# DCMR 22B-208.1
# Guidance for
# DC Long Term Care Facilities

Version: A1812R1812

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

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## Revision History

| Date | Revision(s) |
|---|---|
| **2018 December** | 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 long-term care facilities (LTCFs) that are operating within DC and fall under the purview of DCMR 22B-208. These healthcare facilities include skilled nursing facilities (SNFs) that are either high or low acuity.

## 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 will be 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 within 24 hours of identification to DC Health. Healthcare facilities in DC report clusters and outbreaks electronically to DC Health through DC REDCap (DCRC)[2], our online reporting system. **Guidance 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 on management and control 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 also 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 on the DC Health HAI Program website.
[4] Reporting in this setting will be done through the NHSN Patient Safety Component. Details about how LTACHs can remain compliant with DCMR 208.1 can be found on the DC Health HAI Program website.
[5] Reporting in this setting will be done through the NHSN Long Term Care Component. Details about how SNFs can remain compliant with DCMR 208.1 can be found within this guidance document.
[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.

## How to Comply with DCMR 22B 208.1 (a)

### *Central line associated bloodstream infections (CLABSIs)*

- DC LTCFs are not expected to report CLABSI data to DC Health at this time.

**Reporting Requirements**:

- Units to report:
  - None at present.
- Numerator data:
  - None at present.
- Denominator data:
  - None at present.

**Additional Notes**:

- Please note that this reporting requirement is contingent on the reporting capacity of the NHSN LTCF module. Therefore, this reporting requirement may change in the future as the NHSN system evolves to reflect the changing landscape of LTCFs.

## How to Comply with DCMR 22B 208.1 (b)

### *Catheter associated urinary tract infections (CAUTIs)*

- While the title of this section is CAUTIs, the wording in this regulation was broadly written to capture UTI events as appropriate to each healthcare facility setting according to the different NHSN modules. For LTCFs, this refers to UTI events as defined in the NHSN LTCF Component Module.

**Applicable NHSN Resources:**

- NHSN Component: Long-term Care Facility Component Manual
- NHSN Protocol: Urinary Tract Infection Event

**Reporting Requirements**:

- Units to report: Facility-wide inpatient (FacWIDEin)
- Numerator data:
  - Urinary tract infections and all required elements for meeting the Centers for Disease Control and Prevention/National Healthcare Safety Network (CDC/NHSN) case definition for a LTCF reportable UTI event.
  - Please provide DC Health with the following patient identifiers:
    - Resident first and last name
    - Resident date of birth
    - Resident gender
- Denominator data:

  Monthly Totals of:
  - Number of resident-days
  - Number of urinary catheter days
  - Number of new antibiotic starts for UTI indication
  - Number of urine cultures ordered

**Additional Notes**:

- While UTIs are technically reportable to DC Health as of December 2016, a grace period was provided to all LTCFs that were not yet reporting this data to NHSN. This grace period ends June 1, 2019.

## How to Comply with DCMR 22B 208.1 (c)

### *Surgical site infections (SSIs)*

- DC LTCFs are not expected to report SSI data to DC Health at this time.

**Reporting Requirements**:

- Units to report:
  - None at present (not applicable to this setting).
- Numerator data:
  - None at present (not applicable to this setting).
- Denominator data:
  - None at present (not applicable to this setting).

**Additional Notes**:

- None.

## How to Comply with DCMR 22B 208.1 (d)

### *Methicillin-resistant Staphylococcus aureus (MRSA)*

**Applicable NHSN Resources:**

- NHSN Component: Long-term Care Facility Component Manual
- NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) & Clostridium difficile Infection (CDI) Events for Long-term Care Facilities (LTCFs)

**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 LabID Event Protocol for LTCFs.
  - Please provide DC Health with the following patient identifiers:
    - Resident first and last name
    - Resident date of birth
    - Resident gender
- Denominator data:
  Monthly Totals of:
  - Number of resident admissions
  - Number of resident days

**Additional notes**:

- While MRSA bacteremia is technically reportable to DC Health as of December 2016, a grace period was provided to all LTCFs that were not yet reporting this data to NHSN. This grace period ends January 1, 2020.

## How to Comply with 22B 208.1 (e)

### *Clostridium difficile (C.difficile)*

**Applicable NHSN Resources:**

- NHSN Component: Long-term Care Facility Component Manual
- NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) & Clostridium difficile Infection (CDI) Events for Long-term Care Facilities (LTCFs)

**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 LabID Event Protocol for LTCFs.
    - Please provide DC Health with the following patient identifiers:
        - Resident first and last name
        - Resident date of birth
        - Resident gender
- Denominator data:
    - Number of resident days
    - Number of resident admissions
    - Number of admissions on *C. difficile* treatment

**Additional notes**:

- While *C. difficile* infection is technically reportable to DC Health as of December 2016, a grace period was provided to all LTCFs that were not yet reporting this data to NHSN. This grace period ends January 1, 2019.

## How to Comply with DCMR 22B 208.1 (f)

### *Carbapenem-resistant enterobacteriacae (CRE)*

**Applicable NHSN Resources:**

- NHSN Component: Long-term Care Facility Component Manual
- NHSN Protocol: Laboratory-identified Multidrug-Resistant Organism (MDRO) & Clostridium difficile Infection (CDI) Events for Long-term Care Facilities (LTCFs)

**Reporting requirements**:

- Units to report: Facility-wide inpatient (FacWIDEin)
- Species to report: *E.coli*, *Enterobacter*, and *Klebsiella*
- Numerator data:
    - Report to DC Health as LabID event measure from the NHSN LabID Event Protocol for LTCFs.

  - Please provide DC Health with the following patient identifiers:
    - Resident first and last name
    - Resident date of birth
    - Resident gender
- **Denominator data**:
  - Number of resident days
  - Number of resident admissions

**Additional notes**:

- 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
- While CRE is technically reportable to DC Health as of December 2016, a grace period was provided to all LTCFs that were not yet reporting this data to NHSN. This grace period ends January 1, 2020.

## How to comply with DCMR 22B 208.1 (g)

### *An infection considered of public health concern by the Director*

**Reporting requirements**:

- This clause allows the Director of DC Health 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[9] 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.[10]

  - 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 immeidately by sending an email to EPI.DOH@dc.gov or by calling (844) 493-2652 to reach an On-Call Epidemiologist.

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

## Benefits of reporting surveillance data to DC Health

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.[11]

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 activities including deciding how to best use your facility's NHSN data, or how to onboard a new infection control staff member. 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 |

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

# Long Term Care Facility HAI Reporting Requirements

DC Municipal Regulation (DCMR) Chapter 22B Rule Number 208 expanded the healthcare facility 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 current and anticipated CMS reporting requirements and the expanded list of nationally notifiable diseases. The table below compares and contrasts national and DC Health reporting requirements and reporting mechanisms.

Table 2: Comparison of DC Health and National Reporting Requirements by Event for Long Term Care Facilities

| | **LTCF – Reporting Requirements: National and DC Health** | | | |
|---|---|---|---|---|
| **Event** | **National Reporting Requirement (year started)** | **National Reporting Mechanism** | **DC Health Reporting Requirement (year started)** | **DC Health Reporting Mechanism (start date)** |
| CLABSI | Not yet reportable to CMS or CDC | N/A | N/A | N/A |
| CAUTI | Not yet reportable to CMS or CDC | N/A | Facility-wide (2017) | Long Term Care Facility Component – In monthly reporting plan (2019) |
| SSI | N/A | N/A | N/A | N/A |
| CDI | Not yet reportable to CMS or CDC | N/A | Facility-wide (2017) | Long Term Care Facility Component – In monthly reporting plan (2019) |
| MRSA | Not yet reportable to CMS or CDC | N/A | Facility-wide (2017) | Long Term Care Facility Component – In monthly reporting plan (2019) |
| CRE | 2018 | National Notifiable Diseases Surveillance System (NNDSS) | Facility-wide (2017) | Long Term Care Facility Component – In monthly reporting plan (2019) |

## Long Term Care Facility Reporting Timeline:

DC Municipal Regulation (DCMR) Chapter 22B Rule Number 208 expanded healthcare facility 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 current and anticipated CMS reporting requirements and the expanded list of nationally notifiable diseases. The table below compares and contrasts national 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 Long Term Care Facilities

| | **LTCF – Reporting Requirements** | | | | |
|---|---|---|---|---|---|
| **Event** | **National Reporting Deadline** | **National Enforcement Start Date** | **DC Health Reporting Deadline** | **DC Health Reporting Grace Period** | **DC Health Enforcement Start Date**[12] |
| CLABSI | N/A – not yet reportable | N/A – not yet reportable | N/A | N/A | N/A |
| CAUTI | N/A – not yet reportable | N/A – not yet reportable | Q1 (Jan-Mar): August 15th<br>Q2 (Apr-Jun): November 15th<br>Q3: (Jul-Sep): February 15th<br>Q4: (Oct-Dec): May 15th | December 2016 through June 2019 | June 1, 2019 |
| SSI | N/A | N/A | N/A | N/A | N/A |
| CDI | Q1 (Jan-Mar): August 15th<br>Q2 (Apr-Jun): November 15th<br>Q3: (Jul-Sep): February 15th<br>Q4: (Oct-Dec): May 15th | Voluntarily reportable through CMS CDI Initiative | Q1 (Jan-Mar): August 15th<br>Q2 (Apr-Jun): November 15th<br>Q3: (Jul-Sep): February 15th<br>Q4: (Oct-Dec): May 15th | December 2016 through January 2019 | January 1, 2019 |
| MRSA | N/A – not yet reportable | N/A – not yet reportable | Q1 (Jan-Mar): August 15th<br>Q2 (Apr-Jun): November 15th<br>Q3: (Jul-Sep): February 15th<br>Q4: (Oct-Dec): May 15th | December 2016 through January 2020 | January 1, 2020 |
| CRE | Upon identification | 2018 | Q1 (Jan-Mar): August 15th<br>Q2 (Apr-Jun): November 15th<br>Q3: (Jul-Sep): February 15th<br>Q4: (Oct-Dec): May 15th | December 2016 through January 2020 | January 1, 2020 |

[12] Healthcare facilities are NOT expected to retroactively submit data to NHSN from December 2016 to the various enforcement start dates. Moving forward, healthcare facilities will only be considered non-compliant with data submission if they are not reporting data from the DC Health Enforcement Start Date.

# 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);

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(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 |
| **LTCF** | Long-Term Care facility |
| **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 |