

# NHSN Guidance for Acute Care Hospital FacWideIN MRSA/CDI LabID Denominator Reporting

CDC and CMS work together on a continual basis to align the NHSN reporting protocols with the CMS reporting requirements as much as possible, while at the same time maintaining the scientific integrity, accuracy, and usefulness of the data. As part of these ongoing efforts, we updated the protocol guidance for facility-wide inpatient (FacWideIN) reporting of MRSA Bacteremia and *C. difficile* (CDI) LabID denominators from Acute Care Hospitals (ACHs) to meet the requirements for the CMS IPPS IQR Program in 2015. We ask that ACHs begin following and instituting this guidance for denominator data submitted beginning January 2015. The CDC and CMS are not requiring facilities to revise any methods or entered data prior to January 2015.

The monthly denominators used in the MRSA and CDI SIR calculations (Lines 2 and 3 of the FacWideIN denominator form) should not include counts from any inpatient rehabilitation facilities (IRF) and inpatient psychiatric facilities (IPF) units that have separate CMS Certification Numbers (CCNs) from ACH, excluding even those units whose CCNs differ only by a single letter in the third position of the CCN. Therefore, the monthly FacWideIN patient day and admission counts for MRSA Bacteremia and CDI LabID Event surveillance from the ACHs will be the sum of all units where patients are housed within the facility minus any of the IRF and IPF units that have separate CCNs. It is strongly encouraged that LabID events from IRF and IPF units be reported into NHSN; while these events will be excluded from the FacWideIN SIR numerator, they will still be used in the determination of subsequent LabID events for the patient as “incident”.

Below is a screen shot of the FacWideIN monthly denominator data entry screen:

**Facility ID \***: DHQP Memorial Annex (ID 10401)  
**Location Code \***: FACWIDEIN - Facility-wide Inpatient (FacWideIn)  
**Month \***: September  
**Year \***: 2018

**General**

Line 1: Setting: Inpatient Total Facility Patient Days \* : 15000 Total Facility Admissions \* : 647

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from "Total Facility Patient Days" If you do not have these units, enter the same values you entered on Line 1.  
**Counts= [Total Facility - (IRF + IPF)]**

Patient Days \* : 15000 Admissions \* : 647

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" If you do not have these units, enter the same values you entered on Line 1.  
**Counts= [Total Facility - (IRF + IPF + NICU + Well Baby Unit)]**

Patient Days \* : 1500 Admissions \* : 647

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  
*Note: PCR testing should be indicated by selecting NAAT \**  
 EIA - Enzyme immunoassay (EIA) for toxin



When entering ACH FacWideIN patient day and admission counts, the hospital will notice three lines of required data entry fields:

- The first line of data entry fields should contain total facility patient days and total facility admissions for the month from all inpatient units where patients are housed in the facility. These numbers are used for validation purposes to show the counts from IRF and IPF units with separate CCNs have been removed from the subsequent lines of denominator data entry for MRSA and CDI.
- The second line of data entry fields should contain total facility patient days and total facility admissions for the month from all inpatient units *EXCEPT* units designated as IRFs or IPFs with a separate CMS Certification Number (CCN). The second line of denominator data entry will be used in the MRSA bacteremia SIR calculation. If your hospital does not contain any CMS-designated IRF or IPF units, the total counts in the second line of denominators should match the total counts from the first line of denominators.
- The third line of denominator data entry fields should contain total facility patient days and total facility admissions from all inpatient units after subtracting the patient days and admissions from any IRF and IPF unit, as well as subtracting patient day and admission counts from NICUs and Well Baby units. The third line of denominator data entry will be used in the CDI SIR calculation.

A pop-up warning message will appear if a facility enters values on Line 2 or Line 3 that are less than 25% of the values entered on Line 1.

**Data Quality Warning** 

Reminder: Patient Days and Admissions on Lines 2 and 3 should include all patients housed on select inpatient units, regardless of their infection status. Do NOT enter the number of events identified, or limit the counts to those patients with an MDRO or CDI. Please verify counts are correct.

- To return to the summary form and correct the data entry, press [Go Back and Edit](#).
- To confirm your data entry is correct and save the form without making changes, press [Confirm and Save](#).

[Go Back and Edit](#) [Confirm and Save](#)

**Additional Resources:**

ACH MRSA Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-MRSA-Bacteremia-Guidance.pdf>

ACH CDI Operational Guidance: <http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/FINAL-ACH-CDI-Guidance.pdf>

NHSN MDRO Protocol: [http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO\\_CDADcurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf)

