

Instructions for Completion of MDRO and CDI Monthly Denominator Form (CD 57.127)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID number will be auto-entered by the computer.
Month	Required. Enter the 2-digit month during which surveillance was performed.
Year	Required. Enter the 4-digit year during which surveillance was performed.
Location Code	Required. Enter the code of the patient care location where the outcome measures monitoring was done. May be FacWideIN or individual location.
Setting: Inpatient Line 1: Total Facility Patient Days and Total Facility Admissions	<p>Conditionally Required.</p> <p>For a single inpatient location, enter the total number of patient days and admissions for this location for the month.</p> <p>For the FacWideIN location, enter the total number of patient days and admissions for all facility inpatient locations combined for the month. All of the facility's inpatient locations must be included, where denominators can be accurately collected and there is the possibility of the MDRO to be present, transmitted, and identified in that specific location. This means patient care units with separate CCNs (inpatient rehabilitation facilities [IRF] and inpatient psychiatric facilities [IPF]) must be included in these counts; however, this excludes outpatient locations and other facility types within the hospital that are enrolled ` reporting separately to NHSN (for example, LTAC).</p> <p>NOTE:</p> <ul style="list-style-type: none"> Total Facility Patient Days should include a single count for individual patients; to avoid double counting, patient day counts should occur at the same time of day for all facility inpatient locations. Patients should not be counted again or included in this count when transferred between inpatient locations, as this will falsely increase patient day counts. <i>The Total Facility Patient Days count should be greater than or equal to the Total Facility Admissions count.</i> Total Facility Admissions reflects an admission from outside of the facility into an inpatient location. Transfers between inpatient locations should not be counted again and included in the total admission count, as this will falsely increase admission count. <i>The</i>

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	<p><i>Total Facility Admissions count should be less than or equal to the Total Facility Patient Days count.</i></p> <ul style="list-style-type: none"> In LDRP locations, moms and babies must each be counted separately (as two patients). <p>For further information on counting patient days and admissions, go to http://www.cdc.gov/nhsn/PDFs/PatientDay_SumData_Guide.pdf</p>
<p>Setting: Outpatient</p> <p>Total Encounters</p> <p>Total Facility Encounters</p>	<p>Conditionally Required.</p> <p>For LabID Event monitoring being performed in a single outpatient location (such as an emergency department), enter the total number of encounters for the location for the month. Each visit to the location counts as a single encounter.</p> <p>For LabID Event monitoring being performed at the FacWideOUT level, enter the total number of patient visits/encounters for <u>all</u> affiliated outpatient locations combined for the month. Each outpatient location is submitted individually by location then combined if reporting FacWideOUT.</p> <p>NOTE: An encounter is defined as a patient visit to an outpatient location.</p>
<p>Line 2: Patient Days and Admissions</p>	<p>Conditionally Required. This field is required for FacWideIN reporting only. Enter the total number of patient days and admissions for all facility inpatient locations, with the same CMS Certification Number (CCN), combined for the month. All patient day and admission counts from inpatient rehabilitation facility (IRF) and inpatient psychiatric facility (IPF) locations with separate CCNs must be removed. This total should not include facilities affiliated with the hospital that are already enrolled separately. <i>Line 2 Patient Days should be less than or equal to Line 1 Total Facility Patient Days.</i></p>
<p>Line 3: Patient Days and Admissions</p>	<p>Conditionally Required. These fields are required for FacWideIN CDI LabID Event reporting only. Enter the total number of patient days for all non-baby (see NOTE) facility inpatient locations, with the same CMS Certification Number (CCN), combined for the month. All patient day and admission counts from inpatient rehabilitation facility (IRF) and inpatient psychiatric facility (IPF) locations with separate CCNs and counts from baby locations must be removed. These totals should not include facilities affiliated with the hospital that are already enrolled separately in NHSN. NOTE: Line 3 Patient Days and Line 3 Admissions must <u>exclude</u> any counts from locations that</p>



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	predominantly house infants, including NICU, SCN, or well-baby locations (for example, nurseries, babies in LDRP).
For this quarter, what is the standard testing method or algorithm for <i>C. difficile</i> used most often by your facility’s laboratory or the outside laboratory where your facility’s testing is performed?	Conditionally Required. This question is required for FacWideIN and CMS-certified IRF Unit denominator records when <i>C. difficile</i> surveillance is being performed. This is completed in the last month of each calendar-year quarter (March, June, September, and December). Select from the choices the standard testing method or algorithm used to perform <i>C. difficile</i> testing by your facility’s laboratory or the outside laboratory where your facility’s testing is done. If ‘Other’ is selected, please specify. ‘Other’ should not be used to name specific laboratories, reference laboratories, or the brand names of <i>C. difficile</i> tests; most methods can be categorized accurately by selecting from the options provided.
MDRO and CDI Infection Surveillance or LabID Event Reporting	
Infection Surveillance	Conditionally required. Selections for Infection Surveillance will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select any MDRO or <i>C. difficile</i> organism for monitoring Infection Surveillance “off-plan” in the location during the time period specified.
LabID Event (All specimens)	Conditionally required. Selections for LabID Event reporting of All specimens will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select any MDRO or <i>C. difficile</i> organism for monitoring LabID Events for All specimens “off-plan” in the location during the time period specified.
LabID Event (Blood specimens only)	Conditionally required. Selections for LabID Event reporting of Blood specimens only will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select any MDRO for monitoring LabID Events for Blood specimens only “off-plan” at the facility-wide level during the time period specified.
Process Measures (Optional)	
Hand Hygiene Performed	Required for hand hygiene adherence process measures. Enter the total number of observed contacts during which an HCW touched either the patient or inanimate objects in the immediate vicinity of the patient and appropriate hand hygiene was <u>performed</u> (Specifically, Hand Hygiene Performed).
Indicated	Required for hand hygiene adherence process measures. Enter the total number of observed contacts during which an HCW touched either the patient or inanimate objects in the immediate vicinity of

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	the patient and therefore, appropriate hand hygiene was <u>indicated</u> (Specifically, Hand Hygiene Indicated).
Gown and Gloves	Required for gown and gloves use adherence process measures.
Used	Among patients on Contact Precautions, enter the total number of observed contacts between an HCW and a patient or inanimate object in the immediate vicinity of the patient for which gloves and gowns <u>had been donned</u> appropriately prior to the contact (Specifically, Gown and Gloves Used).
Indicated	Required for gown and gloves use adherence process measures. Among patients on Contact Precautions, enter the total number of observed contacts between an HCW and a patient or inanimate object in the immediate vicinity of the patient and therefore, gloves and gowns were <u>indicated</u> (Specifically, Gown and Gloves Indicated).
Active Surveillance Testing (For MRSA & VRE only)	
Active Surveillance Testing performed	Required for active surveillance testing adherence process measures. For MRSA and VRE only. Selections for AST Performed will be auto-filled if included in the Monthly Reporting Plan. Otherwise, select either MRSA or VRE for which active surveillance testing is being done “off-plan” in the location during the time period specified.
Timing of AST • Adm Both	Required for active surveillance testing adherence process measures. Choose the time period when surveillance testing will be performed. Specimens for AST can be obtained at the time of admission (Adm), or at the time of admission and for patients’ stays of > 3 days, at the time of discharge/transfer (Both).
AST Eligible Patients • All NHx	Required for admission surveillance testing adherence process measures. If all admitted patients were tested choose All. Circle NHx if performing AST only on those patients admitted to the inpatient care location with no documentation at the time of admission of MRSA and/or VRE colonization or infection in ≤ 12 months (NHx). That is no specimen positive for MRSA and/or VRE for this patient during previous stays at this facility or from information provided by referring facilities in ≤ 12 months.

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<p>Admission AST</p> <ul style="list-style-type: none"> • Performed • Eligible 	<p>Required for admission surveillance testing adherence process measures.</p> <p>Enter the number of patients eligible for admission AST <u>and</u> who had a specimen obtained for testing \leq 3 days of admission (Specifically, Admission AST Performed).</p> <p>Enter the number of patients eligible for admission surveillance testing. (Specifically, Admission AST Eligible)</p>
<p>Discharge/Transfer AST</p> <ul style="list-style-type: none"> • Performed • Eligible 	<p>Required for discharge/transfer active surveillance testing adherence process measures.</p> <p>For patients' stays > 3 days, enter the number of discharged or transferred patients eligible for AST <u>and</u> who had a specimen obtained for testing prior to discharge or transfer, not including the admission AST (Specifically Discharge/Transfer AST Performed).</p> <p>For patients with stays of > 3 days, enter the number of patients eligible for discharge/transfer surveillance testing; were negative if tested on admission. (Specifically, Discharge/Transfer AST Eligible).</p>
<p>Outcome Measures (Optional) - MRSA & VRE ONLY</p>	
<p>Prevalent Cases</p> <p>AST/Clinical Positive</p>	<p>Required for prevalent case - AST/clinical positive outcome measures.</p> <p>Enter the number of patients with MRSA and/or VRE isolated from a specimen collected for AST or for clinical reasons on admission (\leq 3 days) (the MRSA or VRE is not attributed to this patient care location).</p>
<p>Known Positive</p>	<p>Enter the number of patients with documentation on admission of MRSA or VRE colonization or infection, from the admitting or referring facility, in \leq 12 months (Specifically, patient is known to be colonized or infected with MRSA and/or VRE within the last year). All MRSA or VRE colonized patients already in the ICU during the first month of surveillance should be considered "Known Positive".</p>
<p>Incident Cases</p> <p>AST/Clinical Positive</p>	<p>Required for incident case - AST/clinical positive outcome measures.</p> <p>Enter the number of patients with a stay > 3 days:</p> <ul style="list-style-type: none"> • With no documentation on admission of MRSA and/or VRE colonization or infection, from the admitting or referring facility, in \leq 12 months (i.e., patient is not known to be colonized or infected with MRSA and/or VRE within the last year and is negative if tested on admission), <u>AND</u> MRSA and/or VRE isolated from a specimen collected for AST or clinical reasons > 3 days after admission and up to discharge/transfer from the patient care location.

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Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric. NOTE: Each custom field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter comments for local use and the values entered. These fields may not be analyzed.