



**Table 5. Instructions for Completion of the LTCF Laboratory- identified (LabID) MDRO or CDI Event form (CDC [57.138](#))**

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the system.
Event ID	Event ID number will be auto-entered by the system.
Resident ID	<b>Required.</b> Enter the alphanumeric resident ID. This is the resident identifier assigned by the facility and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the resident across all visits and admissions.
Medicare number	<i>Optional.</i> Enter the resident Medicare number or comparable railroad insurance number.
Resident Name,	<i>Optional.</i> Enter the name of the resident (Last, First, Middle)
Gender	<b>Required.</b> Select M (Male) or F (Female) to indicate the gender of the resident.
Date of Birth	<b>Required.</b> Record the date of the resident’s birth using this format: MM/DD/YYYY.
Ethnicity (specify)	<i>Optional.</i> Enter the resident’s ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race (specify)	<i>Optional.</i> Enter the resident’s race: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White
Event Details	
Resident Type	<p><b>Non-editable. Auto-populated by NHSN system</b> as stay or long-stay based on the date of first admission to the facility and the event date. Specifically, the definition are:</p> <ul style="list-style-type: none"> <li>• <b>Short-stay:</b> Resident has been in facility for 100 or less days from date of <b>first</b> admission. In other words, if the Event Date minus the First Admission Date is less than or equal to 100; then resident type should be “SS”.</li> <li>• <b>Long-stay:</b> Resident has been in facility for more than 100 days from date of <b>first</b> admission. In other words, if the Event Date minus the First Admission Date is greater than 100 then the resident type should be “LS”.</li> <li>• <b>Important:</b> Users are <b>NOT</b> permitted to edit the auto-populated resident type.</li> </ul>
Date of First Admission to Facility	<b>Required.</b> The date of first admission is defined as the date the resident first entered the facility. This date remains the same even if the resident leaves the facility (for example, transfers to another facility) for short periods of time (less than 30 consecutive days). If the resident leaves the facility and is away for 30 or more consecutive days, the date of first admission should be updated to the date of return to the facility. Enter date using this format: MM/DD/YYYY.



Data Field	Instructions for Form Completion
<b>Event Details</b>	
Date of Current Admission to Facility	<p><b>Required.</b> The date of current admission is the most recent date the resident entered the facility. <i>If the resident enters the facility for the first time and has not left, then the date of current admission will be the same as the date of first admission.</i> Enter date using this format: MM/DD/YYYY.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• If the resident leaves the facility for more than 2 calendar days (the day the resident leaves the facility is equal to day 1) and returns, the date of current admission should be updated to the date of return to the facility.</li> <li>• If the resident has not left your facility for more than 2 calendar days, then the date of current admission should not be changed.</li> <li>• Date of current admission must occur BEFORE the date of event.</li> </ul> <p><i>Example:</i> A resident is transferred from your facility to an acute care facility on June 2, 2017 and returns on June 5, 2017, the current admission date would be 06/05/2017. One week later, the same resident goes to the ED for evaluation on June 12, 2017 and returns on June 13, 2017. The date of current admission stays 06/05/2017.</p>
Event Type	<b>Required.</b> Event type = LabID. This will be auto-entered by the system.
Date Specimen Collected	<b>Required.</b> Enter the date the specimen was <b>collected</b> for this Event using format: MM/DD/YYYY. This is also referred to as the Date of Event.
Specific Organism Type	<p><b>Required.</b> Check the laboratory-identified MDRO identified from this specimen:</p> <p>MRSA, MSSA (if tracking MRSA &amp; MSSA together), VRE, <i>C. difficile</i>, CephR-Klebsiella, CRE-<i>E. coli</i>, CRE-<i>Enterobacter</i>, CRE-Klebsiella, or MDR-Acinetobacter.</p> <p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• If multiple MDROs are identified from the same culture, create a new Event report for each one (specifically, 1 form for each pathogen).</li> <li>• If conducting surveillance for CRE, the facility must include all three CRE organisms (<i>E. coli</i>, <i>Klebsiella</i>, and <i>Enterobacter</i>) in the monthly reporting plan and conduct surveillance for all three organisms.</li> </ul>
Specimen Body Site/System	<p><b>Required.</b> Select the main body site/system from which the specimen was taken using the description that is most specific.</p> <p>Cardio/Circulatory/Lymph (CARD); Central Nervous System (CNS); Digestive System (DIGEST); Eyes, Ears, Nose, and Throat (EENT); Endocrine (ENDCRN); Genitourinary (GU); Musculoskeletal (MSC); Reproductive Female (REPRF); Reproductive Male (REPRM); Respiratory (RESP); Skin/Soft Tissue (SST); Unspecified</p>



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<b>Event Details</b>	
Specimen Source	<p><b>Required.</b> Enter the specific source from which the specimen was taken using the most accurate from the available choices. Examples of specimen source by each specimen body site/system include:</p> <p style="padding-left: 40px;"><i>Cardio/Circulatory/Lymph (CARD):</i> Blood, Lymph node, Vein, Spleen  <i>Central Nervous System (CNS):</i> Brain, CSF, Spinal Cord  <i>Digestive System (DIGEST):</i> Stool, Rectal Swab, Liver, Stomach  <i>Eyes, Ears, Nose, and Throat (EENT):</i> Mouth, Throat, Eye fluid  <i>Endocrine (ENDCRN):</i> Thyroid, Thymus  <i>Genitourinary (GU):</i> Genital swab, Perineal, Urethral swab, Urine  <i>Musculoskeletal (MSC):</i> Fat, Bone, Muscle, Synovial fluid  <i>Reproductive Female (REPRF):</i> Amniotic fluid, Ovary, Vaginal fluid  <i>Reproductive Male (REPRM):</i> Prostatic fluid, Sperm  <i>Respiratory (RESP):</i> BAL, Lung, Nasopharyngeal wash, Pleural fluid  <i>Skin/Soft Tissue (SST):</i> Abscess, Skin, Soft tissue biopsy</p>
Resident Care Location	<p><b>Required.</b> Enter the location where the resident was residing on the date the specimen was collected. If a specimen was collected while the resident was receiving care from an ED or OP location, the <i>Resident Care Location</i> should indicate the resident's primary LTCF location prior to visiting the outpatient setting.</p>
Primary Resident Service Type	<p><b>Required.</b> Check the single primary service that best represents the type of care the resident is receiving on the date the specimen was collected:</p> <p style="padding-left: 40px;">Long-term general nursing, long-term dementia, long-term psychiatric, skilled nursing/short-term rehab (subacute), ventilator, bariatric, or hospice/palliative.</p> <p><b>Note:</b> If a specimen was collected while the resident was receiving care from an ED or OP setting, the Primary Resident Service Type should indicate the resident's primary service type prior to visiting the outpatient setting.</p>
Has resident been transferred from an acute care facility in the past 4 weeks?	<p><b>Required.</b> Select "Yes" if the resident has been an <u>inpatient</u> of an acute care facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only) <u>and</u> was directly admitted to your facility in the past four weeks (specifically 28 days, with the day of specimen collection being day 1) prior to the current positive specimen collection date (also referred to as event date). Otherwise, select "No".</p> <p><b>Note:</b> Previous emergency department and/or outpatient visits (physician's office) are excluded since these outpatient visits do <b>not</b> represent an inpatient admission.</p>
If yes, date of last transfer from acute care to your facility	<p><b>Conditionally required.</b> If the resident was transferred from acute care to your facility in the past four weeks, enter the most recent date of transfer. Use format: MM/DD/YYYY</p>



Data Field	Instructions for Form Completion
<b>Event Details</b>	
If yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility?	<i>Conditionally required.</i> If the resident was on antibiotic therapy for this specific organism at the time of transfer to your facility select “Yes”, otherwise select “No”.
Documented prior evidence of infection or colonization with this specific organism type from a previously reported LabID Event?	<b>Non-editable. This is a system auto-populated field and is based on prior months LabID Events.</b> “Yes” or “No” will be auto-filled by the system only, depending on whether there is prior LabID Event entered for the same organism and same patient in the prior month. Cannot be edited by user. If there is a previous LabID event for this organism type entered in NHSN in a <b>prior month</b> , the system will auto-populate with a “Yes.”  <b>Note:</b> This question is not used in the categorization of <i>C. difficile</i> LabID Events.
<b>Custom Fields</b>	
Labels	<i>Optional.</i> Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.  <b>Note:</b> Each Custom Field must be set up in the Facility/Custom Options section of the NHSN application before the field can be selected for use.
Comments	<i>Optional.</i> Enter any information on the event. This information is not analyzed.