

Prior (+) MRSA from blood
≤ 2 weeks from same patient and Location (including across calendar month)

YES

Not a LabID Event (Duplicate)

NO

LabID Event (unique MRSA blood source)

Adapted from Figure 1 MDRO Test Results Algorithm for Blood Specimens Only LabID Events
Event - Patient Information

Add Event

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

Patient Information

Facility ID*: Pleasant Valley Hospital (ID 10312)
Patient ID*: DS3636
Social Security #: 
Last Name: 
Middle Name: 
Gender*: F - Female 
Ethnicity: 
Race: [ ] American Indian/Alaska Native [ ] Asian
[ ] Black or African American [ ] Native Hawaiian/Other Pacific Islander [ ] White

Event #: 24941
Secondary ID: 
First Name: 
Date of Birth*: 05/16/1943
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 screenshot]
<table>
<thead>
<tr>
<th>Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or &lt;4 days after inpatient admission) (Check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Nursing Home/Skilled Nursing Facility</td>
</tr>
<tr>
<td>☐ Personal residence/Residential care</td>
</tr>
<tr>
<td>☐ Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)</td>
</tr>
<tr>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

*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

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

Event Information

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

Pathogen*: Staphylococcus aureus - SA

Risk Factors

Central line*: Y - Yes
• 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

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

Assume all specimens collected are shown
### Free-standing IRF
#### Identify the LabID Events

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

Assume all specimens collected are shown.
OVERVIEW

C. difficile LabID Event Reporting in NHSN
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
<table>
<thead>
<tr>
<th>Diagnostic Test</th>
<th>Demonstrates Evidence of Toxigenic Strain</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glutamate dehydrogenase (GDH) antigen</td>
<td>YES</td>
<td>Detects antigen in both toxin and non-toxin producing strains</td>
</tr>
</tbody>
</table>
| Toxin enzyme immunoassay (EIA)                         | X                                         | • 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                                         | • 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                                         | • 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

- Prior (+) in ≤ 2 weeks per patient and location
  - No → LabID Event
  - Yes → Duplicate *C. difficile*
  - Not a LabID Event
# Add Event

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

## Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID*</td>
<td>Pleasant Valley Hospital (ID 10312)</td>
</tr>
<tr>
<td>Patient ID*</td>
<td>DS3636</td>
</tr>
<tr>
<td>Social Security #</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Gender*</td>
<td>F - Female</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>□ American Indian/Alaska Native</td>
</tr>
<tr>
<td></td>
<td>□ Black or African American</td>
</tr>
<tr>
<td></td>
<td>□ White</td>
</tr>
<tr>
<td></td>
<td>□ Asian</td>
</tr>
<tr>
<td></td>
<td>□ Native Hawaiian/Other Pacific Islander</td>
</tr>
<tr>
<td>Date of Birth*</td>
<td>05/16/1943</td>
</tr>
</tbody>
</table>
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.

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

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<th>LabID Event? Location?</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sue</td>
<td>02/15/15 CCU</td>
<td>02/16/15 CCU</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>YES / CCU</td>
<td>1st C. diff in location (CCU)</td>
</tr>
<tr>
<td>Sue</td>
<td>02/15/15 CCU</td>
<td>02/20/15 2-Rehab</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>YES 2-Rehab</td>
<td>First C. diff toxin for location</td>
</tr>
<tr>
<td>Sue</td>
<td>02/15/15 CCU</td>
<td>03/01/15 2-Rehab</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>NO</td>
<td>Duplicate ≤14 days</td>
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<tr>
<td>Sue</td>
<td>02/15/15 CCU</td>
<td>03/10/15 2-Rehab</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>NO</td>
<td>≤ 14days previous specimen</td>
</tr>
<tr>
<td>Sue</td>
<td>02/15/15 CCU</td>
<td>03/10/15 ICU</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>YES / 2-ICU</td>
<td>NEW location</td>
</tr>
</tbody>
</table>

Assume all specimens collected are shown
## Free-standing IRF

### Identify the LabID Events

<table>
<thead>
<tr>
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<th>LabID Event? Location?</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Joe 02/15/15 1-S</td>
<td>02/16/15 1-S</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>YES/ 1-S</td>
<td>1st C. diff in location (1-S)</td>
</tr>
<tr>
<td>2</td>
<td>Joe 02/15/15 1-S</td>
<td>02/20/15 2-W</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>YES 2-W</td>
<td>First C. diff for location</td>
</tr>
<tr>
<td>3</td>
<td>Joe 02/15/15 1-S</td>
<td>03/01/15 2-W</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>NO</td>
<td>Duplicate ≤14 days</td>
</tr>
<tr>
<td>4</td>
<td>Joe 02/15/15 1-S</td>
<td>03/10/15 2-W</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>NO</td>
<td>≤ 14 days previous specimen</td>
</tr>
<tr>
<td>5</td>
<td>Joe 02/15/15 1-S</td>
<td>03/10/15 1-S</td>
<td>Stool</td>
<td>C. Diff toxin +</td>
<td>YES / 1-S</td>
<td>NEW location; &gt;14 days</td>
</tr>
</tbody>
</table>

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.
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.
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.

![MDRO and CDI Prevention Process and Outcome Measures screen with annotations]

- **ALL inpatient locations in IRF facility**
- **ALL inpatient Admissions into IRF facility**
- **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.

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)**

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Toxigenic culture (C. difficile culture followed by detection of toxins)
- 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
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
- Specimen collection date
- Organism
- Specimen Body Site
- Specimen Type
- Location of patient at time of specimen collection.

---

### Reporting Plan:

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

---

### Table:

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive for...</th>
<th>Specimen Body Site</th>
<th>Specimen Type</th>
<th>Location</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/16/2013</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>11/17/2013</td>
<td>...</td>
<td>...</td>
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</tr>
<tr>
<td>11/18/2013</td>
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<td>11/19/2013</td>
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<td>11/20/2013</td>
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<tr>
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<td>BLDSC - Blood specimen</td>
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**Legend:**
- UNS: Unknown
- YES: Yes
- NO: No
Once all applicable specimens have been entered, click **Calculate Lab ID**

- Review Reportable column for validation of reportable LabID Events

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NOTE: Admission date is not collected and therefore the protocol rules for specimens collected from affiliated outpatient locations must be applied.
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.
IRF QRP Website and E-mail Resources

• IRF QRP website and e-mail address:
  ◦ 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?