

MDRO Subcommittee Report to HAI AC (DRAFT) July 28, 2008

The Subcommittee focused on MDRO reporting by seeking to finalize methicillin-resistant *Staphylococcus aureus* (MRSA) reporting methods as proposed by the MRSA Reporting Subcommittee at the January 29, 2008, HAI-AC meeting. MRSA bloodstream infection (BSI) incidence had been recommended as an excellent marker for clearly identifying cases of significant patient impact. The Subcommittee was advised by the CDPH members that CDPH cannot legally require reporting of rates of infections. Per Title 17, Division 1, Chapter 4, Subchapter 1. Reportable Diseases and Conditions, CDPH has the authority to mandate individual case reporting only. The following options for individual case reporting were discussed:

1. Report MRSA BSI through the NHSN MDRO Module
or
2. Report MRSA BSI via Confidential Morbidity Report (CMR) to local public health departments.

The original intent of reporting MRSA bloodstream infections was to identify the “burden of MRSA disease”. This data must be simple and received in a timely fashion to assure comparability, value and validity. While the NHSN module provided helpful guideline information, its overall complexity and resource requirements for completion eliminated it as a viable reporting option. Further, the module’s release time for use by California hospitals is undetermined.

Case reporting via CMR to local public health departments does not assure that total disease incidence and overall rates of MRSA bacteremias would be calculated. To compound the complexity of case reporting, a denominator would have to be submitted to local public health departments and buy-in from the California Coalition of Local Health Officers be sought. Individual case reporting in this manner was deemed as an inappropriate use of resources to meet the objective.

Therefore, the Subcommittee recommends that all facilities begin MRSA BSI (includes primary and secondary) reporting to CDPH on a voluntary basis for a period of one year. Hospitals will submit data to a private third party; the third party will de-identify the data prior to submitting the data to CDPH. Data results and the program will be evaluated at the end of the year. Facilities will be asked to provide the number of community (includes community- and non-facility healthcare-onset) and hospital onset MRSA BSIs on a quarterly basis, tallied in monthly increments. They will also be asked to provide patient days for the denominator, again tallied in monthly increments. (see form) The rate of hospital onset MRSA BSIs is recommended to be calculated by CDPH using the following formula:

- $\text{MRSA Bloodstream Infection Incidence} = \frac{\text{Number of MRSA Bloodstream Infections}}{\text{Number of Patient Days}} \times 1000.$

It is strongly recommended that CDPH encourage hospital leadership to voluntarily participate to better understand the burden severe MRSA disease represents to hospitals and their customers.

All hospitals will begin collecting data January 1, 2009. Data will be reported to the private 3rd party on May 1, 2009 (30 days after the 1st quarter). CDPH will send an AFL to all hospitals, giving hospitals a 6 month notice prior to reporting.

To assess the type of patient population, demographics that are requested include whether the reporting hospital is public vs. private and teaching vs. non-teaching.

Subcommittee recommendations are based on the following rationale:

- Proactive, aggressive measure to respond to the challenge of MRSA disease by adequately assessing the burden and urgency of invasive MRSA infections in California, as measured by MRSA bloodstream infection (Community and Hospital onset) infections.
- Allows institution to internally track MRSA bacteremias and initiate strategies to reduce their occurrence.
- CDPH lacks the authority to require rate reporting;
- CDPH lacks the authority to keep the information confidential from public records requests;
- Currently proposed legislation may change the complexion of public reporting;
- Current CDC MRSA reporting metrics recommendations;
- and
- Inadequate resources (hospitals and CDPH) to report and properly manage the data on a case by case basis;

RECOMMENDED DEFINITIONS

A new bloodstream event is defined as a laboratory confirmed MRSA isolate from the blood of a patient with no prior positive blood culture for MRSA within the past two weeks or longer. In reporting, California acute care hospitals shall classify each reportable MRSA bloodstream infection, including *primary and secondary BSIs*, into one of the following *exclusive* categories:

Community Onset

Blood culture is drawn on hospital day 1, 2, or 3, with day 1 beginning when the patient is *admitted to the facility*. This category may include patients who have received some type of health care and/or were exposed to a community healthcare setting; e.g., dialysis, a special diagnostic procedure, ambulatory surgery center, etc. MRSA BSI would be reported as incidence, a whole number with no denominator.

Hospital Onset

Blood culture was drawn on hospital day 4 or after the day of admission. MRSA BSI reporting would include two elements: 1) number of MRSA bloodstream infections, and 2) number of patient hospital days.