

Discussion and clarification from “**Revised NJ Requirements for 2011 MRSA Reporting Using NHSN MDRO/CDI Module**” presentation given Oct 14 & 15, 2010 to acute-care Infection Preventionists by CDC and NJDHSS

Locations:

- ❖ All inpatient locations should be counted in the denominator for patient days and admissions, which are used in the facility-wide LabID event reporting. Any inpatient unit could potentially house a patient who has an MRSA blood specimen LabID Event
 - ✓ Any inpatient unit where a patient is considered at risk of being exposed to MRSA or could be exposing other patients should be counted
 - ✓ Newborns should be counted
 - ✓ Inpatient psychiatric patients should be counted, if cultures would be collected for treatment and care
 - ✓ Observation patients should be counted if they are placed on an inpatient unit
- ❖ Location descriptions
 - ✓ When adding a new location, select the “CDC Location Description” that follows the 80/20 rule: if 80% of the patients are one type of patient, then you can classify the unit as this type
 - ✓ There is a “mixed-acuity” unit option which should only be used if the patient stays on the same unit and the level of care changes around the patient
- ❖ “FacWideIn” is considered a virtual location and does NOT need to be added by each hospital. This option will be automatically available in the drop-down when appropriate to use in NHSN

LabID Event Reporting (Facility-wide)

- ❖ Outpatient → Admitted to inpatient
 - ✓ If a specimen is drawn in the emergency department (or any out-patient setting at the hospital such as dialysis) on the same date as admission to facility, and is a MRSA blood specimen, the result can be entered into NHSN using the unit they were admitted into
 - This LabID event will be counted as a community-onset MRSA
 - ✓ If a specimen is drawn in the emergency department (or any out-patient setting at the hospital such as dialysis) on an earlier date as admission to facility, this MRSA blood specimen cannot be entered into NHSN, since the drawn date is before the admission date
 - It is possible that another specimen is collected on day 4 of admission to facility, if positive for MRSA, this LabID would be entered and would be counted as a hospital-onset MRSA
 - This scenario presents a limitation of the system and acknowledges that MRSA LabID events are only proxy measures for a true HAI
- ❖ Counting patient days and admissions should be done at the same time every day for consistency
- ❖ Please check with the vendor(s) that your hospital works with to check to see if they work with CDC on electronic data transfers. Specifically, if they work with Clinical Document Architecture (CDA) data, that can be transferred to CDC. Your hospital may be able to complete the LabID event reporting electronically starting with an updated release of NHSN due out winter 2011.
- ❖ “**The 14-day rule:**” based on subject-matter experts, a bloodstream infection usually clears within 14 days, and so if a patient has 14 days without a positive blood specimen, and then a positive after the 14 days, this should be considered a new infection.
 - ✓ For proposes of reporting in NHSN, for a patient in **ONE specific unit:**
 1. NHSN will not let 2 MRSA LabID events be entered within 14 days of each other, so if there is a lab drawn within 14 days, this cannot be entered
 2. Even though labs cannot be entered within 14 days of the first LabID entered, hospitals should still track positive labs and only enter into NHSN if the patient

truly clears the first infection and so there is no additional positive-MRSA blood results for a full 14 days before a new LabID event is entered

3. Scenario: If a patient has labs drawn every 5 days, and they are all positive for MRSA, the first one is entered as a LabID event, the second one cannot be entered into NHSN, however the third positive lab could be entered in NHSN because it's more than 14 days since the first one was entered. However, the third culture should NOT be entered into NHSN, because this will be counted as a new LabID event when it is the same bloodstream infection (i.e., requires a full 14 days without a positive-MRSA blood result to be a new LabID event)
- ✓ For a patient who moves to a **DIFFERENT unit**:
 1. NHSN tracks LabID events by unit, so if a patient is moved to a new unit, and a subsequent lab specimen is positive for MRSA within 14-days, this SHOULD be entered as a LabID event for that unit
 2. NHSN at the end of the month, when compiling a facility-wide LabID incidence rate, LABID events entered within 14-days of each other in different units, will be removed based on the patient's ID and not counted in the incidence rate
 3. These should be entered but will NOT be counted as a new LabID event

Active Surveillance Testing

- ❖ Admission AST can be done within 3 days of admission to the unit (which means day 1 is the admission day, and then 2 additional days to complete the swabbing)
 - ✓ Some hospitals shared that they do it within 48 hours of admission, which is similar to the above rule; the 3-day rule is an operationalization of the 48 hour rule
- ❖ Patients coming into the unit and placed under care of the unit, even if for only a few hours, should be counted as an eligible patient for AST screening, if they are present when counting occurs (see attached document from CDC)
 - ✓ It is recommended that the counts for patient days and admissions to the unit be done at the same time every day.
 - ✓ If a patient were present when this daily count is done, they would be included. If they were no longer present when the count is done, they would not be counted.
 - ✓ It is possible that a patient is on the unit and is swabbed, but no longer on the unit when the daily count is performed. This AST culture can be discarded.

Conferring Rights

- ❖ Conferring rights to the group will change starting winter 2011
- ❖ Most options will be pre-checked for your hospital and you will be looking at a screen of what is selected versus what you need to choose
- ❖ There may be sections that are UNIT specific that you will need to select however it will be obvious on when you need to make a selection
 - ✓ Specifically for AST conferred rights, you will be able to DE-SELECT units to share, however the recommendation for ease of use is to leave all units selected
 - ✓ Once the Conferred Rights template is "accepted" you will be able to go back into the conferred rights section and make corrections if errors were made when selecting which units to share
 - ✓ Since the new Conferred Rights will override the previously completed conferred rights settings, you may see an additional section on the conferred rights template that will be specific for access to your 2009 and 2010 LabID event data which you are currently sharing with NJDHSS, since these were reported unit-by-unit