

Using NHSN for LabID Event Reporting for *C. difficile* and MRSA Bacteremia

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A special thanks to Angela Antila, PHD, MSN, NP-C, CIC, Nurse Epidemiologist, CDC, for sharing her knowledge and assistance with this presentation development.

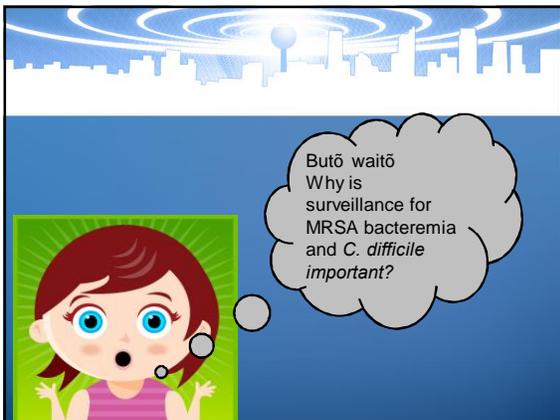






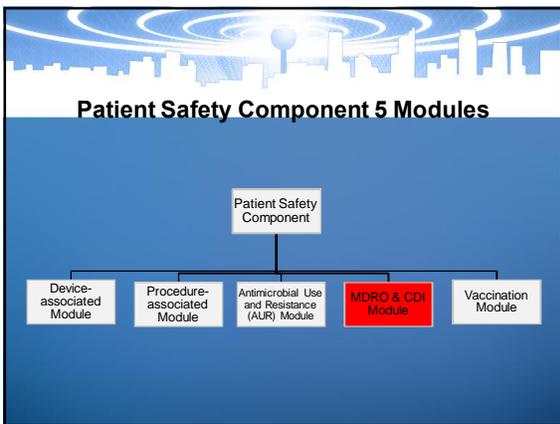
Online Resources – NHSN Protocols
<http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>

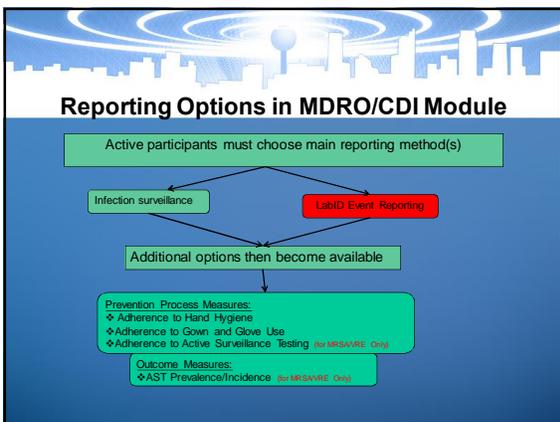
- ~ Multidrug-resistant organism & *Clostridium difficile* Infection (MDRO and CDI) Module
- ~ One Stop Shopping+
 - . On-Demand trainings
 - . NHSN Manual & Errata
 - . Data Collection Forms & Instructions
 - . CDC Location descriptions and guidance
 - . CMS-related documents
 - . Analysis guides
 - . FAQs



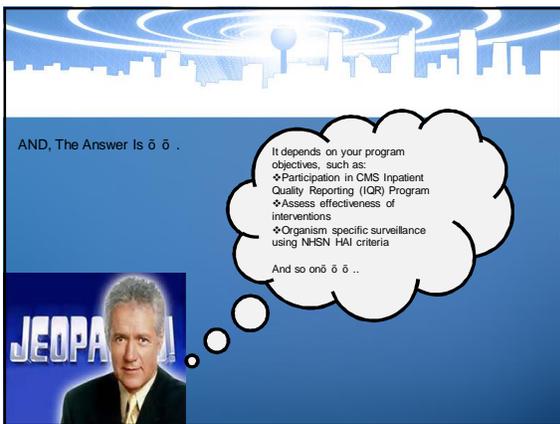


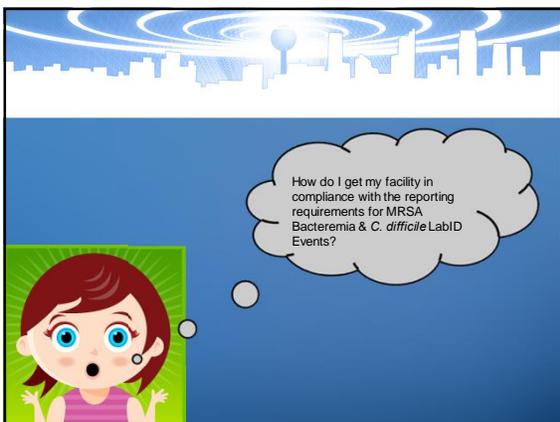
Overview of MDRO and CDI Module





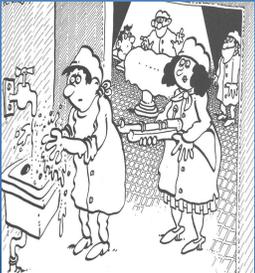






For Today, Our Goals Are:

- ❖ Understand requirements for MRSA bacteremia and *C. difficile* LabID Event reporting to CMS via NHSN.
- ❖ Understand MRSA Bacteremia and *C. difficile* LabID Event definitions and protocols.
- ❖ Describe how to correctly enter MRSA bacteremia and *C. difficile* LabID data into NHSN.
- ❖ Tips for assuring compliance with CMS requirements for IQR Program.



If participating in CMS IQRP

For acute care hospitals, CMS requires Facility-wide Inpatient (FacWideIN) MRSA Bacteremia and *C. difficile* LabID Event reporting

**CMS 2013
MRSA Bacteremia LabID Event**

- ❖ **Organism:** Methicillin-Resistant *Staphylococcus aureus* (MRSA)
- ❖ **Specimen Sources:** Blood isolates only
- ❖ **Data Collection:** CDC NHSN-MDRO/CDI Module (LabID Event)
- ❖ **Required Locations:** All inpatient locations. Referred to as facility-wide inpatient (FacWideIN)
- ❖ **Required Data:** Community-Onset (CO) and Healthcare-Onset (HO) MRSA Bacteremia LabID Events

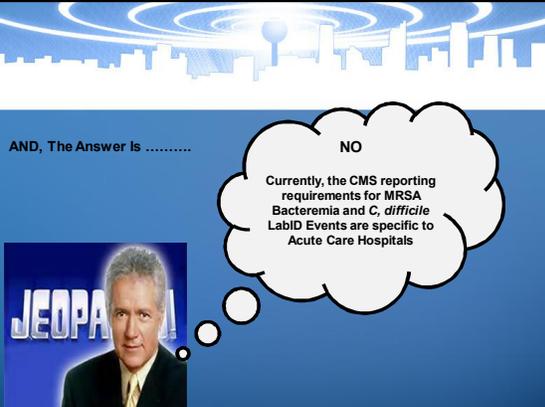
**CMS 2013
C. difficile LabID Event**

- Organism: *Clostridium difficile* (*C. difficile*)
- Specimen Source: Loose stools only
- Data Collection: CDC NHSN-MDRO/CDI Module (LabID Event)
- Required Locations: All inpatient locations (FacWideIN) minus NICU, SCN, or other Well Baby locations (e.g. Nurseries, babies in Labor, Delivery, Recovery, & Post-partum [LDRP])
- Required Data: Community-Onset (CO) and Healthcare-Onset (HO) *C. difficile* LabID Events



Do the CMS requirements apply to non acute care facilities?

AND, The Answer Is

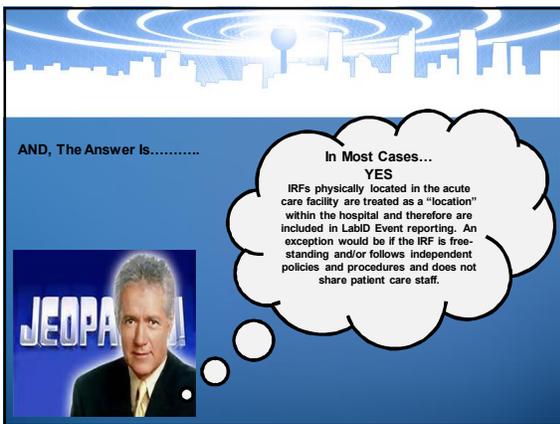


NO

Currently, the CMS reporting requirements for MRSA Bacteremia and *C. difficile* LabID Events are specific to Acute Care Hospitals



Our hospital has an inpatient rehabilitation facility (IRF) on the second floor. For FacWideIN reporting, should I include LabID Events in the IRF?



AND, The Answer Is.....

In Most Cases...
YES
IRFs physically located in the acute care facility are treated as a "location" within the hospital and therefore are included in LabID Event reporting. An exception would be if the IRF is free-standing and/or follows independent policies and procedures and does not share patient care staff.



What information will CDC/NHSN share with CMS?



❖ All in-plan FacWideIN healthcare facility-onset (HO) MRSA bacteremia and *C. difficile* LabID Event aggregate data from participating acute care hospitals.

❖ CDC will provide a standardized infection ratio (SIR) for each hospital's FacWideIN HO MRSA bacteremia and *C. difficile*.

❖ Although the metric reported to CMS will be a HO SIR, the community-onset (CO) events and the admission prevalence of a hospital will play an important role in risk adjustment, and so both **HO and CO LabID events must be reported into NHSN.**

Risk Adjustment for Healthcare Facility-Onset *C. difficile* and MRSA Bacteremia Laboratory-Identified Events Reporting in NHSN

Adapted by Joseph, MPH, DPH, Lindsay M, HHS, MPH, PhD, J, Alquist, MPH, Jonathan D, Edwards, MPH, PhD, D, Parsons, PhD, HHS, MPH, PhD

Background

The Centers for Disease Control and Prevention (CDC) launched the National Healthcare Organization and Clinician (NHCOC) Infection (NHIC) (NHIC) Module in the National Healthcare Safety Network (NHSN) in March 2009 to enable reporting of CDC-nominated nosocomial pathogens (MRSA, VRE, and other MRSEs). Data reporting activities began in 2009, coupled with reporting requirements for the Centers for Medicare and Medicaid Services (CMS) established in 2011, which require reporting of the NHIC (NHIC) Module for acute care hospitals. Use of data from the Module for purposes of public reporting, and patient payment plans, a provision, an alternative to worldwide fully used and developed practices, including risk adjustment of patient outcomes. This report describes the risk modeling that CDC applied to laboratory-identified (LabID) onset HO and MRSA bacteremia data submitted to NHSN. The results of which have been incorporated into the analysis options in the NHSN application.



Online Resources – CMS Related
<http://www.cdc.gov/nhsn/cms/index.html>

- ❖ Operational Guidance
- ❖ How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and *C. difficile* LabID events for the CMS Inpatient Quality Reporting Program+
- ❖ Helpful Tips
- ❖ Using the SIRs



Important Dates

- ❖ Data must be submitted monthly (within 30 days of the end of the month which is collected).
- ❖ For data to be shared with CMS, each quarter's data must be entered into NHSN no later than 4½ months after the end of the quarter.
 - ❖ E.g. Q1 (January-March) data must be entered into NHSN by **August 15**; Q2 by November 15; Q3 by February 15 and Q4 by May 15.



Important Dates in N.D.

- ~ You are the N.D. pilot study group
 - . Entering data from June 1st
 - . All data should be entered within 60 days of the prior month
 - . All data for 2013 should be entered by January 31, 2014



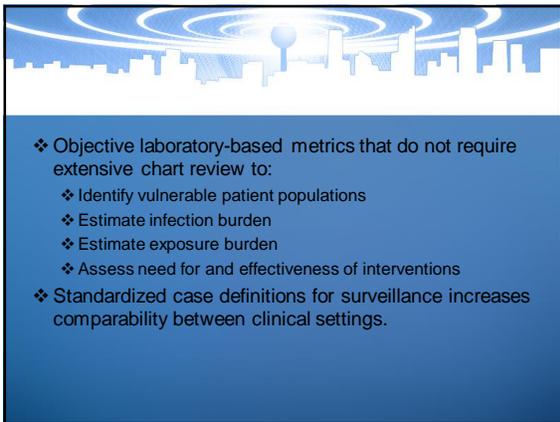
I am not familiar with LabID event Reporting, can you share more details?

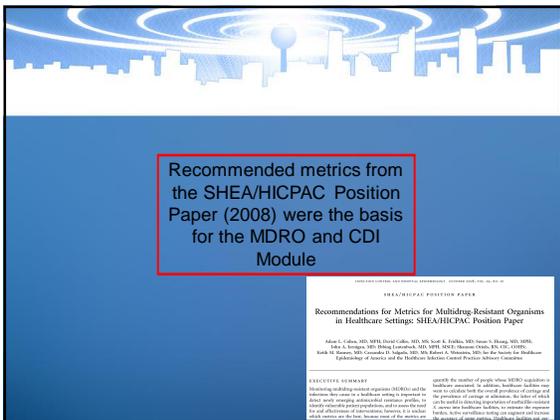


LabID Event reporting allows laboratory testing data to be used without clinical evaluation of the patient, allowing for a much less labor intensive method to track *C. difficile* and MDROs, such as MRSA.

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

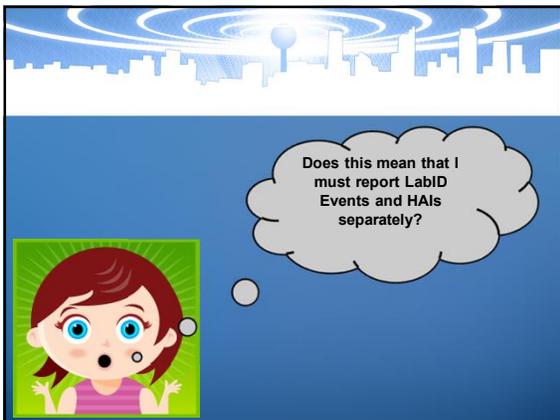








	LabID Event	Infection Surveillance/HAI
Protocol	LabID Event protocol in Chapter 12 of NHSN manual	Site-specific protocol in NHSN manual (e.g., CLABSI, CAUTI)
Signs & Symptoms	NONE. Laboratory and admission data, without clinical evaluation of patient	Combination of laboratory data and clinical evaluation of patient (signs/symptoms)
Transfer Rule	<ul style="list-style-type: none"> ✦ Does NOT apply ✦ Location=location of patient when specimen is collected. ✦ Event date=specimen collection date 	2-day Transfer Rule applies. See NHSN protocol for details.
Denominator Reporting	<ul style="list-style-type: none"> ✦ Number of patient days and admissions ✦ Can be reported by specific location or facility-wide, depending on reporting option(s) selected ✦ Inpatient and/or outpatient 	<ul style="list-style-type: none"> ✦ Device days and patient days ✦ Must be collected separately for each monitored location ✦ Inpatient reporting only
Categorization of Infections	<ul style="list-style-type: none"> ✦ Events categorized based on the admission/encounter dates and specimen collection dates ✦ Healthcare Onset (HO) or Community Onset (CO) 	<ul style="list-style-type: none"> ✦ HAI protocols used ✦ Events are either HAI or not ✦ Only HAIs are reported to NHSN



AND, The Answer Is.....



YES
LabID Events and HAI Events are two independent reporting pathways! An Event that is both a LabID Event and a HAI should be reported twice (if both are in-plan), once as a LabID Event and also as an HAI, according to the specific NHSN HAI protocol

FOR EXAMPLE.....

If you have a patient in the ICU with both a CLABSI and a MRSA bacteremia LabID Event, each Event should be reported separately; one as an BSI-CLABSI Event, using the applicable HAI criteria, and another as a LabID Event, using the LabID Event reporting protocol.

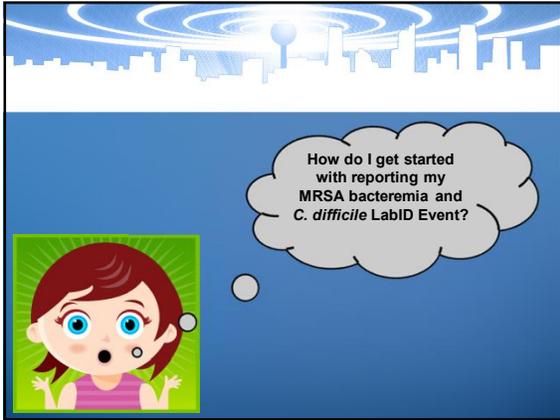
Example of MRSA LabID Event & BSI HAI Event with MRSA

Event Information
 Event Type*: LABID - Laboratory-identified MDRO or CDI Event
 Date Specimen Collected*: 01/07/2013
 Specific Organism Type*: MRSA - MRSA
 Outpatient*: NI - No
 Specimen Body Site/Source*: CARD - Cardiovascular/ Circulatory/ Lymphatics
 Specimen Source*: BLDSPC - Blood specimen
 Date Admitted to Facility*: 01/02/2013
 Location*: SW - S WEST - ICU
 Date Admitted to Facility*: 01/02/2013

Event Information
 Event Type*: BSI - Bloodstream Infection
 Date of Event*: 01/07/2013
 Post-procedure: NI - No
 MDRO Infection Surveillance*: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module
 Location*: CMICU_N - GARDIAC ICU
 Date Admitted to Facility*: 01/02/2013
 Pathogens: Serratia marcescens SA

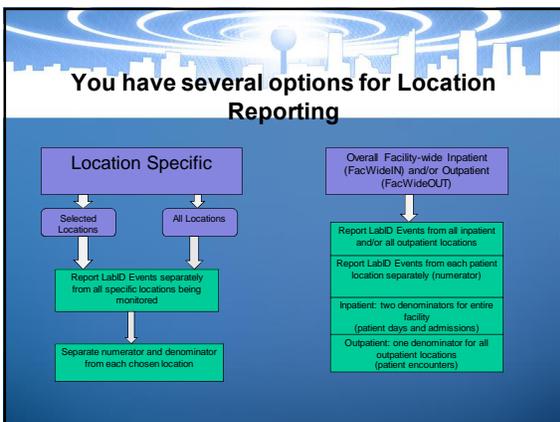
Risk Factors
 Central line*: Y - Yes

QSO	LEO	MOU	SOO	MOO	CEO	MEU	SO
CLCA	CLCB	CLCC	CLCD	CLCE	CLCF	CLCG	CLCH
CLCI	CLCJ	CLCK	CLCL	CLCM	CLCN	CLCO	CLCP

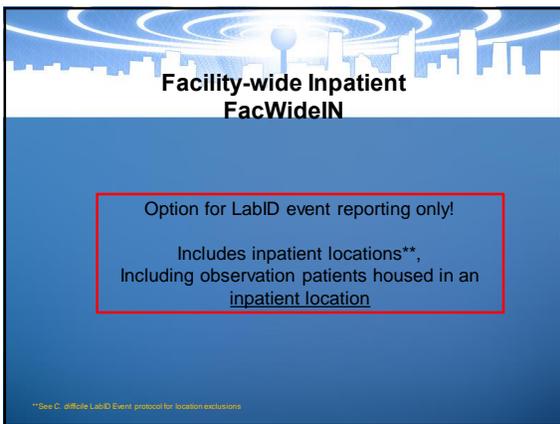


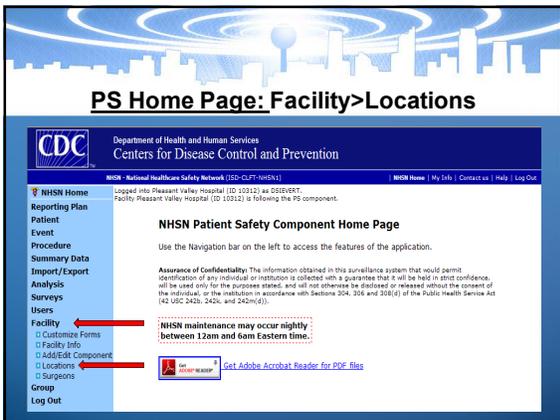
“CHECKLIST”
For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- Review location options and map inpatient 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.









Monthly Reporting Plan

- ❑ The Monthly Reporting Plan informs CDC which modules a facility is following during a given month
 - Referred to as %a-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
- ❑ Plans can be modified retrospectively

Monthly Reporting Plan

- ❑ NHSN will only submit data for those complete months in which the following are indicated on the monthly reporting plan:
 - FacWideIN MRSA LabID-either %Blood Specimens Only+or %All Specimens+
 - FacWideIN CDI Lab ID

Monthly Reporting Plan

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

Add Monthly Reporting Plan

Reporting Plan: No data found for June, 2013

Facility ID: [DHQP Memorial Hospital (ID 10000)]
Month: [June] Year: [2013]

Multi-Drug Resistant Organism Module

Process and Outcome Measures: Infection Surveillance, AST-Timing, AST-Eligible, Incidence Prevalence, Lab ID Event, Lab ID E

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

Monthly Reporting Plan

If your facility chooses to report LabID Events for all MRSA specimens (and indicates this in the plan), only those MRSA LabID Events from blood specimens will be included in the aggregate data sent to CMS.

We are participating in a *C. difficile* prevention collaborative in one of the inpatient units, so I want to target *C. difficile* LabID Events in that unit in addition to the FacWideIN monitoring. How do I add this unit to my monthly plan?

Monthly Reporting Plan

To Modify a Plan:

Find Monthly Reporting Plan

- Enter search criteria and click Find
- Narrow criteria will return a broader result set
- More criteria will return a narrower result set

Facility ID: [DHQP MemorialHospital (ID 10009)]

Month: [January] Year: [2013]

[Find] [Clear] [Back]

[Edit] [Print] [New] [Back]

Provision to Inpatient LabID Event Reporting

For FacWideIN, a LabID Event for an inpatient location can include specimens collected during an emergency department or other affiliated outpatient location, if collected on the same calendar day as patient admission.

**In this circumstance, you should assign location to the admitting inpatient location (for FacWideIN).

***If participating in both inpatient and outpatient LabID reporting, report the LabID Event in both locations as two separate Events, ED and admitting location.



What if the specimen was collected from ED location on 4/1 at 11:55 pm and the patient was later admitted to an inpatient location on 4/2 at 12:03 am, can I enter this as an inpatient LabID Event for FacWideIN?



AND, The Answer Is.....

NO.

Specimen collection day and admission day must be the **SAME** calendar day, no exceptions. A calendar day is easier to apply compared to using hours and it reduces variability in application of the definition.



Overview

MRSA Bacteremia LabID Event Reporting in NHSN





Setting

Can occur in any inpatient or outpatient location.

NOTE: For FacWideIN LabID Event reporting, only inpatient locations are included unless the patient is admitted to inpatient location on the same calendar day as specimen collection from an affiliated outpatient location



Definition

MRSA Positive Blood Isolate

Any blood specimen obtained for clinical decision making for MRSA

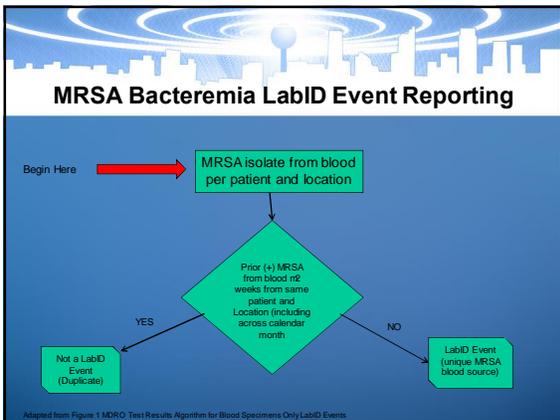
Definition: MRSA Bacteremia LabID Event

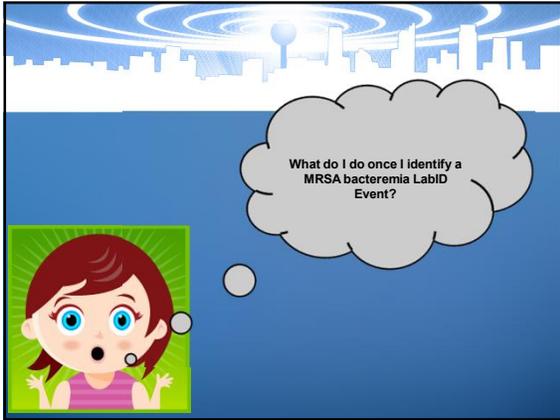
MRSA positive blood specimen for a patient in a location with no prior MRSA positive blood specimen result collected within 14 days for the **patient and location** (includes across calendar months)

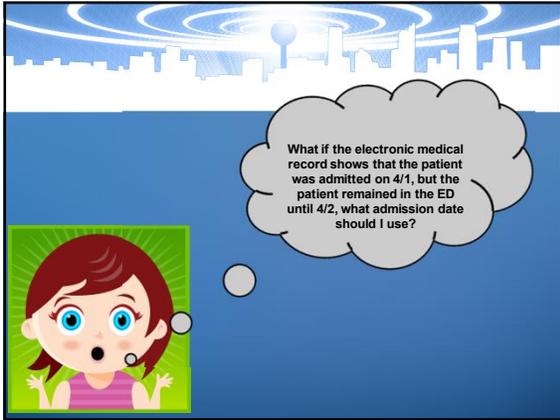
Also referred to as all non-duplicate LabID Events

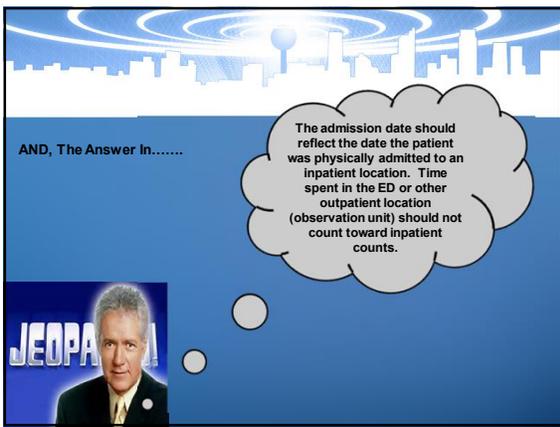
Definition: Duplicate MRSA Bacteremia LabID Event

Any MRSA blood isolate from the **same patient and same location**, following a previous positive MRSA blood laboratory result within the past 14 days (including across calendar months)

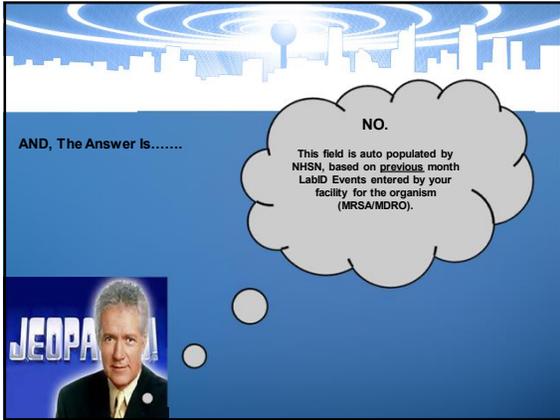












AND, The Answer Is.....

NO.

This field is auto populated by NHSN, based on previous month LabID Events entered by your facility for the organism (MRSA/MDRO).



What is the purpose of "documented prior evidence of infection or colonization with this specific organism type from previously reported LabID Events" if I can't change the data field?

The information is used in the calculation of MDRO Infection/Colonization Incidence Rate when a facility is reporting all specimens (not just blood). What this means is the facilities are not being penalized when it comes to the overall (all specimen) infection/colonization incidence rate, as all %ES+previous positive Events are excluded.

**This data field is not used for *C. difficile* analysis.





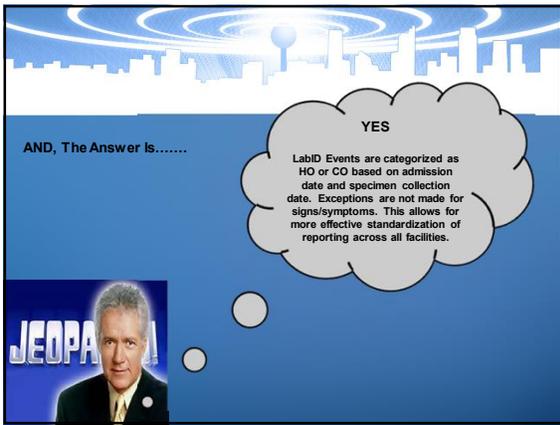
NHSN will Categorize your MRSA Blood Specimen LabID Events as CO or HO

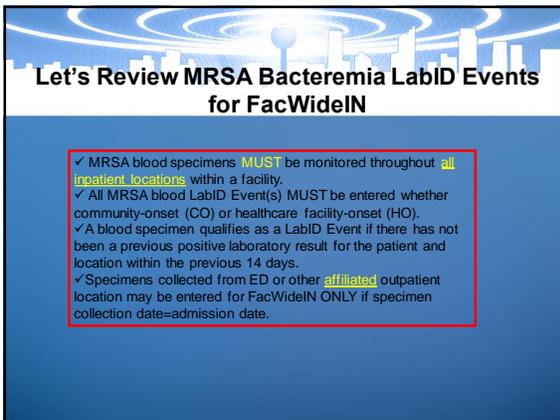
NHSN Application Categorizes* LabID Events As:

- *Community-Onset (CO): LabID Event specimen collected as an inpatient n8 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









Overview

C. difficile LabID Event Reporting in NHSN





Setting

Can occur in any 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.

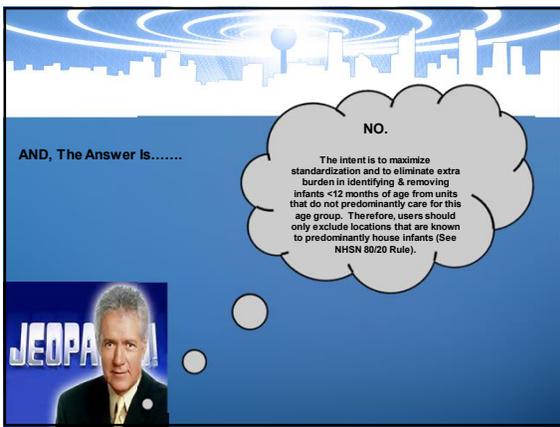


Setting



For FacWideIN LabID Event reporting, only inpatient locations are included unless the patient is admitted to an inpatient location on the same calendar day as specimen collection from an affiliated outpatient location.





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



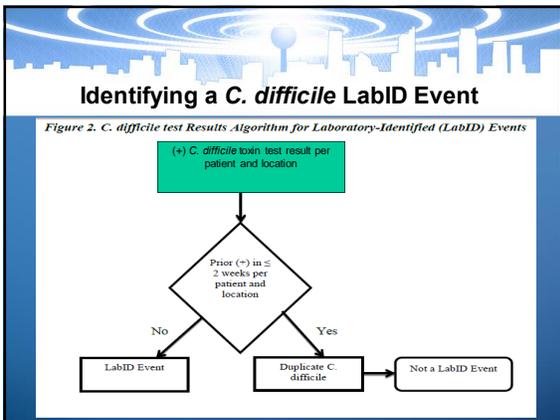
Definition CDI LabID Event

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**

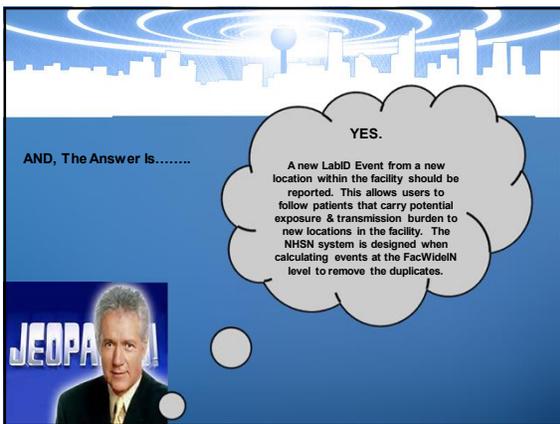
Also referred to as all non-duplicate LabID Events

Definition Duplicate *C. difficile* Positive Test

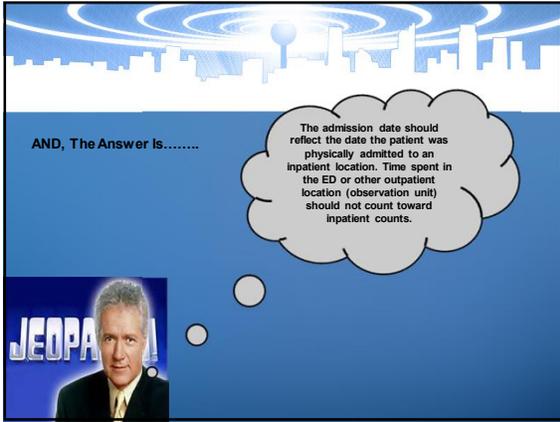
Any *C. difficile* toxin-positive laboratory result from the same patient and same location, following a previous *C. difficile* toxin-positive laboratory result within the past 14 days









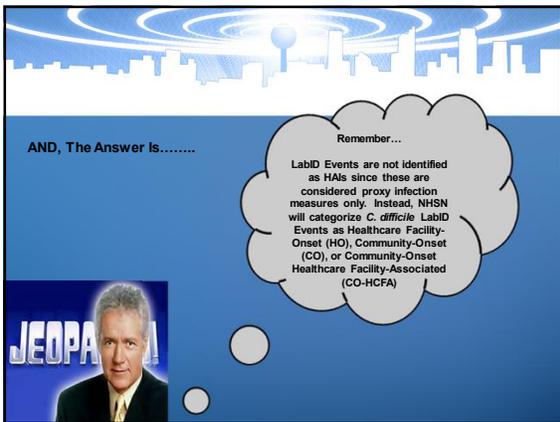


AND, The Answer Is.....

The admission date should reflect the date the patient was physically admitted to an inpatient location. Time spent in the ED or other outpatient location (observation unit) should not count toward inpatient counts.



Since I must enter ALL *C. difficile* LabID Events, how does the NHSN application know which ones are healthcare associated?



AND, The Answer Is.....

Remember...

LabID Events are not identified as HAIs since these are considered proxy infection measures only. Instead, NHSN will categorize *C. difficile* LabID Events as Healthcare Facility-Onset (HO), Community-Onset (CO), or Community-Onset Healthcare Facility-Associated (CO-HCFA)

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 as an inpatient m8 days after admission to the facility (i.e., days 1 (admission), 2, or 3).
- ❖ **Community-Onset Healthcare Facility-Associated (CO-HCFA):** LabID Event collected from a patient who was discharged from the facility m4 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 m8 weeks after the most recent CDI LabID Event for that patient.

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



AND, The Answer Is.....

YES.

We realize that the patient could have also spent time at another facility in the time between previous discharge and the new admission, and don't ask for this extra information because of burden for searching outside of one's own facility. Custom fields can be used, if a facility wants to track such information.

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



CO-HCFA LabID Event
Data are NOT being shared with CMS



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)?



AND, The Answer Is.....

YES.

A LabID Event will be categorized as HO if specimen collection is >3 days after admission to the facility. **No exceptions!** Signs and symptoms are not applicable to LabID Event reporting.

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



What if the patient has a history of *C. difficile*, but was retested in my facility >3 days after admission, will the Event still be categorized as healthcare facility-onset (HO)?

AND, The Answer Is.....

YES.

A LabID Event will be categorized as HO if specimen collection is >3 days after admission. This is irrespective of the patient having a history of *C. difficile*.

Remember....

The Event will be further categorized as incident or recurrent based on previous *C. difficile* LabID Events entered into NHSN



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



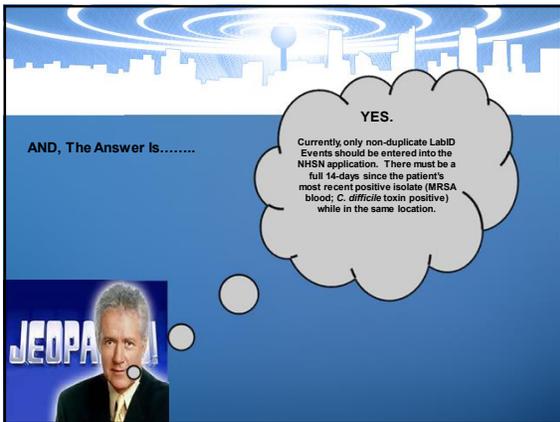
Only **Incident** HO *C. difficile* LabID Event data are shared with CMS!!!!

Let's Review

***C. difficile* LabID Events for FacWideIN**

- ✓ *C. diff* toxin-positive specimens **MUST** be monitored throughout all inpatient locations within a facility. *Exception: NICUs, SCN, Well Baby Nurseries, and Babies in LDRP units are excluded in C. difficile LabID Event reporting only*
- ✓ 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

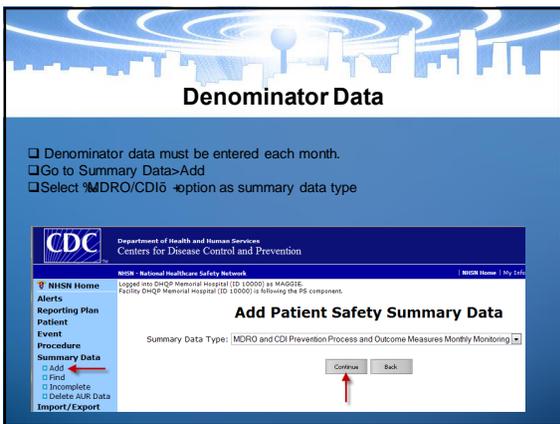


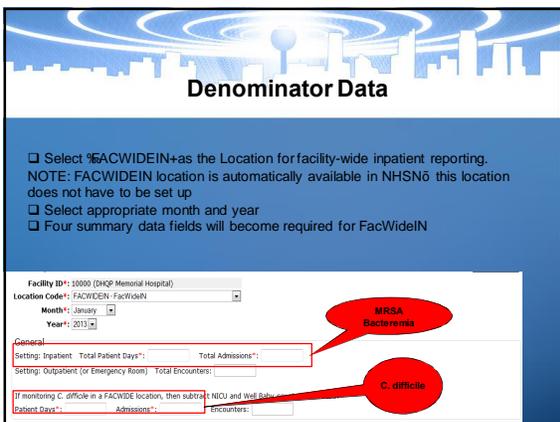


“CHECKLIST”
For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- ✓ Review location options and map inpatient 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 FacWidelN denominator data for each month under surveillance.
- ✓ Resolve %Alerts+, if applicable.







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

- ✓ Review location options and map inpatient locations in NHSN as necessary.
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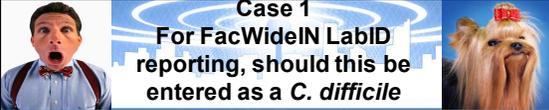
“Report No Events”

- Facilities must appropriately %Report No Events+for those months for which no events of each type under surveillance were identified.
- If no LabID Events have been reported and this box is not checked, your data will not be submitted to CMS.

“Report No Events”

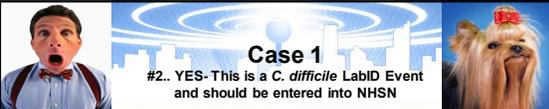
- On the MDRO and CDI Module summary data form, checkboxes for %Report No Events+are found underneath the patient day and admission count fields.
- If LabID events have already been reported for the specific organism, the %Report No Events+box will be disabled, preventing it from being checked.
- NOTE: If you identify and enter LabID Events for an organism after checking %Report No Events+, the %Report No Events+box will automatically uncheck.

Case 1
For FacWideIN LabID reporting, should this be entered as a *C. difficile* LabID Event?



1. No. His symptoms started on admission to the hospital.
2. Yes. This is the first toxin positive *C. difficile* isolate collected for this patient and location (no previous positive within 14 days for location).
3. No. Enter this as a GI Event for this patient.

Case 1
#2.. YES- This is a *C. difficile* LabID Event and should be entered into NHSN

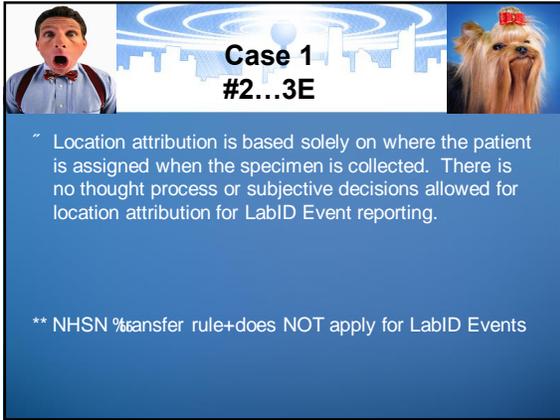


A toxin positive *C. difficile* stool specimen for a patient in a location with o prior *C. difficile* specimen result within 14 days for the patient and the location

Case 1
What Location is the LabID Event Attributed?



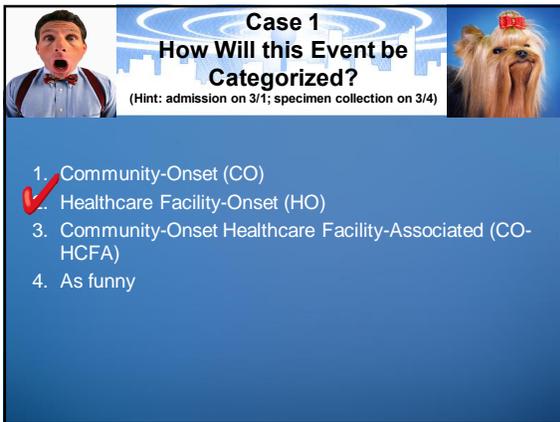
1. ICU
2. 3 E
3. Lab
4. FacWideIN



Case 1
#2...3E

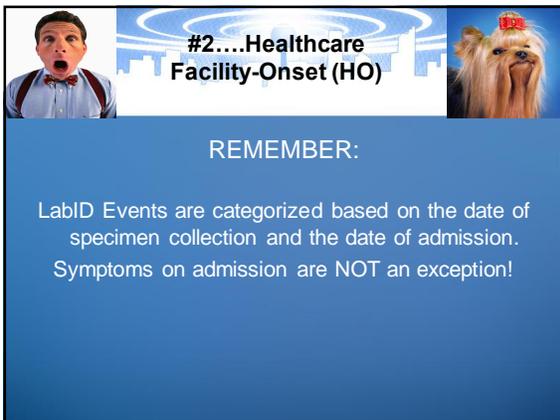
~ Location attribution is based solely on where the patient is assigned when the specimen is collected. There is no thought process or subjective decisions allowed for location attribution for LabID Event reporting.

** NHCN %transfer rule+does NOT apply for LabID Events



Case 1
How Will this Event be Categorized?
(Hint: admission on 3/1; specimen collection on 3/4)

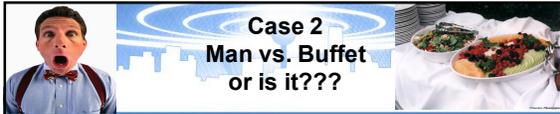
1. Community-Onset (CO)
2. Healthcare Facility-Onset (HO)
3. Community-Onset Healthcare Facility-Associated (CO-HCFA)
4. As funny



#2...Healthcare Facility-Onset (HO)

REMEMBER:

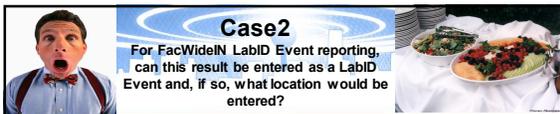
LabID Events are categorized based on the date of specimen collection and the date of admission. Symptoms on admission are NOT an exception!



Case 2
Man vs. Buffet
or is it???

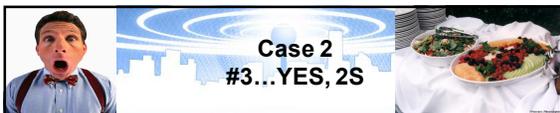
3/1: Pt. presents to the emergency department with complaints of diarrhea and lower abdominal pain for the past three days. Pt. states that he has been on antibiotics for 8 days for treatment of gonorrhea, but he also ate fresh fruit from a buffet 5 days ago and believes that he has food poisoning. Pt. is hypertensive and has poor skin turgor. A stool specimen collected in the ED tests toxin positive for *C. difficile*; negative for Salmonella and other enteric pathogens.

3/1: Patient admitted to 2S medical unit for intravenous hydrations and medical management.



Case2
For FacWideIN LabID Event reporting,
can this result be entered as a LabID
Event and, if so, what location would be
entered?

1. No. ED is an outpatient location and I am only monitoring inpatient locations.
2. Yes. Location would be the ED since specimen was collected there.
3. Yes. Location would be 2S, the admitting location.
4. Yes. Location would be FacWideIN.



Case 2
#3...YES, 2S

If a specimen collected in the facility's ED is positive for *C. difficile*, and the patient it is collected from is admitted to the facility on the SAME calendar day, then that specimen can be reported as the first specimen for the patient in the ADMITTING INPATIENT LOCATION

Case 2
What if you are participating in both FacWideIN and ED location specific reporting?



Report the positive CDI LabID Event separately, once for ED and again for 2S.
 2. Report only as FacWideIN
 3. Report only as FacWideOUT.
 4. Toss a coin to make location selection.

Case 2
#1..Report in both places



If your monthly reporting plan includes both FacWideIN and ED location specific reporting, then you should report the positive CDI LabID event separately, once as 2S (select NO for outpatient) and then again for ED (select YES for outpatient).

Event Information

Event Type: LABD - Laboratory-identified ICRD or CDI Event

Date Specimen Collected: 02/19/2011

Specific Organism Type: CDF-0, difficile

Outpatient: No

Specimen Body Site/Source: DIGEST-Digestive System

Specimen Source: STOOL - Stool specimen

Date Admitted to Facility: 01/28/2012

Location: 0W - EVHST - ICU

Date Admitted to Location: 02/19/2011

Location: 02192011

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

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

Case 3



~ 2/15: 85 year old patient admitted to inpatient unit, 3E, from rehab facility. The patient was discharged from you facility 2-weeks ago after spending 3 weeks in the ICU after a sky diving incident.
 ~ Upon admission to 3E, patient is noted to have foul loose stools.
 ~ 2/16: After three episodes of loose stools over the course of 24 hours, an unformed specimen was collected and tested positive for *C. difficile* toxin.

Case 3
For FacWideIN LabID reporting should this be entered into NHSN as a LabID Event?



- YES. Specimen was collected from 3E inpatient location.
- NO. This infection belongs to the Hospice.

Case 3
YES..This is a CDI LabID Event and should be entered into NHSN

A toxin positive *C. difficile* stool specimen for a patient in a location with no prior *C. difficile* specimen result within 14 days for the patient and the location. Both community-onset and healthcare-onset events should be reported.

Recommend the use of %Optional Field+to document history of rehab if you want to track internally.

Case 3
How will NHSN Categorize the CDI Event?

- 1. Community-onset (CO)
- 2. Healthcare-Facility onset (HO)
- 3. Community-Onset Healthcare Facility-Associated (CO-HCFA)
- 4. NHSN will not categorize the event, the user will need to make the decision.

Case 3
#3..Community-onset Healthcare Facility-Associated (CO-HCFA)

This patient was previously discharged from you facility ~~1~~ weeks prior to current date of stool specimen collection and the stool specimen was collected less than 4 days after admission to the facility

Case 3
What if the Stool Specimen was Collected 4 Days after Admission to the Hospital?

1. Community-onset (CO) since the patient was admitted with symptoms of foul stool
- Healthcare-Facility onset (HO) since the specimen was collected more than 3 days after admission
3. Community-Onset Healthcare Facility-Associated (CO-HCFA) since the patient was admitted from another healthcare facility

Case 3

#2.. Healthcare Facility Onset (HO)

Healthcare Facility Onset (HO) since the stool was collected more than 3 days after admission.

Case 4

What if a patient with no previous admission to your facility presents with symptoms of diarrhea and fever on admission, but the C. difficile toxin was negative on admission and subsequently positive on day 4 of admission?

1. I can over-ride NHSN and categorize the event as community-onset since patient was symptomatic on admission.
2. NHSN will categorize as community-onset (CO)

NHSN will categorize as healthcare facility-onset (HO)

CASE 4
#3..Healthcare-Onset

NHSN would still categorize the event as healthcare-onset since the first positive stool specimen was collected on or after day 4 of admission

**LabID Event reporting is a proxy measure to lighten the load of surveillance, but this reduction in burden is traded off with a decreased specificity as it relates to true infection and attribution

Case 5

If your hospital is participating in the CMS Inpatient Quality Reporting (IQR) Program, which locations must you include in your monthly reporting plan for C. difficile LabID Event reporting?

1. ICU, NICU, medical-surgical units, emergency department, oncology.
2. Emergency department, outpatient surgery, and affiliated physician offices.

FacWideIN, which includes all inpatient locations, except no monitoring in NICU, SCN, and other Well Baby locations.

- 4. FacWideOUT, which includes all outpatient locations affiliated with the facility.



Case 7

- 6/15: 90 year old patient admitted from the ED to ICU following a pogo stick accident. A Foley and central line inserted and patient scheduled for emergent surgery for pelvic fracture. Pt. with multiple lacerations.
- 6/16: Pt. spikes a fever of 101°F and urine draining cloudy drainage in bedside bag. A urine culture is collected.
- 6/18: Urine culture results are positive for *E. coli* and MRSA. Antibiotic treatment begun.



CASE 7

- 6/21: Patient continues to have fever of 101.4°F. Blood cultures collected from peripheral IV site.
- 6/22: Two of two blood cultures are positive for MRSA.



Case 7

Since your facility participates in MRSA bacteremia LabID Event Reporting for FacWideln, would you report this positive blood culture as a LabID Event?

- No. Since the patient already had a positive urine culture with MRSA for this month and location, the MRSA blood is considered a duplicate.
- Yes. This is considered a unique blood source.
- No. This is a CLABSI!!!

Case 7

YES

This is considered a MRSA bacteremia LabID Event since the patient has no prior positive blood culture for MRSA in this location in m2 weeks

Case 7

What if the patient has a previous positive MRSA blood culture 3 days prior to this culture while in the same location (ICU)?

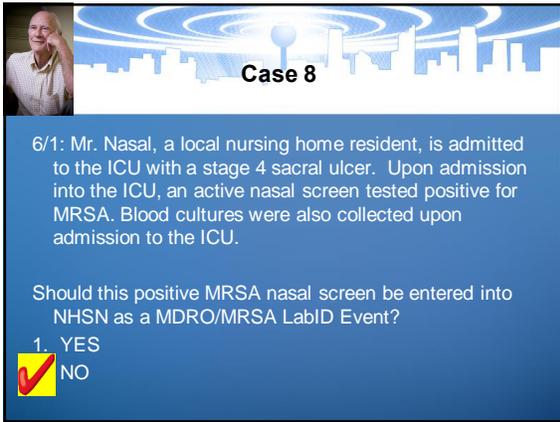
This would be a duplicate MRSA isolate and NOT a MRSA bacteremia LabID Event.

2. I would report as a MRSA bacteremia LabID Event.
3. I would report as an Infection Surveillance Event.



Case 7

A prior + MRSA blood culture result in m2 weeks from same patient and same location (including across calendar month) is considered a duplicate MRSA isolate and should NOT be reported as a LabID Event

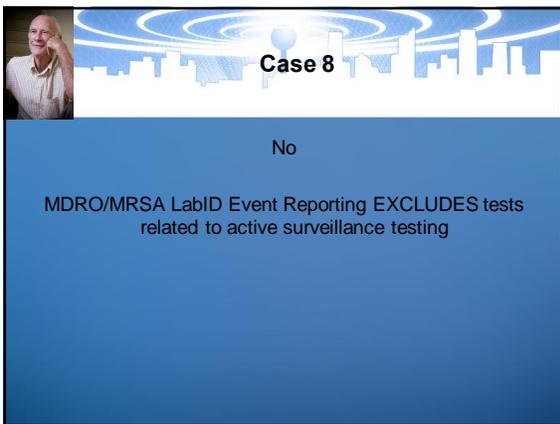


Case 8

6/1: Mr. Nasal, a local nursing home resident, is admitted to the ICU with a stage 4 sacral ulcer. Upon admission into the ICU, an active nasal screen tested positive for MRSA. Blood cultures were also collected upon admission to the ICU.

Should this positive MRSA nasal screen be entered into NHSN as a MDRO/MRSA LabID Event?

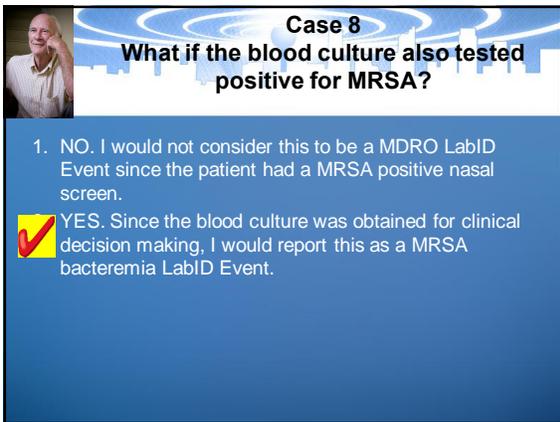
1. YES
 NO



Case 8

No

MDRO/MRSA LabID Event Reporting EXCLUDES tests related to active surveillance testing



Case 8

What if the blood culture also tested positive for MRSA?

1. NO. I would not consider this to be a MDRO LabID Event since the patient had a MRSA positive nasal screen.

YES. Since the blood culture was obtained for clinical decision making, I would report this as a MRSA bacteremia LabID Event.



Case 8

Since this was the first positive MRSA blood culture for this patient and location (ICU), this would be considered a MRSA Bacteremia LabID Event.



Case 9

What denominator data is entered for MRSA Bacteremia LabID Event Monitoring for FacWideIN?

1. Total Patient Admissions by each unit and Total Patient Days by unit.
2. Patient Days and Admissions for all inpatient locations minus NICU and Well Baby location counts (at facility-wide level).
- Total Patient Days and Total Admissions for all inpatient locations (at facility-wide level).
4. Total Patient Encounters.



Case 10

If your hospital is participating in the CMS Inpatient Quality Reporting (IQR) Program, which locations must you include in your monthly reporting plan for MRSA Bacteremia LabID Event reporting?

1. ICU, NICU, medical-surgical units, emergency department, oncology.
- FacWideIN, which includes all inpatient locations.
3. FacWideIN, which includes all inpatient locations, except no monitoring in NICU and Well baby locations.
4. FacWideOUT, which includes all outpatient locations affiliated with the facility.

Case 11
#1..Healthcare Facility-Onset (HO)

NHSN Categorizes MRSA Bacteremia LabID Events Based on Date Admitted to Facility and Date Specimen Collected

- Healthcare Facility-onset (HO): LabID Event collected >3 days after admission to the facility (i.e., on or after day 4)
- Community-Onset (CO): LabID Event collected as an outpatient or an inpatient \leq 3 days after admission to the facility (i.e., days 1,2,or 3 of admission)

Case 11

What if the patient was symptomatic for sepsis on admission, but the blood culture was not collected until day 4 of admission?

- I can over-ride NHSN and categorize the event as community-onset.
- NHSN will categorize as community-onset.

NHSN will categorize as healthcare-onset.

Case 11
#3..Healthcare-Onset

NHSN would still categorize the event as healthcare-onset since the first positive blood specimen was collected on or after day 4 of admission

**LabID Event reporting is a proxy measure to lighten the load of surveillance, but his reduction is burden is traded off with a decreased specificity as it relates to true infection and attribution

Case 12

For FacWideIN reporting:

Should LabID Events be reported to NHSN for patients housed in Observation locations?

1. Yes
 NO

Case 12

Are patients housed in Observation locations included in patient day and admission counts for FacWideIN reporting?

1. Yes
 No

Case 12

Observation patients in observation locations:

An "observation+location (e.g., 24-hour observation area) is considered an outpatient unit, so time spent in this type of unit does not ever contribute to any inpatient counts (i.e., patient days, device days, represent encounters+ for the purpose of outpatient surveillance for LabID Event monitoring in the MDRO/CDI module

Case 13

Are Observation patients housed in inpatient locations included FacWideIN LabID Event reporting?

1. Yes
 2. No

Case 13

If an observation patient is sent to an inpatient location for monitoring, the patient should be included for all inpatient and device day counts. The facility assignment of the patient as an observation patient or an inpatient has no bearing in this instance for counting purposes, since the patient is being housed, monitored, and cared for in an inpatient location.



Case 14: Meet Jack

Assume all specimens collected are shown

Pt	Admit Date/Loc	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Jack 6/1/12 ICU	6/1/12 ED	Stool	C. Diff v/bien		
2	Jack 6/1/12 ICU	6/2/12 ICU	Blood	MRSA		
3	Jack 6/1/12 ICU	6/12/12 ICU	Blood	MRSA		
4	Jack 6/1/12 ICU	6/20/12 ICU	Blood	MRSA		
5	Jack 6/1/12 ICU	7/10/12 ICU	Blood	MRSA		
6	Jack 6/1/12 ICU	7/15/12 East	Blood	MRSA		

Case 15
Identify the LabID Events

Pt	Admit Date/Loc	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1 Bill	6/15/12 CCU	6/16/12 CCU	Blood	MRSA		
2 Bill	6/15/12 CCU	6/20/12 3-East	Blood	MRSA		
3 Dog	7/2/12 ICU	7/1/12 ED	Stool	C. Diff + toxin		
4 Dog	7/2/12 ICU	7/6/12 ICU	Stool	C. Diff + toxin		
5 Dog	7/2/12 ICU	7/10/12 2-West	Stool	C. Diff + toxin		
6 Joe	6/1/12 ICU	6/6/12 ICU	Stool	C. Diff Equip toxin		

Case 16
Identify the LabID Events

Pt	Admit Date/Loc	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1 Jim	8/2/12 CCU	8/2/12 CCU	Blood	MRSA		
2 Jim	8/2/12 CCU	8/6/12 CCU	Blood	MRSA		
3 Sam	7/2/12 ICU	7/2/12 ICU	Stool	C. Diff -Toxin		
4 Tim	7/2/12 NICU	7/6/12 NICU	Stool	C. Diff -toxin		
5 Paul	8/2/12 MS	8/5/12 MS	Blood	MRSA		
6 Paul	8/5/12 ICU	8/5/12 ICU	Blood	MRSA		

Email help desk: nhsn@cdc.gov
NHSN website: <http://www.cdc.gov/nhsn/>
