DCMR 22B-208.1
Guidance for
DC Acute Care Hospitals

Version: A1808R1808

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

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Revision History

Date	Revision(s)
2018 September	Original release

Introduction

The purpose of this document is to provide healthcare facilities in the District of Columbia (DC) with guidance on fulfilling the mandated healthcare-associated infection (HAI) reporting required by District of Columbia Municipal Regulation (DCMR) 22B-208.1 (Appendix 1). This document provides detailed information on how to report specific HAI data to the Department of Health (DC Health), a timeline for implementation and reporting deadlines, the alignment of DCMR and the Centers for Medicare and Medicaid Services (CMS) regulations, and contact information at DC Health for further guidance.

Scope of Guidance

This guidance document applies to acute care facilities that are operating within DC and fall under the purview of DCMR 22B-208. These healthcare facilities include short-term acute care hospitals (STACHs) and long-term acute care hospitals (LTACHs).

Background

DC Health began routine surveillance for HAIs with the establishment of the DC Health HAI Program in 2010 in response to the growing recognition of the important role of public health departments in ensuring patient safety and quality services in DC healthcare facilities. A state HAI prevention plan was developed to identify priority prevention targets, coordinate and implement prevention activities, and report progress toward reductions in the number of HAI cases. Both surveillance and prevention activities are necessary to reduce the number of patients with HAIs.

The DC Health HAI Program monitors HAI infection rates and uses the data to promote interventions to prevent infections, provide support and technical assistance to healthcare facilities during outbreaks, and collaborate with partners to develop and implement prevention activities to drive quality improvement. Individual HAI cases are reported to the DC Health HAI Program through the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). Cases that are part of an HAI outbreak are reported to the DC Health HAI Program through the District of Columbia RedCap (DCRC) System. Guidance for HAI Outbreak reporting is available in a separate document.

Legal Basis

DC Health reporting regulations were updated in January 2017; prior to this only CLABSI and MRSA were reportable to the District. In accordance with the updated DCMR 22-208.1, there are now seven types of priority HAIs that are mandated for reporting to the District. These include Central Line Bloodstream Infections (CLABSIs), Catheter Associated Urinary Tract Infection (CAUTIs), Surgical Site Infections (SSIs) – Abdominal hysterectomy (HYST), SSI – Colon surgery (COLO), Methicillin Resistant Staphylococcus Aureus (MRSA), *Clostridium difficile* (CDI), and Carbapenem-resistant Enterobacteriaceae (CRE). All of these HAIs are reportable to the District as defined by and reported through CDC/NHSN, which is also the conduit for facilities to comply with the Centers for Medicare and Medicaid Services (CMS) reporting requirements.

Many healthcare facilities are currently required or will be required to report some or all of these HAIs to CDC/NHSN to meet CMS requirements. These requirements both align the District's regulations with national regulations as well as address local need. Therefore, reporting to DC Health through CDC/NHSN is intended to enhance the value of the data reported while minimizing reporting burden on healthcare facilities.

Reporting Systems

National Healthcare Safety Network (NHSN)

DC Health conducts routine surveillance for HAIs through NHSN for the seven priority HAIs listed in DCMR 22B-208.1: CLABSIs, CAUTIs, SSI – Abdominal hysterectomy, SSI – Colon surgery, MRSA, CDI and CRE. NHSN is a secure, internet-based surveillance system that is designed and maintained by the CDC, and serves as the nation's most widely used HAI tracking system. **All individual HAI cases should be reported to DC Health through NHSN[1] as per DCMR 22B-208.1 (Appendix 1).**

District of Columbia RedCap (DCRC)

DC Health conducts passive surveillance of HAI clusters and outbreaks within DC healthcare facilities. Reporting of HAI clusters and outbreaks are mandated by DCMR 22-B208.2, and it is the responsibility of each individual healthcare facility to report these cases to DC Health. Healthcare facilities in DC report clusters and outbreaks electronically to DC Health through DC REDCap (DCRC)[2], our online reporting system. G**uidance for reporting HAI cases that are part of a suspected or confirmed cluster or outbreak will be available in a separate document.**

The DC Health HAI Program is available to provide guidance and resources to any type of healthcare facility that suspects itself to be undergoing an HAI cluster or outbreak. Resources that the HAI Program can provide include laboratory support, subject matter expertise, and coordination with the CDC. The DC Health HAI Program can retrospectively analyze NHSN data to detect clusters and outbreaks that have occurred in the past but may not have been recognized by the healthcare facility or reported to DC Health.

[1] https://www.cdc.gov/nhsn/
[2] http://DC Health.dc.gov/service/infectious-diseases

Reporting Expectations for All Healthcare Facilities

Data Completeness and Quality Requirements

DC Health requires access to the following summary data elements from NHSN for each healthcare facility in DC:

- Summary/denominator data
- Annual facility survey data
- Monthly reporting plan

In addition to the above items, DC Health requires access to all patient data and events that occur in a facility each month for CLABSIs, CAUTIs, SSIs (Abdominal hysterectomy and Colon surgery), CDI, MRSA, and CRE. All routine HAI surveillance is required in accordance with CDC/NHSN definitions. The type of HAI to be reported varies according to the type of facility and NHSN component followed. Please refer to Table 1 to determine which HAIs are expected to be reported by your facility. Additional details about these reporting requirements for each type of HAI can be found in the sections that immediately follow.

	STACH[3]	LTACH[4]	SNF[5]	ASC[6]	Dialysis[7]
CAUTI	✓	✓	✓		
CDI	✓	✓	✓		
CRE	✓	✓	✓		
CLABSI	✓	✓			✓
MRSA	✓	✓	✓		
SSI	✓	✓		✓	

Table 1: DC Health Mandated NHSN HAI reporting for District Healthcare Facilities. All routine HAI surveillance is done in accordance with NHSN definitions and through facility appropriate NHSN Modules.[8]

[3] Reporting in this setting will be done through the NHSN Patient Safety Component. Details about how STACHs can remain compliant with DCMR 208.1 can be found within this guidance document.
[4] Reporting in this setting will be done through the NHNS Patient Safety Component. Details about how LTACHs can remain compliant with DCMR 208.1 can be found within this guidance document.
[5] Reporting in this setting will be done through the NHSN Long Term Care Component. A separate guidance document will be made available to the SNFs for DCMR 22B 208.1.
[6] Reporting in this setting will be done through the NHSN Patient Safety Component. A separate guidance document will be made available to the ambulatory surgical centers for DCMR 22B 208.1
[7] Reporting in this setting will be done through the NHNS Dialysis Component. A separate guidance document will be made available to the outpatient dialysis facilities for DCMR 22B 208.1.
[8] A separate guidance document about DCMR 208.1 will be made available to each specific healthcare facility type that is mentioned within the regulation.

DCMR 22B 208.1 (a) Central line associated bloodstream infections (CLABSIs)

Reporting Requirements:

- Units to report:
  All inpatient location categories listed below must be entered into NHSN:
  - Adult ICU
  - Pediatric ICU
  - Adult Ward Locations
  - Pediatric Ward Locations
  - Neonatal critical care (Level 3 and Level 2/3)

- Numerator data:
  - Central-line associated bloodstream infections and all required elements for meeting the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN) case definition.

  - Please provide DC Health with the following patient identifiers:
    - Patient ID
    - Patient date of birth
    - Patient gender

- Denominator data:
  - Patient days
  - Central line (CL) days

Additional Notes:

- **Submission of patient first and last name is highly encouraged** but not required. DC Health will use these data to link NHSN datasets to other healthcare datasets in order to enhance the surveillance capacity of the HAI Program.

DCMR 22B 208.1 (b) Catheter-associated urinary tract infections (CAUTIs)

Reporting Requirements:

- Units to report:
  All inpatient location categories listed below must be entered into NHSN:
  - Adult ICU
  - Pediatric ICU
  - Adult Ward Locations
  - Pediatric Ward Locations
  - Adult Rehabilitation Ward Locations
  - Pediatric Rehabilitation Ward Locations

- Numerator data:
  - Catheter-associated urinary tract infections and all required elements for meeting the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN) case definition

  - Please provide DC Health with the following patient identifiers:
    - Patient ID
    - Patient date of birth
    - Patient gender

- Denominator data:
  - Patient days
  - Urinary Catheter days

Additional Notes:

- **Submission of patient first and last name is highly encouraged** but not required. DC Health will use these data to link NHSN datasets to other healthcare datasets in order to enhance the surveillance capacity of the HAI Program.

DCMR 22B 208.1 (c) Surgical site infections (SSI)

Reporting Requirements:

- Units to report: All inpatient locations that perform abdominal hysterectomy (HYST) and colon surgeries (COLO)

- Numerator data:
  - Surgical site infections and required elements for meeting the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN) case definition

  - Please provide DC Health with the following patient identifiers:
    - Patient ID
    - Patient date of birth
    - Patient gender

- Denominator data:
  - Total number of operative procedures corresponding to:
    - Abdominal hysterectomy (HYST)
    - Colon surgery (COLO)

Additional Notes:

- **Submission of patient first and last name is highly encouraged** but not required. DC Health will use these data to link NHSN datasets to other healthcare datasets in order to enhance the surveillance capacity of the HAI Program.

DCMR 22B 208.1 (d) Methicillin-resistant Staphylococcus aureus (MRSA)

Reporting requirements:

- Units to report: Facility-wide inpatient (FacWIDEin)

- Numerator data:
  - All non-duplicate MRSA-positive blood cultures (Laboratory-identified [LabID] events) as defined in the CDC/NHSN Multidrug-Resistant Organism (MDRO) protocol

  - Please provide DC Health with the following patient identifiers:
    - Patient ID
    - Patient date of birth
    - Patient gender

- Denominator data:
  - Patient days
  - Number of admissions (inpatient)
  - Number of encounters (ED and observation locations, if collected)

Additional notes:

- **Submission of patient first and last name is highly encouraged** but not required. DC Health will use these data to link NHSN datasets to other healthcare datasets in order to enhance the surveillance capacity of the HAI Program.

- MRSA cases documented in NHSN as part of active surveillance programs are not required to be reported to DC Health but may be submitted if this information is part of your facility's NHSN monthly reporting plan.

22B 208.1 (e) Clostridium difficile (C.difficile)

Reporting Requirements:

- Units to report: Facility-wide inpatient (FacWIDEin)

- Numerator data:
  - All non-duplicate *C. difficile*-positive laboratory assays (Laboratory-identified [LabID] events) as defined in the CDC/NHSN Multidrug-Resistant Organism (MDRO) protocol

  - Please provide DC Health with the following patient identifiers:
    - Patient ID
    - Patient date of birth
    - Patient gender

- Denominator data:
  - Patient days
  - Number of admissions (inpatient)
  - Number of encounters (ED and observation locations, if collected)

Additional notes:

- **Submission of patient first and last name is highly encouraged** but not required. DC Health will use these data to link NHSN datasets to other healthcare datasets in order to enhance the surveillance capacity of the HAI Program.

- *C. difficile* cases documented in NHSN as part of active surveillance programs are not required to be reported to DC Health but may be submitted if this information is part of your facility's NHSN monthly reporting plan.

DCMR 22B 208.1 (f) Carbapenem-resistant enterobacteriacae (CRE)[9]

Reporting requirements:

- Units to report: Facility-wide inpatient (FacWIDEin)
- Species to report: *E.coli*, *Enterobacter*, and *Klebsiella*
- Report to DC Health as LabID event measure from the NHSN Patient Safety Component module
- Please provide DC Health with the following patient identifiers:
  - Patient ID
  - Patient date of birth
  - Patient gender

Denominator data:

- Patient days
- Number of admissions (inpatient)
- Number of encounters (ED and observation locations, if collected)

Additional notes:

- **Submission of patient first and last name is highly encouraged** but not required. DC Health will use these data to link NHSN datasets to other healthcare datasets in order to enhance the surveillance capacity of the HAI Program.
- CRE cases documented in NHSN as part of active surveillance programs are not required to be reported to DC Health but may be submitted if this information is part of your facility's NHSN monthly reporting plan

[9] This is the only reporting requirement that diverges from the CMS reporting requirements. It is therefore the only reporting requirement that is new activity for the acute care facilities.

DCMR 22B 208.1 (g) An infection considered of public health concern by the Director

Reporting requirements:

- This clause allows the Director flexibility in being able to rapidly respond to emerging diseases or pathogens of concern for the purpose of preventing or mitigating a public health crisis.

- Current conditions of concern include (but are not limited to) emerging organisms that impact healthcare facilities and patient care in the United States, the Mid-Atlantic Region, or the District of Columbia, but are not yet endemic to these areas.

    - These organisms would primarily be detected through the Antibiotic Resistance Laboratory Network[10] and additional information about how DC Health responds to these specific emerging threats can be found in the CDC's Interim Guidance for a Health Response to Contain Novel or Targeted MDROs.[11]

    - Diseases, pathogens, and conditions that fall under 208.1 (g) might not be reported to DC Health through NHSN; please consult with DC Health for further guidance.

- If a facility suspects it might be dealing with a patient who has a disease, pathogen, or condition that is emergent or of a high public health concern, it should be reported directly to DC Health by sending an email to EPI.DOH@dc.gov or by calling (844) 493-2652 to reach an On-Call Epidemiologist.

[10] https://www.cdc.gov/drugresistance/solutions-initiative/ar-lab-networks.html
[11] https://www.cdc.gov/hai/containment/guidelines.html

What will DC Health do with all of this surveillance data?

DCMR 22B-208 was modified to reflect the NHSN protocols and reporting mechanism so that the data collected by individual District healthcare facilities is comparable to other healthcare facilities' data both in DC and nation-wide. The options for reporting and analysis within the NHSN application also allow individual facilities to assess trends and determine their own priorities to inform internal quality improvement activities. Overall, these HAI surveillance data will be used to inform local and national policy decisions, evaluate progress towards infection prevention goals, and aid consumers in making decisions about healthcare.[12]

The DC Health HAI Program will generate routine reports to inspect the surveillance data for completeness and monitor HAI trends in the district. These data will be compared to the HAI rates in neighboring jurisdictions for regional infection control efforts (for example, to evaluate the efforts of interventions that seek to control the spread of MDROs) and to national trends. Some of these data may also be linked to other healthcare data sources for the purpose of better understanding the spread of infection within the District. These data will also be used to track the District's progress in addressing the priority HAIs specifically targeted by DCMR 22B-208.1.

The DC Health HAI Program is available to provide facilities with guidance and support in using the HAI surveillance data for tangible action, offer facility-specific reports (depending on individual facilities' wants and needs), assist with data quality and data entry questions and provide annual NHSN trainings. Interested parties can reach out to the HAI Program at DOH.HAI@dc.gov.

DC Health HAI Program Contacts

Members of the DC Health HAI Program are available to assist healthcare facilities as needed with questions about reporting requirements, as well as provide assistance with deciding how to best use your facility's NHSN data, how to onboard a new infection control staff member, etc. An individual from the HAI Program is available to provide assistance Monday through Friday from 9:30am – 3:30pm.

The best way to reach the HAI Program is to send an email to DOH.HAI@dc.gov. This email address reaches all of the HAI team members who are listed below in the table below:

Name	Position	Phone
Dr. Preetha Iyengar	Supervisory Medical Epidemiologist	202-442-8141
Jacqueline Reuben	HAI Epidemiologist	202-442-5842
Emily Blake	HAI Epidemiologist	202-727-3919

[12] http://c.ymcdn.com/sites/www.cste.org/resource/resmgr/PS/13-ID-02.pdf

Short-term Acute Care Hospitals (STACH)

DC Municipal Regulation (DCMR) Chapter 22B Rule Number 208 expanded the hospital reporting requirements to include CAUTI, two types of SSIs, CDI and CRE. It also modified the MRSA reporting requirements to only include bloodstream infections and changed the method of individual case reporting to occur through the National Healthcare Safety Network. All of these new local reporting requirements fall in line with the current CMS reporting requirements, with the exception of CRE. The table below compares and contrasts the CMS and DC Health reporting requirements and reporting mechanisms.

Table 2: Comparison of DC Health and CMS Reporting Requirements by Event for Short Term Acute Care Hospitals

	STACH – Reporting Requirements: CMS and DC Health			
Event	**CMS Reporting Requirements (year started)**	**CMS Reporting Mechanism**	**DC Health Reporting Requirements (year started)**	**DC Health Reporting Mechanism (start date)**
CLABSI	All adult, pediatric and neonatal ICUs (2011) Adult and pediatric medical, surgical and medical/surgical wards (2015)	NHSN Patient Safety Component - In plan	All adult, pediatric and neonatal ICUs (2013) Adult and pediatric medical, surgical and medical/surgical wards (2017)	NHSN Patient Safety Component - In plan (2016)
CAUTI	All adult and pediatric ICUs (2012) Adult and pediatric medical, surgical, medical/surgical, and inpatient rehabilitation wards (2015)	NHSN Patient Safety Component - In plan	All adult and pediatric ICUs (2016) Adult and pediatric medical, surgical, medical/surgical, and inpatient rehabilitation wards (2017)	NHSN Patient Safety Component - In plan (2016)
SSI	Abdominal hysterectomy, inpatient (2012) Colon surgery, inpatient (2012)	NHSN Patient Safety Component - In plan	Abdominal hysterectomy, inpatient (2016) Colon surgery, inpatient (2016)	NHSN Patient Safety Component - In plan (2016)
CDI	Facility-wide, inpatient (2013)	NHSN Patient Safety Component – In plan	Facility-wide, inpatient (2017)	NHSN Patient Safety Component - In plan (2016)
MRSA	Facility-wide, inpatient, (2013)	NHSN Patient Safety Component - In plan	Facility-wide, inpatient, (2013)	NHSN Patient Safety Component - In plan (2016)
CRE	N/A	N/A	Facility-wide, inpatient, (2016)	NHSN Patient Safety Component - In plan (2016)

STACH Reporting Timeline:

DC Municipal Regulation (DCMR) Chapter 22B Rule Number 208 expanded the hospital reporting requirements to include CAUTI, two types of SSIs, CDI and CRE. It also modified the MRSA reporting requirements to only include bloodstream infections and changed the method of individual case reporting to occur through the National Healthcare Safety Network. All of these new local reporting requirements fall in line with the current CMS reporting requirements, with the exception of CRE. The table below compares and contrasts the CMS and DC Health reporting deadlines and the years in which these reporting requirements are enforced.

Table 3: DC Health and CMS Reporting and Enforcement Timelines by Event for Short Term Acute Care Hospitals

	STACH – Reporting Requirements				
Event	**CMS Reporting Deadline (Quarterly)**	**CMS Enforcement Start Date**	**DC Health Reporting Deadline**	**DC Health Reporting Grace Period**	**DC Health Enforcement Start Date**
CLABSI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2011 2015	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
CAUTI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2012 2015	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
SSI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2012	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
CDI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2013	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
MRSA	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2013	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
CRE	Not applicable - Collection not mandated by CMS	Not applicable	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through December 2018	January 1, 2019[13]

[13] Healthcare facilities are NOT expected to retroactively submit data to NHSN for December 2016 up until January 2019. Moving forward, healthcare facilities will only be considered non-compliant with data submission if they are not reporting CRE data from January 1, 2019 and onward.

Long-term Acute Care Hospitals (LTACH)

DC Municipal Regulation (DCMR) Chapter 22B Rule Number 208 expanded the hospital reporting requirements to include CAUTI, two types of SSIs, CDI and CRE. It also modified the MRSA reporting requirements to only include bloodstream infections and changed the method of individual case reporting to occur through the National Healthcare Safety Network. All of these new local reporting requirements fall in line with the current CMS reporting requirements, with the exception of CRE. The table below compares and contrasts the CMS and DC Health reporting requirements and reporting mechanisms.

Table 4: Comparison of DC Health and CMS Reporting for Long Term Acute Care Hospitals

	LTACH – Reporting Requirements: CMS vs DC Health			
	CMS Reporting Requirements (year started)	**CMS Reporting Mechanism**	**DC Health Reporting Requirements (year started)**	**DC Health Reporting Mechanism (start date)**
CLABSI	All adult and pediatric ICUs and wards (Oct. 2012)	NHSN Patient Safety Component - In plan	All adult and pediatric ICUs and wards (2013)	NHSN Patient Safety Component - In plan (2016)
CAUTI	Adult and pediatric ICUs and wards (Oct. 2012)	NHSN Patient Safety Component - In plan	Adult and pediatric ICUs and wards (2016)	NHSN Patient Safety Component - In plan (2016)
SSI	Abdominal hysterectomy, inpatient (2012) Colon surgery, inpatient (2012)	NHSN Patient Safety Component - In plan	Abdominal hysterectomy, inpatient (2016) Colon surgery, inpatient (2016)	NHSN Patient Safety Component - In plan (2016)
CDI	Facility-wide, inpatient (2015)	NHSN Patient Safety Component – In plan	Facility-wide, inpatient (2016)	NHSN Patient Safety Component - In plan (2016)
MRSA	Facility-wide, inpatient (2015)	NHSN Patient Safety Component - In plan	Facility-wide, inpatient (2013)	NHSN Patient Safety Component - In plan (2016)
CRE	N/A	N/A	Facility-wide, inpatient (2016)	NHSN Patient Safety Component - In plan (2016)

LTACH Reporting Timeline:

DC Municipal Regulation (DCMR) Chapter 22B Rule Number 208 expanded the hospital reporting requirements to include CAUTI, two types of SSIs, CDI and CRE. It also modified the MRSA reporting requirements to only include bloodstream infections and changed the method of individual case reporting to occur through the National Healthcare Safety Network. All of these new local reporting requirements fall in line with the current CMS reporting requirements, with the exception of CRE. The table below compares and contrasts the CMS and DC Health reporting deadlines and the years in which these reporting requirements are enforced.

Table 5: DC Health and CMS Reporting and Enforcement Timelines for Long Term Acute Care Hospitals

	LTACH – Reporting Requirements				
	CMS Reporting Deadline	**CMS Enforcement Start Date**	**DC Health Reporting Deadline**	**DC Health Reporting Grace Period**	**DC Health Enforcement Start Date**
CLABSI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2012	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
CAUTI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2012	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
SSI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2012	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
CDI	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2015	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
MRSA	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	2015	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through May 2017	June 2017
CRE	Not applicable - Collection not mandated by CMS	Not applicable	Q1 (Jan-Mar): August 15th Q2 (Apr-Jun): November 15th Q3: (Jul-Sep): February 15th Q4: (Oct-Dec): May 15th	December 2016 through December 2018	January 1, 2019[14]

[14] Healthcare facilities are NOT expected to retroactively submit data to NHSN for December 2016 up until January 2019. Moving forward, healthcare facilities will only be considered non-compliant with data submission if they are not reporting CRE data from January 1, 2019 and onward.

Appendix 1

DEPARTMENT OF HEALTH

NOTICE OF FINAL RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth in Section 1 of An Act to authorize the Commissioners of the District of Columbia to make regulations to prevent and control the spread of communicable and preventable diseases ("Act"), approved August 11, 1939 (53 Stat. 1408, ch. 601, § 1; D.C. Official Code § 7-131 (2012 Repl.)), and § 2 of Mayor's Order 98-141, dated August 20, 1998, hereby gives notice of the adoption of the following amendments to Chapter 2 (Communicable and Reportable Diseases) of Subtitle B (Public Health and Medicine), Title 22 (Health), of the District of Columbia Municipal Regulations (DCMR).

The rulemaking adds a new Section 208 entitled Health Care Associated Infections; amends Section 200, the General Provisions section, by repealing the requirement to report tuberculosis cases in a sealed envelope; amends Section 201 to update the list of reportable diseases; amends Section 202 to update the procedures for reporting occurrences of communicable diseases; amends Section 203 to update the procedures for conducting quarantines of animals suspected of carrying rabies; repeals Section 204 that concerned reports and treatment of ringworm of the scalp; and amends Section 299 to update definitions to conform with other amendments.

These amendments were published as Notice of Proposed Rulemaking in the *D.C. Register* on September 9, 2016 at 63 DCR 011421. No comments were received and no changes have been made to the rule. The Director adopted the rules as final on November 7, 2016, and they will take effect immediately upon publication of this notice in the *D.C. Register*.

Chapter 2, COMMUNICABLE AND REPORTABLE DISEASES, of Title 22-B DCMR, PUBLIC HEALTH AND MEDICINE, is amended as follows:

Section 200, GENERAL PROVISIONS, is amended as follows:

208 HEALTH CARE ASSOCIATED INFECTIONS

208.1 Acute care, ambulatory, long-term acute care, skilled nursing, and outpatient renal dialysis facilities shall permit the Director access through the National Healthcare Safety Network (NHSN) to data on health care-associated infections (HAIs)). Each of these facilities shall report the following HAIs according to the definitions provided in the most current edition of the NHSN manual (http://www.cdc.gov/nhsn/).

(a) Central line-associated bloodstream infections (CLABSIs);

(b) Catheter-associated urinary tract infections (CAUTIs);

(c) Surgical site infections (SSI):

(1) SSI: Abdominal hysterectomy; and

(2) SSI: Colon surgery;

(d) Methicillin-resistant Staphylococcus aureus (MRSA);

(e) Clostridium difficile (C.difficile);

(f) Carbapenem-resistant enterobacteriacae (CRE); and

(g) An infection considered of public health concern by the Director.

208.2 All health care facilities shall report a confirmed or suspected HAI outbreak (as defined in § 299.1) to the Director by telephone or in writing within twenty-four (24) hours.

Section 299, DEFINITIONS

The following terms and definitions are amended or added in alphabetical order to read as follows:

Health care associated infection (HAI)—an infection that develops in a patient or resident in a healthcare facility that was not present or incubating at the time of admission.

Health care associated infection outbreak (HAI outbreak)—the occurrence of more cases of infections than expected in a given healthcare facility area among a specific group of people over a particular period of time, or when the number of infections in a healthcare facility is higher than the baseline rate for that facility.

National Healthcare Safety Network (NHSN)—a secure internet-based surveillance system that houses national healthcare-associated infection data and is managed by the Center for Disease Control and Prevention's Division of Healthcare Quality Promotion.

SOURCE: Commissioners' Order 61-1117 (June 20, 1961), 8 DCRR § 8-5:104 (1965); as amended by Commissioners' Order 65-868 (June 22, 1965), 8 DCRR § 8-5:104(b) (1965); and by Final Rulemaking published at 47 DCR 10209 (December 29, 2000); as amended by Final Rulemaking published at 48 DCR 472 (January 19, 2001); as amended by Final Rulemaking published at 50 DCR 6169 (August 1, 2003); as amended by Final Rulemaking published at 55 DCR 5979 (May 23, 2008); and as amended by Final Rulemaking published at 56 DCR 848 (January 23, 2009).

Appendix 2

List of Acronyms

Acronym	Definition
ACH	Acute Care Hospital
ARLN	Antibiotic Resistant Laboratory Network
ASC	Ambulatory Surgical Centers
CDC	Centers for Disease Control and Prevention
CDI	*Clostridium difficile* Infection
CLABSI	Central Line Bloodstream Infection
CMS	Centers for Medicare and Medicaid Services
COLO	Colon Surgery
CRE	Carbapenem Resistant Enterobacteriaceae
DC	District of Columbia
DCMR	District of Columbia Municipal Regulations
DCRC	District of Columbia RedCap
DC HEALTH	Department of Health
HAI	Healthcare-Associated Infection
HYST	Hysterectomy
ICU	Intensive Care Unit
LTACH	Long-Term Acute Care Hospital
MDRO	Multidrug Resistant Organism
MRSA	Methicillin-Resistant Staphylococcus Aureus
NHSN	National Healthcare Safety Network
SNF	Skilled Nursing Facility
SSI	Surgical Site Infection
STACH	Short-Term Acute Care Hospital