MDRO Subcommittee Advisory Committee Report

The subcommittee reviewed, assessed and critiqued the NHSN MDRO module. The module is helpful in providing guideline information but its complexity is of concern. The mechanism of reporting to CDPH must be simple. Reporting simplicity will mean that hospitals will report and the comparability and validity of data will be assurred. Therefore only selected elements of the NHSN MDRO module will be incorporated into the reporting structure. California hospitals shall report by this method.

Reporting Specifics[1]

Community Onset MRSA BSI would be reported as a whole number, the incidence number. No denominator.

Hospital Onset reporting would be by rate. The formula being:

MDRO (MRSA) Bloodstream Infection Incidence= Number of MDRO Bloodstream Infections/Number of Patient Days x 1000.

Patient Days statistics must be readily available to the infection prevention practitioner by the hospital leadership. It is strongly recommended that CDPH make this a requirement/mandate of all hospitals.

The module's definition of a new bloodstream infection event : A MDRO isolate from blood in a patient with no prior positive blood culture for the same MDRO in less than or equal to 2 weeks. (from MDRO/CDAD NHSN module pg. 8).

The process measures as stated in the MDRO & CDAD module are currently best being utilized within the California hospitals and are not applicable at this time.

Monitoring interval was briefly mentioned. Three months of the calendar year is required by NHSN. To be determined.

The committee has yet to discuss data stratification by time (e.g. month, quarter, etc.) and reporting frequency.

[1] Reference Consensus Recommendations from the Methicillin-Resistant *Staphylococcus aureus* Subcommittee 1/29/08 for definitions of community and hospital onset.