Operational Guidance for Applicable Cancer Hospitals to Report Facility-Wide Inpatient (FacWideIN) *Clostridioides difficile* Infection (CDI) Laboratory-Identified (LabID) Event Data to CDC's NHSN for the Purpose of Fulfilling CMS's PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Requirements

Updated November 2019

The Centers for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 17, 2015 for the Prospective Payment System Exempt Cancer Hospital Reporting (PCHQR) program that include a requirement for PCHs to report *Clostridioides difficile* infection (CDI) laboratory-identified (LabID) events that occur in their emergency departments, 24-hour observation units, and all inpatient care locations to the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN). The reporting requirement is for events that occur on or after January 1, 2016. This operational guidance provides additional information about reporting FacWideIN (specifically, all inpatient care locations), emergency department (ED), and 24-hour observation unit CDI LabID event data to NHSN as part of the PCHQR Program requirements. The PCHQR reporting requirement for CDI LabID event data do not preempt or supersede any state mandates for reporting of healthcare-associated infections or events to NHSN (specifically, hospitals 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).

NHSN users reporting FacWideIN CDI LabID event data to the system must adhere to the definitions and reporting requirements for those 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 includes individually mapping all inpatient locations (location mapping guidance can be found at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf) from the entire cancer hospital in NHSN. Facilities must also map and report from EDs (specifically, adult and pediatric) and 24-hour observation locations. Facilities will report a single monthly FacWideIN denominator summed for all inpatient locations (total facility patient days and total

facility admissions), as well as separate denominators to capture ED and 24-hour observation location(s) encounters for each mapped location.

Facilities must report 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, ED, or 24-hour observation location having no previous like specimen identified from a laboratory result from that patient in that 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 used.

PCHs must report CDI LabID events from inpatient, ED, and 24-hour observation locations with a specimen collection date on or after January 1, 2016 and associated facility-wide inpatient, outpatient ED, and 24-hour observation denominator data starting on January 1, 2016.

Monthly reporting plans must be created or updated in NHSN to include FacWideIN, ED, and 24-hour observation location CDI LabID events, specifically, FacWideIN CDI LabID event surveillance must be in the monthly reporting plans ("in-plan") in order for data to be shared with CMS. Mapped active ED and 24-hour observation locations will be automatically populated on the monthly reporting plan if FacWideIN CDI LabID reporting has been added by the facility. All data fields required 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. 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.

FacWideIN CDI LabID event data submitted to NHSN by PCHs will be reported by CDC to CMS for each CCN. CDC will share all in-plan FacWideIN healthcare facility-onset (HO) CDI LabID event data from applicable cancer hospitals that are required to report. Each quarter, CDC will provide a FacWideIN CDI healthcare facility-onset (HO) incidence rate for each reporting CCN. Although the metric reported to CMS will be a FacWideIN HO incidence rate, **both HO and community-onset (CO) LabID events must be reported to NHSN,** including CO LabID events identified in the ED and Obs units**.** NHSN will assign the onset and incidence categories to the LabID events as they are entered into the system, using data reported from all inpatient units, ED and Obs.