

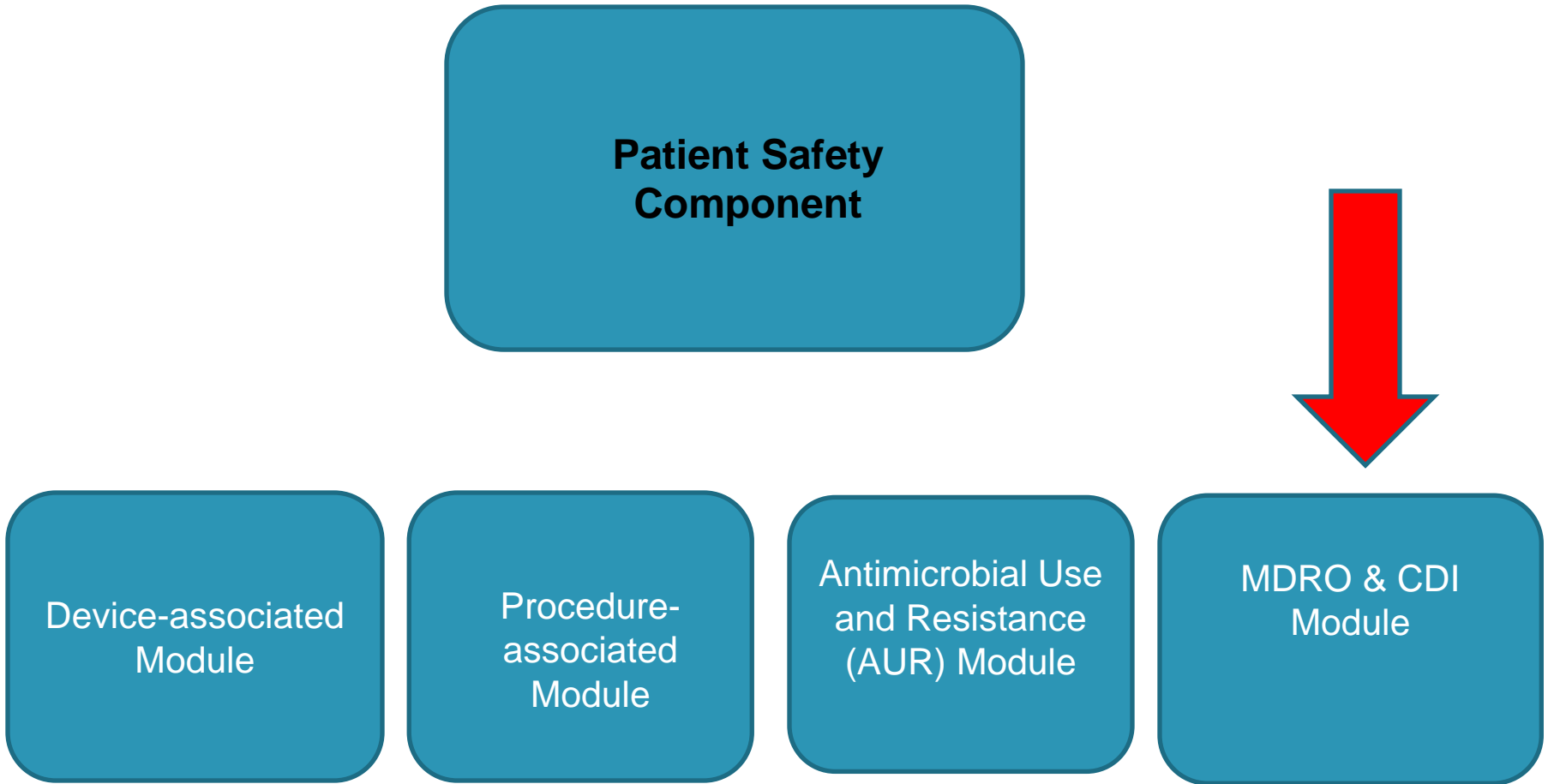


NHSN Update: CDI and MRSA LabID

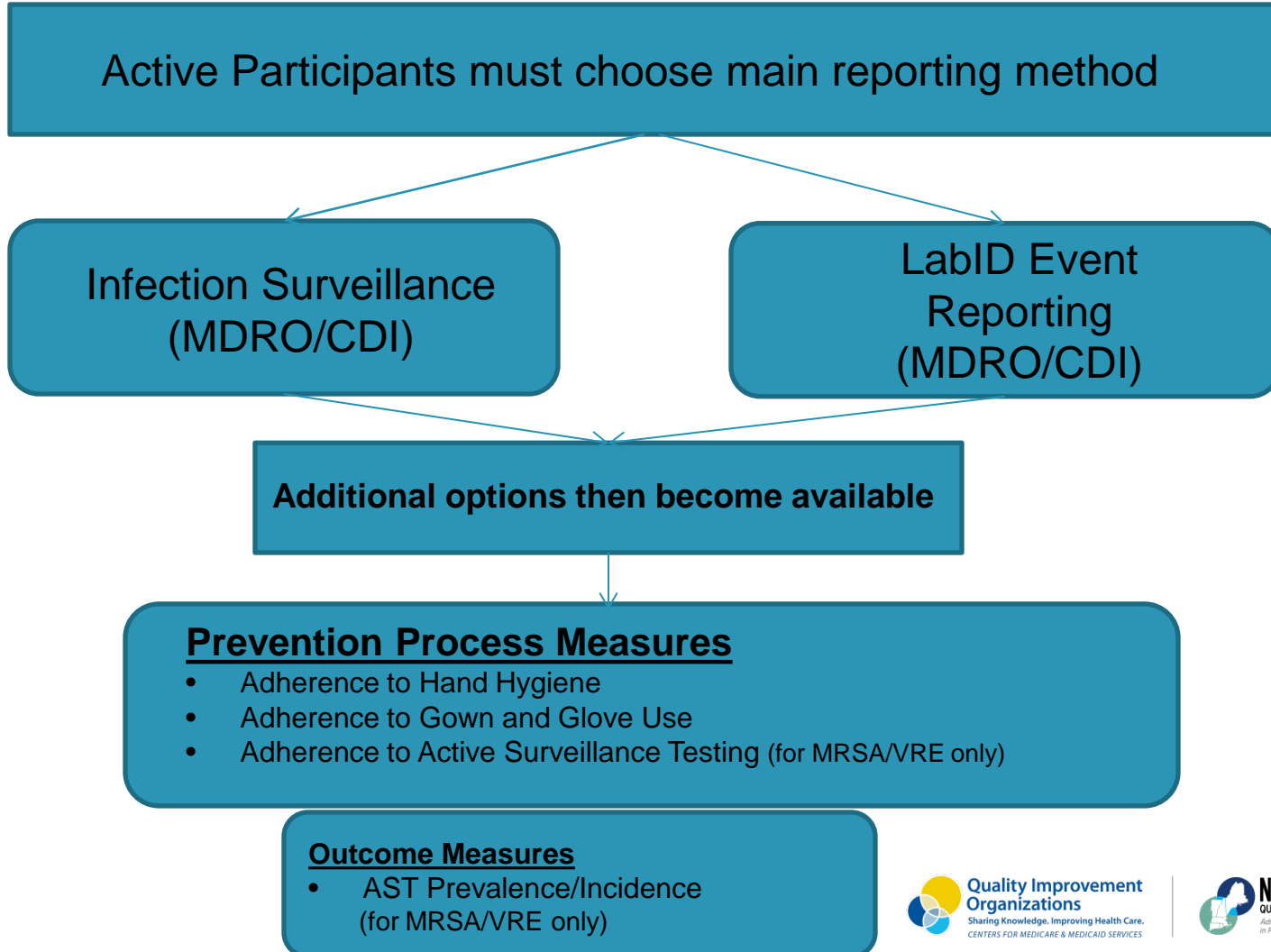
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Patient Safety Component 4 Modules



Reporting Requirements and Options



2016 Changes to LabID Reporting Form

- Two questions changed from optional to conditionally required:
 - *Last physical overnight location of patient immediately prior to arrival into facility*
 - *Has the patient been discharged from another facility in the past 4 weeks?*

Definitions

- **MRSA**: *S. aureus* testing oxacillin, ceftioxin, or methicillin resistant: or positive from molecular test for *mecA* and *PBP2s*
- **C.difficile**: A positive result for a laboratory test for *C.difficile* toxin A and /or B (e.g. enzyme immunoassay, or EIA test), OR a toxin-producing *C.difficile* organism detected in the stool specimen by culture or other laboratory means (e.g. nucleic acid amplification testing by polymerase-chain reaction, or PCR)

Acute Care

- If participating in the CMS Inpatient Quality Reporting (IQR) Program...
 - Acute care hospitals (PPS) must report MRSA Bacteremia and *C.difficile* LabID Events at Facility-wide Inpatient (FacWideIN*) level

* FacWideIn includes E.D.s and 24-hr Observation locations

Inpatient Rehab Facility Quality Reporting Program (IRFQR)

- If participating in the CMS Inpatient Rehabilitation Facility Quality Reporting Program (IRFQR) Program

MRSA Bacteremia and *C.difficile* LabID event reporting is required for free-standing IRFs (facility-wide inpatient (FacWideIN) and for IRF units within an acute care or critical access hospital (by specific location). Effective date: **January 1, 2015**

Why LabID?

LabID event reporting allows laboratory testing data to be used without clinical evaluation of the patient, allowing for a much less labor intensive methods 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.

Facility-Wide Inpatient FacWideIN

Option for LabID Event reporting only!

Includes inpatient locations*, including observation patients housed in an inpatient location **PLUS** outpatient emergency departments and 24-hour observation locations

* See *C.difficile* LabID event protocol for location exclusions

- LabID events are attributable to the location where the specimen was collected.
- The ‘Transfer Rule’ does **NOT** apply to LabID event reporting.

Provision to FacWideIN LabID Event Reporting

Specimens collected from any other affiliated outpatient location (**excluding** ED and 24-hour observation locations) can be reported for the inpatient **admitting** location **IF** collected on the same calendar day as inpatient admission)

In this circumstance, the admitting inpatient location should be assigned.

Case #1 LabID

Sally presents to the ED with a 2 day history of nausea, vomiting and diarrhea. She complains of abdominal pain and being dizzy. While in the ED, a loose stool specimen is collected for *C.difficile* testing. She is admitted to the 24-hr observation unit: 2 South. After admit, the stool specimen returns positive for *C.difficile* toxin B. What location is used for LabID event attribution?

1. ED
2. 2 South
3. Location is left blank
4. FacWideIN

Steps in LabID process

- Set up locations
- Create monthly reporting plan
- Enter Events

Case#2 LabID

Your PPS facility is following FacWideIN LabID event reporting. It has four medical and surgical inpatient locations as well as one ED and one unique CCN inpatient rehab units. How many rows should show under the facility MDRO reporting module?

1. 2 (FacWideIN for MRSA and CDI)
2. 3 (FacWideIN, ED, IRF)
3. 6 (FacWideIN : MRSA and CDI; ED: MRSA and CDI; IRF: MRSA and CDI)
4. I give up!

Do active surveillance testing specimens (AST) count with MRSA LabID?

- Yes
- No

Note on *C.difficile* specimens

- *C. difficile* testing only on unformed stool samples!! Stool should conform to the shape of the container.

Methods for CDI LabID Model to predict healthcare facility-onset (HO) CDI LabID Events

- After 2014, CDI LabID SIRs require the CDI Test Type on a **quarterly** basis
- The CDI test type is reported on the denominator records each quarter
- 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* test; most methods can be categorized accurately by selecting from the options provided

New Data Quality Output for 2016

- New analysis data output option to alert when the CDI Test Method has been downgraded
- Does not necessarily indicate a problem

Line Listing – CDI Test Method History

Things to remember about events counted in the numerator...

- **MRSA Bacteremia**

- Only hospital onset (HO) MRSA LabID events from blood specimens are included in the SIR.
- If a patient has a positive MRSA bacteremia LabID event within 14 days of a previous MRSA bacteremia LabID event (regardless of location) the second event is not counted in the SIR

- ***C.difficile***

- Only hospital-onset (HO) *C.difficile* incident LabID events are counted in the SIR and cdiAssay = “Incident”

Data for CMS Quality Reporting Programs Due Soon

Acute Care Hospitals that participate in the Hospital Inpatient Quality Reporting (IQR) Program:

- 2015 Quarter 3 (7/1 – 9/30) CLABSI and CAUTI data
 - All ICU locations
 - Adult and pediatric medical, surgical, and medical/surgical wards
- 2015 Quarter 3 (7/1 – 9/30) Inpatient COLO and HYST SSI data
- 2015 Quarter 3 (7/1 – 9/30) MRSA Bacteremia and *C. difficile* LabID Events (all healthcare onset and community onset)
 - FacWideIN
 - ED, and 24-hour observation locations

Contact Information

NEW HAMPSHIRE

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