

Recent QIO Questions & Answers

Question

According to reports obtained on NHSN, a hospital has an MRSA HAI rate of 2.56% and an MRSA lab-ID infection/colonization incidence density rate of 0% for the reporting period of Feb-May 2009. If it turns out that there has been a data entry/reporting error on the hospital's end, is there a way for the hospital to retrospectively rectify the error at this point?

Answer

Facilities can go in at any time to edit events, summary data, reporting plans, and/or the conferring rights page. So, any time a problem or mistake is identified it can be and should be corrected by the facility.

It seems that in this instance, the facility either has not entered any LabID Event data (make sure they understand they need to report MRSA through both methods - Infection Surveillance AND LabID Event reporting) or they did not confer rights correctly for both Infection Surveillance and LabID Events (you received a Guide from CMS/CDC showing screen shots that facilities should follow to set things up - can get another copy from the QIOSC).

Question

In your March 30, 2009 presentation "Multidrug-Resistant Organism (MDRO) and Clostridium Difficile-Associated Disease (CDAD) Module," you highlighted two CMS/QIO MRSA metrics based on NHSN data:

Metric #1 MRSA Rate in Rate Table "All MRSA HAI by Location"

Metric #2 Overall MRSA Infection/Colonization Incidence Density Rate in Rate Table "All MRSA Lab-ID Events by Location"

In other CMS-to-QIO documents, MRSA metric #1 has been referred to "infection rate" and metric #2 as "transmission rate." Please clarify if what you called metric #1/#2 correspond to what the CMS referred.

Secondly, could you clarify the relationships between metric #1 and #2, theoretically? Are they mutually exclusive of each other according to the NHSN MDRO algorithms, or are they somewhat correlated? Should metric #1 be always \geq or \leq metric #2? We ask these questions because we would like to determine, from NHSN reports, if hospitals are capturing and reporting their MDRO data.

Answer

To your first question: Yes, the rate names match as you have stated. The outcome measure for the Infection Surveillance piece of the MDRO/CDAD Module is Metric #1, which is the MRSA Infection Incidence Rate ("Rate Table for MRSA HAI by Location") or CMS-Infection Rate. The outcome measure for the LabID Event Reporting piece of the MDRO/CDAD Module is Metric #2, which is the Overall MRSA Infection/Colonization Incidence Density Rate or CMS-Transmission Rate.

To your second question: The two metrics are not mutually exclusive. The Infection Surveillance only captures true healthcare-associated infections that were not present or incubating on admission and that meet specific infection criteria, and each newly identified MRSA HAI is to be reported for any patient in a monitored location. The LabID Event Reporting uses microbiology laboratory data to identify the first MRSA positive culture per patient per month in a monitored location and those are reported. The patient will only get reported once per month with an MRSA-positive culture, unless they

have MRSA-positive blood specimens, then those can be reported every 14 days apart for a patient. Because, this identification comes from a lab line list and is not a bedside evaluation of a true infection, some of the reported MRSA-positive LabID Events will be colonizations, as covered in the outcome rate name (Metric #2). In addition, the first MRSA-positive LabID Event cultured from a patient in a location gets reported for the patient regardless of time spent in that location, so the LabID Event includes both CO and HO events (and are defined under these categories by the system calculations), in contrast to only the true HAI reporting that occurs under the Infection Surveillance reporting. So, in general, there will always likely be more LabID Events reported than HAI Infections. And, the HAI Infections will in almost all cases be reported twice - once under the Infection Surveillance piece as a true MRSA HAI and again under the LabID Event reporting piece as the first positive MRSA culture for that patient in the month in the monitored location.