

# **Hospital Data Reporting Requirements: Active Surveillance Testing for MRSA in ICUs**

## **Frequently Asked Questions (FAQ)**

The Maryland Health Care Commission has created this Frequently Asked Questions (FAQ) document to facilitate hospital reporting of State data requirements regarding Active Surveillance Testing (AST) for MRSA in ICUs. This document will be updated as needed and will serve as a reference for hospital Infection Preventionists and others interested in these State requirements. For additional background information on the Commission's HAI data collection and reporting activities, please visit our website at [http://mhcc.maryland.gov/healthcare\\_associated\\_infections/index.html](http://mhcc.maryland.gov/healthcare_associated_infections/index.html) to access the *Report and Recommendations of the Healthcare Associated Infections Technical Advisory Committee*.

### **1. Which Maryland hospitals are required to report data on AST for MRSA in ICUs?**

The Maryland Health Care Commission (MHCC) requires all non-federal Maryland acute care general hospitals with Intensive Care Units (ICUs) to report data on AST for MRSA in ICUs.

### **2. What is the effective date of this reporting requirement? Are hospitals required to include patients who were admitted to the ICU prior to the effective date of these reporting requirements?**

Effective January 1, 2009, Maryland hospitals with ICUs should collect data on AST for MRSA in the ICU. For the purposes of this reporting requirement, any patient admitted to the ICU prior to January 1, 2009 is excluded.

### **3. What is the schedule and format for reporting data to the Commission?**

Data collected on AST for MRSA will be reported to the Commission on a quarterly basis using an on-line survey form. The first data reporting period covers January 1-March 31, 2009. The data shall be submitted to the Commission within 30 days following the end of the quarter, but no later than May 1, 2009.

### **4. Do these reporting requirements apply to all ICUs within the hospital? Are there any exclusions?**

This reporting requirement applies to adult and pediatric intensive care units (i.e., all units defined as inpatient adult critical care and pediatric critical care according to the *NHSN Manual: Patient Safety Component Protocol, updated January 2008*). For this reporting requirement, NICUs (i.e., all units defined as neonatal critical care units according to the *NHSN Manual: Patient Safety Component Protocol, updated January 2008*) are **excluded**.

**5. Is active surveillance testing for MRSA required for transfers within the hospital?**

All in-hospital transfers to the ICU are **included** in these reporting requirements. These patients are at high risk for complications from MRSA infection and they should be screened. While it may be difficult to determine the source of the infection within the hospital, that does not justify excluding the case from this reporting requirement. The purpose of this requirement is to assess hospital rates of AST for MRSA in the ICU. The percentage of patients screened is the performance measure, not the number of positive MRSA patients in the ICU.

**6. Are the reporting requirements designed to capture MRSA colonization or infection?**

This data collection effort is designed to measure hospital rates of nasal screening for MRSA on admission to the ICU. Results of the screening will not be reported to the Commission, only rates of AST for MRSA in ICUs.

**7. If a patient is tested (through blood analysis) for MRSA in another unit of the hospital and subsequently admitted (transferred) to the ICU, is the hospital required to perform a nasal swab in the ICU to check for colonization?**

CDC guidelines state that AST for MRSA screening should occur at admission to the ICU and no more than 48 hours after admission. If a patient is tested on admission to another unit and subsequently transferred to the ICU, then the hospital should decide whether to include the patient in the AST or not. The hospital can choose to screen only those patients with no history of MRSA infection or all patients. If the patient is screened, s/he must be included in both the numerator and denominator. If the patient is not screened, that patient should not be included in the numerator or denominator.

**8. Do these reporting requirements apply to patients who are temporarily placed (i.e., telemetry patients) in the ICU?**

If the patient is physically located in the ICU, then these reporting requirements apply to that patient.

**9. Do “short stay” patients who are in the ICU for less than six hours (or 8, 10, 24 hours, etc.), need to be tested before they are discharged?**

Screening should occur at admission and no more than 48 hours after admission. If a patient is in the ICU for a short time and is tested, that patient must be counted in the numerator and denominator. However, if you are unable to test the patient and the patient leaves before 48 hours, then the patient should be removed from both the numerator and denominator.

**10. Will there be a minimum number of hours the patient needs to be in the ICU to be included in the numerator/denominator?**

No. A minimum number of hours has not been defined, but the patient must be screened within a maximum period of 48 hours after admission.

**11. If a patient is admitted to the ICU, screened, and dies within 24 hours, would that patient be included in the numerator and denominator?**

The hospital should determine whether to include that patient in both the numerator and denominator or whether to exclude the patient from both the numerator and denominator.

**12. Is a patient with a history of MRSA (screened positive more than a year prior to readmission) required to be rescreened?**

For this reporting requirement, hospitals have three types of patients and associated options for screening and reporting:

Patient Type 1: If a patient has never been tested or tested negative more than 12 months ago, the patient must be screened.

Patient Type 2: If a patient has been screened in the last year and was negative, the hospital can choose whether to rescreen or not.

Patient Type 3: If a patient has a known history of MRSA infection, the hospital can choose whether to rescreen or not.

If the hospital rescreens patient types 2 and 3, these patients must be included in the numerator and denominator; if the hospital does not rescreen, these patients are removed from both the numerator and denominator.

**13. Is it acceptable to exclude open heart surgery patients given Mupirocin intra-nasally pre-and post-op from AST for MRSA?**

There is **no exclusion** for patients who are given Mupirocin. Clinical exclusions are allowed for certain conditions, such as the patient who underwent nasal surgery or had nasal packing. In these cases, the patient would not be screened and would be excluded from both the numerator and denominator.

**14. Are there any guidelines for re-screening patients at discharge or transfer out of the ICU?**

MHCC does not have specific guidelines for re-screening patients at discharge or when transferred out of the ICU. If a hospital is currently re-screening at discharge it is encouraged to continue this practice. However, data on re-screening for MRSA at discharge is not required to be submitted to MHCC.

**15. MHCC is requiring the submission of data on the admission surveillance culture at present. Is there a plan to include a discharge surveillance culture in the future?**

Currently, there is no plan to require discharge screening. However, if hospitals are currently screening at discharge, MHCC encourages them to continue this practice.

**16. Does MHCC plan to require the reporting of the results of the cultures (positive or negative) in the future?**

Currently, there is no plan for reporting the results of the cultures taken for MRSA in the ICU. With the assistance of the HAI Advisory Committee, the Commission will periodically review its data reporting requirements for healthcare-associated infections to ensure that the measures reflect current evidence and changes in professional guidelines and recommended hospital infection control practices. Hospitals will be informed in advance of all proposed changes in HAI data reporting requirements.

**17. Does MHCC provide guidelines or protocols for treating patients who test positive for MRSA?**

No. MHCC does not provide guidelines or protocols for treating MRSA-positive patients or provide recommendations on use of contact precautions or isolation policies. This reporting requirement is focused on active surveillance testing only.