NHSN Multidrug Resistant Organism and *Clostridium difficile* Infection (MDRO/CDI) Module: Tips and Tricks to LabID Event Reporting

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National Healthcare Safety Network

CDC NHSN Training Course: MRSA & CDI

March 23, 2017
For Today, Our Goals Are:

- Understand specifics for LabID Event reporting to CMS via NHSN.
- Describe how to correctly set-up a monthly reporting plan for MRSA bacteremia and *C. difficile* LabID Event reporting.
- Explain MRSA bacteremia/*C. difficile* LabID Event definitions and protocols.
- Illustrate how to correctly enter MRSA bacteremia and *C. difficile* LabID Event data into NHSN.
- Define how to correctly enter denominator data for LabID Event reporting into NHSN.
Surveillance for C. difficile, MRSA, and other Drug-resistant Infections

Resources for NHSN Users Already Enrolled

- Training
- Protocols
- Frequently Asked Questions
- Data Collection Forms
- MDRO & CDI LabID Event Calculator
- CMS Supporting Materials
- Supporting Material

New Users - Start Enrollment Here

- Step 1: Enroll into NHSN
- Step 2: Set up NHSN
- Step 3: Report

Click here to enroll
User Question:

- Dear NHSN:
  What does NHSN require I report each month?

Response:

NHSN doesn’t have requirements for reporting; we do expect data based on what you select on your monthly reporting plan. If your facility participates in CMS inpatient reporting programs, I recommend you check CMS requirements, found under the ‘CMS supporting materials’ tab. Also, check your state and/or organizational reporting requirements.
Online Resources – CMS Related

### Online Resources – CMS Related

#### Healthcare Facility HAI Reporting Requirements to CMS via NHSN--
**Current or Proposed Requirements**

<table>
<thead>
<tr>
<th>CMS Reporting Program</th>
<th>HAI Event</th>
<th>Reporting Specifications</th>
<th>Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Inpatient Quality Reporting (IQR) Program</td>
<td>CAUTI</td>
<td>Adult and Pediatric ICU</td>
<td>January 2012</td>
</tr>
<tr>
<td>Hospital Outpatient Quality Reporting (OQR) Program</td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Outpatient Healthcare Personnel</td>
<td>October 2014</td>
</tr>
<tr>
<td>ESRD Quality Incentive Program (QIP)</td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Healthcare Personnel</td>
<td>October 2013</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Facility Quality Reporting (IRFQR) Program</td>
<td>CAUTI</td>
<td>Adult &amp; Pediatric</td>
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#### CMS Reporting Program

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<td>All Bedmed Inpatient Locations</td>
<td>January 2013</td>
</tr>
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<td>January 2013</td>
</tr>
<tr>
<td>SS: COLO</td>
<td>Inpatient COLO Procedures</td>
<td>January 2014</td>
</tr>
<tr>
<td>SSI: HYST</td>
<td>Inpatient HYST Procedures</td>
<td>January 2014</td>
</tr>
<tr>
<td>MRSA Bacteraemia LabD Event</td>
<td>FactWideN</td>
<td>January 2016</td>
</tr>
<tr>
<td>C. difficile LabD Event</td>
<td>FactWideN</td>
<td>January 2016</td>
</tr>
<tr>
<td>VAE</td>
<td>Adult LTAC ICU/ &amp; Wards</td>
<td>January 2016</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Adult &amp; Pediatric NPT Wards</td>
<td>October 2016</td>
</tr>
</tbody>
</table>

*Long Term Care Hospitals are called Long Term Acute Care Hospitals in NHSN!*
If participating in CMS Inpatient Quality Reporting (IQR) Program, CMS Long Term Care Hospital Quality Reporting (LTCHQR) Program, CMS Inpatient Rehabilitation Facility Quality Reporting (IRFQR) Program or CMS PPS-Cancer Exempt Hospital Quality Reporting (PCHQR) Program...

Must report MRSA Bacteremia and *C. difficile* LabID Events at Facility-wide Inpatient (FacWideIN)* level

*Each QUARTER NHSN sends to CMS analysis of your facility data

*FacWideIN includes Emergency Departments And 24-hour Observation locations*
Patient Safety Component
4 Modules

- Device-associated Module
- Procedure-associated Module
- Antimicrobial Use and Resistance (AUR) Module
- MDRO & CDI Module
Reporting Requirements and Options

Active participants must choose main reporting method

- Infection Surveillance (MDRO / CDI)
- LabID Event Reporting (MDRO / CDI)

Additional options then become available

Prevention Process Measures:
- Adherence to Hand Hygiene
- Adherence to Gown and Glove Use
- Adherence to Active Surveillance Testing (for MRSA/VRE Only)

Outcome Measures:
- AST Prevalence / Incidence (for MRSA/VRE Only)
NOTE*** The MDRO module contains 2 separate reporting selections. Each may be selected independently of the other. If a facility is monitoring both metrics (HAI and LabID Event), then they must conduct surveillance for and report data for both selections.
Definitions

- **MRSA**: S. aureus testing oxacillin, cefoxitin, or methicillin resistant; or positive from molecular testing for mecA and PBP2a

- **C. difficile**: A positive result for a laboratory test for C. difficile toxin A and/or B (e.g., enzyme immunoassay, or EIA test), OR a toxin-producing C. difficile organism detected in the stool specimen by culture or other laboratory means (e.g., nucleic acid amplification testing by polymerase-chain reaction, or PCR).

- **MSSA**: S. aureus testing oxacillin, cefoxitin, or methicillin intermediate or susceptible; or negative from molecular testing for mecA and PBP2a

- **VRE**: Enterococcus faecalis, Enterococcus faecium, or Enterococcus species unspecified (only those not identified to the species level) testing resistant to vancomycin
**Definitions**

- **MDR-Acinetobacter**: Any Acinetobacter species testing non-susceptible (i.e., resistant or intermediate) to at least one agent in at least 3 antimicrobial classes of the following 6 antimicrobial classes:

<table>
<thead>
<tr>
<th>Antimicrobial Class</th>
<th>Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>β-lactams and β-lactam/β-lactamase inhibitor combinations</td>
<td>Piperacillin, Piperacillin/tazobactam</td>
</tr>
<tr>
<td>Sulbactam</td>
<td>Ampicillin/sublactam</td>
</tr>
<tr>
<td>Cephalosporins</td>
<td>Cefepime, Ceftazidime</td>
</tr>
<tr>
<td>Carbapenems</td>
<td>Imipenem, Meropenem, Doripenem, Ertapenem</td>
</tr>
<tr>
<td>Aminoglycosides</td>
<td>Amikacin, Gentamicin, Tobramycin</td>
</tr>
<tr>
<td>Fluoroquinolones</td>
<td>Ciprofloxacin, Levofloxacin</td>
</tr>
</tbody>
</table>

- **CephR**: Klebsiella oxytoca or Klebsiella pneumoniae testing intermediate or resistant to ceftazidime, ceftriaxone, cefotaxime, or cefepime

- **CRE**: Any Escherichia coli, Klebsiella oxytoca, Klebsiella pneumoniae, or Enterobacter spp. testing **resistant** to imipenem, meropenem, doripenem, or ertapenem. Note: For in-plan CRE surveillance, facilities must conduct surveillance for all three organisms CRE-E. coli, CRE-Enterobacter, and CRE-Klebsiella (Klebsiella oxytoca and Klebsiella pneumoniae).
Overview of Laboratory-identified (LabID) Event Reporting
LabID Event reporting is based strictly on laboratory testing data without clinical evaluation of the patient, allowing for a much less labor intensive method to track C. difficile and MDROs, such as MRSA. These provide proxy infection measures of healthcare acquisition, exposure burden, and infection burden based primarily on laboratory and limited admission data.
Advantages of LabID Event Reporting include:

- Objective laboratory-based metrics that allow the following without extensive chart review:
  - Identify vulnerable patient populations
  - Estimate infection burden
  - Estimate exposure burden
  - Assess need for and effectiveness of interventions
- Standardized case definitions
- Increased comparability between clinical settings
User Question (from NHSN@cdc.gov):

- **Question**: I have a positive laboratory test for *C. difficile* toxin but I can’t find any documentation that the patient has diarrhea. Should I submit this as a LabID event?

- **Answer**: There is no clinical consideration in LabID event reporting. If you meet a LabID reporting definition, an event should be submitted.

(P.S. Don’t use your valuable time doing chart review, just use the lab result).
Facility-Wide Inpatient (FacWideIN)

Option for LabID Event reporting only!

Includes inpatient locations*, including observation patients housed in an inpatient location PLUS outpatient emergency departments and 24-hour observation locations

* See C. difficile LabID Event protocol for location exclusions
Facility-wide Inpatient: FacWideIN

To ensure accurate categorizations of LabID events (e.g., incident, recurrent, healthcare facility-onset), facilities should report LabID Events from all inpatient locations in the facility, including those locations with a different CMS Certification Number (CCN) such as inpatient rehab (IRF) or psych locations (IPF).

Events submitted from these different CCN locations are removed during FacWideIN analysis for the acute care hospital and not shared with CMS for IQR.
User Question:

- Hey NHSN:

I work at an acute care hospital that follows LabID event reporting. I have a patient admitted to my inpatient psych unit on 12/1 (it has its own unique CCN). The patient is discharged on 12/8 & admitted to a medical ward where they subsequently have a LabID event. How is this admission handled?

Response:

From the NHSN perspective, the hospitalization is considered ‘continuous’; this isn’t a ‘discharge’ and ‘readmission’ for NHSN reporting purposes. If submitting a LabID event, the date of admission is 12/1. Having a unique CCN doesn’t influence or change this perspective.
LabID reporting: Attribution of event rule:

LabID Events are attributable to the location where the positive specimen is collected.

***the ‘Transfer Rule’ does NOT apply to LabID event reporting
Specimens collected from any other affiliated outpatient location (excluding ED and 24-hour observation locations) can be reported for the inpatient admitting location IF collected on the same calendar day as inpatient admission.

**In this circumstance, the admitting inpatient location should be assigned. This is the only exception to LabID attribution rule.**
Knowledge Check!

Nancy presents to the ED with a two day history of cough with N/V/D. Flu is rampant in the area and she’s diagnosed with influenza, rule out GI infection. She’s formally admitted to a med/surg unit; however, no beds are available. She remains in the ED as an inpatient for 24 hours until a bed is opened. A loose stool specimen is collected for *C. difficile* testing while she is awaiting med/surg transfer. The stool specimen returns positive for *C. difficile* toxin B.
What location is used for LabID event attribution?

A. the ED
B. Med/Surg unit
C. the location is left blank
D. FacWideIN

Rationale: LabID event reporting is by location and doesn’t incorporate the ‘status’ of the patient (inpatient vs. outpatient vs. observation).
Getting Ready for LabID Event Reporting
CHECKLIST:  
Facility-wide Inpatient MRSA Bacteremia &  
C. difficile LabID Event Reporting

- Review location options and map locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
- Enter denominator data for each month under surveillance.
- Resolve “Alerts”, if applicable.
If participating in FacWideIN, must map each inpatient location in the facility.
Find Locations: All or Specific Search

Your Code: 
Your Label: 
CDC Location Description: Medical Ward
Status: Active
Bed Size: A bed size greater than zero is required for most inpatient locations.

Find

<table>
<thead>
<tr>
<th>Delete</th>
<th>Status</th>
<th>Your Code</th>
<th>Your Label</th>
<th>CDC Description</th>
<th>CDC Code</th>
<th>NHSN HL7 Code</th>
<th>Bed Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active</td>
<td>0909</td>
<td>0909</td>
<td>Emergency Depart</td>
<td>OUT: ACUTE: ED</td>
<td>1108-0</td>
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</tr>
<tr>
<td></td>
<td>Active</td>
<td>0910</td>
<td>ADULT REHAB</td>
<td>Rehabilitation Ward</td>
<td>IN: ACUTE: WARD: REH</td>
<td>1070-2</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>11</td>
<td>BH</td>
<td>Behavioral Health/Psy</td>
<td>IN: ACUTE: WARD: BHV</td>
<td>1051-2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>12 WEST</td>
<td>W</td>
<td>Medical Critical Care</td>
<td>IN: ACUTE: CC: M</td>
<td>1027-2</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>17N</td>
<td>MY WARD</td>
<td>Surgical Ward</td>
<td>IN: ACUTE: WARD: S</td>
<td>1072-8</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>2 WEST</td>
<td>24 HOUR OBS</td>
<td>24-Hour Observation</td>
<td>OUT: ACUTE: WARD</td>
<td>1162-7</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>200000</td>
<td>THIS LABEL</td>
<td>Medical Cardiac Critic</td>
<td>IN: ACUTE: CC: C</td>
<td>1028-0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>3 CENTRAL</td>
<td>3 CENTRAL</td>
<td>Medical Ward</td>
<td>IN: ACUTE: WARD: M</td>
<td>1060-3</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>301</td>
<td>OR</td>
<td>Operating Room/Suite</td>
<td>IN: ACUTE: OR</td>
<td>1096-7</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>E3WE</td>
<td>E3WE</td>
<td>Ear, Nose, Throat Clinic</td>
<td>OUT: NONACUTE: CLIN</td>
<td>1126-2</td>
<td>2222</td>
</tr>
</tbody>
</table>

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CHECKLIST:
Facility-wide Inpatient MRSA Bacteremia &
C. difficile LabID Event Reporting

- Review location options and map locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
- Enter denominator data for each month under surveillance.
- Resolve “Alerts”, if applicable.
Monthly Reporting Plan

- The Monthly Reporting Plan informs CDC which modules a facility is participating in during a given month.
  - Referred to as “In-Plan” data

- The Plan also informs CDC which data can be used for aggregate analyses.
  - This INCLUDES sharing applicable data with CMS!

- A facility must enter a Plan for every month of the year.

- NHSN will only submit data to CMS for complete months (data for all months of the quarter must be in place prior to submission).
Monthly Reporting Plan
FacWideIN

- Add facility-wide inpatient reporting for MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan (MRP) using the “FACWIDEIN” location.

- Emergency departments and 24-hour observation locations *are* included in FacWideIN reporting. **NOTE** These locations will ‘automatically’ be added to your monthly reporting plan when you select ‘FacWideIN’ as long as you do NOT use the ‘copy from previous month’ option when selecting the monthly reporting plan.
Creating a Monthly Reporting Plan

NHSN - National Healthcare Safety Network

View Monthly Reporting Plan

Add

Find

- NHSMC: National Medical Center (ID 15331)

Month*: January
Year*: 2017

- No NHSN Patient Safety Modules Followed this Month

Multi-Drug Resistant Organism Module

<table>
<thead>
<tr>
<th>Locations</th>
<th>Specific Organism Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACWIDEIN - Facility-wide Inpatient (FacWIDEIn)</td>
<td></td>
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</table>

Process and Outcome Measures

<table>
<thead>
<tr>
<th>Location</th>
<th>AST-Timing</th>
<th>AST-Eligible</th>
<th>Incidence</th>
</tr>
</thead>
</table>

- ACINE - MDR-Acinetobacter
- CDIF - C. difficile
- CEPHRKLEB - CepHr-Klebsiella
- CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
- MRSA - MRSA
- MRSA/MSSA - MRSA with MSSA
- VRE - VRE

Buttons:
- Add Row
- Clear All Rows
- Copy from Previous Month

Save | Back
### Monthly Reporting Plan

**FacWideIN**

#### Multi-Drug Resistant Organism Module

<table>
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<td>MRSA - MRSA</td>
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</table>

#### Process and Outcome Measures

<table>
<thead>
<tr>
<th>Infection Surveillance</th>
<th>AST-Timing</th>
<th>AST-Eligible</th>
<th>Incidence Prevalence</th>
<th>Lab ID Event All Specimens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Specimens Only</td>
<td></td>
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</table>

**Add Rows** | **Clear All Rows** | **Copy from Previous Month**
Monthly Reporting Plan
FacWideIN
Monthly Reporting Plan
CMS-IRF Unit within a Hospital

- Each month, add MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan using your CMS IRF location. This location will not auto-populate for inclusion in reporting.

- The MDRO/CDI Module section of the plan **must contain** the two rows shown in the screenshot below in order for your facility’s data to be sent to CMS.

Repeat steps for each CMS-IRF unit.
Repeat for IPF if desired
<table>
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<tr>
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<th>Process and Outcome Measures</th>
<th>Infection Surveillance</th>
<th>AST-Timing AST-Eligible Incidence Prevalence</th>
<th>Lab ID Event</th>
<th>Lab ID Event</th>
<th>Blood Specimens Only</th>
<th>HH GG</th>
</tr>
</thead>
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<td>FACWIDEIn - Facility-wide Inpatient (FacWIDEIn)</td>
<td>MRSA - MRSA</td>
<td>MRSA - MRSA</td>
<td>Lab ID Event</td>
<td>All Specimens</td>
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</tr>
<tr>
<td>FACWIDEIn - Facility-wide Inpatient (FacWIDEIn)</td>
<td>CDIF - C. difficile</td>
<td>CDIF - C. difficile</td>
<td>Lab ID Event</td>
<td>All Specimens</td>
<td>Lab ID Event</td>
<td>Lab ID Event</td>
<td>Blood Specimens Only</td>
<td>HH GG</td>
</tr>
<tr>
<td>ED - EMERGENCY DEPARTMENT</td>
<td>MRSA - MRSA</td>
<td>MRSA - MRSA</td>
<td>Lab ID Event</td>
<td>All Specimens</td>
<td>Lab ID Event</td>
<td>Lab ID Event</td>
<td>Blood Specimens Only</td>
<td>HH GG</td>
</tr>
<tr>
<td>ODS - 24 HR OBSERVATION</td>
<td>MRSA - MRSA</td>
<td>MRSA - MRSA</td>
<td>Lab ID Event</td>
<td>All Specimens</td>
<td>Lab ID Event</td>
<td>Lab ID Event</td>
<td>Blood Specimens Only</td>
<td>HH GG</td>
</tr>
<tr>
<td>OBS - 24 HR OBSERVATION</td>
<td>CDIF - C. difficile</td>
<td>CDIF - C. difficile</td>
<td>Lab ID Event</td>
<td>All Specimens</td>
<td>Lab ID Event</td>
<td>Lab ID Event</td>
<td>Blood Specimens Only</td>
<td>HH GG</td>
</tr>
<tr>
<td>REHAB - REHAB UNIT</td>
<td>MRSA - MRSA</td>
<td>MRSA - MRSA</td>
<td>Lab ID Event</td>
<td>All Specimens</td>
<td>Lab ID Event</td>
<td>Lab ID Event</td>
<td>Blood Specimens Only</td>
<td>HH GG</td>
</tr>
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<td>REHAB - REHAB UNIT</td>
<td>CDIF - C. difficile</td>
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</tr>
</tbody>
</table>

MRSA & CDI LabID Event Reporting for the Acute Care Facility

MRSA & CDI LabID Event Reporting for the IRF Unit
Knowledge Check!

Facility A follows ‘FacWideIN’ LabID event reporting only.

The facility has multiple inpatient locations including a unique CCN inpatient rehab unit. Additionally, the facility has an Emergency Department and several affiliated outpatient clinics which all report MRSA &

*C. difficile* LabID events.
How many rows should show under the facility MDRO reporting module:

A. 2 – FacWideIN for MR & CD
B. 4 – FWI MR/CD & Reh MR/CD
C. 6 – FWI MR/CD, Reh MR/CD, ED MR/CD
D. 8 – all of the above + clinics MR/CD

Rationale: You must have separate reporting rows for ED and IRF in addition to FacWideIN reporting rows. Clinics are not included in FacWideIN reporting.
CHECKLIST:
Facility-wide Inpatient MRSA Bacteremia &
C. difficile LabID Event Reporting

✓ Review location options and map locations in NHSN as necessary.
✓ Review Monthly Reporting Plan(s) and update as necessary.

- Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.
- Enter denominator data for each month under surveillance.
- Resolve “Alerts”, if applicable.
MRSA Bacteremia and *C. difficile* LabID Event Reporting in NHSN
Definition: MRSA Bacteremia LabID Event

- Any MRSA blood specimen obtained for clinical decision making purposes (excludes screening cultures, such as those used for active surveillance testing “AST”)

- MRSA positive blood specimen for a patient in a location with no prior MRSA positive blood specimen result collected within 14 days for the patient and location (includes across calendar months for Blood Specimen Only reporting)
MRSA Bacteremia LabID Event Reporting
Blood Specimen Only

MRSA isolate from blood per patient and location

Prior (+) MRSA from blood ≤ 2 weeks from same patient and Location (including across calendar month)

Not a LabID Event (Duplicate)

LabID Event (unique MRSA blood source)

Adapted from Figure 1 MDRO Test Results Algorithm for Blood Specimens Only LabID Events
Definition: *C. difficile* LabID Event

- A (+) laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays) tested on **unformed stool specimen** (must conform to the container) OR

- A toxin-producing *C. difficile* organism detected by culture or other laboratory means performed on an **unformed stool sample** (must conform to container) for a patient in a location with no prior *C. difficile* specimen result reported **within 14 days** for the **patient and location**

*excludes locations known to predominately house babies (NICU, Nursery, etc.)*

*C. difficile* testing only on **unformed** stool samples!!
Stool should conform to shape of container.
Dear CDI SME:
How does NHSN define ‘unformed’ as it relates to the C. difficile laboratory assay definition? What do I report if a formed specimen test positive for CD?

Response:
NHSN doesn’t offer a specific definition for ‘unformed’ other than noting the specimen must conform to the container. Facilities should follow their internal guidance for ‘unformed’. We recommend all testing labs have a ‘rejection’ policy/protocol in place where inappropriate specimens are rejected rather than tested for CD toxin. Testing on formed specimens will not meet the CDI LabID event definition.
Identifying a *C. difficile* LabID Event

**Figure 2. C. difficile test Results Algorithm for Laboratory-Identified (LabID) Events**

1. **(+)* C. difficile* test results**
2. **Prior (+) in ≤ 2 weeks per patient and location**
   - **No** → **LabID Event**
   - **Yes** → **Duplicate C. difficile**
   - **Not a LabID Event**
### Event Information - Specimens Collected from:

**Emergency Department or 24-Hour Observation**

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Event Type:</strong> LABID - Laboratory-identified MDRO or CDI Event</td>
</tr>
<tr>
<td><strong>Date Specimen Collected:</strong> 02/02/2017</td>
</tr>
<tr>
<td><strong>Specific Organism Type:</strong> CDIF - C difficile</td>
</tr>
<tr>
<td><strong>Outpatient:</strong> Y - Yes</td>
</tr>
<tr>
<td><strong>Specimen Body Site/Source:</strong> DIGEST - Digestive System</td>
</tr>
<tr>
<td><strong>Specimen Source:</strong> STOOL - Stool specimen</td>
</tr>
<tr>
<td><strong>Date Admitted to Facility:</strong> 22</td>
</tr>
<tr>
<td><strong>Location:</strong> ER - EMERGENCY ROOM</td>
</tr>
<tr>
<td><strong>Last physical overnight location of patient immediately prior to arriving into facility:</strong> Not required for OP locations.</td>
</tr>
<tr>
<td><strong>Has patient been discharged from your facility in the past 4 weeks?:</strong> Y - Yes</td>
</tr>
<tr>
<td><strong>Date of last discharge from your facility:</strong> 22</td>
</tr>
<tr>
<td><strong>Has the patient been discharged from another facility in the past 4 weeks?:</strong></td>
</tr>
<tr>
<td><strong>Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?:</strong> Auto-fills using prior submitted data.</td>
</tr>
</tbody>
</table>

**Custom Fields**

**Comments**
### Event Information: Specimens Collected from: Inpatients

<table>
<thead>
<tr>
<th>Event Information</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type</td>
<td>LABID - Laboratory-identified MDRO or CDI Event</td>
</tr>
<tr>
<td>Date Specimen Collected</td>
<td>02/02/2017</td>
</tr>
<tr>
<td>Specific Organism Type</td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td>Outpatient</td>
<td>N - No</td>
</tr>
<tr>
<td>Specimen Body Site/Source</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
</tr>
<tr>
<td>Specimen Source</td>
<td>BLDSPC - Blood specimen</td>
</tr>
<tr>
<td>Date Admitted to Facility</td>
<td>02/01/2017</td>
</tr>
<tr>
<td>Location</td>
<td>71ICU - 71 ICU CARDIAC</td>
</tr>
<tr>
<td>Date Admitted to Location</td>
<td>02/01/2017</td>
</tr>
</tbody>
</table>

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission):

- Has patient been discharged from your facility in the past 4 weeks? **Y - Yes**
- Date of last discharge from your facility: ________________
- Has the patient been discharged from another facility in the past 4 weeks? ________________

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month: **X**
User Question:

- Hey NHSN:
  I had a MRSA+ Blood drawn in the ED before the patient was admitted. I couldn’t find the ED location for attribution so I credited it to the admitting inpt. unit. I want to include the admit date anyway. Please correct for me if it’s not OK to do this.

- Response:
  NHSN can’t change data for facilities. As you know, events are attributed to the location where the positive specimen is collected. You’ll only find the ‘ED’ available if selecting outpatient = yes. Please edit the event using ‘outpatient = yes” and ‘location = ED’ so that accurate categorization can occur. You may submit a ‘admit to facility’ date equal to or earlier than the specimen date but not one later than collect date.
Knowledge Check !!

Kim, recently hospitalized for COPD, is transferred to a Rehab facility from Hospital A. She’s stable for a few days, and then has breathing difficulty which requires transfer back to hospital A.

In the ED at Hospital A, Kim is SOB and complains of acute abdominal pain. She has a single loose stool which is submitted for CD testing.

Kim is given breathing treatments which improve her status, medicated for pain and discharged back to the Rehab facility. The loose stool specimen collected in the ED is later reported as toxin positive for C. *difficile*.
If you are Hospital A - For FacWideIN LabID Event reporting, should this be entered as a LabID event and if so, what location?

A. No. The patient was not admitted
B. Yes. Location=ED since specimen collected there
C. No. A single loose stool isn’t diarrhea and doesn’t count
D. Yes. Location would be Rehab since that’s where she’s a patient

Rationale: The CDI LabID event definition is based strictly on laboratory result. All ED positive specimens are reportable regardless of patient admission status.
2 levels of Categorization: Initially, NHSN will Categorize your MRSA Blood Specimen LabID Events as CO or HO using date admitted to facility and date of positive specimen:

NHSN Application Categorizes* MRSA LabID Events As:

- **Community-Onset (CO):** LabID Event specimen collected in an outpatient location or in an inpatient location ≤ 3 days after admission to the facility (i.e., hospital days 1 (admission), 2, or 3)

- **Healthcare Facility-Onset (HO):** LabID Event specimen collected > 3 days after admission to the facility (i.e., on or after hospital day 4)

**During Analysis, Incident (first positive for the patient for the admission) and Non-incident (duplicate) events are identified.**
User question:

Denise -

I work in a large multi-hospital system and we often accept patients with known MRSA bacteremia from a ‘sister’ facility. Can I submit a LabID event on admit based on the prior MRSA+ BC at the sister facility? I don’t want to get hit with an HO LabID event if we test the patient during this stay and get another MRSA+ BC.

Response:

LabID event reporting is by ‘single’ facility using a specific NHSN org ID. LabID events can only be submitted by the facility where the positive specimen is collected. While you may have knowledge of a prior positive, the NSHN application will only ‘see’ events submitted by your facility and this information is what’s used with event categorization.
Knowledge Check!
What if a patient with no previous admission to your facility presents with symptoms of altered mental status and fever on admission, but blood culture is negative on admission and subsequently positive on day 4 of admission?

A. I can over-ride NHSN and categorize the event as community-onset since patient was symptomatic on admission

B. NHSN will categorize as community-onset (CO)

C. NHSN will categorize as healthcare facility-onset (HO)

Signs and Symptoms are NOT applicable to LabID Event reporting – Date of Event will always be the date of specimen collection
NHSN will Categorize *C. difficile* LabID Events Based on Inpatient Admission & Specimen Collection Dates

- **Community-Onset (CO):** LabID Event specimen collected in an **outpatient** location or in an **inpatient** location ≤ 3 days after admission to the facility (i.e., hospital days 1 (admission), 2, or 3)

- **Healthcare Facility-Onset (HO):** LabID Event specimen collected > 3 days **after admission** to the facility (i.e., on or after hospital day 4)

- **Community-Onset Healthcare Facility-Associated (CO-HCFA):** **CO LabID Event** collected from a patient who was discharged from the facility ≤ 4 weeks prior to the date current stool specimen was collected.
LabID Events categorized as CO-HCFA are simply an additional level and subset of the categorized CO events. Healthcare facilities are NOT penalized for CO-HCFA LabID Events.
NHSN will Further Categorize *C. difficile* LabID Events based on current Specimen Collection Date & Prior Specimen Collection Date of a Previous CDI LabID Event (that was entered into NHSN)

- **Incident CDI Assay:** Any CDI LabID Event from a specimen obtained > 56 days (day 57) after the most recent CDI LabID Event (or with no previous CDI LabID Event documented) for that patient.

- **Recurrent CDI Assay:** Any CDI LabID Event from a specimen obtained > 14 days (day 15) and ≤ 56 days after the most recent CDI LabID Event for that patient.
User Question:

Good day NHSN:
I have a CO CDI LabID event identified/reported for my ED location. Several days after admission, the patient retests positive and I submit a new LabID for the inpatient location which is called an HO event. How do I change the second event to show it’s really an CO event so it doesn’t count against us?

Response:

The application automatically assigns an initial categorization of CO (community onset) or HO (healthcare onset) to each LabID event based strictly on date of admission and date of event. During analysis, a second level of categorization is assigned which identifies events that contribute to SIR (count against you). ‘Incident’ (first positive specimen for the patient for the facility) or ‘Non-incident’ (duplicate or recurrent) is identified. Only those events identified as ‘Incident’ and ‘HO’ are included in SIR analysis (count against you). Not all ‘HO’ events will count against you. Run your CMS IPPS SIR report to get details.
How will NHSN categorize this LabID Event?

A. Healthcare-facility onset (HO)
B. Community onset (CO)
C. Community onset healthcare-facility associated (CO-HCFA)
How will NHSN categorize this LabID Event?

A. Healthcare-facility onset (HO)
B. Community onset (CO)
C. Community onset healthcare-facility associated (CO-HCFA)
Assume this event is the first LabID event for the patient for your facility. How will NHSN categorize this LabID Event?

A. CO-HCFA - Incident assay for FacWideIN

✓ B. HO - Incident assay (hospital day 4)

C. Community onset duplicate event

D. CO – Incident assay for FacWideIN only
Let’s Review MRSA Bacteremia LabID Events for FacWideIN

- MRSA blood specimens MUST be monitored throughout all inpatient locations within a facility as well as ED and 24-hour observation locations.

- All MRSA blood LabID Event(s) MUST be entered: community-onset (CO) and/or healthcare facility-onset (HO).

- A blood specimen qualifies as a LabID Event if there has not been a previous positive laboratory result for the patient and location within the previous 14 days.
Let’s Review *C. difficile* LabID Event Reporting

- For FacWideIN, *C. difficile* toxin-positive specimens MUST be monitored for all inpatient locations within a facility (includes ED and 24-hour OBS locations) but not for predominately baby locations, e.g. Nursery, NICU.

- All LabID Event(s) MUST be entered: community-onset (CO) or healthcare facility-onset (HO).

- Only loose stools should be tested for *C. difficile*.

- A toxin positive loose stool specimen qualifies as a LabID Event if there has not been a previous positive laboratory result for the patient and location within the previous 14 days for the patient and location.
CHECKLIST:
Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

✓ Review location options and map locations in NHSN as necessary.

✓ Review Monthly Reporting Plan(s) and update as necessary.

✓ Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.

- Enter denominator data for each month under surveillance.

- Resolve “Alerts”, if applicable.
LabID Event Reporting Denominator Data
Entering Denominator Data in NHSN Application

- Click on ‘Summary Data’ and then ‘Add’ on the left-hand navigation bar.

- Select ‘MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring’ from the Summary Data Type dropdown menu (see screenshot below). This is a different form than the one you use to report summary data for CLABSI and CAUTI.
Denominator Data: FacWideIN

On the summary data entry screen, select FACWIDEIN as the location for which you are entering the summary data. After selecting the FACWIDEIN location, month, and year, six summary data fields will become required.

Sum of all inpatient locations within facility: patient days and patient admits.
Denominator Data: FacWideIN

On the summary data entry screen, select FACWIDEIN as the location for which you are entering the summary data. After selecting the FACWIDEIN location, month, and year, six summary data fields will become required.
Knowledge Check:
What data should be entered in the box?

A. Total number (sum) of patient days for all facility inpatient units for November
B. Total patient days for inpatient units minus rehab units for November
C. Total patient days for MDRO or CDI patients in the facility
Knowledge Check:
What data should be entered in the box?

A. Total patient days for all inpatient units combined for February
B. Total patient days for all inpatients identified with an MDRO
C. Patient days for all inpatient locations minus counts from locations with unique CCN (Rehab and Psych with different CCNs)

![Image of data entry form]

- **Facility ID**: 10000 (DHQP Memorial Hospital)
- **Location Code**: FACWIDEIn - Facility-wide Inpatient
- **Month**: February
- **Year**: 2015

**General**
- **Setting: Inpatient**
  - **Total Facility Patient Days**
  - **Total Facility Admissions**
- **Setting: Outpatient**
  - **Total Facility Encounters**

**MDRO**
- **MDRO Patient Days**
- **MDRO Admissions**
- **MDRO Encounters**

**CDI**
- **CDI Patient Days**
- **CDI Admissions**
- **CDI Encounters**
**Knowledge Check:**
What data should be entered in the box?

<table>
<thead>
<tr>
<th>Setting: Inpatient</th>
<th>Total Facility Patient Days</th>
<th>Total Facility Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting: Outpatient</td>
<td>Total Facility Encounters :</td>
<td></td>
</tr>
</tbody>
</table>

If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) from Totals:

- MDRO Patient Days:
- MDRO Admissions:
- MDRO Encounters:

If monitoring *C. difficile* in a FACWIDE location, then subtract all counts from patient care units with unique CCNs (IRF and IPF) as well as NICU and Well Baby counts from Totals:

- CDI Patient Days:
- CDI Admissions:
- CDI Encounters:

A. Total number of CDI Patients
B. Total admissions for critical care locations in the facility
C. Total inpatient locations admissions minus unique CCNs location admits minus baby-based locations admits
Denominator Data

IRF Unit within a Hospital

- On the summary data entry screen, select the CMS IRF unit as the location for which you are entering the summary data by clicking on the drop down menu next to ‘Location Code.’
- After selecting the appropriate unit, month, and year, two summary data fields populate.
- Enter data, save and repeat these steps for each CMS-IRF unit &/or a IPF location if desired.

Enter total counts for rehab unit only.
Denominator Data

Emergency Department / 24-hour observation

- On the summary data entry screen, use the ‘Location Code’ drop down menu to select ED or 24-hour observation as the location for which you are entering the summary data.
- After selecting the appropriate unit, month, and year, one summary data field will become required (Total Encounters). Repeat steps for 24-hour observation locations.

1 Encounter = 1 visit
Denominator Data

Select CDI Test type quarterly (last month of each calendar-year quarter – March; June; September; December)

**For this quarter, what is the primary testing method for C. difficile used most often by your facility’s laboratory or the outside laboratory where your facility’s testing is performed? (check one)**

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Toxigenic culture (C. difficile culture followed by detection of toxins)
- Other (specify): _______________________

(“Other” should not be used to name specific laboratories, reference laboratories, or the brand names of C. difficile tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report.)
More about CDI Test Type...

- Important to select correct CDI test type for future risk adjustment. (Most sensitive test used)

- If “Other” is selected when a more appropriate response is available on the form, your facility’s data will not be risk-adjusted to the most appropriate level.

- “Other” should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most test methods can be categorized accurately by selecting from the options provided.
Denominator Data: Report No Events

- If you have identified and reported both MRSA bacteremia and C. difficile LabID events during the month, you are finished with your reporting for the month and can skip this step.
- If you have not identified any LabID events for MRSA bacteremia or C. difficile at the end of a month, you must indicate this on the summary data record in order for your data to be sent with CMS.
- On the MDRO and CDI Module summary data form, checkboxes for “Report No Events” are found underneath the patient day and admission count fields, as seen in the screenshot below.

If no LabID events are submitted for the month, these boxes should be “checked” for each event you are following “in-plan”. If these boxes are not checked, your data is not complete and will not be submitted to CMS.

If you identify and enter LabID events for an organism after you’ve already checked the “Report No Events” box, the “Report No Events” check will automatically be removed in the NHSN database.
CHECKLIST:
Facility-wide Inpatient MRSA Bacteremia & C. difficile LabID Event Reporting

✓ Review location options and map locations in NHSN as necessary.
✓ Review Monthly Reporting Plan(s) and update as necessary.
✓ Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
✓ Enter denominator data for each month under surveillance.

▪ Resolve “Alerts”, if applicable.
LabID Event Calculator

- Available for use with C. difficile and MDRO LabID Event reporting
- Aids in decision making around the 14-day rule
- External calculator
Summary:

- Understand why surveillance for MRSA bacteremia and C. difficile infections is important.
- Understand requirements for LabID Event reporting to CMS via NHSN.
- Describe how to correctly set-up monthly reporting plan for MRSA bacteremia and C. difficile LabID Event reporting.
- Understand MRSA bacteremia and C. difficile LabID Event definitions and protocols.
- Describe how to correctly enter MRSA bacteremia and C. difficile LabID Event data into NHSN.
- Describe how to correctly enter denominator data for LabID Event reporting into NHSN.
Case Studies
LabID Event or CLABSI?

Tim, a experienced IP with military background, is performing environmental rounds in the ED when an unruly patient escapes from the seclusion room. Tim – being in the right place at the wrong time – assists security in overcoming the patient, but in the process, falls over a errant wheelchair and breaks his leg. Tim is admitted and goes directly to surgery for an ORIF. A Foley & central line are placed during surgery. On POD 1 (1/29), Tim is stable but the next day (1/30), he spikes a temperature and is noted to have cloudy urine in the Foley bag. A urine culture is collected & antibiotic treatment begun. The next day, urine culture result is positive for *E. coli* and MRSA. The next evening (2/1), Tim again spikes a temperature; blood cultures are collected which return positive via PCR – 2 of 2 blood cultures are MRSA+. 
This facility participates in MRSA bacteremia LabID Event Reporting for FacWideIN *blood specimens only*, would you report the positive blood culture as a LabID Event?

A. No. Since the patient already has a (+) urine culture with MRSA for this month and location, the MRSA blood is considered a duplicate

B. Yes. This is considered a unique blood source

C. No. This is a CLABSI !!

D. No. This is a 2nd BSI to a primary UTI

✅B.
IF the facility also performs BSI surveillance, what is reported?

A. Just a MRSA LabID event because I only have a PCR finding for MRSA.

B. I would report as a MRSA bacteremia LabID Event and as a CLABSI since LCBI1 definition is met.

C. I wouldn’t report anything. This is all a result of an accident so it’s not reportable

Rationale: Multiple NHSN definitions may be met with the same positive blood culture.
How do I identify the LabID event?

Karen Unlucky and family visit Disney World following the Patriots Super Bowl victory. Karen eats some questionable items and falls ill. She visits the local ER where she is diagnosed with possible intestinal sepsis and admitted to ICU where blood and urine cultures are collected – all on 2/7. She continues to complain of lower abdominal cramps and has two loose bowel movements, relieved with medication. On 2/9 she has fever of 38.6°C and worsening lower abdominal pain with loose unformed stool. Urine & blood cultures return positive for MRSA; *C. difficile* toxin ordered, but not collected. 2/10, she transfers to Stepdown Unit; after transfer, a loose stool specimen is collected which tests positive for *C. difficile.*
For FacWideIN LabID reporting, should a C. difficile LabID Event be reported?

A. No. Her symptoms started on admission to the hospital

B. Yes. This is the first toxin positive C. difficile isolate collected for this patient and location (no previous positive within 14 days for location)
To Which Location is the LabID Event Attributed?

A. ICU
B. Step down Unit
C. Lab
D. FacWideIN

**Remember -** There is no thought process or subjective decisions allowed for location attribution for LabID event reporting. Events are attributed to the location where the specimen is collected.

**NHSN “transfer rule” does NOT apply for LabID Events**
How Will this Event be Categorized?
(Hint: admission on 2/7; specimen collection on 2/10)

A. Community-Onset (CO)
B. Healthcare Facility-Onset (HO)
C. Community-Onset Healthcare Facility-Associated (CO-HCFA)
D. As a Traumatic Experience

✅ B. Healthcare Facility-Onset (HO)

**Rationale:** symptoms do NOT apply to LabID event reporting. The date of event is always the date of positive specimen (which in this case is hospital day 4). Initial categorization of LabID events is based strictly on dates (admission and positive specimen dates).
What about that MRSA+ Blood Culture?
For FacWideIN LabID reporting, should the MRSA blood result be entered as a MRSA bacteremia LabID Event?

A. No. Her symptoms started on admission to the hospital

B. Yes. First MRSA positive blood specimen collected for this patient and location (no previous positive within 14 days for location)

C. No. The specimen was collected <4 days after admission
How Will the MRSA bacteremia LabID Event be Categorized and attributed?

(Hint: admission on 2/7; specimen collection on 2/7)

A. Community-Onset (CO) for ICU
B. Community-Onset for Step down Unit
C. Healthcare Facility-Onset (HO) for FacWideIN
D. Community-Onset Healthcare Facility-Associated (CO-HCFA)
Location vs. Age

Brandi, a 9 month old preemie born at your facility, presents to the ED with a several day history of stomach virus. She’s severely dehydrated and is admitted to the hospital 1E-Peds unit. The patient was discharged from your facility 3 weeks prior after a long hospitalization related to premature birth. Upon admission to 1E-Peds, patient is noted to have foul loose stools (HD 1). After three episodes of loose stools over the course of 24 hours, an unformed specimen was collected and tested positive for C. difficile toxin (HD 2).
The facility follows FacWideIN LabID reporting for all inpatient locations. Should this be entered into NHSN as a LabID Event?

A. YES. Specimen was collected from 1E-Peds inpatient location

B. NO. Pediatric events are excluded from CDI LabID Event reporting

C. NO. There is no event as the patient was symptomatic on admission
How will NHSN Categorize the CDI Event?

A. Community-onset (CO)
B. Healthcare-Facility onset (HO)
C. Community-Onset Healthcare Facility-Associated (CO-HCFA)
D. NHSN will not categorize the event, the user will need to make the decision

Rationale: Specimen was collected less than 4 days after admission to the facility AND This patient was previously discharged from your facility ≤ 4 weeks prior to current date of stool specimen collection, CO-HCFA is a subset of CO and will not contribute to SIR.
Is this a LabID event?

Debby, a local soccer player, is admitted to the LTAC after a long hospitalization related to a head injury sustained while head-kicking an underinflated soccer ball. Upon admission, a rectal swab is collected for PCR *C. difficile* testing which subsequently is reported as positive for CD.
Should this positive laboratory finding be entered into NHSN as a LabID Event?

A. NO
B. YES

Rationale: Surveillance screens do not qualify for LabID event reporting. Additionally, rectal swabs collections do not meet the CD Laboratory assay definition of ‘unformed’ stool specimen.
Can I apply the transfer rule?

- 1/1: Laura is admitted to ICU from an outlying facility where she was identified as CD+ during a long hospitalization related to injuries sustained in a crocodile wrestling tournament; She has no previous admissions to your facility.

- 1/4 @ 7am: Laura transfers to the Stepdown Unit & shortly thereafter, complains of abdominal pain. She has a single episode of what is documented as “diarrhea”. MD orders *C. difficile* testing; A specimen is collected and submitted which is rejected by the lab as it did not meet testing parameters (conforms to shape of collection container). A second specimen is collected for CD testing which is acceptable for testing. Laura is transferred back to ICU for higher level of care.

- 1/4 @ 1pm: Laura arrives to ICU. She has several loose stools and a new CD order is given. In the meanwhile, the prior specimen results are received as toxin + for CD.
Should the specimen collected on 1/4 be entered as a LabID Event if participating in FacWideIN reporting?

A. YES. Location = ICU
B. YES. Location = Stepdown Unit
C. NO, patient is known +
D. Too hard to determine

**Rationale:** First positive specimen for the patient at this facility. Location for attribution is always where the positive specimen is collected; there is no minimum amount of time required on the location AND the transfer rule doesn’t apply
How will NHSN categorize this LabID Event?

A. Community Onset
B. Community Onset -Healthcare Facility Associated (CO-HCFA)

✅ C. Healthcare Onset

**Rationale:** LabID event reporting is by single facility; prior positives outside this facility will not influence categorization of current events at this facility.
<table>
<thead>
<tr>
<th></th>
<th>Pt</th>
<th>Admit Date/Location</th>
<th>Specimen Collection Date/Loc</th>
<th>Specimen Source</th>
<th>Lab Result</th>
<th>LabID Event? Location?</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rose</td>
<td>2/2/15 ICU</td>
<td>2/2/15 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td>Yes/ICU</td>
<td>1st MRSA blood for location</td>
</tr>
<tr>
<td>2</td>
<td>Rose</td>
<td>2/2/15 ICU</td>
<td>2/6/15 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td>NO</td>
<td>≤14 days previous specimen/location</td>
</tr>
<tr>
<td>3</td>
<td>Rose</td>
<td>2/2/15 ICU</td>
<td>2/9/15 ICU</td>
<td>Stool</td>
<td>C. diff +antigen = toxin</td>
<td>NO</td>
<td>Must be toxin + **+PCR=toxin +</td>
</tr>
<tr>
<td>5</td>
<td>Rex</td>
<td>2/2/15 M/S</td>
<td>2/5/15 M/S</td>
<td>Blood</td>
<td>MRSA</td>
<td>YES M/S</td>
<td>1st MRSA blood for location</td>
</tr>
<tr>
<td>6</td>
<td>Rex</td>
<td>2/5/15 ICU</td>
<td>2/5/15 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td>YES/ICU</td>
<td>1st MRSA blood for location</td>
</tr>
</tbody>
</table>

Assume FacWideIN and all specimens collected are shown.