

In support of the Fiscal Year (FY) 2014 Hospital Inpatient Prospective Payment Systems (IPPS) for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) proposed rule, we propose a requirement for validation reporting of laboratory-identified C. Difficile (CDI) events as part of the Inpatient Quality Reporting program for the FY 2016 payment determination and future years. According to this proposal, each hospital selected for CDI validation is to produce a list of all final results for stool specimens that are toxin positive for CDI in either an ICU or non-ICU location during their stay. The proposed format for this listing is provided to invite public comment.

[Proposed FY2016 -Validation Template for CDI \(discharges beginning 4Q13\)](#)

FIELD	DESCRIPTION	
NHSN Facility ID*	The NHSN-assigned facility ID under which your hospital submits NHSN data.	Hospital Information Section These cells only need to be completed for the first row in the spreadsheet. They will be applied to all positive blood cultures listed on this template.
Provider ID/CCN*	Hospitals CMS Certification Number.	
Hospital Name*	Hospital Name associated with CCN.	
State*	Enter the 2 character abbreviation for the state in which the hospital is located.	
Calendar Quarter*	Select the calendar quarter to which the blood culture list pertains.	
Hospital Contact Name*	Hospital contact name for CMS to contact with questions.	
Contact Phone*	Phone number for hospital contact listed.	
Contact Email*	Email address for hospital contact listed.	
Assay Type*	The type of test used to detect CDI	
Positive Stool Cultures (Y/N)*	Select Yes or No from the dropdown list. Does the hospital have any final stool cultures toxin positive for CDI for patients in the calendar quarter referenced?	
Patient HIC*	The patient's Medicare Beneficiary Number, also known as the health insurance claim (HIC) number. No dashes, spaces or special characters should be included. Must be between 7 and 12 characters. This field is required for Medicare patients when the HIC number is known.	Stool Specimen Section Complete for every final specimen toxin positive for CDI
Patient Identifier*	The patient identifier assigned by the hospital. Use the same patient identifier that would be submitted to NHSN if the episode of care (EOC) would be reported as a laboratory-identified CDI event.	
Birthdate*	The patient date of birth using MM/DD/YYYY format.	
Sex*	Select Female, Male or unknown from the dropdown list to indicate the sex of the patient.	Patient Information Section Complete these cells once per patient.
Admit Date*	Enter date patient was admitted to hospital in MM/DD/YYYY format.	
Discharge Date*	Enter date patient was discharged from the hospital in MM/DD/YYYY format. This date is critical as patients with lengths of stay > 120 days will be excluded from the validation sample.	
First Name	First name of patient.	
Last Name	Last name of patient.	
NHSN Location*	Select from the drop down list, the NHSN location to which the patient was assigned when the stool specimen was collected.	Stool Specimen Section
Lab ID*	Lab ID, accession number or specimen number corresponding to stool specimen.	

Stool Specimen Collection Date*	Provide the date the blood culture was collected in MM/DD/YYYY format.	Complete for every final specimen toxin positive for CDI
Stool Specimen Collection Time	Provide the time the blood was collected if easily available.	

* indicates required fields

NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Assay Type*	Stool Specimens Toxin Positive for C. difficile (Y/N)*	Patient HIC*
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Patient Identifier*	Birthdate*	Sex*	Admit Date*	Discharge Date*	First Name	Last Name	NHSN Location*	Lab ID*
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Stool Culture Date* **Stool Culture Time**