

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

	Topic	Question	Response
1	Definition of CDI Assay	Does the below lab result from an unformed stool specimen meet criteria to be reported to NHSN as a CDI-positive laboratory assay? <i>C.difficile</i> toxin/antigen = Antigen ONLY detected for <i>C.difficile</i> ,*No Toxin Detected*	The CDI lab result (Antigen ONLY detected for <i>C. difficile</i> ,*No Toxin detected) does not meet NHSN definition of a CDI-positive laboratory assay since the toxin result is negative . The exception would be if you also had a positive PCR test result tested on a loose stool specimen in which the specimen would then be considered as a CDI-positive laboratory assay
2	Denominator Reporting for LabID Event: outpatient encounters	Could you clarify if we need to input outpatient encounters for our FACWIDEIN reporting to meet the CMS requirements?	<p>If participating in FacWideIN LabID Event reporting, the 2015 MDRO/CDI protocol requires facilities to include location specific reporting for outpatient emergency department (i.e., adult and pediatric) and 24-hour observation location(s) separate from the FacWideIN reporting. This means that both outpatient emergency department (i.e., adult and pediatric) and 24-hour observation location(s) should be included in the 1) Monthly Reporting Plan, 2) LabID Event reporting, and 3) Summary Data. Separate denominator data will need to be entered into the NHSN application for: 1) FacWideIN; 2) ED Encounters for each mapped ED location; 3) 24-hour observation encounters for each mapped 24-hour observation location; 4) CMS-IRF units (individually).</p> <p>Step-by-step instructions for completing this information can be found in the Instructions for Completion of MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form (CDC 57.127), found here http://www.cdc.gov/nhsn/forms/instr/57_127.pdf.</p>
3	Denominator Reporting for LabID Event: outpatient encounters	Should I enter the total encounters regardless of discharge from the ED or admission to the hospital or delete those who are admitted to the inpatient service through the ED?	All ED encounters should be included in denominators for the ED , and this is independent of a subsequent admission into an inpatient unit or a discharge directly from the ED. If the patient is in the ED and then gets admitted to an inpatient unit, he/she will be included in the denominator count for both the ED (encounter) and for FacWideIN counts (patient days and admissions).

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4	Denominator Reporting for LabID Events: <i>outpatient encounter</i>	Define encounter	<p>An encounter is defined as a patient visit to an outpatient location (e.g., ED, 24-hour observation) for care. For NHSN, encounter counts are independent of admission to the inpatient facility. In other words, outpatient encounters for each outpatient location must be included in the encounter count, including patients admitted from the outpatient location (e.g., ED) into an inpatient location, and patients discharged directly from the outpatient location.</p> <p>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</p>
5	Denominator Reporting for LabID Event: <i>facility counts</i>	What is the difference between Total Facility Counts (admissions and patient days) and MDRO and CDI Counts (patient days and admissions)?	<p>Total Facility Counts include all <u>inpatient</u> locations in the facility.</p> <p>Then, MDRO and/or CDI counts are total facility counts minus counts for locations with different CCN. In addition, for CDI patient days and admissions, all baby locations must be removed. Also, remember that 24-hour Observation and ED locations are <u>excluded</u> from both of these inpatient counts.</p> <p>Step-by-step instructions for completing this information can be found in the Instructions for Completion of MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form (CDC 57.127), found here http://www.cdc.gov/nhsn/forms/instr/57_127.pdf</p>

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6	Denominator Reporting for LabID Event: 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. Instructions for completion of denominator data for Infection Surveillance and/or LabID Events can be found on the following site http://www.cdc.gov/nhsn/forms/instr/57_127.pdf
7	Numerator Reporting for LabID Event: discharged in past 3 months	When filling out a LabID Event, the following question is asked, <i>has the patient been discharged from your facility in the past 3 months?</i> How is this information used?	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 same facility ≤4 weeks prior to the current date of stool specimen collection. The question refers to prior discharge from the same facility after an inpatient stay.
8	Numerator Reporting for LabID Event: discharged in past 3 months	When filling out a LabID Event, the following question is asked, <i>has the patient been discharged from your facility in the past 3 months?</i> Does this include ED visits?	NO. This question is referring to discharge from an inpatient unit in your facility. Discharge from outpatient locations (e.g., emergency department and 24-hour observation unit encounters) are excluded from consideration.

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9	Numerator Reporting for LabID Event: <i>discharge in past 3 months</i>	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?"	<p>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.</p> <p>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.</p>
10	Numerator Reporting for LabID Event: <i>missing location</i>	I am trying to enter a MRSA LabID Event for a specimen collected in the ED, and the ED is not showing as one of the locations available in the 'Location' drop-down menu on the Event Page.	Be sure that all emergency department and 24-hour observation locations have been mapped in the NHSN application for your facility. These outpatient locations will not show up as location options in your monthly reporting plan until they've been mapped in the NHSN application.
11	Numerator Reporting for LabID Event: <i>inpatient vs. outpatient</i>	When a specimen is collected in the ED or 24-hour observation unit, do I select inpatient or outpatient?	Since these are considered as outpatient locations, users must select ' YES ' in the drop-down box for " Outpatient " and then all the mapped outpatient locations should be included in the "Location" drop-down menu.
12	Numerator Reporting for LabID Event: <i>date admitted to facility</i>	When a specimen is collected in the ED or 24-hour observation unit, what do I enter into the " <i>Date Admitted to Facility</i> " box on the Event page?	The Date Admitted to the Facility question can be left blank when entering a LabID Event for the emergency department (ED) or 24-hour observation location since these are considered "encounters" for the outpatient locations.

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13	Numerator Reporting for LabID Event: <i>specimens collected in ED and observation</i>	If a patient had a positive <i>C. difficile</i> toxin in the ED at 1100 am, and is admitted the same day at 7pm to an inpatient location, which location should I select for the location?	Beginning with January 2015, specimens collected in the emergency department (ED) and 24-hour observation locations are entered for that outpatient location. This includes specimens collected in an ED or 24-hour observation location on the same calendar day as inpatient admission. Users should not attribute these specimens to the admitting inpatient unit, unless another positive specimen is collected on that inpatient unit.
14	Numerator Reporting for LabID Event: <i>affiliated outpatient clinic</i>	For FacWideIN LabID Event reporting, should I report a LabID Event for a specimen collected from an affiliated outpatient clinic?	For 2015 LabID Event reporting, only outpatient (OP) specimens collected from the facility's affiliated OP locations (e.g., affiliated ambulatory surgery center), <u>other than the facility's own emergency department and/or 24-hour observation location(s)</u> , on the same calendar day as inpatient admission are reportable for FacWideIN. In these cases, the location should represent the inpatient admitting location. 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.
15	Numerator Reporting for LabID Event: <i>admission date for ACH</i>	For FacWideIN LabID Event reporting, what date should I enter for the admission date into the acute care hospital?	For acute care hospitals, the admission date should reflect the date in which the patient was physically admitted into an inpatient unit.
16	Numerator Reporting for LabID Event: <i>admission date for IRF</i>	What admission and discharge date should be entered when the patient is admitted into an inpatient rehabilitation facility (IRF) that is located inside of my acute care hospital?	For NHSN purposes, if the IRF is located inside of the acute care hospital, movement between the acute care hospital and the IRF location should not be counted as a separate facility discharge and admission. Instead, these movements should be considered location transfers and counted as one admission and one discharge from the acute care hospital. Therefore, the facility admission date for a LabID event for a patient in an the IRF should reflect the date the patient was physically admitted into either the inpatient location for the acute care hospital or the IRF location, whichever comes first during that patient stay.

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17	Numerator Reporting for LabID Event: <i>skilled nursing facilities</i>	We have a 51 bed unit located within our acute care hospital, and is licensed as a long term care, comprehensive, transitional Skilled Nursing Facility. Do we include this facility for LabID Event reporting?	<p>NO. Unlike inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs) are considered a different facility type than the acute care hospital. As such, SNFs and other long term care facilities (LTCFs) must be enrolled as a separate facility type (Long Term Care) in NHSN if a facility is interested in reporting LabID Events or other infections from that facility. SNFs/LTCFs are never included in with counts for the acute care hospital.</p> <p>More information in relation to SNF/LTCF surveillance and reporting using NHSN can be found on the Long Term Care Facility Component webpage at, http://www.cdc.gov/nhsn/LTC/index.html</p>
18	Numerator Reporting for LabID Event: <i>specimen collected from outside facility</i>	We had a patient admitted from a physician's office with a diagnosis of <i>C. difficile</i> . Patient had lab test done at a different outpatient facility on 2/17/15 and then the physician admitted the patient on 2/18/15. I attempted to enter this as an outpatient collection, but since it was not collected in our ED, I was unable to enter. Any suggestions as to how it can it entered or if it needs to be entered.	<p>Since the specimen was not collected in your facility or from an affiliated outpatient location on the same calendar day as inpatient admission into your facility, you will not be able to enter the specimen as a LabID Event for your facility. You can make a note in the comments section for internal tracking purposes, but LabID Event reporting and categorizations are based on a single reporting facility, which means the application will not recognize the specimen collected outside of your facility if/when future LabID Events are reported for this patient in your facility.</p>

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19	Numerator Reporting for LabID Event: <i>transfer rule</i>	How does the transfer rule apply to the patient at the time of discharge for FacWideIN?	The transfer rule does not apply to LabID Event reporting . Instead, LabID Events are categorized based on the location of the patient at the time of specimen collection . Likewise, 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).
20	Numerator Reporting for LabID Event: <i>reporting events</i>	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"
21	Numerator Reporting for LabID Event: <i>different campuses</i>	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 <u>and</u> categorizations are based on a single reporting facility .

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22	Numerator Reporting for LabID Event: <i>inter-facility transfer</i>	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 to remove the duplicates when calculating events at the facility-wide inpatient level.
23	Numerator Reporting for LabID Event: <i>prior evidence of infection</i>	Why will the system not let me answer “Yes” to the question <i>documented prior evidence of infection or colonization with the specific organism type from a previously reported LabID event</i> ?	This is a non-editable data field and will be auto-filled by the system 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, <u>this data field is NOT used in <i>C. difficile</i> analysis.</u> 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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24	Numerator Reporting for LabID Event: MRSA bacteremia, all specimen sources	When following <i>All Specimen</i> sources for MRSA LabID Event reporting, 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 of 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 .
25	Numerator Reporting for LabID Event: MRSA bacteremia	When entering the LabID Event for MRSA Bacteremia should I report both primary and secondary MRSA Bacteremia?	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.
26	Numerator Reporting for LabID Event: MRSA bacteremia, all specimen sources	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).

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27	Numerator Reporting for LabID: <i>history of colonization</i>	If a patient has a history or MRSA colonization in the nose, do I still need to report a MRSA bacteremia LabID Event for that patient?	YES.
28	Numerator Reporting for LabID Event: <i>age and CDI</i>	What age group should be excluded from <i>C. difficile</i> 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 locations 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.
29	Numerator Reporting for LabID Event: <i>age and CDI</i>	For <i>C. difficile</i> 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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30	Categorizations: <i>history of CDI</i>	If a patient comes into the hospital with a history of <i>C. difficile</i> infection (CDI) within the past two weeks at another facility. This patient does not have diarrhea on admission but within three days of antibiotic therapy, the patient develops <i>C. difficile</i> . Do I have to report a CDI LabID Event for this patient? Will my facility be penalized for the infection?	<p>YES, the positive <i>C. difficile</i> specimen should be reported and the NHSN application will categorize it as a healthcare facility-onset (HO) CDI 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. LabID Events and categorizations are based on a single reporting facility and for FacWideIN include inpatient, emergency department, and 24-hour observation locations in the reporting facility.</p> <p>While we are sensitive to some of the challenges with 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 IPs 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.</p>

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31	Categorizations: <i>previous admissions</i>	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 <i>C. difficile</i> . Although the patient could have also spent time at another facility in the time between previous discharge and the new admission, LabID Event reporting is based on a single facility. Additional information regarding a patient's status between admissions is not asked because of burden for searching outside of one's own facility. If a facility is interested in tracking such information, custom fields may be used.
32	Categorizations: <i>multiple admissions and CO-HCFA</i>	My facility participates in LabID Event reporting for <i>C. difficile</i> . If a community-onset (CO) <i>C. difficile</i> 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.
33	Categorizations: <i>recurrent and incident</i>	Please explain recurrent and incident <i>C. difficile</i> .	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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34	Categorizations: <i>incident vs. recurrent for CDI in different settings</i>	If our facility does <i>C. difficile</i> 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 FacWideIN surveillance, CDI Assay (incident vs. recurrent) is assigned based on Events from inpatient locations, emergency departments, and 24-hour observation locations. For example, when performing FacWideIN, CDI Assay of inpatient CDI LabID Events will be determined by a review of previously-entered CDI LabID Events from the facility's inpatient locations and the facility's emergency department(s), and 24-hour observation locations only. LabID Events from other affiliated outpatient locations are not taken into consideration in the categorization of inpatient LabID Events.
35	Categorizations: <i>nursing home patients and CO-HCFA</i>	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. If a facility is interested in tracking such information, custom fields may be used.
36	Categorizations: <i>transfer rule</i>	Why was the LabID Event categorized as community onset if the patient was recently discharged from our hospital in the prior day? Should it count as healthcare-facility onset?	Specimens collected in outpatient locations will always be categorized as community-onset despite a previous admission or discharge history. For <i>C. difficile</i> LabID Events, if the specimen is collected from an inpatient location <4 days after admission (community onset cases) and the patient was discharged from the same facility within the previous 4 weeks, the NHSN application will assign a community onset healthcare facility associated (CO-HCFA) categorization to the event. This categorization does not penalize the facility , but, instead, can be used as a marker for the facility to track cases for transmission prevention efforts.

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37	Locations: <i>swing beds</i>	Should swing bed patients be included in our inpatient LabID event counts?	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.
38	Locations: <i>FacwideIN</i>	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.
39	Locations: <i>observation patients</i>	We have observation patients in our inpatient units. Do I have to include these patients in FacWideIN reporting?	YES. Observation patients housed in an inpatient location must be included in the counts (numerator and denominator) for FacWideIN LabID Event reporting since they are being cared for in an inpatient location.
40	Locations: <i>FacWideOUT, laboratory sites</i>	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.
41	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.

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42	Analysis: SIR	Which MRSA and <i>C. difficile</i> LabID Events are included in the standardized infection ratio (SIR)?	<p>MRSA Bacteremia: Only hospital-onset (HO) events from blood specimens are included in the numerator of the SIR</p> <p><i>C.difficile</i> : Only hospital-onset (HO) <u>incident</u> events are included in the numerator of the SIR</p> <p>If a patient has a second LabID event from the same organism within 14 days of the first, the second event is not counted in the SIR</p> <p>Starting in 2015, LabID event SIRs will exclude data from IRFs and IPFs with separate CCNs</p> <p>Users can run a line list to determine which events are counted in the SIRs.</p>
43	Analysis: line listing, indicator variables	How do I know which MRSA bacteremia and CDI LabID Events are counted in the SIR when looking at my line listing?	<p>Starting in 2015, two new variables have been added to the line lists to help users determine which MRSA bacteremia and CDI LabID Events are counted in the SIR. These are called indicator variables.</p> <p>Facility-wide incidence (SIR) for MRSA bacteremia: FWMRSA_bldIncCount</p> <p>Facility-wide incidence (SIR) for <i>C. difficile</i>: FWCDIF_facIncHOCCount</p> <p>Variable will display as 1 or 0 for each event 1: event is counted in the SIR 0: event is NOT counted in the SIR</p>

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	Topic	Question	Response
44	Analysis: 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 versus 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 four 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 three 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.
45	CMS Inpatient Quality Reporting [IQR] Program: requirements for acute care facilities	Where can I find information regarding CMS reporting requirements for LabID Events?	CMS guidance documents for MDRO and CDI LabID Event reporting is located on the Surveillance for <i>C. difficile</i>, MRSA, and other Drug-resistant Infections home page under CMS Supporting Material. http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html
46	CMS Inpatient Quality Reporting [IQR] Program: reported NHSN data	What is being reported to CMS for facilities participating in FacWideIN MRSA bacteremia and <i>C. difficile</i> LabID Event reporting?	FacWideIN standardized infection ratios (SIRs) are 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.

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

	Topic	Question	Response
47	GI-CDI	What symptoms for <i>C. difficile</i> infection are considered present on admission since the HAI definition of GI-CDI changed in 2015?	To be considered present on admission, the patient would have to fully meet the GI-CDI criteria during the POA time-period (before 2nd calendar day of inpatient admission): (1) positive test for toxin-producing <i>C. difficile</i> on an unformed stool specimen; or (2) evidence of pseudomembranous colitis. Diarrhea is not a specific element of these criteria; however, it is expected that the patient is having or had diarrhea in order to meet the element of “positive test for toxin-producing <i>C. difficile</i> on an unformed stool specimen” (stool which conforms to the shape of the collection container). On the event form when entering a GI-CDI event -- to validate that testing was performed on the appropriate specimen, users must not only check the specific element box used to meet the above criteria, but must also check the box indicating diarrhea.