

Operational Guidance for Inpatient Rehabilitation Facilities to Report *Clostridioides difficile* Infection (CDI) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's Quality Reporting Program Requirements

Updated November 2019

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* in August 2014 that include *Clostridioides difficile* infection (CDI) laboratory-identified (LabID) event reporting from Inpatient Rehabilitation Facilities (IRFs), including both free-standing IRFs and CMS-certified IRF units located within a hospital, via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). This operational guidance provides additional information about reporting CDI LabID event data to NHSN as part of the Inpatient Rehabilitation Facility Quality Reporting Program beginning on January 1, 2015. The requirements for CDI LabID event reporting to NHSN for this CMS program do not preempt or supersede any state mandates for reporting of healthcare infections or events to NHSN (specifically, facilities in states with a reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

Each CMS-licensed free-standing IRF (specifically, last 4 digits of the CMS Certification Number will be between 3025-3099) should enroll in NHSN as a separate facility and be given a unique NHSN orgID number. During enrollment they should identify themselves as a HOSP-REHAB, complete their facility survey, and accurately enter their CMS Certification Number (CCN) when it is requested during enrollment or by entering it on the Facility Information screen after enrollment. After enrollment is complete they should map each of their inpatient locations in NHSN to the appropriate CDC-defined location types that are available for free-standing IRFs (location mapping guidance and the list of available locations can be found at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf).

Rehabilitation facilities can select either 'Rehabilitation Ward' or 'Rehabilitation Pediatric Ward' when mapping their locations in NHSN.

Each CMS-licensed IRF unit within a hospital (specifically, the IRF unit will have either a “T” or an “R” in the 3rd position of the CCN) should be set up as an Inpatient Rehabilitation Ward location within an NHSN-enrolled acute care or critical access hospital. There are additional questions which must be answered within NHSN, beginning on the Location Set-up screen, in order for this location to be appropriately identified as a CMS IRF unit within a hospital (specifically, required information includes unique IRF unit CCN and specific unit patient population demographics).

NHSN users reporting CDI LabID event data to the system must adhere to the definitions and reporting requirements for CDI LabID events as specified in the NHSN Multidrug-Resistant Organism (MDRO) and *Clostridioides difficile* Infection (CDI) Module protocol http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf. This requires the reporting of all CDI LabID events, which are defined as *C. difficile* identified as the associated pathogen for patient illness by a positive lab test result for *C. difficile* toxin A and/or B, the *C. difficile* toxin gene, or a toxin-producing *C. difficile* organism detected by culture, or other FDA-approved lab methods performed on an unformed stool sample, obtained for clinical decision making purposes (specifically, no surveillance cultures) from a patient in a specific inpatient location having no previous like specimen identified from a laboratory result in that particular inpatient location in the previous 14 days. Please see the MDRO/CDI Module protocol for more detailed guidance on CDI LabID event reporting, including how to report events when multi-step stool testing is performed.

Free-standing IRFs are required to conduct facility-wide inpatient (FacWideIN) surveillance of *C.difficile* LabID events, meaning that they must report monthly denominators summed across all inpatient locations combined (total facility patient days and total facility admissions) as of January 1, 2015. Free-standing IRFs must report all CDI LabID events that were collected in any inpatient location in the facility on or after January 1, 2015.

IRF units within a hospital are required to report monthly location-specific denominators (total patient days and total admissions from the IRF unit) starting on January 1, 2015. IRF units must

report all CDI LabID events that were collected in any CMS-certified IRF unit on or after January 1, 2015.

Monthly reporting plans must be created or updated in NHSN to include CDI LabID events. For free-standing IRFs, the monthly reporting plans must specify “FacWideIN” CDI LabID event surveillance. For IRF units within a hospital, the monthly reporting plans must specify location-specific surveillance of CDI LabID events for each CMS-certified IRF unit in the hospital. CDI LabID event surveillance must be in the monthly reporting plans (“in-plan”) in order for data to be shared with CMS. All NHSN-required data fields for both numerator and denominator data collection must be submitted to NHSN, including the “no events” field for any month during which no CDI LabID events were identified. Data must be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format for numerator and denominator data (resources available at <http://www.cdc.gov/nhsn/CDA/index.html>).

CDC/NHSN requires that data be submitted on a monthly basis and strongly encourages healthcare facilities to enter each month’s data within 30 days of the end of the month for which it is collected (for example, all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility’s data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 data must be entered by November 15, Q3 data must be entered by February 15, and Q4 data must be entered by May 15 to be shared with CMS.

All in-plan incident CDI LabID event data submitted to NHSN by free-standing IRFs and IRF units within a hospital that participate in the Inpatient Rehabilitation Facility Quality Reporting Program will be reported by CDC to CMS. CDC will provide CMS with a facility-specific CDI standardized infection ratio (SIR) for each reporting IRF. Free-standing IRFs will be given a healthcare facility-onset (HO) FacWideIN CDI SIR. IRF units within a hospital will be given a

single CDI SIR for all CMS-certified IRF units. Although the metric reported to CMS will be an HO SIR, all CDI LabID events, including community-onset (CO) and recurrent events, must be reported into NHSN so that the categorization of incidence and prevalence can be assigned correctly.