

# New Reporting Requirement Specific to Nursing Facilities

April 5, 2023

1:00 – 2:00pm EST

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## Participant Reminders



Please mute your audio.



Please submit questions via the webinar chat feature.



We will address as many questions as possible at the end of today's webinar. For those questions we are unable to get to, answers will be available in the FAQ posted in the portal.



A recording of the webinar will be distributed after the webinar and made available on the MHDO website.

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# Agenda

- Welcome & Review of Agenda
- Overview of MHDO
- Review New CDI Reporting Requirement
  - Rule 90-590 Chapter 270, *Uniform Reporting System for Health Care Quality Data Sets*
  - Protocol for CDI Data Collection and Reporting
  - Process for CDI Data Submission
- Questions
- Review Maine's Infection Prevention Forum Website
- Closing Remarks

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Maine Health Data  
Organization (MHDO)

[MHDO.Maine.gov](http://MHDO.Maine.gov)

The MHDO was created by the Legislature in 1995 as an independent executive agency (Title 22 Chapter 1683) that operates under the supervision of a multi-stakeholder Board of Directors.

The Governor appoints the members of the board. Board composition includes representation from: Payers, Hospitals, Providers, Home Health Care, Chiropractic, Consumers, Employers and, Government.

MHDO's purpose defined in law (Title 22, Chapter 1683) is to create and maintain a useful, objective, reliable and comprehensive health information data warehouse that is used to improve the health of Maine citizens and to promote transparency of the cost and quality of healthcare in the State of Maine by procedure, payer, facility, and provider in collaboration with the Maine Quality Forum (MQF).

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## Maine Health Data Organization

The MHDO is responsible for the collection, secure storage, management and authorized release of healthcare data and information per the requirements defined in **Title 22, Chapter 1683, and thirteen agency rules, including Rule Chapter 270, Uniform Reporting System for Health Care Quality Data Sets**

Data Sets submitted to MHDO include: private and public claims data, hospital inpatient and outpatient encounter data, hospital quality data, pharmacy data and hospital financial and provider organizational data.

MHDO maintains over 1 billion healthcare records and that number grows every month when new data is submitted.

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## MHDO Rule Chapter 270, Uniform Reporting System for Health Care Quality Data Sets

Rule Chapter 270 defines the health care quality data sets and the provisions for filing the data sets to the Maine Health Data Organization.

The provisions include:

- Identification of the organizations required to report;
- Establishment of requirements for the content, form, medium, and time for filing health care quality metrics data;
- Establishment of standards for the data reported; and
- Compliance provisions.

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## MHDO Rule Chapter 270

### Chapter 270, Section 2. E., 2. G., and 2. H.

**E.** Each nursing facility shall make a quarterly submission to the MHDO of data, separated by month, for *Clostridium difficile* Lab ID Events for all facility-wide residents (FacWideIN) in accordance with NHSN specifications beginning July 1, 2020. (Measure steward - NHSN).

**G.** Each health care facility shall authorize **Maine CDC** to have access to the NHSN for facility specific reports of data submitted for any healthcare associated infection measure under a state or federal mandate and shall authorize Maine CDC to use this data for data validation, public health surveillance and performance improvement purposes.

**H.** Each health care facility shall also authorize the **MHDO** to have access to the NHSN for facility-specific reports of data submitted for any healthcare associated infection measure under a state or federal mandate, for the purpose of public reporting.

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## Reporting Timeline

### Data Collection Begins on July 1, 2023.

- Data collected during each calendar quarter shall be submitted no later than the 15th day of the 5th month following the end of each quarter.
- The first quarterly data submission will be for data collected for the months of July-September 2023. **The submission deadline is February 15<sup>th</sup>, 2024.** Although facilities are required to make quarterly data submissions, separated out by month, **facilities are urged to submit their data to NHSN each month.**

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## Filing Periods and Deadlines

The Filing Periods and Deadlines are as Follows:

Collection Quarter	Months	Submission Date (no later than)
1 <sup>st</sup> Quarter	January, February, March	August 15 <sup>th</sup>
2 <sup>nd</sup> Quarter	April, May, June	November 15 <sup>th</sup>
3 <sup>rd</sup> Quarter	July, August, September	February 15 <sup>th</sup>
4 <sup>th</sup> Quarter	October, November, December	May 15 <sup>th</sup>

### Implementation of New Reporting Requirement and Suggested Timelines

<b>April 2023</b>	Informational webinar hosted by the Maine Health Care Association	
<b>June 2023</b>	Educational materials (including a copy of the webinar) will be available online at the Maine Infection Prevention Forum Website <a href="https://maineinfectionpreventionforum.org">https://maineinfectionpreventionforum.org</a>	
<b>July 2023</b>	CDI LabID event surveillance begins	
<b>Recommended Reporting Timeline</b>	<b>Surveillance Month &amp; Data</b>	<b>Report Data to NHSN</b>
	July 2023	August 2023
	August 2023	September 2023
	September 2023	October 2023
	October 2023	November 2023
	November 2023	December 2023
	December 2023	January 2024

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## Protocol for CDI Data Collection and Reporting

National Health Safety Network (NHSN) – LTCFs

**Resource Page:** NHSN LTCF MDRO & CDI resource page: [MDRO & CDI | LTCF | NHSN | CDC](#)

**Protocol:** [LabID Surveillance for MDRO & CDI events in LTCF \(cdc.gov\)](#)

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## Surveillance

Surveillance includes positive isolates collected during an OP visit, such as an emergency department (ED) or clinic/office visit, when the resident returns to the LTCF on the day of the visit or the following calendar day (specifically, these residents remain under the care of the LTCF and the current admission date does not change due to the OP visit).

Specimens collected prior to admission to the LTCF or during an admission in another facility are NOT included in data submission for the reporting LTCF. (Page 5, 6, 14)

Note: Exceptions are not made for duplicate C. difficile positive laboratory assays, location, or admission/transfer dates, as all events must be submitted for accurate categorization and analyses. In return, NHSN will categorize the submitted CDI LabID events based on the CDI categories described in this protocol. (Page 5, 6, 14)

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## Numerator “The Event”

➤ Event Form: [LabID MDRO CDI Event Form 57.138 \(cdc.gov\)](#)  
- any information with an “\*” is required information.

➤ Submit **ALL** CDI LabID Events to NHSN.

➤ C. difficile positive laboratory assay: (Page 13)

(1) An unformed/loose stool that tests positive for C. difficile toxin A and/or B or

(2) A toxin-producing C. difficile organism detected in an unformed/loose stool sample by culture or other laboratory means.

**(Note): The two most common tests in Maine are PCR and EIA.**

➤ Other Info:

- Patient identifiers (Facility ID, Resident ID, Gender, DOB, Ethnicity, Race)
- Date of first admission
- Date of current admission
- Event type
- Specimen collection date
- Specimen body site/system
- Specimen source
- Resident care location
- Primary resident service type (see list on event form)
- Has resident been transferred to an acute care facility in past 4 weeks? If yes, date of last transfer and is resident on antibiotic therapy for CDI at time of transfer to your facility?

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## Denominator

- Denominator Form (monthly totals): [MDRO and CDI Monthly Monitoring for LTCF \(57.139\) \(cdc.gov\)](#)
- Denominator Form (daily totals): [57.142 Denominators Form for LTCF \(cdc.gov\)](#)
- **Resident Admissions** refer to total number of residents admitted to the facility including both new and re-admissions (specifically, a resident that was out of the facility for more than two (2) calendar days and then returned). The total number of new and re-admissions is added for the complete calendar month and submitted to NHSN as Resident Admissions.
- **Resident-Days** are calculated using the daily census of residents in the facility each calendar day of the month. The daily total is added at the end of the calendar month and the total number is then submitted to NHSN as Resident Days.
- **Number of Admissions on C. difficile Treatment** is calculated by counting the number of residents who were receiving antibiotic therapy for C. difficile infection at the time of admission to your facility during the current calendar month.
- **Number of Residents Started on Antibiotic Treatment for C. difficile** is the total count of new prescriptions for an antibiotic/medication given to residents suspected or diagnosed with having a C. difficile infection in the facility for the calendar month and includes treatment with or without a positive laboratory test.

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## NHSN LTCF Component MDRO & CDI LabID Event Module

The manual states the following:

*“Facilities are encouraged to perform surveillance and reporting for at least 6 consecutive months to provide meaningful measures for analysis, but there is not a minimum reporting requirement.”* This is true on the federal level (page 6,14).

**HOWEVER**, the State requirement per the provisions in MHDO Rule Chapter 270, requires nursing facilities to report all 12 months of the year, starting 07/01/2023.

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## NHSN Data Access

- To access the NHSN reports of data, MHDO has created an NHSN group named: **“MHDO nursing facility quality data”**
- To join the Group, the NHSN facility administrator (or user with administrative rights in your facility) will need to enter the 5-digit ID number and joining password.
  - 5-digit ID number: 84478
  - Joining password: NFQuality2023!

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## NHSN Data Access

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

**NHSN - National Healthcare Safety Network**

**NHSN Home**

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Event
- Summary Data
- COVID-19
- Vaccination Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group**
- Logout

**Memberships**

Groups that have access to this facility's data

Confer Rights

Leave Group(s)

Enter ID and Password for this facility to join a new group

Group ID:

Group Joining Password:

Join Group

Back

Confer Rights

**Join**

Leave

Nominate

- From the NHSN home page, select Group and Join. Then, enter the Group ID (84478), joining password (NFQuality2023!), and click “Join Group.”

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## NHSN Data Access

The screenshot shows the NHSN - National Healthcare Safety Network interface. On the left is a navigation menu with options like Alerts, Reporting Plan, Patient, Event, Procedure, Summary Data, Import/Export, Surveys, Analysis, Users, Facility, and Group. The main content area is titled 'Memberships' and contains a section 'Groups that have access to this facility's data'. Below this is a form to 'Enter ID and Password for this facility to join a new group'. The form includes fields for 'Group ID' (containing '52173') and 'Group Joining Password' (containing '\*\*\*\*'). There is a 'Back' button. A 'Warning' dialog box is overlaid on the form, stating: 'The decision to join a group is a decision made by a facility administrator. Existence of a group organization in NHSN should not be construed as a recommendation from CDC to join the group. CDC cannot be held accountable for how group users use data access granted to the group by a facility.' The dialog has 'OK' and 'Cancel' buttons.

- Next, a warning message will pop up. The facility administrator must read the message and click the OK button before they can proceed.

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## NHSN Data Access

The screenshot shows the 'Confer Rights-Long Term Care' page in the NHSN interface. It includes a 'Consent' section with checkboxes for 'Without Identifiers', 'Without Any Identifiers', 'With Specified Identifiers', 'Gender', 'DOB', 'Ethnicity', 'Race', 'Insurance #', 'Name', 'SSN', and 'Resident ID'. Below this is a table for 'Infections and other Events (Does not include MDRO/CDI Module)' with columns for Month, Year, Location, and Event. The table shows data for January 2012 at 'FACWIDEEN' with 'UTI - Urinary Tract Infection'. Another table for 'MDRO/CDI Events' is also visible. At the bottom, there are 'Accept' and 'Back' buttons, with the 'Accept' button highlighted by a red box.

- Immediately after joining the Group, the user will be taken to the Define Rights Template to agree to confer rights. This authorizes the MHDO access to the data as specified in the rights template. Only MHDO has access to the group members' data.
- Once the facility user has reviewed the rights template, he or she must navigate to the bottom of the template and click "ACCEPT. **This task must be done by July 1, 2023.**

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## NHSN Data Access

### More Instructions:

- For detailed instructions on how to join the Group and to agree to confer rights, access the NHSN document titled, “Data Sharing in NHSN: Joining a Group and Accepting the Confer Rights Template” here:  
<http://www.cdc.gov/nhsn/pdfs/groups-startup/joingroup-current.pdf>
- This short video walks through the process of joining a group and conferring rights in NHSN:  
<https://www.youtube.com/watch?v=nCmh6oRJhoE>

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## Demo of Maine’s Infection Prevention Forum website

### Maine’s Infection Prevention Forum Website

- Content on website includes the latest infection prevention courses and resources for health care and direct care professionals
- Developed and supported by the Maine CDC, the Maine Quality Forum and the University of Southern Maine
- The top three reasons why people register for the core training: 1. continued education 2. increase knowledge 3. requirement
- Close to 800 health care professionals have registered for our core infection preventionist online training program representing over 155 facilities, which includes many Nursing Facilities
- Demo of Site  
<https://maineinfectionpreventionforum.org/>

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# Support Resource

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## Compliance Issues and General Questions

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Questions?



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