

2021 MRSA Bacteremia LabID Event (FacWideIN) Validation Tool

Refer to associated 2021 MRAT instructions

1. Patient and Medical Record Identifiers										
Facility (NHSN) OrgID:			Date of Audit:				Reviewer Initials:			
Review Start Time:			End Time:		Time spent reviewing this record (minutes):					
Patient ID	Patient DOB		NHSN Inpatient Admission Date (Date when placed in inpatient location):				Facility Location 1 (Specific first inpatient bedded location name; not ED):			
	Gender F M									
Select one:	<input type="checkbox"/> Sample A: validating "first" inpatient positive MRSA blood culture					Date of "first" inpatient positive MRSA blood culture:				
	<input type="checkbox"/> Sample B: validating SELECTED (non-first) inpatient positive MRSA blood culture					Date of SELECTED (non-first) inpatient positive MRSA blood culture:				
Table 1 Patient care locations and transfer dates										
Date transfer to Location 2		Facility Location 2		Date transfer to Location 5		Facility Location 5				
Date transfer to Location 3		Facility Location 3		Date transfer to Location 6		Facility Location 6				
Date transfer to Location 4		Facility Location 4		Date transfer to Location 7		Facility Location 7				
Table 2 Positive MRSA blood cultures										
A	B	C	D		E			F		G
Lab list #	Date of specimen collection	Location of specimen collection	Number of days since last positive MRSA blood culture		Was last positive MRSA blood culture from same NHSN location?			Was this a "duplicate specimen", i.e., ≤14 days since last positive MRSA blood culture AND patient in same location (could include a previous episode of care)		Reportable to NHSN
S1	__/__/__		___ days	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
S2	__/__/__		___ days		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
S3	__/__/__		___ days		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Add rows if needed										
2. Outcome Determination: (A) Correctly Reported (B) Overreported Event (C) Underreported Event										
If LABID positive MRSA blood culture was reported incorrectly (over- or underreported) by facility, what was the reason?										
Lab List #	Outcome	Reason for reporting incorrectly			Reason for incorrect reporting					
S1					1. Lab ID definition misapplication (Specimen not a unique blood event)					
S2					2. Duplicate reporting (≤14 days since the last positive MRSA blood culture in same location)					
					3. Missed case finding/failure to review positive culture					
					4. Did not review previous inpatient episode					

S3			5. Used outdated criteria 6. Other _____
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