

## Healthcare Associated Infection Prevention Newsletter

### MDRO/CDAD Module Implementation

On January 1, 2011, all hospitals must begin using the MDRO/CDAD module by selecting either the infection surveillance or the LabID event protocols. Both are acceptable. To follow the minimum required by either protocol, a hospital must select at least one pathogen in at least one location for monitoring, either via the Infection Surveillance or the LabID requirements. The CDC recommends hospitals start small.

The Department asks that hospitals use their own data to make good decisions about what and where to target their efforts. It is important for hospitals to review their own data and determine where improvements can be made.

For hospitals that received an award from the PA Department of Health American Recovery and Reinvestment Act (ARRA) 2010-2011 Hospital Mini-Grant, we allowed for a lag in implementation by moving the date for conference of rights to December 1, 2010.

Infection Preventionists may contact the Department for assistance with setting up the monthly reporting plan, adding summary data and conferring rights to this module or follow the [MDRO/CDAD Guidance](#) provided.

Hospitals that are currently participating in the MDRO/CDAD module as a part of another program (e.g. Quality Insights) within the state may continue with what they are already doing and do not have to change anything, except to confer rights to the Department of Health group in NHSN.

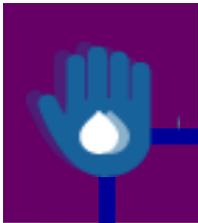
#### Website Links

[www.health.state.pa.us](http://www.health.state.pa.us)  
[www.patientsafetyauthority.org](http://www.patientsafetyauthority.org)  
[www.apic.org](http://www.apic.org)  
[www.shea-online.org](http://www.shea-online.org)  
[www.cdc.gov](http://www.cdc.gov)  
[www.phc4.org](http://www.phc4.org)

#### NHSN Quality Data

HAIP continues to provide hospitals with a quarterly Data Integrity and Validation (DIV) Report. Hospitals may also utilize the Output Options under Analysis in NHSN to ensure accuracy of the data reported. Reports may be customized by choosing which items to validate. Further information can be obtained at:

<http://www.cdc.gov/nhsn/PDFs/AnalysisBasics.pdf>



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### NHSN Agreement to Participate and Consent Form

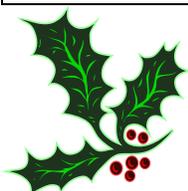
The Agreement to Participate and Consent Form in NHSN has been updated to allow hospital users to work closely with their respective Health Department and to comply with new Medicare reporting requirements. For **existing facilities**, these changes will take effect **after December 15**. Further direction will be provided once received from NSHN.

### NHSN to Replace the Digital Certificate

NHSN will be piloting a new process to replace the Digital Certificate. An internal pilot of the new secure access management services (SAMS) will be conducted in the 4th quarter of 2010, pending mass migration in 2011. In the interim, all NHSN user are to continue with the annual application process for their Digital Certificate.

### NHSN Reporting Requirements

All hospitals are required to report HAI into NHSN as they occur. Once confirmation is established, events must be entered within 24 hours. Date of event will be indicated by the first sign/symptom or the date the specimen was collected. If confirmation of an HAI occurs over a weekend or recognized holiday, reports must be submitted by 5:00 p.m. on the next work day. Retrospective chart review **should only be used** when patients are discharged before all information can be gathered. Laboratory-based surveillance should not be used alone, unless all possible criteria for identifying an infection are solely determined by laboratory evidence, (e.g., Lab ID event detection in the MDRO & CDAD Module). This form of surveillance will allow each facility to make modification as outbreaks may occur or implement precautions as needed. When conducting surveillance, a proactive approach or concurrent surveillance should be performed. While the advantages include the ability to capture the information in real time, it also allows you to interview the patient and observe findings that may not be recorded in the patients chart.



Season Greetings from the staff at HAIP  
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