

Methicillin-Resistant Staphylococcus Aureus (MRSA) Validation Template

As proposed in support of validation of laboratory-identified MRSA events reported as part of the Hospital Inpatient Quality Reporting program for the Fiscal Year (FY) 2016 payment determination. According to this proposal, each hospital selected for MRSA validation is to produce a list of all final results for blood cultures positive for MRSA in either an intensive care unit (ICU) or non-ICU location during their stay.

[Proposed FY2016 - MRSA Validation Template \(blood cultures positive for MRSA for discharges beginning 4Q13\)](#)

FIELD (* indicates required field)	DESCRIPTION	SECTION
NHSN Facility ID*	The National Healthcare Safety Network (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.	
Blood cultures positive for MRSA (Y/N)*	Select Yes or No from the dropdown list. Does the hospital have any final results for blood cultures positive for MRSA 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.	Blood Culture Section Complete for every blood culture positive for MRSA.
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 MRSA bacteremia 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.	
Admit Date*	Enter date patient was admitted to hospital in MM/DD/YYYY format.	Patient Information Section Complete these cells once per patient episode of care.
Discharge Date*	Enter date patient was discharged from the hospital in MM/DD/YYYY format.	
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 blood culture positive for MRSA was collected.	Blood Culture Section Complete for every blood culture positive for MRSA.
Lab ID*	Lab ID, accession number or specimen number corresponding to positive blood culture.	
Blood Culture Date*	Provide the date the blood culture was collected in MM/DD/YYYY format.	
Blood Culture Time	Provide the time the blood was collected if easily available.	

**Hospital Inpatient Quality Reporting Program
DRAFT FOR PUBLIC COMMENT for FY 2016 payment determination**

**MRSA VALIDATION TEMPLATE
April 15, 2013**

NHSN Facility ID*	Provider ID/CCN*	Hospital Name*	State*	Calendar Quarter*	Hospital Contact Name*	Contact Phone*	Contact Email*	Blood cultures positive for MRSA (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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Blood Culture Date* Blood Culture Time