Welcome to the Interactive Case Studies Session!

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Question 1:
While submitting a CDI LabID Event to NHSN, the resident care location drop-down menu is blank and I am not able to select a resident care location. How do I fix this issue so I can finish entering the event?

A. Enter the resident care location in the comments section
B. Type in the resident care location in the drop down box
C. Set-up all resident care locations before submitting event data into the application
D. Users are able to skip this question
Residents Care Locations must be added (mapped) in the NHSN application before submitting event data.

Click Facility > Locations to set-up facility locations.

Once locations have been set-up, facilities should maintain locations by adding and deactivating locations as needed.
Question 2:
I’m trying to report a CA-SUTI, but NHSN will not let me enter a CA-SUTI as the event type. Why not?

A. You did not select the correct signs and symptoms for a CA-SUTI

B. You did not select required urine culture

C. You must type in the specific event type

D. You must select “new onset confusion” since leukocytosis is selected
Question 2 (cont.): UTI Event

- Positive urine culture required to meet NHSN UTI criteria
- The correct NHSN UTI criteria must be selected before the NHSN application will auto-populate the SPECIFIC EVENT type.
- If the resident does not meet NHSN UTI criteria, then a UTI event should not be submitted to NHSN
Question 3:

If my nursing home is interested in submitting UTI event data to the NHSN only for skilled nursing unit, which locations must be selected when setting up the NHSN monthly reporting plan?

A. The Skilled Nursing unit if it has been mapped (set-up) in the NHSN as a resident care location.

B. Facility-wide inpatient (FacWideIN) must be selected on the NHSN monthly reporting plan and UTI surveillance must be performed for all resident care locations.  

C. Facility-wide inpatient (FacWideIN) must be selected on the NHSN monthly reporting plan, but the facility can limit UTI surveillance to include only the Skilled Nursing unit.
Urinary Tract Infection (UTI) surveillance and reporting for LTCFs require facility-wide inpatient (FacWideIN), which means all residents in all locations in the facility must be monitored for catheter and non-catheter associated UTIs
Question 4:
How do I calculate total resident days?

For each day of the month, record the total number of residents in the facility and at the end of the month, add the daily counts and enter the total as **Total Resident Days**.

- Include only the number of residents in your facility on the day you complete the summary data
- Calculate based on number of beds in your facility
- For each day of the month, record the total number of beds in the facility and at the end of the month, add the daily counts and enter the total as Total Resident Days.
Question 4 (cont.): Total Resident Days

For each day of the month, record the total number of residents in the facility at the end of the month, add the daily counts and enter the total as **Total Resident Days**.

- Data may come from electronic health record, if available
- Users may also calculate based on facility occupancy.
  - 100 bed facility at 100% occupancy for June: 100 residents x 30 days = 3,000 total resident days
  - 100 bed facility at 90% occupancy for June: 90 residents x 30 days = 2,700 total resident days

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Total Resident Days</th>
<th>Urinary Catheter Days</th>
<th>Report No UTI</th>
<th>New Antibiotic Starts for UTI Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Monthly Summary Reporting (Denominator)

- Optional worksheet that may be used to document daily summary counts for selected columns
- Only the aggregate data entered into the NHSN application at the end of each month
Question 5:
Every time I log into the NHSN, I have these ALERTs pop-up What does this mean?

A. It’s a defect with the NHSN application so you can ignore it
B. You have outstanding issues that need to be resolved before your monthly data are considered as complete ✔
C. You must update your monthly reporting plan
D. You must go through NHSN enrollment again
Question 6:

How do I resolve the incomplete event alerts?

A. Click on the hyperlinked 3 or go to the left navigation bar and click ALERTS
B. Log out of NHSN and then log back in
C. Click Events on the left navigation bar and then search for incomplete events
D. Go to analysis and run a line list to view all my complete events
Question 6 (cont.): Resolving Incomplete Event Alerts

Click each hyperlinked Event # to open and resolve the incomplete event
Question 6 (cont.): Resolving an Incomplete UTI Event Alert
What is wrong with this event? Select all that apply

A. Signs/symptoms do not meet NHSN CA-SUTI criteria
B. Signs/symptoms do not meet NHSN SUTI criteria
C. Must type in the specific event type
D. Fever alone does not meet SUTI criteria
### Symptomatic UTI (SUTI) without Indwelling Catheter

#### Three Criteria Options

<table>
<thead>
<tr>
<th>Criteria 1</th>
<th>OR</th>
<th>Criteria 2</th>
<th>OR</th>
<th>Criteria 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Either of the following:</strong></td>
<td></td>
<td><strong>Either of the following:</strong></td>
<td></td>
<td><strong>In absence of Fever or Leukocytosis:</strong></td>
</tr>
<tr>
<td>- Acute dysuria</td>
<td></td>
<td>- 1. Fever</td>
<td></td>
<td><strong>TWO or more of the following (new or marked increase):</strong></td>
</tr>
<tr>
<td>- Acute pain, swelling, or tenderness of the testes, epididymis or prostate</td>
<td></td>
<td>- 2. Leukocytosis</td>
<td></td>
<td>- Costovertebral angle pain/ tenderness</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>AND</strong></td>
<td></td>
<td>- Suprapubic pain/tenderness</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>ONE or more of the following (new or marked increase):</strong></td>
<td></td>
<td>- Visible/gross hematuria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Costovertebral angle pain/ tenderness</td>
<td></td>
<td>- Incontinence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Suprapubic pain/tenderness</td>
<td></td>
<td>- Urinary urgency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Visible/gross hematuria</td>
<td></td>
<td>- Urinary frequency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Incontinence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Question 6 (cont.): Resolving an Incomplete UTI Event Alert

### Event Information
- **Event Type**: UTI - Urinary Tract Infection
- **Resident Care Location**: 4 GEN - GENERAL UNIT
- **Primary Resident Service Type**: GENNUR - Long-term general nursing
- **Has resident been transferred from an acute care facility in the past 4 weeks?**: N - No

### Indwelling Urinary Catheter status at time of event onset
- **Status**: NEITHER - Not in place

### New and/or marked increase in
- **Urgency**
- **Frequency**
- **Incontinence**
- **Costovertebral angle pain or tenderness**
- **Suprapubic tenderness**
- **Visible (gross) hematuria**

### Specific Event: SUTI - Symptomatic UTI

#### Specific event type will auto-populate when correct NHSN criteria are selected
Question 7:
What is the Indwelling Urinary Catheter Count at 12 Noon on May 10?

<table>
<thead>
<tr>
<th>Resident</th>
<th>Urinary Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>Condom catheter</td>
</tr>
<tr>
<td>102</td>
<td>Indwelling catheter</td>
</tr>
<tr>
<td>103</td>
<td>Voiding</td>
</tr>
<tr>
<td>104</td>
<td>Foley</td>
</tr>
<tr>
<td>105</td>
<td>Suprapubic to direct drainage</td>
</tr>
<tr>
<td>106</td>
<td>Indwelling urinary device</td>
</tr>
<tr>
<td>107</td>
<td>Straight cath Q3 hours</td>
</tr>
<tr>
<td>108</td>
<td>Foley placed at 2 pm on May 10</td>
</tr>
<tr>
<td>109</td>
<td>Voiding, Straight cath for UA</td>
</tr>
</tbody>
</table>

NOT in place at the time of the count

A. 6
B. 5
C. 4
D. 3
E. 2
F. 1

Answer: D. 3
Question 8:

Mr. A is a resident in your LTCF. He does not have a history of *C. difficile*. On March 1, he was transferred to the local emergency department (ED) for evaluation of diarrhea and fever. While in the ED, a loose stool specimen tested positive for *C. difficile*. He received IV fluids and was transferred back to the LTCF in a contact isolation room on March 2.

Should you report the specimen collected in the ED as a CDI LabID Event for the LTCF?

A. YES
B. NO

✓ A. YES
Question 9:

Mr. Smith was recently transferred to your LTCF from the local acute care hospital. You know he had a positive *C. difficile* specimen collected the day before he was transferred to your facility. The day after he was transferred to you, he continued to have diarrhea so the PA ordered another C. diff test on a loose stool specimen, which was positive for *C. difficile*. Should you report this positive specimen as a LabID event?

A. YES  
B. NO

✓ A. YES
**Question 10:** I received an Incomplete Summary Data Alert. What do I need to do to this Monthly Summary Data page to resolve this alert? **Check all that apply.**

A. Put a check-mark in the Report No Events for MRSA and CRE-E coli to confirm facility did not have MRSA or CRE E coli LabID events to report in May 2017

B. Put a checkmark in the Report NO UTI event box to indicate facility did not have any NHSN UTIs in May 2017

C. Put a check mark in Report No Events for MRSA to confirm facility did not have MRSA LabID Events to report in May 2017
Question 11:
Define “Date of Event” for an UTI

A. Date the urine culture was collected.

B. Date when the first clinical evidence (signs or symptoms) of infection appeared or the date the specimen used to meet the infection criteria was collected, whichever comes first.

C. Date urine culture is ordered

D. Date I enter the UTI event into NHSN
Question 12:

During a review of positive lab results, you see that Mr. Smith has a positive C. difficile toxin result. After you review your line list, you determine that he has not had a previous positive C. diff test result and has not recently transferred from or to another facility. Since you participate in CDI reporting with NHSN, what should you do next?

A. Submit a CDI LabID Event to NHSN

B. Add Mr. Smith to the monthly summary count for “Number of Admissions on C.diff Treatment”

C. Select “Report No Events” on the monthly summary page
Questions 13: During a review of positive lab results for June, you see a positive *C. difficile* toxin test result for Ms. G.

- The loose stool specimen was collected on June 1 in your facility
- Upon further review in her medical record, you read that she was transferred to the local hospital on June 2 for treatment and returned back to your LTCF on June 15
- You also notice that you previously submitted a CDI LabID event for Ms. G for a positive *C. diff* specimen collected on May 1
Question 13 (cont.): Since your facility participates in CDI LabID event reporting with NHSN, what should you do next? Check all that apply.

A. Submit a CDI LabID Event to NHSN for the specimen collected on June 1
B. Review the medication administration log or admission record to determine if Ms. G was re-admitted from the acute care facility while on treatment for CDI and if so, add her to the monthly summary count for “Number of Admissions on C. diff Treatment” for June
C. Select “Report No Events” on the monthly summary page
D. Do not report a CDI LabID event since you already reported one in May
E. Do not report a CDI LabID event since the hospital probably reported it
Question 14:

A resident had a Foley catheter in place for 3 days, and had documentation of new suprapubic pain on March 1st. She had a documented fever of 101° F on March 2. The resident had a urine specimen collected and sent for culture March 4th that was positive for >100,000 CFU/ml of E. coli, reported on March 6th. What is the date of event?

A. March 1 since this is the date of symptom onset and it occurred before the date of culture collection

B. March 4 since this is the date the urine culture was collected

C. March 6, the date the urine culture results were reported

D. This is not an NHSN UTI since the symptoms and urine culture collection occurred on different days
Question 15:

On April 1, Mrs. Griffin, a resident in your skilled nursing facility (SNF), had several episodes of diarrhea. The doctor was called and a stool sample was ordered for *C. difficile* testing. The resident does not have a history of *C. difficile*, and she does not have a recent history of being in another facility.

The next day, on April 2, a loose stool sample was collected and sent to the lab. The result came back positive for *C. difficile* Toxin A. **Is this a CDI LabID Event?**

✓ A. Yes

B. No

C. I’m not sure
Question 16:

Based on the selections in this CDI LabID event, should this resident be included in the April denominator count for “Number of Admissions on C. diff Treatment”?

<table>
<thead>
<tr>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Type: LABID - Laboratory-identified MDRO or CDI Event</td>
</tr>
<tr>
<td>Specific Organism Type: CDIF - C. difficile</td>
</tr>
<tr>
<td>Specimen Body Site/System: DIGEST - Digestive System</td>
</tr>
<tr>
<td>Specimen Source: STOOL - Stool specimen</td>
</tr>
<tr>
<td>Resident Care Location: 4 GEN - GENERAL UNIT</td>
</tr>
<tr>
<td>Primary Resident Service Type: GENNR - Long-term general nursing</td>
</tr>
<tr>
<td>Has resident been transferred from an acute care facility in the past 4 weeks?: N - No</td>
</tr>
</tbody>
</table>

- A. Yes
- B. No
- C. I’m not sure
Question 17:
Based on the selections in this CDI LabID event, should this resident be included in the April denominator count for “Number of Admissions on C. diff Treatment”?

A. Yes✓
B. No
C. I’m not sure
Question 18:
Based on the selections in this CDI LabID event, should this resident be included in the April denominator count for “Number of Admissions on C. diff Treatment”?

A. Yes
B. No
C. I’m not sure

- Has resident been transferred from an acute care facility in the past 4 weeks?
  - Y - Yes

- Date of last transfer from acute care to your facility: 04/20/2018

- Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month? Y - Yes
Common Medications Used to Treat *C. difficile*

If resident is admitted on treatment for CDI, you may see one of the below medications in the chart:

- Metronidazole (Flagyl)
- Oral vancomycin (Vancocin HCL)
- Fidaxomicin (Dificid, Dificilir, OPT-80, PAR-101)
Question 19:

Mr. Q was first admitted to your nursing home on March 1. On March 1 and 2, he had several episodes of copious diarrhea. A loose stool specimen was collected and positive for *C. difficile* toxin on March 3. **Should the *C. difficile* lab result be submitted to the NHSN application?**

- **A.** Yes. All non-duplicate *C. difficile* assay test results should be reported
- **B.** No. He was admitted to our nursing home with CDI
- **C.** No. Since this is considered a community-onset LabID event, the event should not be reported to NHSN
Question 19 (cont.): How will NHSN categorize the LabID Event?

A. Community-onset (CO) LabID Event since the specimen was collected ≤ 3 calendar days after current admission to the facility

B. Long-term Care Facility-onset (LO) LabID Event since the specimen was collected > 3 calendar days after current admission

C. Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)
LabID Event Categorization

NHSN will categorize CDI LabID Events based on date of current admission to the facility and date of specimen collection

- **Community-onset (CO) LabID Event:** Date specimen collected 3 calendar days or less after current admission to the facility (i.e., days 1, 2, or 3 of admission)

- **Long-term Care Facility-onset (LO) LabID Event:** Date specimen collected > 3 calendar days after current admission to the facility (i.e., on or after day 4)
  - LO Events are further sub-classified:
    - **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO):** LTCF-onset (LO) LabID event with specimen collection date ≤ 4 weeks following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only)
Question 20:
On June 4, Mr. P has a positive urine culture with MRSA and VRE. You know he has a history of MRSA so you review your line-list to determine if you need to report these MDROs as LabID events since your facility participates in NHSN MRSA and VRE LabID Event reporting.

<table>
<thead>
<tr>
<th>Specimen collection date</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 20</td>
<td>MRSA + urine</td>
</tr>
<tr>
<td>May 22</td>
<td>VRE + sputum; VRE+ wound</td>
</tr>
<tr>
<td>June 4</td>
<td>MRSA + urine; VRE + wound</td>
</tr>
</tbody>
</table>

Based on this line listing, should you report the MRSA and VRE as LabID events for June?

A. No, they are considered duplicates since it’s been less than 14 days since his last positive MRSA and VRE results
B. Report either MRSA or VRE since only one MDRO should be reported for the month
C. Only report the urine results since your facility is submitting MRSA and VRE in urine cultures only
D. Yes. Report the MRSA and VRE as two separate LabID events since they are the first positive MDROs for Mr. P for the month of June
Question 21:
The IP for DHQP Nursing Home has submitted the facility’s NHSN Monthly Summary data for May 2018. She indicated that her facility did not report any CDI LabID Events for May. A few weeks later, the IP came across a positive C. diff assay that was collected on May 28th and she submitted the positive lab as a CDI LabID Event for May.
Question 21 (cont.) :
After she enters the CDI LabID Event for May, does she have to update the May 2018 Summary Data page since she selected “Report No Events” for C. difficile?

A. YES. She will need to EDIT the Monthly Summary Data for May and remove the check-mark for “Report No Events” under C. difficile

B. NO. The NHSN application will auto-update the Monthly Summary Data when the CDI LabID event is submitted

C. She cannot submit the CDI LabID event for May since she’s already submitted the Monthly Summary Data and indicated “Report No Events” for C. difficile

D. She should submit the CDI LabID Event for June instead
Question 22: What is wrong with this Summary Data submission?

A. A checkmark must be placed in the “Report No UTI” and “Report No Events” box for MRSA LabID Event (All Specimens)
B. Nothing is wrong, the denominator page is ready to be SAVED
C. It does not match the NHSN Monthly Reporting Plan
D. The Total Resident Days is too high
Question 23:

When are your NHSN data considered to be complete each month?

A. All events are entered according to the NHSN monthly reporting plan for the month

B. The Monthly Summary Data are complete for the month

C. All alerts are resolved for the month

D. All of above
NHSN Monthly Data Are Considered Complete When a Facility ....

- Completes and **Annual Facility Survey** for the calendar year
- Completes the **Monthly Reporting Plan** to indicate which module(s) and event(s) the facility plans to perform surveillance and submit data to NHSN during the month
- Submits **all event data** to NHSN using the applicable Module protocols
- Indicate “**No Events**” on the Monthly Summary Data page to indicate no events were found for the applicable event type.
- Submit complete **Monthly Summary data** to NHSN
- Resolve all outstanding **alerts**