

Quarterly Survey on Maryland Hospital AST for MRSA: January 1-

Introduction

To assist in implementing public reporting on healthcare-associated infections (HAI), the Maryland Health Care Commission (MHCC) established an Advisory Committee composed of members representing infection preventionists, hospital epidemiology, public health, and patients/health care consumers. Over the past year, this Advisory Committee has worked to develop a plan for public reporting of active surveillance testing (AST) for Methicillin-Resistant *Staphylococcus aureus* (MRSA) in ICUs. The plan developed by the Advisory Committee recommended the collection of quarterly data to measure compliance with this process measure.

Effective January 1, 2009, Maryland hospitals are required to collect data on AST for MRSA in ICUs, including all units defined as inpatient adult critical care and pediatric critical care in accordance with the *National Healthcare Safety Network (NHSN) Manual: Patient Safety Component Protocol, updated January 2008*. All units defined as neonatal critical care (i.e., NICU) are excluded from this reporting requirement. If your hospital is currently testing NICU babies for MRSA, you are encouraged to continue this practice, but you are not required to report this information to MHCC.

Hospitals will report data on AST for MRSA in ICUs to the MHCC on a quarterly basis using this online survey instrument. Your completed online survey will be due 30 days following the end of the quarterly reporting period. The online survey used to report data for the period January 1, 2009 thru March 31, 2009 is due by May 1, 2009. Going forward, the Commission will send surveys to you at least 30 days prior to the end of each quarterly reporting period.

The Commission will publicly report data on compliance with AST for MRSA (i.e., the proportion of patients admitted to the ICU who had an anterior nares swab cultured for MRSA on admission). Prior to publicly reporting this data on the Hospital Performance Evaluation Guide, hospitals will have an opportunity to preview data. The initial data reporting period will cover the first two calendar quarters of 2009.

If you have questions regarding these reporting requirements, please contact Theresa Lee at tlee@mhcc.state.md.us (410-764-3328) or Eileen Hederman at ehederman@mhcc.state.md.us (410-764-3377).

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Part A: Hospital and Contact Information

The person completing this report should be directly involved with and understand the ICU patient screening process. If there are any additional questions regarding a facility's data, this person will be contacted and should be able to provide additional information, if needed.

* 1. Hospital Name

* 2. Name of Person Completing the Survey

3. Title of Person Completing the Survey

* 4. Telephone Number

* 5. E-mail Address

* 6. Please choose the quarter reported:

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Part B: Reporting Method

* 7. Choose one of two methods for identifying patients eligible for AST:

All= All patients in the selected ICU patient care area (regardless of history of MRSA infection or colonization.)

OR

NHx= All patients in selected ICU location with no documented positive MRSA infection or colonization during previous 12 months and no evidence of MRSA during current stay.

All

NHx

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Part C: Reporting Locations

* 8. Please select the following ICU location(s) where AST for MRSA was performed. Check all that apply (more detailed definitions can be found in the *NHSN Manual: Patient Safety Component Protocol, updated January 2008*):

| | Inpatient adult critical care | Pediatric critical care |
|---------------------------------------|-------------------------------|--------------------------|
| Burn critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical cardiac critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical cardiothoracic critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical/surgical critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurologic critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Neurosurgical critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Prenatal critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Surgical critical care | <input type="checkbox"/> | <input type="checkbox"/> |
| Trauma critical care | <input type="checkbox"/> | <input type="checkbox"/> |

9. Please specify any other ICU location(s) where AST for MRSA was performed that were not captured in Question 8.

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Part D: ICU Patients

Important notes:

- Per CDC guidelines, swabs should be taken within 48 hours of admission to the ICU.
- NICU patients are excluded from this reporting requirement.
- If the patient is known to be previously positive for MRSA, a repeat screen is at the discretion of the facility.
- If a hospital chooses to rescreen a patient, the patient must be counted in the numerator and denominator.
- If it is not clinically appropriate to screen the patient (e.g., the patient underwent nasal surgery or has nasal packing, or the patient died in the ICU within 24 hours of admission), then the patient should be excluded from the numerator and denominator.

* 10. Based on the method chosen in Part B (All or NHx), enter the numerator.

Numerator: Number of patients newly admitted or transferred to any ICU who had an anterior nares swab taken for detection of MRSA on admission.

* 11. Based on the method chosen in Part B (All or NHx), enter the denominator.

Denominator: Number of patients newly admitted or transferred to any ICU.

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Additional Information and/or Comments

12. Please feel free to provide additional information and/or comments here.

13. Please indicate if you would like to receive a summary of the survey results:

Yes

No

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Thank you

Thank you for participating in the survey! Please print a copy of the survey results for your records.

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