

# Using the “SIR – CDI LabID Data for IRF QRP (2022 Baseline)” Report

This document applies to CMS Inpatient Rehabilitation Facilities (IRF) units located within an acute care, critical access, or long-term acute care hospital. You can find similar information for free-standing IRFs in the [Using the “SIR - CDI LabID Data for IRF QRP” Report](#) guidance document.

## Introduction

The NHSN Analysis Report, “SIR - CDI LabID Data for IRF QRP (2022 Baseline)” was created to allow acute care, critical access, or long-term acute care hospitals to review those data from their CMS IRF units that would be submitted to CMS on their behalf. It’s important to keep in mind the following as you begin to use this report:

- a. These data will only be submitted for those facilities that are participating in the CMS Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), as indicated by their IRF’s CCN recorded in NHSN.
- b. **The SIRs generated in this output will be calculated using the 2022 national baseline data.** To learn more about the standardized infection ratio (SIR) under the 2022 baseline as it pertains to CDI data, please see [NHSN’s Guide to the 2022 Baseline Standardized Infection Ratios](#).
- c. This report will only include **in-plan C. difficile LabID data for CMS IRF units within an acute care, critical access, or long-term acute care hospital beginning with January 2022 data. However, the default time period of the report begins with 2025Q1.** Earlier years for which you may have reported these data will not be included in this output.
- d. **IMPORTANT!** Facilities must appropriately **Report No Events** for those locations and months for which no CDI LabID events were identified.
- e. This output option represents an SIR report for all CMS-certified IRF units within your facility. If your IRF unit shares a CCN with another facility, the SIRs will only represent the data that your IRF unit(s) contributed to the overall SIR for all IRFs under the CCN. You may wish to use the Group feature in NHSN to obtain a single SIR for IRFs that share a CCN. More information about the Group feature can be found on the [Group User](#) page.
- f. The information in this document should be used in conjunction with the document, “[How to Set Up NHSN Reporting for MRSA Bacteremia and C. difficile LabID events for the CMS Inpatient Rehabilitation Facility \(IRF\) Quality Reporting Program](#)”.
- g. The data in this report will represent data current as of the last time you generated datasets.
- h. **NOTE:** Quarterly data are frozen as of the final submission date for that quarter. For example, Q1 data will be frozen as of 7am UTC\* (3am ET) on August 16th. Any changes made to these data in NHSN after the final submission deadline will not be reflected in the data submitted to CMS.

*\*All NHSN timestamps are displayed in the UTC Time Standard. To convert UTC to Eastern Time:*

- *Between second Sunday in March – first Sunday in November: subtract 4 hours from UTC to get Eastern Daylight Time (EDT).*
- *Between first Sunday in November – second Sunday in March: subtract 5 hours from UTC to get Eastern Standard Time (EST).*



## Example of how to access, generate, interpret, and perform data quality checks on the “SIR – CDI LabID Data for IRF QRP” Report

Before running this output option, remember to generate your datasets for the most up-to-date data reported to NHSN by your facility! To generate datasets, go to Analysis > Generate Data Sets, then click “Generate Reporting Data Sets”.

1. After selecting Analysis > Reports, navigate through the following folders: CMS Reports > Inpatient Rehabilitation Facilities (IRFs) > SIR - CDI LabID data for IRF QRP (2022 Baseline). After clicking the title of the report, click “Run Report” on the subsequent pop-up menu.
2. By default, the results will appear in an HTML window. If a second window does not pop-up, please be sure to check your pop-up blocker and allow pop-ups from \*.cdc.gov.
3. Within the output, there may be multiple tables, each described below. **Data presented below are fictitious.**

### Table 1: SIR Table Example

The table represents an overall single SIR for your IRF unit, per calendar quarter. This is the information that will be submitted to CMS for your IRF unit.

**NOTE:** If an SIR cannot be calculated for your facility due to missing CDI test type (incomplete reporting) for the quarter, the SIR table will not display in the NHSN SIR Report, and an SIR will not be submitted to CMS for your facility. However, if patient days were reported during the incomplete quarter, a value for patient days will still be submitted to CMS.

National Healthcare Safety Network										
Standardized Infection Ratio for CDI LabID Data in Inpatient Rehabilitation Facilities QRP (2022 Baseline)										
As of: July 31, 2025 at 6:26 PM UTC										
Date Range: BS3_LABID_RATESCDIFIRF_CMS summaryYQ 2025Q1 to 2025Q1										
orgID=16195										
orgID	ccn	irfccn	summaryYQ	months	CDIF_IRFIncCount	numPred	numpatdays	SIR	SIR_pval	sir95ci
16195		99T999	2025Q1	3	0	0.297	1815	-	-	-
<p>1. The SIR is only calculated if number predicted (numPred) is &gt;=1. Lower bound of 95% Confidence Interval only calculated when number of observed events &gt; 0.</p> <p>2. The number of predicted events is calculated based on national 2022 NHSN data. Please see the SIR Guide for details on the HAI-specific risk adjustment and inclusion/exclusion criteria: <a href="https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html">https://www.cdc.gov/nhsn/2022rebaseline/analysis-resources.html</a></p> <p>3. This report includes in-plan data from IRFs for 2022 and forward.</p> <p>4. Events from rehabilitation wards and behavioral health/psych wards with a unique CCN are excluded. Information on how to determine which events are counted in the SIR can be found here: <a href="http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf">http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf</a></p> <p>5. If any risk factor data are missing, the record is excluded from the SIR.</p>										

Using the table above, one can conclude the following:

- a. During the 1<sup>st</sup> quarter of 2025 (2025Q1), three months of CDI LabID data (*months*) were submitted for IRF unit(s).
- b. In those three months, the IRF units reported 0 location-incident healthcare facility-onset (HO) CDI LabID events (*CDIF\_IRFIncCount*) among 1,815 patient days (*numpatdays*). For more information about which events are counted in the numerator of the SIR, refer to the [Troubleshooting the MRSA Bacteremia and CDI LabID Event SIR](#) guidance document.
- c. The number of predicted location-incident CDI LabID events (*numPred*) was 0.297.

**NOTE:** If the number of predicted events is less than 1, as in the example above, an SIR, p-value (*SIR\_pval*), and 95% confidence interval (*sir95ci*) will not be calculated. However, assuming all other reporting requirements are met, the SIR data are considered “complete” and will still be submitted to CMS to comply with Quality Reporting Programs. **Be sure to read the footnotes beneath the SIR report for important information about the SIR calculation.**

## Table 2: SIR Risk Factors Example

The table below presents the SIR-associated risk factors used in the calculation of your IRF unit's SIR for each calendar quarter. This information is provided to help a facility understand their IRF unit's SIR calculation and ensure accuracy of each risk adjustment variable. These data are not submitted to CMS. Additional details regarding the SIR risk factors can be found in [NHSN's Guide to the 2022 Baseline Standardized Infection Ratios](#).

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## Table 3: Months Excluded Example

An additional table may appear if there are any incomplete/partial quarters of CDI LabID data entered into NHSN. The CDI SIR can only be calculated at the end of a quarter, once CDI Test Type has been reported. If CDI test type has not yet been entered into NHSN for a quarter, any months for which data *have* been entered into NHSN for that quarter will be identified in the table below. Of the data presented in the table below, only the sum of patient days (*numPatDays*) is submitted to CMS.

National Healthcare Safety Network CDI Data - Months Excluded from SIR Due to Missing Risk Factor													
As of: July 18, 2025 at 4:54 PM UTC Date Range: BS3_LABID_RATE_SCDIFIRF_CMS summaryYQ After and Including 2025Q1													
orgID=16195													
orgID	ccn	irfccn	summaryYM	CDIF_IRFIncCount	avgCensus	numTraSCDysAdm	numNonTraSCDysAdm	numStrokeAdm	numOrthoAdm	numAdmitsIRF Surv	cdiTestMeth	numAdms	numPatDays
16195		99T999	2025M01	0	10	100	0	1034	50	1617		302	1763
16195		99T999	2025M02	1	10	100	0	1034	50	1617		320	1950
1. This table displays months that are excluded from the SIR report. These months will be included in the SIR once all required variables have been submitted Data contained in this report were last generated on July 18, 2025 at 12:20 PM UTC to include data beginning January 2022 .													

Using the table above, one can conclude the following

- This facility has entered January 2025 (2025M01) and February 2025 (2025M02) CDI LabID data into NHSN but *has not yet entered March 2025 data*. In January and February, there was 1 incident, healthcare-onset CDI LabID event reported.
- The facility reported 1,763 patient days in January and 1,950 patient days in February. The facility reported 302 admissions in January and 320 admissions in February.
- January and February are currently excluded from the facility's SIR because CDI test type is missing for 2025Q1 (i.e., March data have not been reported). Once CDI test type is reported on the March 2025 FacWideIN denominator form, these months will be included in the SIR.

## What can be done if a quarter does not appear on the table, if one or more months are missing, or if the data are inaccurate?

1. Check that the summary data for the CMS IRF locations have been entered for each month in the quarter and double-check the accuracy of these data, which includes patient days and admissions.
2. If summary data have been entered, double check your monthly reporting plan for each month in the quarter. Check to make sure that the monthly reporting plans include the CMS IRF units for CDI LabID Data.
3. If summary data have been entered and no CDI LabID events have been identified, be sure to check the 'Report No Events' box on the summary record for applicable IRF unit(s) or through the "Missing Events" alerts tab.
4. If the number of events is less than you reported *and* you've confirmed that the summary data have been entered in-plan, double check the CDI LabID events in NHSN using the "Line Listing for All CDI LabID Events" report option.

**REMEMBER: If you have made any changes to your data, regenerate your datasets to review your output options with the most up-to-date data in NHSN.**

## Additional Resources

[Troubleshooting MRSA and CDI LabID Event SIR](#)

[CMS Resources for NHSN Users](#)

[Operational Guidance for IRFs to report CDI](#)

[Analysis Quick Reference Guides](#)

[NHSN's Guide to the 2022 Baseline SIRs](#)

[NHSN 2022 HAI Rebaseline Webpage](#)