



PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

Using NHSN for MRSA and *C. difficile* LabID Event Reporting

Presentation Transcript

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Mike Seckman: All right. It's time to start our WebEx. My name is Mike Seckman, and I'll be your virtual host for this afternoon's WebEx. Let me cover some ground keeping rules first. All of the audio for this presentation is available via streaming internet. What that means is the audio is actually going to be coming through your computer. No telephone line is required. However, you do need to have computer speakers or headphones connected to your computer in order to be able to listen to this. If you do not have computer speakers or headphones or you do encounter some problems, please let us know via the chat panel. And, I'll show how to use the chat panel in a just a moment. We do have a limited number of dial-in lines available if needed. Also, I want to make you aware that this event is being recorded and will be posted within the next week.

If you do encounter any audio problems, you can click the pause button. Let me show where the pause is at. There's the pause button right there. Wait five seconds and then click play. And that should help you with your problems.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

The other audio problem we encounter sometimes is an echo. Typically, we hear an echo caused by somebody being logged in multiple times. Either you have multiple browsers open or multiple tabs open within that browser. So, if you close all but one tab, the echo should go away and you should be able to listen to us without any echo.

Again, all of the attendee phone lines have been muted. But we do want you to be able to communicate with us. If you have any comments or questions, please submit them in the lower left hand corner of your computer screen. You'll see a chat panel. Please enter your message in the area and click send, and one of our subject matter experts will get back to you. If we don't have time to answer everybody's chat-submitted questions, we will get back and post those answers within a short period of time.

At this time, I'd like to turn things over to Henrietta Hight, our first presenter of the day. Henrietta, the floor is yours.

Henrietta Hight: Thank you, Mike. Hello. My name is Henrietta Hight. I'm the Project Coordinator on the PSS-Exempt Cancer Quality Reporting Team with the Inpatient, Value, Incentive and Quality Reporting (VIQR) Outreach and Education Support Contractor. We would like to welcome everyone to today's webinar entitled, *Using NHSN for MRSA and C. Difficile LabID Event Reporting*. This webinar is part of the educational series focused on the hospitals participating in the CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program.

Today, our guest presenter is Denise Leaptrot from the Centers for Disease Control and Prevention (CDC). Denise is an infection preventionist epidemiologist – excuse me, I always stumble on that word – with the Centers for Disease Control and Prevention's Division of Healthcare Quality Promotion Surveillance Branch, where she is a member of the National Healthcare Safety Network (NHSN) Protocol and Training Team. In this role, she provides consultation and technical assistance regarding surveillance for healthcare associated infections using NHSN. Denise serves as a subject matter expert for Multidrug-Resistant Organism

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

and *Clostridium Difficile* (MDRO/CDI) surveillance and reporting and Surgical Site Infection (SSI) surveillance and reporting. Denise has 30 years combined experience encompassing healthcare epidemiology, infection control and prevention, information technology and educational efforts within public and private healthcare arenas, as well as public health sectors. Denise holds a Master's degree in Administration with focus on management and statistics, a specialty in Microbiology and a Bachelor's degree in Medical Technology. She has been certified in Infection Control (CIC) for 20 plus years. So, Denise is really a subject-matter expert. One last reminder before we get started. Looking at the list of participants today, we see that a number of you are possibly participating in other CMS Quality Reporting Programs and are not associated with one of the PPS-Exempt Cancer Hospitals. We really appreciate your interest in today's webinar. We know that the topic of using NHSN for MRSA and *C. difficile* LabID Event reporting is of interest to participants in other CMS quality reporting programs. The information provided today for the PPS-Exempt Cancer Quality Hospital Reporting Program also applies to the CMS reporting requirements for these other quality reporting programs. However, the PPS-Exempt Cancer Hospitals will be reporting the MRSA and CDI measures for the first time starting with first quarter 2016. And we will, therefore, need to focus on questions submitted by participants from these hospitals. If you are participating in one of the other CMS programs and you have questions about NHSN reporting, we encourage you to submit your questions to the Support Contractor contacts for your program. So now, let's go to slide 6 to review the purpose of today's webinar.

As slide 6 indicates, the purpose of this presentation is to provide guidance that will assist attendees to understand the importance of surveillance for Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia and *Clostridium difficile* (*C. difficile*) infections, and how to report these LabID Event data correctly. We will look at the objectives for today's webinar on the next slide.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

So, our goals or our learning objectives for today, the learning objectives for today's webinar are the following, so that you, as the participant, will be able to: first, recognize why surveillance for MRSA bacteremia and CDI infection is important; second, execute requirements for Laboratory-Identified, known as LabID Event reporting, to the Centers for Medicare and Medicaid Services (CMS) via the NHSN database; third, demonstrate how to correctly set up a monthly reporting plan for MRSA bacteremia and *C. difficile* LabID Event reporting; fourth, recall MRSA bacteremia and *C. difficile* LabID Event definitions and protocols; fifth, describe how to correctly enter MRSA bacteremia and *C. difficile* LabID Events into NHSN; and last, communicate how to correctly enter denominator data for LabID Event reporting into NHSN. Before we get started, the webinar today will be organized in the following manner. Denise will present her slides, then Deb Price will review the continuing education process. Afterwards, depending on time availability, Denise will answer questions you have submitted during her presentation. So, please use the chat function to submit your questions. And, remember to stay online after the Continuing Education process in order to hear the questions and answers. Denise, it is a real honor to have you with us today. We very much appreciate how great you and your team have been in regards to providing this webinar. The PCHQR attendees will gain very valuable information as they prepare to report MRSA and *C. difficile* LabID Events for the first time. And now Denise, I would like to turn the presentation over to you to continue with the next slides.

Denise Leaptrot: Thank you. I do appreciate the opportunity to speak with you today and offer some guidance and education on LabID Event reporting. We've got some pretty lofty goals to meet today. But before we do that, I think it's important that everyone understand where we're coming from with LabID reporting and why this is important. So on this slide, what we are trying to show is the evolution of MRSA bacteremia throughout the healthcare sectors. It's not new news to anyone I'm sure that *Staph* in general and MRSA in particular has been a serious problem for many years now. And we've made some real headway with it. We have lots of prevention efforts ongoing. But still, the numbers are pretty staggering. As you see here, we

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

estimate greater than 80,000 invasive MRSA infections and greater than 11,000 related-deaths. And this is 2011 data, which is somewhat dated but it is the most complete year available to us. And although we do see slight inroads of progress with MRSA, it is still a big problem and one that we are certainly seriously trying to overcome.

From the *C. difficile* perspective, unfortunately, I don't have the same good news to impart. It appears that *C. difficile* is actually growing in numbers over the past few years. We've seen a 400 percent increase in CDI cases from 2000 to 2007. And, it is really becoming one of the most serious threatening types of hospital-associated infections that we have to deal with.

We try to identify some of the risk factors that are associated with *C. difficile*, so that we can identify good prevention efforts. I'm not sure how many of you may realize it, but this week that, we're in now, is the CDC's "Get Smart About Antibiotics Celebration Week." Every day, they release new information about antibiotic usage. And that is particularly pertinent to *C. difficile* as we see that antimicrobial exposure is one of the main risks that we can associate to *C. difficile* infections. The CDC information that we have available to us shows that antimicrobial use has grown tremendously over the past few years. But, only about 50 percent of all healthcare type entities have antibiotic stewardship programs that are effective in securing the right antibiotics for the right conditions. So, these modifiable risk factors that we focus on, is antimicrobial exposure and the transmission of *C. difficile* primarily through inappropriate isolation use. Other factors are listed here for you to see and we won't go into that. But again, these are two very serious conditions that we are focusing with.

I want to let you know about the online resources that we have for you on our NHSN website. If you'll see the screen, this is a web shot of our page. Over on the left side of the screen, you'll see the red box, which is opened up to the surveillance for the *C. difficile*, MRSA and other drug resistant infections. And I've pointed arrows at the Protocols, at the Calculator, and at, particularly, the CMS Supporting Materials. I would encourage all of you at the PPS-Exempt Cancer Hospitals to open up the Protocol and

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

actually print a copy of that for your reference. It's going to be your handbook as you go through LabID Event reporting. And all the information that we use today is actually coming straight from the Protocol. I think it's important that you understand where you get your CMS Supporting Materials.

If you open the tab under your CMS Related Information, you're going to have many different options. Not there quite yet, but coming very soon, will be a PDF folder that is entitled "Operational Guidance for Cancer-Exempt Hospitals." It is very similar to the other operational guidances that we've put together for other types of healthcare providers. So, you're getting your own just like everybody else. But, don't worry about looking for that right this minute. It's still in progress. We have a tentative posting date of mid-December for you.

I wanted to share with you the actual requirements for CMS. I've put it in a graphic that kind of compares the reporting requirements for the Cancer Hospital Quality Reporting Program to some of the other reporting programs that have been in place for a while. Your column is immediately on the far right. And, what you're seeing is just the basic information. And I put this in so that you would have it for reference. Again, you can always go back, and look and see what your reporting requirements are going to be. But, we're focusing on LabID Events throughout all locations within your facility. And you will be reporting specifically organisms that are identified as MRSA and *Clostridium difficile*. And, we're going to give you a lot of information specific to this as we go through our presentation.

When you're in our MDRO Module, I do want to mention that there are two separate and independent reporting modules available within the MDRO section. One is Infection Surveillance, which we're not going to discuss today. We will be focusing on the LabID Event reporting. And we're going to focus, specifically on MRSA and CDI or *C. difficile* infections.

Before you know what to report, you have to have a definition. And, I have kind of taken some liberties and rearranged the definitions slightly. If

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

you open up the Protocol and you look at the definitions, they're going to be starting on page 6. I will tell you that the MDRO Protocol is Chapter 12 within the NHSN Patient Safety Manual. So, I will probably refer to this as Chapter 12 from now on instead of the MDRO Chapter. And the definitions for MRSA and *C. difficile* and our other MDROs start on page 6. For MRSA, you would be testing *Staph aureus* against oxacillin, cefoxitin or methicillin-resistance, or positive for molecular testing. The *C. difficile*, we are looking for a positive result for *C. difficile* toxin A and/or toxin B. And that can be done by any testing mechanism or a toxin producing *C. difficile* organism detected in the stool specimen by culture or other laboratory means. And we've kind of expanded this definition slightly because there are new technologies available, which are nonculture-based testing mechanisms. So, the key point to remember about *C. difficile* is if you are testing for *C. difficile* regardless of your testing mechanism, you are looking for a toxin positive A or a toxin positive B.

Again, we do have other MDRO definitions that are used when you are interested in pursuing further MDRO studies. And I just included those to let you know that they are there.

So let's go right on to our first overview of reporting.

Here, we have some of the literature that we used when we were looking to write the Protocol. We do want to just make sure that everybody knows these protocols do come from scientific based literature. It's not just something that we pulled out of a hat. We have some real scientific evidence that shows what we're doing and why we're doing it.

A key concept with LabID Event reporting is that we are looking at proxy measures, which is a much less labor intensive method of reporting and tracking these infections. So, we do not ask you to do a lot of chart review. We're not going to look for any clinical information on the patients. We're going to look specifically at laboratory-based reporting. And that's what will be used for identification of LabID Events.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

There're some advantages to this. We're going to still be able to identify the vulnerable patient populations. And you'll be able to get better estimates of your burdens and your exposures. But, the real positive note for this is the use of standardized case definitions, because as you know, documentation varies from facility to facility. The resources that are available among facilities will vary. Sometimes we have electronic medical records. Sometimes we have paper medical records. And a standardized definition offers us a way to compare across reporting facilities and to audit and validate the accuracy of the submitted data more specifically.

When you begin LabID Event reporting, you only have 1 option and that is to report by your inpatient location. We did look at some of our Cancer-Exempt Hospitals to see what kind of locations were already in place. And we do know that there are some facilities that have observation specific locations. We also know that there are facilities that use observation, which to NHSN is a billing status. Your observation patients are just put where a bed is available, and so they go into any inpatient location. And we do want you to know that we define inpatient as a patient in a bed on an inpatient location.

Here is the screenshot of a cancer-exempt facility who has mapped 3 different units. I have a green circle around the CDC code. I know that you have already been doing some reporting previously, so mapping is probably already taken place. I would encourage you to, at least, annually review the mapping of your locations and to ensure that they are mapped appropriately. You want to make sure that you have inpatient wards mapped for FacWideIN reporting because you'll use the individual locations on your events, but our reporting analysis is done FacWideIN only.

On our FacWideIN reporting it will include all of your inpatient locations. It will be done by specific locations and ...

Deb Price:

Denise, you may have put your phone on mute by accident.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

Denise Leaptrot: How did that happen? Thank you. Can you hear me again?

Den Price: Yes. We hear you again. Thank you for coming back on, Denise.

Denise Leaptrot: I'm sorry. I don't really know how that happened, but we'll try to make sure it doesn't happen again.

All right. So to get back here on our FacWideIN, as a part of FacWideIN reporting, if you are a facility that does have an emergency department and/or a dedicated 24-hour observation location within your facility, those locations are also included for FacWideIN reporting. I tried to do a search for different cancer facilities that already enrolled in NHSN. There are a very rare facility that does have an emergency department. There are more that do have observation locations. I do want to make it clear that although these are outpatient locations for your facility. They are included for FacWideIN reporting from the LabID Event perspective. And we'll talk more about that as we get further into the presentation.

This is just a reiteration that for FacWideIN reporting, if you do have an ED or a 24-hour observation location, you would treat them just like an inpatient location. You would report any LabID Event that occurs at this location. And this is – in the emergency department in particular - it is regardless of whether the patient is actually admitted subsequently to the ED visit.

If you have affiliated outpatient locations, they do not fall in the FacWideIN. The most common location that I've found in my search would be an outpatient infusion center. It is an affiliated outpatient location for the inpatient facility. But you would only report an event that occurred at this outpatient location, if the patient was actually admitted as an inpatient on the same calendar day. And, if you have a patient who comes in for an infusion and for whatever reason, they're not feeling well, you decide you're going to do some testing, and you admit the patient the same day, subsequently the test comes back positive and qualifies as a LabID Event, that would be reported for the inpatient admitting location. If the patient wasn't feeling well and the infusion center, you draw some

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

blood cultures for instance. But you send them on home the next day, the blood cultures come back positive. You call the patient; you want them to come back for admission, this would not be LabID Event because the admission did not occur on the same calendar day as the specimen collection.

And why – why are we interested in this? It all ties into accurate categorization of our LabID Events. If you have specimens that are collected in the ED or on your 24-hour observation unit or at an affiliated outpatient location and the patient is admitted, these are going to the community-onset cases. But it will affect your prevalence rate if they are not reported correctly.

So let's go to our first knowledge check. And here we have Cindy who is in the outpatient infusion center. And then she's not feeling well and has some symptoms of headache, diarrhea and lower abdominal pain, and she thinks she has food poisoning. So, you work her up a little bit, and you did collect a loose stool specimen which turns out to be toxin positive for *C. difficile*. You treat Cindy, but you discharge her home with a prescription for Flagyl.

Does this count as a LabID Event? And if it does, where would it be attributed to; what location would it be attributed to? So, I know that I went ahead and provided a slide set that had the correct answers on it and I did that because this is an educational presentation. And, I don't want you to have to stress about what is the right or the wrong answer and if I get it right, is that good or if I get it wrong, how bad is that? But, the answers that you had to deal with is that no, this is an outpatient location and I'm only monitoring inpatient locations, and as you see that is the correct answer. Since Cindy was discharged home and was not admitted, an outpatient affiliated location collected specimen would not count as a LabID Event when participating in FacWideIN LabID Event reporting. The other options, just because we want to complete the rationale, the location would be the infusion center, because LabID Events are attributed to the location where specimens are collected. And, since the infusion center is an outpatient affiliated location and the patient was not admitted,

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

it will not count. And that pretty much covers why this is not considered a LabID Event.

What if the patient had been admitted to an inpatient unit on the same calendar day as the specimen was collected? And so, if you were listening, what you will remember is that for affiliated outpatient locations, patients admitted on the same calendar day do qualify for a LabID Event, and they are reported for at the admitting inpatient unit. It will go in as a FacWideIN Event for the admitting inpatient unit.

So, as we get ready to set up our reporting, we need to make sure that everyone is enrolled as a separate facility. I'm pretty sure everybody is already done that. But here are some instructions if you need those. You have your own unique NHSN OrgID - and let me just put a plug-in right now. NHSN is always happy to assist with questions; you can send questions to the NHSN mailbox and ask us pretty much anything you want to. There are no silly or short questions. We give our time to every question that comes in. It is very helpful, however, if you will include your NHSN OrgID with your questions in the event that we need to actually look at your specific facility and to see how to answer the question appropriately. You've already mapped your locations, so I'm hopeful. If you need help, please look at the Patients Safety Manual in Chapter 15 which is the locations mapping chapter. And your oncology facility information starts on page 31. On your Monthly Reporting Plan, we will be working only with FacWideIN reporting. Your numerator data will be LabID Events, which are input by individual locations. And your denominator data will be reported as FacWideIN.

So we're going to get into the meat of the program now. And, we're going to use a checklist to run through this because everyone's familiar with checklists. I thought it would be very comforting to be able to check things off as we cover them. And the first thing we're going to start with is reviewing the location options and mapping the locations in NHSN. So, I'm pretty sure that most everybody has already done this.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

But again, at least annually you need to go into your facility location. You need to verify that the locations that are mapped are appropriate and the scope of service has not changed, your bed size has not changed, everything is appropriate from year to year. And you do this by using the blue navigation bar here on the CDC website. The navigation ribbon or bar to the immediate left of the screen, facility locations.

And here's what you find originally, you would see this screen here. I was going to point but, there we go. This is the screen that comes up first, if you hit your Find button. Then, you're going to see the individual locations that are available for mapping or have already been mapped.

If you have not mapped your ED or your 24-hour observation unit and you have one, you will need to do that prior to the beginning of reporting for January. You would use the Add button on the screen and you would make sure that you're using the appropriate location code, which is the ED or a 24-hour observation. Oh, let's go back. If you have those particular units.

These are outpatient location codes, but again they will be input for FacWideIN reporting.

Once you've got all your locations mapped, we're going to check that off then we're going to move on to reviewing your Monthly Reporting Plan and updating that if necessary.

So, the Monthly Reporting Plan is probably the single most important item that you need to look at with LabID Event reporting because if you do not include LabID Event reporting on the Monthly Reporting Plan, then we don't know to expect that data. We get a lot of questions from users about what does NHSN require us to report in each month. Actually, NHSN doesn't require that you report anything. But, when you file a Monthly Reporting Plan, it tells us what types of data to expect in any given month. And we'll call this your "In-Plan" data. And at the end of each month or within 45 days of the end of the month, if we have not received the expected data from the facility, you will get an alert that you have missing

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

data. It often tells us what data we can share, what we can aggregate with our analysis and share with CMS. So, you have to put in a Monthly Reporting Plan for every month of the year. And, we will only share data with CMS if you have completed all of your months within a specific quarter. So, for instance if you add MRSA and *C. difficile* reporting to a January monthly reporting plan and at the end of March, we only have a MRSA data for January. We would not include that month in our analysis. Because it would be considered incomplete since you didn't have *C. difficile* data in there.

At the beginning of every month, you're going to add FacWideIN specific location of reporting for MRSA bacteremia and *C. difficile* LabID Events on the Monthly Reporting Plan. If you have an emergency department and/or a dedicated 24-hour observation location, you would also add them under your MDRO Modules specifically for MRSA and *C. difficile*. And we're going to look at some screenshots that would demonstrate how this would look on your Monthly Reporting Plan.

So, here is where we go. Again, we're going to start over on the blue navigation ribbon. And, we're going to add a Monthly Reporting Plan. You're going to go to the section of the Monthly Reporting Plan that is circled in red here, Multi-Drug Resistant Organism Module. And, you will add rows first for FacWideIN under Locations and for Specific Organism Type, MRSA. Then you'll add a row and you'll repeat the process: Locations – FacWideIN, Specific Organism Type will be *C. difficile*. If you have ED and/or 24-hour observation, you will add them individually as well.

So, you could have several different rows on your Monthly Reporting Plan. If you were a facility that only has inpatient locations, you do not have an ED or 24-hour observation – this first box here will be what your Reporting Plan will look like. Here's your FacWideIN for MRSA. Here's your FacWideIN for *C. difficile*. For the MRSA, you are doing blood specimens only, for *C. difficile*, all specimens. If you are adding an observation, you're going to have an individual row for MRSA and the separate one for *C. difficile* and the same for the emergency department.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

One row for MRSA, one row for *C. difficile*. And all of your selections should match.

Were you paying attention? Ok. So, let's see. If your hospital is participating in FacWideIN for *C. difficile* and MRSA blood, which locations must you select when setting up your Monthly Reporting Plan for LabID Event reporting? The correct answer will be FacWideIN and each ED and each 24-hour observation location if applicable. If you were just a hospital with only inpatients, the FacWideIN would be what would show up on your Monthly Reporting Plan. FacWideOUT is a separate reporting option. And is a totally voluntary participation within the NHSN application.

We'll check off Monthly Reporting Plan and move on to the real Events and the Protocols.

To know whether you have a MRSA Bacteremic event, you have to know what is the definition of an MRSA LabID Event. For NHSN reporting purposes, any MRSA blood specimen obtained for clinical decision making purposes will qualify for consideration as a LabID Event. Please note that if you have an active surveillance screening program, active surveillance test results do not qualify for inclusion as a LabID Event. These must be specimens that are used for clinical decision making purposes. MRSA positive blood culture specimens that are positive for a patient in a location with no prior MRSA positive blood specimens are our first line of LabID Events. If you have repeat specimens, we do have a 14 day rule that I want to point out that we don't expect you to report multiple specimens within every 14 days. So, for our MRSA LabID Event, you have to have a MRSA positive blood specimen for a patient in a location where there is no prior positive blood specimen for MRSA within the previous 14 days or it's a brand new patient. And this does cross calendar months. And we call these "Non-duplicate specimens and non-duplicate LabID Events". And we'll talk a little bit more about this as well about that 14 day rule.

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

This graphic is taken straight from the Protocol. You can find it on page 9 within Chapter 12. And I like it because it's a good visualization of what you need to consider about MRSA Bacteremic LabID Events. Sometimes, it's just easier when you see it in a graphic formation. So, what we're seeing here is that you have MRSA isolate from blood for a patient and a location. There were no priors, or there were priors and we've got a yes and a no route, and it will help you determine whether or not you have an event for reporting. Again, this does cross calendar months.

When we move to *C. difficile*, the definition is pretty different. A *C. difficile* LabID Event is going to be one where you have a positive laboratory test result for toxin A and/or toxin B. Again, it could be pretty varied testing mechanisms or it could be by culture or some other type of laboratory means which is a non-culture diagnostic test. Again, it's for a patient and a location with no prior *C. difficile* specimens within 14 days for the patient and the location. It's important that you know that *C. difficile* LabID Events should only be tested on unformed stools. And by this, the definition from the NHSN perspective is an unformed stool would be one that conforms to the shape of the collection container. We do exclude locations known to predominantly house babies. I don't think that that will apply to very many of your facilities. But babies have a very high carriage rate for *C. difficile*. So, we do not want to include them in our analysis.

Again, we have an algorithm for *C. difficile*, which I think is helpful, visualization sometimes is easier to understand. You can actually find this on page 23 at the Protocol. I have a lot of users who tell me that they like to actually just print these algorithms and tape them up close by to their computers so that they have a very quick reference whenever they are trying to decide if they are looking at the LabID Event or not. And you are certainly welcome to do that.

Very key to LabID Event reporting, LabID Events are attributable to the location where the positive specimen is collected. I know that you have been doing some other reporting for NHSN, among those CLABSI and CAUTI reporting. And there are lots of different rules that you have to

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

follow with that. One of the rules that is often used is the transfer rule where you can attribute an event to a recent location. The transfer rule does *not* apply to LabID Event reporting. The positive specimen is always credited to the location where it is collected.

We get ready to add events. I want to mention that all events should be entered into NHSN; all that need definition are LabID Events and you would submit an event report for them. On the event form, you would not use FacWideIN as a location. You're going to use the independent and individual location as the attributable location.

And, I have here a screenshot of an event form on an inpatient who was housed in an ICU. And as you can see here, the event form starts off by asking for the Event Type. Your Event Type is always going to be LabID - Laboratory-identified MDRO or CDI Event. This is going to be true for MRSA and CDI. It's going to ask for your date for a specimen collection, your organism, da, da, da, da, all the way down to location. Everything that is red asterisks is required information, and the event will not save unless you answer each red asterisk question. The location, again attributable to the location at the time of the specimen collection. Some of the questions that are on the event form have been questioned by some of our users. The 'Last physical overnight location of the patient immediately prior to arriving into your facility' only applies to events which are Community Onset type events. And, you have 4 choices and we ask that you answer this question based on the available information that you have available. We do not want to increase the data collection burden for our users. So, we do offer an 'unknown' selection, which may be used at your discretion. It is beneficial if we have information. This question in particular is hoped to be used to identify the nursing home burden of LabID Events for instance. But again, we do not want to increase your data collection burden. This is a proxy measure based on LabID Event reporting. As you move down the questions, they are pretty self-explanatory. I will mention the very last question on this screen 'Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

prior month?’ auto-populates based on information in the application for your facility only. We get a lot of questions from facilities who say, “I accepted the patient in transfer with an admitting diagnosis of *C. difficile*. But this question is answered ‘no’. How can I change it?” Unfortunately, because the question auto-populates, you can't change it. And the information is only available if it is from your facility. So, we do not currently have a way to capture information on patients who were transferred from other facilities. We hope that at some point in the future, we can capture that. But right now, this question cannot be edited and only uses the information from your facility to populate the answer.

If you do have emergency departments or 24-hour observation units, again, you do report LabID Events that qualify that were collected at this location. I will point out again that these are outpatient locations. So, the outpatient question must be answered ‘yes’ for the specific location to be available for selection under your location tab. The questions again are all the same, and it's just remembering that this outpatient should be ‘yes’, so that you can get either the ED or the 24-hour observation location as an option for reporting.

Here, we just have again the same information with the 24-hour observation. I will say that on the events for our outpatients, the application is designed to not expect the ‘Date Admitted to Facility’ to be filled in. As you can see there's no red asterisk here. That's because, from the ED perspective in particular, any event that occurs in the ED is reportable whether the patient is admitted or not. So, we just design the application, if you say outpatient, equal ‘yes,’ this question is not a required field and it is fine to leave that blank.

So, important to remember, all of your positive specimens that qualified as a LabID Event, including those that are collected on the date of admission or hospital day 2 or 3, should be reported into NHSN so that we can categorize them appropriately. And, they can be captured for incidents and prevalence rates. And this will be to your advantage to put all of your events into the systems - so that accurate categorization occurs.

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Talking about categorization, we would encourage you to use the same categories to categorize the events at the local level as what we use within the NHSN application. We're going to start with MRSA categorization. There are really 2 specific categories for categorization of your MRSA LabID Events. The first would be a community-onset category, which reflects that the LabID Event specimen is collected either in an outpatient location or in an inpatient location, less than or equal to 3 days after admission to the facility. All outpatient location events will be considered Community-Onset. And then again, hospital day 1 is your day of admission, hospital day 2 and hospital day 3 events are also considered Community-Onset. Our second category is Healthcare Facility-Onset, which is a LabID Event specimen that is collected on or after hospital day 3. When we are categorizing events, we do this based on the admit date and the specimen date. There is no clinical consideration and there is no searching for any type of symptomology, it strictly a lab test proxy measure base on a positive test.

And, I think I just said all of that ahead on my slides. So, the 'Date of Event' is always going to be the date of your specimen collection. So, if you have a question about that just look to see what date the specimen was collected and this is going to be important when you are checking for your location as well because again, remember, you attribute the positive specimen to the location where it was collected.

So, here is our little quick check: how will this categorization occur? This is a MRSA Bacteremia LabID Event. It occurred on an observation unit and the date the specimen when collected was 1/15. So, our options were Healthcare Facility-Onset, Community-Onset, Community-Onset Healthcare Facility Associated, or NHSN does not categorize. So, let's do this in reverse order. And, I'll just say that the categorization is automatic by the NHSN application. If you think back to this event form, you'll see that there is not even an option on the form for categorization. And, that's because the application does it all for you. We haven't talked about the CO-HCFA - the Community-Onset Healthcare Facility-Associated category yet, and that is because it only applies to *C. difficile*. And we're

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going to get to that shortly. So, it's either your Healthcare-Onset or Community-Onset, and if you were listening carefully, you would have remembered that I said all outpatient location based events are Community-Onset Events. So, the correct answer is this is a Community-Onset Event.

Let's look at the different event with a different category. Here we have an inpatient ICU patient. They were admitted to the facility on 1/10 and they have their specimen collection date of 1/15. So, we're at hospital day 5 now, which tells us that this will be a Healthcare Facility-Onset categorization of the LabID Event. Again, the categorization is just simply comparing the date admitted to the facility to the date that the specimen was collected and counting whether it's hospital day 1, 2, 3 or later.

There are a little bit of differences between MRSA and *C. difficile* categorization. This is NHSN's acknowledgment that *C. difficile* is a condition that is difficult to eradicate and often does have a recurrence component. So, NHSN will categorize *C. difficile* events as Community-Onset in the same way that it was used with MRSA. We will categorize Healthcare Facility-Onset as in the same way as with MRSA, but we have an additional categorization of Community-Onset Healthcare Facility-Associated, or CO-HCFA, which is a Community-Onset LabID Event collected from a patient who is discharged from the facility less than or equal to 4 weeks prior to the date of the current positive stool specimen.

The CO-HCFA category is really just a subset of your Community-Onset type of an event, and you will not be penalized for any CO-HCFA LabID Events. They won't count with your rates for instance.

Well, let's just kind of review that again real quickly. So, what if a patient with no previous admission to your facility presents with diarrhea and fever, but you see *C. difficile* toxin is negative on admission, and then 4 days later they are still symptomatic and you test them again and now they're positive. How is NHSN categorizing this type of a situation? It would be nice if the answer was 'A' and you could overwrite NHSN and categorized the event as a Community-Onset because of the symptoms,

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but that is simply not true. Again, remember NHSN automatically categorizes your events based on the date of the positive specimen and the date of admission and in this particular situation a positive specimen on hospital day 4 will be categorized as a Healthcare-Onset Event.

So, what if a patient in your facility comes in and you think that they have spent time at another facility somewhere between that admission to your facility, do you still get the benefit of that CO-HCFA categorization, since they were in your facility less than or equal to 4 weeks prior? And the answer is yes, you will. We don't expect you to spend a lot of time trying to prove that they were somewhere else in between. If you have a patient who was discharged less than or equal to 4 weeks from the prior positive specimen, the application will still recognize that and categorize as a CO-HCFA type of an event. We do have some custom fields available. I'm not going into those. If there is interest in how to use those, I would just ask that you please contact us directly, and we'll be happy to provide further instruction on that.

There is a second level of categorization for *C. difficile*. Again, in relationship to the scientific data and evidence that show that many *C. difficile* infections will recur overtime. The literature also supports the fact that there are many, many different strains of *C. difficile* circulating across reporting facilities. So, the definitions have some time constraints, which we feel are appropriate and offer the best opportunity for accurate categorization. After the initial categorization of Healthcare-Onset, Community-Onset, or CO-HCFA there is the second level of categorization that addresses incidents and recurrence. So, if we have a patient who present to the same facility, they will either receive an incident or recurrent categorization in addition to the initial categorization. So, an incident CDI is going to be any CDI Event from a specimen that is obtained greater than 8 weeks after the most recent CDI LabID Event or with no previous CDI LabID Event documented for that patient. Again, greater than 8 weeks, and this is because we know there are many different strains and there is no way to be sure without doing DNA sequencing that an event more than 8 weeks apart actually is the same CDI. On the other

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hand, we do have a recurrent categorization, which is any CDI Event from specimen that is greater than 2 weeks but less than or equal to 8 weeks from the most recent CDI LabID Event for that patient. So, you can capture true recurrence, if they come back into your facility.

What are you reporting to – or what are we reporting to CMS on your behalf? I'm sure this is of great interest to all of the facilities. So, specific to the PPS-Exempt Cancer Facilities, for MRSA, we will be on analyzing and coming up with an MRSA Bloodstream Infection incidence Density Rate for your FacWideIN data. For CDI, it is a Healthcare Facility-Onset Incidence Rate, and this incident is defined as non-duplicate LabID Events identified greater than 3 days after the inpatient admission to the facility. These analyses are done at the completion at each quarter, and NHSN will provide them to CMS on your behalf. If you would like to see the actual equations for these, if you'll go to the Protocol, the MRSA Incidence Density Rate equation is found on page 14, and the CDI Facility-Onset Incidents Rate equation is found on page 20.

So, let's review everything that we've covered thus far. MRSA Bacteremia LabID Events for FacWideIN must be monitored on all inpatient locations. They've got to be entered whether they are CO or HO. You're going to enter a blood specimen as a LabID Event, if there hasn't been a previous positive laboratory result for this patient and the location within the previous 14 days. Like specimens and LabID Events collected from ED and 24-hour observation are reported for those locations regardless of admissions. And the denominator counts are reported separately. And specimen collected from other affiliated outpatient locations can be entered for FacWide only if the specimen date is the same as the admission date.

For *C. difficile*, all *C. difficile* toxin-positive specimens must be monitored on all locations within the facility and the ED and the 24-hour observation locations. If it's from other affiliated outpatient locations, again, only report if the collection date is equal to the admission date. All LabID Events must be entered whether they're CO or HO.

PPS-Exempt Cancer Hospital Quality Reporting Program

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Importantly, only loose stool should be tested for *C. difficile* and a toxin-positive loose stool specimen qualifies as a LabID Event, if there has not been a previous positive laboratory result for the patient and the location within the previous 14 days for the patient and the location.

And, now we're going to talk about the denominator data and this we're going to move through a little more quickly.

It is a little different from other denominator reporting, but you'll again, go into your NHSN website. And, you will, from the navigation ribbon on the left side, go to 'Summary Data' and you'll 'Add.' And for the 'Summary Data,' this is the default setting (Device Associated - Intensive Care Unit / Other Locations). This is what you've been using for your CAUTI and your CLABSI reporting.

You're going to open the drop-down menu, and you will be selecting 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring'. Once you have that, you're going to hit 'Continue,' and a new field will populate for data.

When the field first opens up, you'll need to put in your location code as FacWideIN. You'll select your month and your year and then you will see boxes of information will open for input and this is the general standard screen that we use across our reporting facilities. So, I'm going to try to explain to you a little differently how it will be for your particular facilities. And, I chose a month at the end of the quarter so that you would see that we do have a testing question regarding your *C. difficile* method of testing. And, I'm going to talk about that a little bit more in just a few minutes as well.

So, when the box is open up, the required boxes are Total Facility Patient Days and Total Facility Admissions, MDRO Patient Days, MDRO Admissions, and CDI Patient Days, and CDI Admissions. So, because this is a standard screen used across our reporting facilities, the wording may throw you off a little bit. It says here, "If monitoring FacWide, then subtract all accounts from patient care units with separate CCNs." Well,

PPS-Exempt Cancer Hospital Quality Reporting Program

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you don't have any separate CNN. So, for your cancer hospitals pretty much your Total Facility Patient Days will be exactly the same as your MDRO Patient Days and your CDI Patient Days. Your Total Facility Admissions will equal your MDRO Admissions and your CDI Admissions. A lot of users think that when we were asking for MDRO Admissions and CDI Admissions that we want the number of patients who are admitted with those diagnoses and that is not what we're asking for here. We're looking for the number of patients at risk, so it should be exactly the same as your Total Facility Admissions.

So, let's test that. In your emergency department you do have to enter separate denominator data, which is encounter data. And, encounters are any patient visit to the location, so it's just going to be the total number of ED visits that you have for the month. If you have the 24-hour observation, you're going to have to put those in separately as well. So, instead of selecting the in FacWideIN on your location code, you would select 'ED' first for the ED or '24-hour observation' for the observation unit, and you just have one box of data that opens for input.

So, here is our standard screen for FacWideIN. As you can see here, we were FacWideIN and this is for the month of November. So, for Total Facility Patient Days, what data would you enter here? And the correct answer is the total number of patient days for all facility inpatient units combined for November. We have facilities who just use their ADM system to get a total number. You can collect it manually and add them all together, so it's the sum of all of your inpatients, but that is the data that goes in this box.

What information is entered for MDRO Patient Days? Again, because you did not have any separate CCNs it will be the total patient days for all your inpatient units. So, the number here, the number here, and the number here will be the same.

And, now the answer to this question as well. What data should be entered here? For CDI patient days, it's the total number of all of your inpatient units. I do have non-babies, but you should not have any of those.

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For an ED encounter, total numbers of visits to the ED or what we want for encounters.

All right, we've check out for denominator data and the last step is resolving alerts. So, if you have had events that you've entered throughout the month, and you've go to the end of the month and you in your denominator data, your reporting is complete because the application will recognize that you have events in place, and you won't have anything left to do. If you have not identified any LabID Events for MRSA and/or *C. difficile*, then you need to check the 'Report No Events' box, so that we know for sure that you just hadn't gotten around to putting in any event yet. You would do the same for the ED and the 24-hour observation location, if applicable. Again, if you have events you can just skip this, you're done. If you don't have any events you have to check this box to have your events reporting completed. And, down here we did just put a note if you check the boxes off and then later for some reason you've found that you do have an event, you can put the event in and the application will remove the check mark for you, you don't have to get back into that.

I did mentioned that at the end of each quarter, 4 times a year, you have to tell us what type of testing mechanism you use for CDI identification. This is the different types of tests that are available. You may have to go to your laboratory to find out which one is being use but we need to know specifically what your testing mechanism is so that we can provide proper analysis.

If you don't give us the proper analysis we may not risk-adjust correctly, and that will impact your rates. So again, speak with your laboratory and make sure that you're giving us the best answer possible whenever you check off that particular CDI test type.

I'm just going to put a little plug in here for our MDRO LabID calculator. If you're new and until you get a little bit more comfortable with looking at whether or not an event truly is a LabID Event, you can use this calculator it'll help you with your decision making around the 14 day

PPS-Exempt Cancer Hospital Quality Reporting Program

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rules. You still have to have some input, but it will help you with that. And we made it a case study. So, I know what we're getting short on time. Would you like to stop here and we'll do the CEUs and then we'll kind of come back to either case studies or questions?

Henrietta Hight: Denise, this is Henrietta. I mean, thank you for a great and wonderful presentation. Yes, before I turn the presentation over to Deb Price so she can review the continuing education process. Probably, we'll have time. It looks like we've got maybe after Deb finishes, 15 minutes left. So, yes. So we've got several questions that came in and also – it would be good also to maybe look at some of your case studies because those are wonderful. So, Deb, if you can go over the continuing education process, I'll leave that for you.

Deb Price: OK. So, hi, this is Deb and I'm going to have to go through your – through some of your slides real quickly just to get the education slides up. So, I apologize to everybody that sees these slides moving very quickly. There we go. This is what we wanted to have everyone notice.

All right. So, today's webinar, even though the slide says that webinar has been approved for one continuing education credit, since we have gone over the one hour limit, we are moving this to 1.5 continuing education credit so that will be updated on everybody's certificate. We are now a nationally accredited nursing provider, and as such, all nurses report their own credit to their board using the provider number that you see on the last bullet on that slide. It's provider number 16578.

We now have an online C.E. certificate process, and you will receive your certificates, two separate ways. The first way is, if you register through ReadyTalk, a survey will automatically pop up after the slides are over. And then what you're going to do is you will get the certificates by following the directions on those slides. If, however, you were not the person that registered, you were – you're in a room with somebody else, we will be sending out another link, another survey within 48 hours. Please take that link and send it to anyone else that is in the room with you today. After the completion of the survey, you click 'done' at the bottom

PPS-Exempt Cancer Hospital Quality Reporting Program

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of the survey screen and a totally new page opens up. This is where you're going to register for your certificate. It's a separate registration from the registration that you'll have to listen to this webinar. Please remember that. It's a separate registration, and we are asking everyone to register using a personal e-mail like Yahoo, or Gmail, or AOL, or what have you. And that's because a hospital have firewalls that have been blocking our link. So, once again, please register with a personal e-mail.

If you do not immediately receive a response to that personal e-mail, then we're asking you to go back and click on the new user link and set up the account, a separate account.

This is what the survey will look like when the webinar closes out. You notice on the bottom right hand corner is a little rectangular grey box that says done. As soon as you click the word done, this is the separate page that opens up.

This is a separate registration from the webinar. Remember that. If you've been collecting certificates and you haven't had any problems all along, you're going to click on the second green link, the one that says existing user link. If, however, you've been having any problems getting your certificate, you will click on the first link, new user link.

This is what the new user link will look like. You put your first name, last name, your personal e-mail account, and a phone number that we can contact you if there's problem and then just click on the grey box that says register. This is what the existing user link looks like.

If you have, you know, successfully been getting your certificate, just fill in the username, which is your complete e-mail address, the complete address including the '@' symbol and whatever is after the @ like aol.com or gmail.com, what have you, and then of course, your password. And, I think we are going to stop here and I'm going to turn the floor back over to Henrietta Hight to continue with our webinar. Henrietta, take it away.

Henrietta Hight: Thank you, Deb. Denise and Emily, it looks like we only have about maybe 10 minutes left to answer few of the questions that came in. Just a

PPS-Exempt Cancer Hospital Quality Reporting Program

Support Contractor

reminder to everybody, the complete questions and answers and transcript from today's webinar will be posted to the [Quality Reporting Center](#).

That's the same site that you went to, to register for the webinar and also to receive your slides. So, Denise and Emily, we have 3 questions that came in, but we also have your fantastic case studies. So, I'm going to maybe leave it up to you all to decide what you're going to approach first.

Denise Leaptrot: All right. I'm going to go ahead and I'm going to start with this first case study, and I'm going to kind of blend the questions in as our answers. But, here we have Karen who's admitted to an oncology unit on the first. She's got symptoms all the way through until the third. She has urine and blood culture collected, and a *C. diff* was ordered but not collected, and then on the fourth, they finally get that positive *C. difficile*. So, the point here is, we do not want you using the date that a test is ordered, you only can use the date of positive specimen collection for LabID Event reporting. And symptoms do not qualify, it's strictly based on lab testing. One of the questions is: so each positive lab has to be manually entered in to NHSN? And that answer is yes. Each LabID Event should be entered.

You can do it manually, if you have an electronic data mining program, you can do a download, but they all have to be put in. So, for this particular situation, is this is a *C. difficile* LabID Event? And the answer is yes, because it is the first toxin-positive *C. difficile* isolated collected for the patient and the location. There was no previous positive within 14 days for the location. And again, I want to reiterate that there is that 14 day rule by location. If you have a patient who has a long hospitalization and they stay on the same unit for the entire hospitalization, you would not report an event any closer than 14 days apart. And, what location is the LabID Event attributed to?

Again, positive specimens and LabID Events are attributed to the location where the specimen is collected. And in this situation, it was on the oncology med-surg ward. The transfer rule does not apply. So, if they transfer, it doesn't matter, wherever the specimen is collected. How do you categorize the event? So, here we go. They were admitted on the first and collected on the fourth.

PPS-Exempt Cancer Hospital Quality Reporting Program

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It was ordered on the third. You cannot use the order date. This is a Healthcare Facility-Onset because the specimen collection was on hospital day 4. And, what about the positive MRSA blood culture?

Should it be reported as an MRSA Bacteremia Event? And the answer is yes. It is the first positive blood specimen collected for the patient and the location. No previous positive within 14 days for the location. So, one of the questions that came in to the chat room is: are outpatient clinics in the hospital included? The answer to that is no. Outpatient clinics qualify for FacWideOUT reporting only. They are not considered for FacWideIN. So, you would not include outpatient clinics for reporting.

How were the MRSA bacteremia LabID Event be categorized? So, this is going to be a Community-Onset Event because the patient was admitted on 5/1 and the blood culture was collected on 5/3, which is hospital day 3. And, in this particular situation, you have 2 separate LabID Events. You have 1 MRSA event, you have 1 *C. difficile* event, and each has a different categorization. And that is perfectly fine because they are not considered the same event; they are 2 separate events. I'm going to skip over to the age restriction one.

I would like to go to this. We'll start with Tim, who comes to your critical care unit. He has a port-a-cath in place, and he's used for a blood draw for some blood culture. He spikes a temp, he's got urine cultures that are positive da, da, da and then finally on 5/22, blood cultures are positive for MRSA. So, is this a LabID Event or a CLABSI?

You are participating in our MRSA bacteremia LabID Event reporting for FacWideIN. This is the first isolate for the patient and it is considered a unique blood source so it would qualify for a LabID Event. I threw 'C' in just to kind of mislead you because if you're doing CLABSI surveillance, yea, this is going to be a CLABSI, as well. And, the reason I wanted to cover this event is because those are two separate reporting modules. CLABSI infection surveillance, MRSA bacteremia LabID Events can be conducted simultaneously, but they are reported separately. A single positive MRSA blood culture may indeed be both a CLABSI and a LabID

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Event, and if the definition is met, then you should report 2 separate events for that 1 specimen.

What if this patient had a previous positive MRSA blood culture 3 days before the culture in this same location? Here's where you have the 14 day rule. The second positive blood culture would be considered a duplicate and would not be considered a LabID Event. If the patient is in the same location, the positive blood culture would have to be more than 14 days apart or the patient would have to change locations, if the specimens were located closer than 14 days.

Here is Laura. She's in your emergency department. She is not feeling well, but they don't really think that she needs to be hospitalized, but they put her in observation and all observation beds are full so she goes to an inpatient unit. And, on admission to the unit, you do a surveillance nasal screen that turns out positive for MRSA. The MD orders *C. difficile* testing, and you get a positive CDI and then they admit her. Should this positive MRSA nasal screen be entered in the NHSN as an MRSA LabID Event?

And the answer is, no. Again, active surveillance screens do not qualify for LabID Event reporting. Should the positive *C. difficile* specimen be reported?

And that would be yes. We at NHSN and for LabID Event reporting do not delve into billing status. If they are in a bed on an inpatient location, they are considered an inpatient and would qualify for LabID Event reporting.

We would categorize this as a Healthcare-Onset because the day the patient physically locates to a bed on a NHSN mapped inpatient unit is considered the day of admission and the event occurs on the hospital day 4 using that 5/1 as the date of admission. This can be found— more information about some of our rules is often found in our NHSN newsletters which we publish quarterly.

PPS-Exempt Cancer Hospital Quality Reporting Program

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And if you have blood cultures that were collected in addition to a nasal screen, the blood cultures could be used for the LabID Event because they are used for clinical decision making purposes. But, you cannot use your surveillance screens. And I just want to say that it is a long journey from beginning to end when you're working to learn everything there is to know about LabID Event reporting.

But as Confucius would say, “A journey of a thousand miles begins with a single step” and we appreciate that your step has been in attending this webinar with us today. Thank you for your time and your participation, and I look forward to hearing from you through the NHSN mailbox, if you have other questions. And, I will be answering any questions that come in to the chat room. Henrietta, I believe you said you would be forwarding me a list of that, so again thanks and I appreciate it. Henrietta, I'm going back to you.

Henrietta Hight: OK. Denise, thank you, thank you for a fantastic presentation. Yes, just to let everybody who's participating know that there will be the complete questions and answers and transcripts from today's webinar posted to the [Quality Reporting Center](#) within 10 days. So, look for them by December 4. That's the site you went to register for the webinar and also to get your slides. Just a reminder to the PCHs, our next webinar will be on December 16. We're calling it tentatively *Top Questions about the PPS-Exempt Cancer Hospital Quality Reporting Program*, and we will be reaching out to you all regarding what your questions are. And now, we wish everyone a great rest of the day. Thank you very much.

END