

XDRO Registry Frequently Asked Questions

Accessing materials.....	3
Where can I access webinar recordings and slides?	3
Where can I find the CDC CRE toolkit?	3
Where can I find the facility transfer form?	3
Signing up for the XDRO registry	3
How do I sign up to access the registry?.....	3
If I already have access to I-NEDSS, is there any additional registration to access the XDRO registry?...	4
Which number can I call if I am having trouble with my I-NEDSS account (e.g. resetting my password)?	4
I have filled out my paperwork for access to the registry, what are the next steps? How will I know when I have been granted access and how long can I expect that to take?	4
How many people from each facility can sign up to access the XDRO registry?	4
Reporting to the registry.....	4
Who is required to report to the registry?	4
How have required reporters been notified?	4
What if the laboratory I am working with is not aware of the required reporting, or has not been trained to enter data into the XDRO registry?.....	5
What if the laboratory or facility I am working with is already reporting to I-NEDSS, do I still need to report to the XDRO registry?	5
Do I report if had zero cases?	5
Can the registry be used for MDROs other than CRE?	5
What is the timeframe for reporting (how soon after confirmed laboratory results does a patient need to be reported to the registry)?	5
When is the start date for required reporting?	5
Can I start to enter information prior to the November 1, 2013 start date?.....	5
After November 1, 2013, can I enter information about a patient that was found to be CRE positive even if the encounter occurred before November 1 st ?	5
I understand that I am to enter a CRE positive patient into the registry when first detected on an encounter—so do I have to enter the patient each time they return on another encounter?	5
If a hospital first reports a patient to the XDRO registry, does a nursing home or other facility also need to report the same patient?	6

If a hospital gets a sample from a nursing home that is CRE positive, who is responsible for reporting? Should both the hospital and nursing home report?	6
If I do not have an on-site laboratory (or I use a hospital reference laboratory), who is responsible for reporting a positive CRE case to the registry—the hospital, nursing home, doctor’s office or laboratory?.....	6
What about outpatient and free-standing clinics—who has the responsibility of reporting? What if the clinic is associated with a hospital?	6
What if the patient is discharged before I get the positive CRE culture report? Who is responsible for reporting then—the laboratory or the health care facility?.....	6
Do laboratories report positive cases regardless of whether the patient is at a hospital or at a LTCF? ..	6
During the same admission, my patient is found to have <i>E. coli</i> CRE and, on another date, <i>Klebsiella</i> species CRE. Do I report both?.....	7
If I report CRE to the XDRO registry, do I also need to report it to local health department?.....	7
Clarifying CRE criteria.....	7
What are the criteria for reporting?	7
Should all clinical and surveillance culture results be included?	7
Should patients who are intermittently CRE-positive be reported?	7
Should I report ertapenem-resistant Enterobacteriaceae?.....	7
Should the 3rd criteria be used for any Enterobacteriaceae other than E coli and KPC?	8
Querying and using the registry.....	8
When should I query the registry?	8
Can I only search within my own facility?.....	8
Will the registry show all of the CRE reported patients for my facility?.....	8
Can I search the registry to see all of the CRE reported patients in my geographic area, by facility?	8
What will the system look like for local health departments? Will they see all of the reporting facilities in their jurisdiction?	8
Can I go back to the registry and print a previously submitted report?.....	9
Do hospitals get notified when a patient with XDRO history is admitted? What is the process?.....	9
How long does patient information stay in the registry?	9
Laboratory testing and detection	9
Most of the time, our laboratory only tests for resistance to ceftriaxone; should we require our laboratory to test for ALL cephalosporins mentioned?.....	9
Whom do I contact if I have questions about whether an organism meets criteria (e.g. I am unable to interpret susceptibility results)?	9

How do I send CRE isolates to the Illinois Department of Public Health laboratory?	9
CRE prevention and treatment	10
If I query the registry and see that a patient was CRE positive, does the patient continue to need isolation or contact precautions if not currently positive? For how long?	10
Future plans	10
Does Illinois Department of Public Health have plans for any auditing or validation of data to assess complete entry?	10
When will electronic feeds for reporting be available?	10

Accessing materials

Where can I access webinar recordings and slides?

Webinar recordings and slides are available at www.xdro.org.

Where can I find the CDC CRE toolkit?

CDC’s CRE toolkit is available at <http://www.cdc.gov/hai/organisms/cre/cre-toolkit/>.

Where can I find the facility transfer form?

Illinois’ inter-facility patient transfer form is available at <http://www.cookcountypublichealth.org/communicable-diseases/patient-transfer>.

Signing up for the XDRO registry

How do I sign up to access the registry?

Existing I-NEDSS users automatically are granted access to the XDRO registry. If you already have an I-NEDSS username and password, sign in through the Illinois Department of Public Health portal (<http://portalhome.dph.illinois.gov/>) to access the registry.

If you are not an I-NEDSS user, you need to sign up to access the registry using the I-NEDSS application process. New users need to complete an application form accessible through the Illinois Department of Public Health portal (<http://portalhome.dph.illinois.gov/>) or through the Illinois Department of Public Health portal link at www.xdro.org.

To successfully complete a new I-NEDSS/XDRO registry application, you must identify the individual at your facility or health system designated as the “portal registration authority” (PRA). If you do not know who your PRA is, click on the “Portal Registration Authority” link in the application. Enter your facility name to search for your PRA. If you do not have an institutional PRA, enter DPH.SECURITY@illinois.gov as the PRA email on the application.

If you have additional questions regarding access to the Illinois Department of Public Health Web Portal, please call the Illinois Department of Public Health portal customer service center at 1-800-366-8768.

If I already have access to I-NEDSS, is there any additional registration to access the XDRO registry?

No; existing INEDSS users automatically will be granted access to the XDRO registry. If you are an existing INEDSS user and you are not able to access to the XDRO registry, please email the support team at DPH.XDRRegistry@Illinois.gov.

Which number can I call if I am having trouble with my I-NEDSS account (e.g. resetting my password)?

For Illinois Department of Public Health Web Portal access questions, including login and password issues, please call the web portal customer service number, 1-800-366-8768.

I have filled out my paperwork for access to the registry, what are the next steps? How will I know when I have been granted access and how long can I expect that to take?

The typical timeline to obtain new access to the Illinois Department of Public Health portal is 2 to 4 weeks. One registration step is that your local PRA (portal registration authority) needs to approve your request. If the delay is longer than expected, please contact your PRA to ensure that they approved your request. Once approved by IDPH, you should receive an email from their help desk granting you access to the registry.

How many people from each facility can sign up to access the XDRO registry?

There is no limit to the number of people from each facility that can have access the XDRO registry. However, to avoid inappropriate use of the XDRO registry, access should be limited to personnel responsible for infection control.

Reporting to the registry

Who is required to report to the registry?

Acute care hospitals (including short term and long term), skilled nursing facilities, and laboratories in the state of Illinois are required to participate in the XDRO registry and report CRE cases. All other facilities (such as outpatient clinics and assisted living facilities) are not required to participate in the XDRO registry.

How have required reporters been notified?

Illinois Department of Public Health has sent paper and electronic communication to required reporters to inform them of their reporting requirements. If you did not receive this notice but believe that you may be required to report, you may contact DPH.XDRRegistry@Illinois.gov or visit www.xdro.org for guidance.

What if the laboratory I am working with is not aware of the required reporting, or has not been trained to enter data into the XDRO registry?

In the short term, all reporting to the XDRO registry is by manual entry into the website, including laboratories. If your laboratory is a required reporting facility, then you are responsible for reporting CRE events to the XDRO registry.

In the future, most Illinois laboratories will report CRE electronically to the XDRO registry via I-NEDSS.

What if the laboratory or facility I am working with is already reporting to I-NEDSS, do I still need to report to the XDRO registry?

Reporting to I-NEDSS does not satisfy CRE reporting to the XDRO registry at this time. This is because the XDRO registry exists separate from I-NEDSS, in order to provide both reporting and search functionality. Thus, you need to manually report CREs directly to the XDRO registry.

Do I report if I had zero cases?

No, if you have zero cases, you do not need to report. Only CRE events are reported to the XDRO registry.

Can the registry be used for MDROs other than CRE?

At this time, the XDRO registry is only for CRE. In the future, if important for public health, other XDROs (for example, vancomycin-resistant *S. aureus*) may be considered.

What is the timeframe for reporting (how soon after confirmed laboratory results does a patient need to be reported to the registry)?

We ask that CRE events be reported within 7 days of CRE result finalization.

When is the start date for required reporting?

Qualifying CRE cultures obtained after November 1, 2013 are required to be reported to the XDRO registry.

Can I start to enter information prior to the November 1, 2013 start date?

The XDRO registry will not be live until November 1, 2013.

After November 1, 2013, can I enter information about a patient that was found to be CRE positive even if the encounter occurred before November 1st?

Yes, all CRE events can be entered into the XDRO registry, regardless of the date of event. For CRE culture collected prior to November 1, 2013, reporting is optional and at the discretion of the reporting facility.

I understand that I am to enter a CRE positive patient into the registry when first detected on an encounter—so do I have to enter the patient if they are CRE positive on another encounter?

Yes, report the first CRE culture for each patient encounter. Thus, if a patient has two separate

facility admissions and has a positive CRE culture in each admission, both events should be reported. Knowing whether a patient is repeatedly positive for CRE is important for public health decision-making.

If a hospital first reports a patient to the XDRO registry, does a nursing home or other facility also need to report the same patient?

The first CRE culture per patient encounter should be reported. Thus, if a patient was already reported during a prior hospital encounter, a nursing home or other facility would only need to report the same patient if a new CRE culture was obtained at their own facility.

If a hospital processes a nursing home specimen and CRE is recovered, who is responsible for reporting? Should both the hospital and nursing home report?

The facility that obtained the specimen should be responsible for reporting. Assisted living facilities are not required to directly participate in the XDRO registry; if an assisted living facility obtains a culture, then the laboratory that identified CRE is responsible for reporting.

If I do not have an on-site laboratory (or I use a hospital reference laboratory), who is responsible for reporting a positive CRE case to the registry—the hospital, nursing home, doctor’s office or laboratory?

In general, the facility that obtained the culture is responsible for reporting. Thus, even if the facility utilizes a third party laboratory, the facility itself is responsible for reporting the CRE positive result.

What about outpatient and free-standing clinics—who has the responsibility of reporting? What if the clinic is associated with a hospital?

Outpatient clinics, whether or not they are affiliated with a hospital, are not mandated to report to the XDRO registry. Laboratories are considered reporting entities to the XDRO registry, so they are asked to report CRE events to the XDRO registry.

What if the patient is discharged before I get the positive CRE culture report? Who is responsible for reporting then—the laboratory or the health care facility?

In general, the facility that orders and obtains the CRE culture is the facility primarily responsible for reporting. In this example, the facility that obtained the CRE culture is responsible, even if the patient was discharged before the result returned. Laboratories should confirm that the event was reported (e.g. by searching the registry), or else manually report cases directly to the registry.

Do laboratories report positive cases regardless of whether the patient is at a hospital or at a LTCF?

Yes, unless the laboratory confirms that the event was reported elsewhere (e.g. by searching the registry), they should report eligible CRE events to the XDRO registry, regardless of where the culture was obtained, including non-reporting facilities such as outpatient clinics.

During the same admission, my patient is found to have *E. coli* CRE and, on a later date, *Klebsiella* species CRE. Do I report both?

Only the first CRE event (regardless of species type) per patient encounter should be reported. Thus, only report the *E. coli* CRE, not the *Klebsiella* species CRE.

If I report CRE to the XDRO registry, do I also need to report it to the local health department?

Reporting CRE to the XDRO registry is the only action needed to satisfy Illinois Department of Public Health reporting requirements. You do not need to also report to your local health department unless requested to do so by your local department.

Clarifying CRE criteria

What are the criteria for reporting?

Starting November 1, 2013, the **first CRE-positive culture per patient stay** must be reported to the XDRO registry.

CRE definition

Enterobacteriaceae (e.g., *E. coli*, *Klebsiella* species, *Enterobacter* species, *Proteus* species, *Citrobacter* species, *Serratia* species, *Morganella* species, or *Providentia* species) with one of the following laboratory test results:

1. Molecular test (e.g., polymerase chain reaction [PCR]) specific for carbapenemase; OR
2. Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production; OR
3. For ***E. coli* and *Klebsiella*** species only: non-susceptible to ONE of the following carbapenems (doripenem, meropenem, or imipenem) AND resistant to ALL of the following third generation cephalosporin tested (ceftriaxone, cefotaxime, and ceftazidime).

Consult with your microbiology laboratory regarding which CRE tests are available. For some laboratories, only #3 will be available.

Should all clinical and surveillance culture results be included?

Yes, all clinical and surveillance culture results are eligible to be CRE events.

The goal for the XDRO registry is to identify all patients who carry CRE, regardless of the type of culture. Furthermore, because CRE detection is dependent on whether facilities perform active versus passive surveillance, CRE events are not evaluated as rates for public reporting.

Should patients who are intermittently CRE-positive be reported?

If a patient is screened multiple times for CRE and is positive on some dates but not on others, the first positive CRE event per facility encounter should still be reported.

Should I report ertapenem-resistant Enterobacteriaceae?

Ertapenem susceptibility status should be ignored when making a determination of CRE. When applying the susceptibility testing criteria for criterion 3, look for non-susceptibility to the

following carbapenems (imipenem, meropenem, or doripenem), in addition to resistance to 3rd generation cephalosporins.

Should the 3rd criteria be used for any Enterobacteriaceae other than E coli and KPC?

No, criterion #3 (which focuses on resistance/susceptibility testing results) should only be applied to *E. coli* and *Klebsiella* species.

Querying and using the registry

When should I query the registry?

We encourage you to query the registry when evaluating whether a patient at your facility requires special precautions to reduce transmission of CRE, such as isolation precautions.

Currently, all querying is manual. For facilities with few admissions per day (for example, nursing homes and long term acute care hospitals), querying every patient admission may be feasible. For facilities with many admissions (for example, short stay acute care hospitals), targeted querying of a smaller group of high risk patients, such as ICU patients or patients recently exposed to other healthcare facilities, may be feasible.

Can I only search within my own facility?

The XDRO registry is designed to promote information exchange across facilities. If you would like to search the CRE history of a specific patient across all facilities in Illinois that are reporting to the XDRO registry, you may do so by selecting "Search Registry."

If you only want to view your own facility's submission history (for all patients your facility has entered data), select "Facility Submission History." You can only view the facility submission history for your own facility, but you will reports for all users at your facility.

Will the registry show all of the CRE reported patients for my facility?

Yes, to search your facility's reported patients, select the "Facility Submission History" button. You can view and search a sortable list of your facility's entire submission history.

Can I search the registry to see all of the CRE reported patients in my geographic area, by facility?

Only authorized public health agencies will be able to view reports by geographic area. Permissions will be under the authority of the Illinois Department of Public Health.

What will the system look like for local health departments? Will they see all of the reporting facilities in their jurisdiction?

Yes, local health departments will be given access to the data through Illinois Department of Public Health. The health departments can use these data to guide regional interventions to reduce intra- and inter-facility transmission. Your facility's location will determine which local health department has access to your data.

Can I go back to the registry and print a previously submitted report?

Yes, by selecting the Facility Submission History, the user can pull up the summary for an individual patient; there is an option to print the report.

Do hospitals get notified when a patient with XDRO history is admitted? What is the process?

Currently, there is no automated notification system; all querying is performed manually.

In the future, we hope to incorporate automated querying of the registry. To do so, hospitals would automatically send patient admission information to query the XDRO registry; the method of notification would likely be via a secure email. The process of connecting hospitals electronically to the XDRO registry will take additional time and resources to develop.

How long does patient information stay in the registry?

Patient information can be queried for at least one year. We will make future changes based on available scientific data as well as CDC guidance with respect to how long patients should be considered CRE-colonized.

Laboratory testing and detection**Most of the time, our laboratory only tests for resistance to ceftriaxone; should we require our laboratory to test for ALL cephalosporins mentioned?**

No. Criterion 3 of the CRE definition specifies resistance to all 3rd generation cephalosporins tested (ceftriaxone, cefotaxime, ceftazidime). If your laboratory tests only a subset of this list, use what is available.

Note: some laboratories perform additional susceptibility tests not displayed in the final report. If you need additional testing information regarding a culture result, consider contacting your laboratory.

Whom do I contact if I have questions about whether an organism meets criteria (e.g. I am unable to interpret susceptibility results)?

We recommend that you first contact your microbiology laboratory and speak with a staff member who is knowledgeable about your laboratory's CRE testing. If you are still unsure, you may contact the XDRO registry via DPH.XDROregistry@Illinois.gov for further guidance.

How do I send CRE isolates to the Illinois Department of Public Health laboratory?

In general, CRE culture isolates should not be physically sent to the Illinois Department of Public Health laboratory. If you need further testing of a culture isolate, talk with your microbiology laboratory director about testing options (such as Modified Hodge or PCR testing) including sending the isolate to a reference laboratory. In outbreak situations, you may contact Illinois Department of Public Health at DPH.XDROregistry@Illinois.gov to determine whether confirmatory testing is appropriate.

CRE prevention and treatment

If I query the registry and see that a patient was CRE positive, does the patient continue to need isolation or contact precautions if not positive on testing at my institution? For how long?

Currently, there is no widely accepted method to determine when a CRE-positive patient can be re-classified as CRE negative. Many facilities consider CRE-positive patients to be always CRE carriers. Each facility should create policies consistent with public health recommendations regarding appropriate infection control practices for CRE-carrying patients. Further guidance regarding appropriate infection control practice can be found in CDC's CRE toolkit (<http://www.cdc.gov/hai/organisms/cre/cre-toolkit/>).

Future plans

Does Illinois Department of Public Health have plans for any auditing or validation of data to assess complete entry?

Illinois Department of Public Health is exploring strategies to validate XDRO registry data.

When will electronic feeds for reporting be available?

Currently, electronic reporting is not available, but Illinois Department of Public Health is exploring ways to connect electronic reporting between I-NEDSS with the XDRO registry.