Frequently Asked Questions: Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO and CDI)

Date	Topic	Question	Response
Jan-14	**CMS Inpatient Quality Reporting [IQR] Program: *Requirements for Acute Care Facilities***	Where can I find information regarding CMS reporting requirements for LabID Events	Beginning January 2013, participating acute care facilities began reporting C. *difficile* LabID Events and MRSA bacteremia LabID Events at the facility-wide inpatient (FacWideIN) level. Operational Guidance for Acute Care Hospitals are available on the NHSN Resource Library page: http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html
Jan-14	**CMS Inpatient Quality Reporting [IQR] Program: *Data***	What is being reported to CMS for facilities participating in MRSA bacteremia and *C. difficile* LabID Event reporting?	The FacWideIN standardized infection ratio (SIR) is sent to CMS for those hospitals participating in the Inpatient Quality Reporting program. The numerator of the SIR is a count of the following events: (1). Healthcare facility-onset (HO) MRSA bacteremia LabID Events and (2). HO CDI LabID Events (incident cases). **NOTE:** SIRs are calculated for FacWideIN surveillance only; meaning duplicate LabID Events reported at the location level are excluded from SIR calculations. Additional information about the CMS reporting requirements for LabID Events can be found here: http://www.cdc.gov/nhsn/cms/index.html
Jan-14	**CMS Long Term Care Hospital Quality Reporting (LTCHQR): *Requirements for Long Term Care Hospitals***	Are Long Term Care Hospitals required to report LabID Events to CMS through NHSN?	Beginning in January 2015, participating Long Term Care Hospitals (referred to as Long Term Acute Care Hospitals in NHSN) will begin reporting MRSA Bacteremia and *C. difficile* LabID Events at the Facility-wide Inpatient (FacWideIN) level.
Jan-14	**Identifying and Reporting LabID Events**	Do I have to report community-onset (CO) LabID Events or just HO LabID Events?	**All** non-duplicate LabID Events, including community-onset (CO) and healthcare facility-onset (HO) must be reported based on the protocols in the MDRO and CDI module. The numerator for the CDI and MRSA bacteremia SIRs (i.e., number of observed) will include those LabID events that are categorized as healthcare-facility onset (HO). The community-onset events (CO) are used to calculate the prevalence rate – which is further used in the risk adjustment for the LabID Event SIR calculations. If these events are not entered according to protocol, the risk adjustment cannot be accurately applied therefore producing an inaccurate SIR. Note: The CDI SIR will further include only those events identified as "incident".
Jan-14	**Identifying and Reporting LabID Events: *Specimens collected from facilities in the same health system***	Since the patient had a MRSA bacteremia LabID Event reported 2-days ago from another hospital in our health system, do I have to report another MRSA bacteremia LabID Event?	When reporting LabID Events, users should **not** look at two different campuses as the same. LabID Event reporting and catgorizations are based on a single reporting facility.

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Date	Topic	Question	Response
Jan-14	**Identifying and Reporting LabID Events:** ***Specimens collected from outside facilities***	Can specimens collected from outside hospitals (e.g., satellite hospitals) on the same day as admission be used as the first isolate for LabID Event reporting?	In order for an outpatient specimen (e.g., collected from ED), collected on the same calendar day as inpatient admission, to be considered a LabID Event for the admitting facility, the specimen must have been collected by the facility's own location (ED) or an affiliated outpatient location (e.g., affiliated ambulatory surgery center). Since facilities have different levels of access to lab data beyond that from their own facility, this is the best way to standardize data collection and reporting.
Jan-14	**Identifying and Reporting LabID Events:** ***Specimens collected in the Emergency Department***	Can specimens collected in the facility's emergency department are other facility affiliated outpatient location be used for facility-wide inpatient (FacWideIN) LabID Event reporting?	Specimens collected in the facility's emergency department or other outpatient location can be used for FacWideIN LabID Event reporting only if the specimen was collected on the same calendar day as patient admission to an inpatient location. In this case, the LabID Event can be entered into the NHSN application and the "Location" field should be entered as the inpatient admitting location.
Jan-14	**Identifying and Reporting LabID Events:** ***Inter-facility transfer and LabID Events***	If a patient changes locations within the hospital (transfers to another unit), and has a duplicate laboratory specimen within 14 days, is this a new LabID Event?	Yes. A new LabID Event from a new location within the facility should be reported. This allows users to follow and track patients that carry potential exposure and transmission burden to new locations in the facility, which can be particularly helpful for facilities that may have problems with outbreaks or are tracking the success of their organism specific control measures. The NHSN system is designed when calculating events at the facility-wide inpatient level to remove the duplicates.
Jan-14	**Identifying and Reporting LabID Events:** ***MRSA blood and non-blood isolates***	If a MRSA blood isolate is entered as the first specimen of the month, can a second MRSA non-blood specimen (e.g. urine) be entered that month for the same patient and same location?	NO. If monitoring all MRSA specimens, any MRSA isolate from the same patient and location after an initial isolation MRSA during a calendar month is considered a duplicate MRSA isolate and should not be entered, regardless of the specimen source, except unique blood source. This means that if the first MRSA isolate for the month is from a blood source, no other non-blood MRSA isolates should be reported for the calendar month for that patient and location. If there is another positive MRSA blood isolate from same patient and location, there should be a full 14 days with no positive blood MRSA isolates for the patient and location before another MRSA Blood LabID Event is entered into NHSN for the patient. See Figure 1 in MDRO and CDI Module (Chapter 12) for algorithm for ALL SPECIMENS.
Jan-14	**Identifying and Reporting LabID Events:** ***MRSA bacteremia***	When entering the LabID Event for MRSA Bacteremia should both primary and secondary MRSA Bacteremia be reported?	For LabID Event reporting, MRSA positive blood specimens should be reported based on the LabID Event protocol in Chapter 12 without regard to primary or secondary BSI status as defined with HAI reporting.
Jan-14	**Identifying and Reporting LabID Events:** ***MRSA bacteremia***	MRSA bacteremia is in my plan... do I report all MRSA blood, or just HAI's?	For MRSA bacteremia LabID Event reporting, all non-duplicate MRSA blood isolates should be reported. For each MDRO being monitored, all MDRO test results are evaluated using the algorithms in the MDRO/CDI chapter (Figure 1 [All Specimens] or Figure 2 [Blood Specimens only] to determine reportable LabID events for each calendar month.

Frequently Asked Questions: Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO and CDI)

Date	Topic	Question	Response
Jan-14	**Identifying and Reporting LabID Events: *MRSA colonization***	If a patient has a history or MRSA colonization, do I still need to enter a MRSA bacteremia LabID Event for that patient?	YES.
Jan-14	**Identifying and Reporting LabID Events: *Multiple non-blood specimens in same calendar month***	Why can't two non-blood specimens in the same calendar month for the same patient with the same pathogen be counted twice? For example, if a patient's first specimen in a calendar month is CSF fluid positive for MRSA, and then 3 weeks later in the same month they have a sputum specimen positive for MRSA, this would only count as one LabID event.	The rationale is that this LabID Event reporting is a proxy measure that, for the MDROs outside of blood, could potentially be infection or colonization, and it is about tracking the specific organism in the patient, and not about identifying separate and unique "infections" (unless just tracking bloods). Therefore, reporting that specific organism once for the patient in the month is representing the exposure burden and potential for transmission that that person brings to that location/facility/environment (e.g., prevalence).
Jan-14	**Identifying and Reporting LabID Events: *AGE and CDI***	What age group should be excluded from *C. difficile* LabID Event counts?	Users should not focus on the actual ages of patients, but rather patient locations. NHSN specifically chose not to specify an exact age group because we recognize the increased burden associated with searching and eliminating by a specific age cut point. Therefore, users should only be excluding location which predominately house infants (80/20 rule—see locations chapter), including neonatal intensive care unit [NICU], specialty care nursery (SCN), well-baby locations, and babies in Labor, Delivery, Recovery, Post-partum (LDRP) from numerator and denominator inpatient and well-baby clinics for outpatient encounter counts.
Jan-14	**Identifying and Reporting LabID Events: *Pediatrics and CDI***	For *C. difficile* LabID Event reporting, should I include pediatric locations and if so, do I need to exclude the infants located in these locations?	Pediatric locations should be included in with your CDI FacWideIN counts. Additionally, because of the increased surveillance burden associated with searching for infants located in pediatric and mixed-age locations, users should not exclude infants when located in a pediatric location. Instead, users should exclude locations that are known to predominantly house infants (see NHSN 80/20 Rule), which include neonatal intensive care unit (NICU), specialty care nursery (SCN), well-baby locations, and babies in Labor, Delivery, Recovery, Post-partum (LDRP). The intent is to keep this reporting standardized and to eliminate extra burden in identifying and removing <12 months of age from units that do not predominantly care for this age group.

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Date	Topic	Question	Response
Jan-14	**Identifying and Reporting LabID Events: *History of CDI***	If a patient comes in to a hospital with a history of *C. difficile* within the last 2 weeks at a rehab institution. This patient does not have diarrhea on admission but within 3 days of antibiotic therapy the patient develops *C. difficile* . If I report a CDI LabID Event for this patient, it looks like it 's a healthcare associated infection for the hospital. Do I need to report this and why?	The NHSN application will categorize a CDI LabID Event healthcare facility onset (HO) since the specimen collection date was >3 days after inpatient admission to the facility. This is irrespective of testing that was performed prior to admission to your facility. We realize that the patient could have also spent time at another facility prior to admission to the new facility, and don't ask for this extra info because of burden for searching outside of one's own facility. And, custom fields can be used, if a facility wants to track such info. While we are sensitive to the concerns that some facilities are vocalizing regarding the classification of LabID Events, it is important to remember that the purpose of LabID Event reporting is to enable laboratory testing data to be used without clinical evaluation of the patient. The risk adjustment methods that are in place for this type of surveillance are based on data that are considered to produce a measure of this infection type, both for incident cases, as well as prevalent cases. This type of surveillance in NHSN is one that allows for more effective standardization of reporting across all facilities, while also minimizing burden on the facilities and infection preventionists by collecting information on positive laboratory specimens, as opposed to information on clinical determination of infection. Unfortunately, this reduction in burden is traded off with a decreased specificity as it relates to true infection vs. colonization. However, we believe the metrics for LabID Event reporting to be least subjective and well-suited for public reporting of these data when performed at the overall, inpatient, facility-wide (FacWideIN) level. When developing the LabID Event protocol, we made a concerted effort to align as closely as possible with the *2008 SHEA/HICPAC Position Paper: Recommendations for Metrics for Multidrug-Resistant Organisms in Healthcare Settings* and *The Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA).*
Jan-14	**Identifying and Reporting LabID Events: *MICs***	Do I enter MICs for LabID Event reporting?	HAI/Infection Surveillance reporting and LabID Event reporting are two separate and different reporting pathways and one is not dependent upon the other. While MICs are required for HAI reporting, this is not a data field in LabID Event reporting. Instead, the MDRO definitions outlined in the MDRO and CDI protocol should be used to define MRSA and other MDROs for LabID Event reporting.
Jan-14	**Identifying and Reporting LabID Events: *CLSI guidelines and CRE***	It is correct that facilities whose clinical laboratories are not reporting carbapenem susceptibility according to CLSI M100-S22 guidance should not participate in reporting CRE-Klebsiella to NHSN?	We are aware of the inconsistencies between FDA rules and CLSI. Currently, NHSN accepts rules and breaking points for both FDA and CLSI, so hospitals can participate in the MDRO surveillance protocol even if they are not following the CLSI guidance.

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Date	Topic	Question	Response
Jan-14	**Identifying and Reporting MDRO LabID Events:** ***Carbapenem***	Why is ertapenem not included on the list of carbapenem antibiotics?	Ertapenem can be intrinsically resistant and therefore may not reflect a true Carbapenem resistance.
Jan-14	**Identifying and Reporting MDRO LabID Events:** ***CRE Testing***	We are seeing patient that meet the criteria for CRE resistant or intermediate to imipenem, meropenem, or doripenem, by standard susceptibility testing methods reporting through NHSN but when our lab department does the Modified Hodge Test (MHT) they find that they do not detect carbapenemase. Is the NHSN surveillance definition of resistant or intermediate to imipenem, meropenem, or doripenem, by standard susceptibility testing methods for CRE meant to be the definition used when isolating and doing follow up on these patients?	Whether CRE is detected by MHT or susceptibility testing, it should still be treated as a MDRO for infection control purposes. Additional information on this topic is located in the document titled, *Laboratory Protocol for Detection of Carbapenem-Resistant or Carbapenemase-Producing, Klebsiella spp. and E. coli from Rectal Swabs,* which can be found at http://www.cdc.gov/HAI/pdfs/labSettings/Klebsiella_or_Ecoli.pdf (must copy and paste link) Note: The NHSN definitions are for the purposes of monitoring and surveillance, and there is much more guidance outside of NHSN available for response, control, and prevention of CRE. Additional information regarding CRE can be found on the CDC website: http://www.cdc.gov/HAI/organisms/cre/
Jan-14	**Identifying and Reporting Events:** ***Reporting Events for Infection Surveillance and LabID Event***	How do I report Events if my facility is participating in both Infection Surveillance Reporting and LabID Event Reporting?	Infection Surveillance and LabID Event reporting are two separate and different reporting pathways and one is not dependent upon the other. If a facility is participating in both reporting options, then they must report each Event separately because HAI Infection Surveillance reporting does not cross over with or cover LabID Event reporting. Please review the MDRO and CDI protocol to understand the difference between MDRO Infection Surveillance reporting and MDRO LabID Event reporting.
Jan-14	**Identifying and Reporting Events:** ***MRSA HAIs verses MRSA bacteremia LabID Events***	My facility already reports MRSA bloodstream infections as part of state reporting requirements; do I still need to report MRSA bacteremia LabID Events?	For facilities reporting MRSA bloodstream infections (BSI) through the Device-associated module and/or via MDRO Infection Surveillance reporting, keep in mind that MRSA bacteremia LabID Event reporting is a different reporting pathway and, therefore, must be reported separately. Meaning, if you are reporting both HAIs and LabID Events (e.g., MRSA BSI and MRSA LabID Event), you must report each event individually and separately; one as an HAI Event, using the applicable HAI criteria, and another as a LabID Event, using the LabID Event reporting protocol in Chapter 12 of the PSC manual.

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Date	Topic	Question	Response
Jan-14	**Identifying and Reporting Events: *Admit Date***	If a patient arrives in our ED and stays there for two calendar days before physically going to an inpatient unit (even though technically they may already have admission orders), what day do we use as the LabID “admit date”?	For LabID Event reporting, the calendar date of physical admission into an inpatient location is used, without regard to the patient billing status or the time of admission.
Jan-14	**Numerator Reporting: *Prior evidence of infection***	Why will the system not let me answer “Yes” to the question *"documented prior evidence of infection or colonization with the specific organism type from a previously reported LabID event?"*	This is a non-editable data field and will be auto-filled by the system only depending on whether there is a prior MDRO LabID Event entered for the same organism and same patient. If there is a previous LabID event for this organism type entered into NHSN in a prior month, the system will auto-populate with a "YES." The auto-filled response to this question is used in the calculation of the MDRO Infection/Colonization Incidence Rate when a facility is reporting all specimens (not just blood) and, therefore, may likely represent colonization events. What this means is that hospitals are not being penalized when it comes to the overall (all specimen) infection/colonization incidence rate, as all "YES" previous positive events are excluded. Furthermore, this data field is NOT used in *C. difficile* analysis. Note: Instructions for completion of the LabID Event form can be found on the following site (must copy and paste the link): http://www.cdc.gov/nhsn/forms/instr/57_128.pdf
Jan-14	**Numerator Reporting: *Discharged in past 3 months***	If a patient was recently discharged from a sister hospital , do I answer "YES" to the question, "*has the patient been discharged from your facility in the past 3 months* ?"	NO.This question refers to prior discharge from the same faciltiy after an inpatient stay. If the patient was not discharged from the same facility, then this question must be answered as NO. The user should not look at two different campuses as the same. Note: Instructions for completion of the LabID Event form can be found on the following site (must copy and paste the link): http://www.cdc.gov/nhsn/forms/instr/57_128.pdf
Jan-14	**Numerator Reporting: *Discharge in past 3 months***	Should a facility look back 3 calendar months or 90 days to answer the question "has the patient been discharged from your facility in the last 3 months?"	The application is validating that the date of last discharge must be at most 3 months prior to Date Specimen Collected. Also, it is using 3 calendar months (not 90 days) for this validation. For example, if the Date Specimen Collected is 08/01/2012, then the date of last discharge cannot be prior to 05/01/2012. In the event that the months are less than 31 days in the month, the application compares the day portion of the dates as well. For example, if the Date Specimen Collected is 05/31/2012, then the date of last discharge cannot be before 03/01/2012. (Anything < 02/31/2012 is not allowed, but since 02/31/2012 is not a valid date, the earliest date possible is 03/01/2012.). Similarly, if the Date Specimen Collected is 12/31/2011, then the date of last discharge cannot be < 10/01/2011.
Jan-14	**Numerator Reporting: *Discharge in past 3 months***	Does the question, "has the patient been discharged from facility in the past 3 months…" refer to both inpatient and outpatient visits?	NO. This question is specific to inpatient status only. Note: Instructions for completion of the LabID Event form can be found on the following site (must copy and paste the link): http://www.cdc.gov/nhsn/forms/instr/57_128.pdf

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Date	Topic	Question	Response
Jan-14	**Numerator Reporting:** ***Discharge in past 3 months and CO-HCFA***	Facilities are asked to state whether a patient was discharged from their facility in the past 3 months. Since the NHSN case classification for CDI LabID Events is based on date admitted to facility and date specimen was collected, what is NHSN calculating with the "discharge from facility in the past 3 months" variable?	The question is used to define a case as CO-HCFA, which is based on a LabID Event collected from a patient who was discharged from the facility ≤4 weeks prior to the current date of stool specimen collection. In the future, NHSN may look at the past three months for all MDROs and CDI to determine if recent infection or colonization plays a significant role in additional LabID Events. These data may be relevant to CO cases and for risk adjustment, but is still to be determined.
Jan-14	**Denominator Reporting:** ***Admission verses discharge data***	My organization does not have systems in place that will report admission data. Our financial and clinical systems are based upon discharges, not admissions. Is it possible to utilize discharge data as a proxy measure rather than admission data for use as a denominator?	To maintain consistency in CMS reporting and data analysis, we are unable to accommodate requests to substitute admission data with discharge data. For LabID Event denominator reporting, **admission data** must be used for denominator counts. Note: Instructions for completion of denominator data for Infection Surveillance and/or LabID Events can be found on the following site (must copy and paste the link): http://www.cdc.gov/nhsn/forms/instr/57_127.pdf
Jan-14	**Denominator Reporting:** ***LabID Events***	How is the denominator calculated for LabID Event Reporting for outpatient locations?	Patient encounters are used to calculate the LabID denominator for affiliated outpatient locations. An encounter is defined as a patient visit to an outpatient location for care. Note: Instructions for completion of denominator data for Infection Surveillance and/or LabID Events can be found on the following site (must copy and paste the link): http://www.cdc.gov/nhsn/forms/instr/57_127.pdf
Jan-14	**Denominator for FacWideIN**	If we are monitoring FacWideIN can we put in 1 denominator for the entire facility, or must we put in each location data?	For FacWideIN denominator reporting, total inpatient days and total hospital admissions should be reported. These denominator data are reporting separately for MDRO and *C. difficile* since baby locations must be removed from *C. difficile* denominator counts (e.g., neonatal intensive care unit (NICU), specialty care nursery (SCN), well-baby locations, and babies in Labor, Delivery, Recovery, Post-partum (LDRP) locations). Note: Instructions for completion of denominator data for Infection Surveillance and/or LabID Events can be found on the following site (must copy and paste the link): http://www.cdc.gov/nhsn/forms/instr/57_127.pdf

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Date	Topic	Question	Response
Jan-14	**LabID Event reporting verses Infection Surveillance reporting**	What is the difference between Laboratory-identified (LabID) Event and Infection Surveillance in the MDRO and CDI Module?	Infection Surveillance occurs in inpatient locations only (where denominator data can be collected) and involves reporting true infections which are caused by one of the listed MDROs or *C. difficile* and that are deemed healthcare-associated. The infection must meet one of the CDC/NHSN-defined healthcare-associated infection (HAI) criteria found at http://www.cdc.gov/nhsn/PDFs/pscManual/17pscNosInfDef_current.pdf. Alternatively, LabID Event reporting allows laboratory testing data to be used without clinical evaluation of the patient. These provide proxy infection measures for healthcare acquisition, exposure burden, and infection burden based almost exclusively on laboratory data and limited admission date data. The NHSN system will categorize the event as healthcare-onset or community-onset based solely on admission and specimen collection dates. LabID Events can be performed either overall facility-wide inpatient (FacWideIN), overall facility-wide outpatient (FacWideOUT), or for specific locations. NOTE: Additional information regarding the differences between LabID Event and Infection Surveillance/HAI reporting can be found in Appendix 3 of the MDRO and CDI protocol-- http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf
Jan-14	**Transfer Rule**	Does the Transfer Rule apply to LabID Event Reporting?	The Transfer Rule does **NOT** apply to LabID Event reporting. LabID Events are based solely on the location of the patient at the time of specimen collection.
Jan-14	**Location of attribution**	Is the location of attribution always attributed to the location where the specimen was collected regardless of time spent in this location and regardless of procedures conducted in this location vs. previous location?	The location of attribution for LabID Events is based on the location of the patient when the specimen was collected and this is regardless of time spent in this location and regardless of procedures conducted in this location vs. previous location(s). LabID events are considered proxy infection measures for healthcare acquisition, exposure burden, and infection burden based almost exclusively on laboratory data and limited admission date data. As a result, the proxy measures may not always accurately reflect the true source or location of infection acquisition. **Note:** Specimens collected in the facility's emergency department or other outpatient location can be used for FacWideIN LabID Event reporting only if the specimen was collected on the same calendar day as patient admission to an inpatient location. In this case, the LabID Event can be entered into the NHSN application and the "Location" field should be entered as the inpatient admitting location.
Jan-14	**Locations:** ***Swing beds***	Should swing bed patients be included in our inpatient LabID event counts?	Yes. All patients residing in an **inpatient unit** should be included in the LabID Event counts for that unit and for facility-wide Inpatient (FacWideIN), including swing bed patients.
Jan-14	**Locations:** ***Baby locations***	Are baby locations included in the hospital admissions and patient days count for MDRO facility-wide inpatient (FacWideIN) LabID Event Reporting? Are baby locations included in the hospital admission and patient days count for *C. difficile* FacWideIN LabID Event Reporting?	While patients from all inpatient locations should be included in FacWideIN counts for MDRO LabID Event reporting, baby locations should be excluded from *C. difficile* LabID Event counts. This includes: neonatal intensive care unit (NICU), specialty care nursery (SCN), well-baby locations, and babies in Labor, Delivery, Recovery, Post-partum (LDRP) locations.

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Date	Topic	Question	Response
Jan-14	**Locations:** ***Reporting LabID Events on the unit level***	When I am entering a CDI LabID Event into NHSN, the drop-down does not give me an option for FacWideIN, why?	LabID Events (e.g., numerator reporting) are based on the location of the patient at the time of specimen collection. When entering a LabID Event, the actual location of the patient during specimen collection should be selected. Facility-wide inpatient (FacWideIN) and/or Facility-wide outpatient (FacWideOUT) are virtual locations that should be selected only when entering denominator summary data for facility-wide reporting.
Jan-14	**Locations:** ***Observation patients***	Are observation patients included in facility-wide inpatient (FacWideIN) CDI and/or MDRO LabID Event reporting?	Observation patients housed in an **inpatient location** must be included in FacWideIN LabID Event reporting (include in both numerator and denominator). Observation patients housed in an outpatient observation location must be excluded from FacWideIN reporting.
Jan-14	**Categorization of LabID Events:** ***Healthcare Facility-Onset (HO)***	NHSN categorized a patient with *C. difficile* as healthcare onset (HO), even though the "*documented prior evidence of infection or colonization with this specific organism type from a previously reported LabID Event* " data field is auto-populated as "YES."	This particular auto-filled data field does not have anything to do with the application categorizing an Event as healthcare onset (HO) or community onset (CO), as this categorization is based almost exclusively on laboratory data and limited admission date data for the current admission. A LabID Event will be categorized as HO if specimen collection is >3 days after admission to the facility irrespective of the patient having a prior history of *C. difficile* . However, NHSN will further categorize the Event as incident or recurrent based on any previous LabID Events for CDI entered into NHSN. Any CDI LabID Event from a specimen that was obtain >2 weeks and ≤ 8 weeks after the most recent CDI LabID Event for that patient will be categorized as recurrent.
Jan-14	**Categorization of LabID Events:** ***Previous admissions***	If participating in facility-wide inpatient LabID Event Reporting for CDI, and a patient is discharged from the hospital without signs or symptoms of diarrhea, and readmitted two weeks later with CDI, how is the infection categorized in NHSN? What if the patient had spent time in another healthcare facility (e.g., rehabilitation center, different hospital, etc.) between the previous discharge and the readmission?	LabID Events are categorized as healthcare onset (HO) or community onset (CO) based almost exclusively on laboratory data and limited admission date data, this is irrespective of the patient having a prior history of C. *difficile* . Although the patient could have also spent time at another facility in the time between previous discharge and the new admission, this extra information is not asked because of burden for searching outside of one's own facility. And, custom fields can be used, if a facility wants to track such information.
Jan-14	**Categorization of *C. difficile* LabID Events:** ***Recurrent and Incident***	What is the categorization of recurrent and incident *C. difficile* based on?	These categorizations are based on the length of time between LabID Events for the same patient while in the same facility. Specifically: Incident CDI Assay= Any CDI LabID Event from a specimen obtained >8 weeks after the most CDI recent LabID Event (or with no previous CDI LabID Event documented) for that patient. Recurrent CDI Assay= Any CDI LabID Event from a specimen obtained >2 weeks and ≤8 weeks after the most recent CDI LabID Event for that patient.

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Date	Topic	Question	Response
Jan-14	**Categorizations of LabID Events:** ***Multiple admissions and CO-HCFA***	My facility participates in LabID Event reporting for *C. difficile* . If a community-onset (CO) *C. difficile* patient is re-admitted 3-4 times, will NHSN categorize the patient as having a CO-HCFA each time, even say, in 1 month?	Yes. The system will categorize any CO CDI event as CO-HCFA if the patient was discharged from that same facility within the previous 4 weeks. This can be used as a marker for the facility to track cases for transmission prevention efforts.
Jan-14	**Categorizations of LabID Events:** ***Incident vs. recurrent for CDI LabID Events in different settings***	If our facility does *C. difficile* surveillance for both outpatients as well as inpatients, wouldn't it would be less likely that an infection is called hospital acquired when it is really community acquired?	For FacWide surveillance, CDI Assay (incident vs. recurrent) is assigned based on Events within the same setting only. For example, when performing both FacWideIN and FacWideOUT surveillance, CDI Assay of inpatient CDI LabID Events will be determined by a review of previously-entered CDI LabID Events from inpatient locations only. You could use the optional data fields to track such information if you want.
Jan-14	**Categorizations of LabID Events:** ***Nursing home patients and CO-HCFA***	Why is a CDI LabID Event categorized as CO-HCFA when there is evidence that the patient was in a nursing between admissions to my facility?	CO-HCFA Events are simply an additional level and subset of the categorized CO events. We added this extra level to the CO, to help highlight and flag events for a facility's use, because this subset may be of concern to them and may be events which they could potentially impact and reduce via specific facility prevention efforts. We realize that the patient could have also spent time at another facility in the time between previous discharge and the new admission, and don't ask for this extra info because of burden for searching outside of one's own facility. And, custom fields can be used, if a facility wants to track such info.
Jan-14	**Categorizations of Infection Surveillance (non-LabID) Events:** ***Using LabID Event categories for Infection Surveillance***	Can the LabID Event categories (HO, CO, CO-HCFA) be used for Infection Surveillance events?	No, the categorizations apply only to LabID events.
Jan-14	**Facility-wide Outpatient (FacWideOUT):** ***Locations***	Can I choose specific outpatient locations if I am participating in C. difficile LabID Event Reporting facility-wide outpatient (FacWideOUT)?	If the facility's monthly reporting plan indicates facility-wide outpatient (FacWideOUT) reporting, then all affiliated outpatient locations must be included in LabID reporting. Facility's do have the option to select specific outpatient locations rather than FacWideOUT.
Jan-14	**Facility-wide Outpatient (FacWideOUT):** ***Laboratory sites***	Does FacWideOUT include all specimens received in our lab? Why?	Facility-wide outpatient (FacWideOUT) reporting includes affiliated outpatient locations which are affiliated with the reporting facility and in which patients receive some type of care, this excludes outpatient laboratory facilities.

Frequently Asked Questions: Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO and CDI)

Date	Topic	Question	Response
Jan-14	**Inpatient Rehabilitation Faciltiies (IRF):** ***LabID Event reporting for FacWideIN***	Are inpatient rehabilitation facilities (IRFs) included in FacWideIN LabID Event reporting for the acute care hospital?	The CMS Certification Number (CCN) alone should not determine whether or not a unit's data gets included for LabID Event reporting. Instead, the IRF should be counted in with the acute care facility data whenever and wherever it is appropriate, according to how the particular facility works and views its units. In most cases, we do expect that the IRF location(s) within a facility would be included in that facility's LabID Event reporting, with those patient days and admissions included in the FacWideIN counts. Basically, the decision to include or exclude a location from the inpatient acute care facility counts should be based on whether the location/unit is considered a part of the on-site acute care facility, regardless of the size or type of unit. A helpful rule of thumb to use: If the location is staffed by acute care facility workers, follows the acute care infection control policies, and answers to the acute care administration, then that location should be included as an acute care facility inpatient location.
Jan-14	**Inpatient Rehabilitation Faciltiies (IRF):** ***Denominator reporting***	How should admissions and discharges between the acute care facility and inpatient IRF be handled when the IRF is considered a "location" within the acute care facility?	If the facility is treating the IRF as a location within the acute care facility for FacWideIN counts, then the movement between the acute care facility and IRF should NOT be counted as a separate facility discharge and admit. It should be counted as one admission and one discharge from the acute care facility.
Jan-14	**Long Term Care Hospital (LTCH)/Long Term Acute Care Hospitals (LTACs)**	Should LTCHs/LTACs be included in FacWideIN LabID Event reporting for the acute care hospital?	The Long Term Care Hospitals (referred to as Long Term Acute Care Hospitals [LTACs] in NHSN) should be enrolled as separate HOSP-LTAC facility types in NHSN, and so should never be included in any acute care FacWideIN counts, since they are their own facility and are not part of an acute care facility.
Jan-14	**SIR**	How can I determine which LabID Events are being counted in the numerator of my MRSA or *C. difficile* LabID Event SIR?	MRSA: All MRSA blood specimen hospital-onset (HO) events in which the patient did not have a previous positive MRSA bacteremia LabID event (hospital-onset or community-onset) in the prior 14 days in the facility. Run a line list sorted by 'patient ID' and 'specimenDate'; if the same patient had 2 MRSA LabID events (regardless of location) within 14 days, the second "duplicate" event will be excluded from the SIR. Only those events where the 'onset' variable = HO will be counted in the SIR. *C. difficile* : All *C. difficile* incident hospital-onset (HO) events. When looking at a *C. difficile* line list, the events that will be counted in the SIR have the 'cdiAssay' variable = Incident, and the 'onset' variable = HO. Note: More information about Risk Adjustment for Healthcare Facility-Onset *C. difficile* and MRSA Bacteremia Laboratory-identified Event Reporting in NHSN can be found here http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/RiskAdjustment-MRSA-CDI.pdf (must copy and paste link)

Frequently Asked Questions: Multidrug-Resistant Organism & Clostridium difficile Infection (MDRO and CDI)

Date	Topic	Question	Response
Jan-14	**Line Listing: Categorizations of MRSA bacteremia LabID Events**	I have a patient showing on the line listing as having a community onset MRSA bacteremia LabID Event. Why does a second MRSA bacteremia LabID Event collected within 14 days, but from a different inpatient location in the facility, get categorized as healthcare-facility onset?	All unit level LabID events reported into the NHSN application will show-up on the line-listing to show risk in all of the locations where the patient has been. However, the assigned categorizations (healthcare facility onset verses community-onset) are based on facility-wide inpatient (FacWideIN) data (date admitted to the facility and date specimen collected). This means that although the first reported LabID Event will be categorized as community onset (CO) if the specimen was collected less than 4 days after inpatient admission, a subsequent LabID Event entered into the application for the same patient, but a different location will be categorized as healthcare facility onset (HO) if the specimen was collected more than 3 days after inpatient admission to the facility. For FacWideIN reporting, however, duplicate LabID Events will be removed during analysis. Your SIR report will provide a more accurate description of your FacWideIN numbers.
Jan-14	**Line Listing: Categorizations of *C. difficile* LabID Events**	Why do CDI LabID Events show as healthcare facility-onset on my line-listing when the patient had a previous LabID for the same organism while housed in another unit during the same admission?	All unit level LabID events reported into the NHSN application will show-up on the line-listing to show risk in all of the locations where the patient has been. Although these events may show as "healthcare facility-onset" for an individual location (if it is a new event for that particular location), duplicate LabID events will not be assigned a CDI assay value in the line list, and these events will be removed for FacWideIN level reporting. Your SIR report will provide a more accurate description of your FacWideIN numbers.