NHSN Multidrug Resistant Organism and
Clostridium difficile (MDRO/CDI) Module: LabID Event Reporting & Infection Surveillance

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Protocol and Validation Team
National Healthcare Safety Network

CDC Training: MRSA & CDI February 26, 2018
For Today, Our Goals Are:

- Understand MDRO infection surveillance and LabID Event reporting parameters for NHSN reporting.
- Identify how to use the NHSN web page to reference/print the MDRO protocol and find supporting material and guidance for reporting.
- Explain MRSA bacteremia/\textit{C. difficile} LabID Event definitions & protocols and Illustrate how to correctly enter MRSA bacteremia and \textit{C. difficile} LabID Event data into NHSN.
- Define how to correctly enter denominator data for LabID Event reporting into NHSN and explain how counts are used in analysis reports.
User Question:

Dear NHSN:

Where do I find a copy of the MDRO protocol and MDRO reporting requirements for my facility?

Response:

The MDRO protocol is available at this link: https://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html. NHSN is a national surveillance database serving as a depository for quality data. Selections on the MRP indicate what data is expected. For decisions on reporting, check CMS specific reporting requirements found under the ‘CMS supporting materials’ tab and look to specific state and/or organizational reporting requirements to determine what data should be submitted to 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
- Analysis Resources

- Healthcare Facility HAI Reporting Requirements to CMS via NHSN Current and Proposed Requirements September 2015 (PDF - 102K)
- Reporting Requirements and Deadlines in NHSN per CMS Current Rules September 2015 (PDF - 157K)
- Operational Guidance for Acute Care Hospitals to Report Facility-Wide Inpatient (FacWideIN) Methicillin-Resistant Staphylococcus aureus (MRSA) Blood Specimen (Bacteremia) Laboratory-Identified (LabID) Event Data to CDC’s NHSN for the Purpose of Fulfilling CMS’s Hospital Inpatient Quality Reporting (IQR) Requirements Nov. 2014 (PDF - 354K)
# 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 (IPQR) Program</td>
<td>CLABSI</td>
<td>Adult, Pediatric, and Neonatal ICU</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>CAUTI</td>
<td>Adult and Pediatric ICU</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>MRSA E. coli Event</td>
<td>Pericardi</td>
<td>January 2012</td>
</tr>
<tr>
<td></td>
<td>C. difficile Event</td>
<td>Pericardi</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Inpatient Healthcare Personnel</td>
<td>October 2014</td>
</tr>
<tr>
<td></td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Outpatient Healthcare Personnel</td>
<td>October 2014</td>
</tr>
<tr>
<td></td>
<td>MRSA Bacteremia LabO Event</td>
<td>Pericardi</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>C. difficile LabO Event</td>
<td>Pericardi</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>VAE</td>
<td>Adult &amp; Pediatric LTAC ICU &amp; Wards</td>
<td>January 2016</td>
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</tbody>
</table>

## CMS Reporting Program

### Ambulatory Surgery Centers Quality Reporting (ASCQR) Program

<table>
<thead>
<tr>
<th>HAI Event</th>
<th>Reporting Specifications</th>
<th>Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Healthcare Personnel</td>
<td>October 2014</td>
</tr>
</tbody>
</table>

### PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program

<table>
<thead>
<tr>
<th>HAI Event</th>
<th>Reporting Specifications</th>
<th>Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td>All Bedded Inpatient Locations</td>
<td>January 2013</td>
</tr>
<tr>
<td>CAUTI</td>
<td>All Bedded Inpatient Locations</td>
<td>January 2013</td>
</tr>
<tr>
<td>MRSA E. coli Event</td>
<td>Inpatient COLO Procedures</td>
<td>January 2014</td>
</tr>
<tr>
<td>C. difficile Event</td>
<td>Inpatient Hyst Procedures</td>
<td>January 2014</td>
</tr>
</tbody>
</table>

### Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

<table>
<thead>
<tr>
<th>HAI Event</th>
<th>Reporting Specifications</th>
<th>Reporting Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Inpatient Healthcare Personnel</td>
<td>October 2016</td>
</tr>
</tbody>
</table>

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* 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

*FacWideIN includes Emergency Departments And 24-hour Observation locations

**Each QUARTER NHSN sends to CMS analysis of your facility data
Surveillance for C. difficile, MRSA, and other Drug-resistant Infections

Resources for NHSN Users Already Enrolled

Training

Protocols

Frequently Asked Questions

For full details on protocol definitions and the application of the applicable protocol and Chapter 2, Identifying Healthcare-associated Surveillance in [PDF - 1M] in the NHSN Module.

New! 2018 FAQs:

- FAQs: Multidrug-Resistant Organism & Clostridium difficile Infection

Multidrug-Resistant Organism & Clostridium difficile Infection

On This Page

- Numerator Reporting for LabID Event: Definition of CDI Assay
- Numerator Reporting for LabID Event: Testing for CDI
- Numerator Reporting for LabID Event: Acceptable specimens for CDI reporting
- Numerator Reporting for LabID Event: Transfer rule
- Numerator Reporting for LabID Event: Discharged in past 4 weeks
- Numerator Reporting for LabID Event: ED & 24-hour observation locations
- Numerator Reporting for LabID Event: Data admitted to facility
- Numerator Reporting for LabID Event: Prior evidence of infection
- Numerator Reporting for LabID Event: Skilled Nursing Facility (SNF)/Long Term Care Facility (LTC)/Long Term Acute Care Hospitals (LTACH)
- Numerator Reporting for LabID Event: Admission date for inpatient rehabilitation facilities (IRF)
- Numerator Reporting for LabID Event: MRSA bacteremia, all specimen source
- Denominator Reporting for LabID Event: Outpatient encounter
- Denominator Reporting for LabID Event: Facility count
- Categorizations: Previous admissions
- Categorizations: History of CDI
- Categorizations: Recurrent and Incident
- Locations: Swing beds & observation patients
- Analysis: Determination healthcare-associated infection (HAI) and LabID events
- Analysis: SIR
- Analysis: Line listing, indicator variable
- Analysis: Line listing, categorizations of MRSA bacteremia LabID Events
- CMS Inpatient Quality Reporting (IQR) Program for Acute Care Hospitals (ACH): CMS reporting requirements & data submitted
The National Healthcare Safety Network (NHSN)
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)
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>
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<tr>
<td>Carbapenems</td>
<td>Imipenem, Meropenem, Doripenem, Ertapenem</td>
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<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).
Infection Surveillance

NOTE*** The MDRO module contains 2 separate reporting selections – HAI Infection surveillance and LabID Event. **Each monitoring may be selected independently of the other.** If a facility selects both metrics (HAI and LabID Event), then they must conduct surveillance for and report data for both selections so the data is analyzed separately.
Infection Surveillance

<table>
<thead>
<tr>
<th>Process and Outcome Measures</th>
<th>Infection Surveillance</th>
<th>AST-Timing</th>
<th>AST-Eligible</th>
<th>Incidence</th>
<th>Prevalence</th>
<th>Lab ID Event All Specimens</th>
<th>Lab ID Event Blood Specimen Only</th>
<th>HH</th>
<th>GG</th>
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<tbody>
<tr>
<td>FACWIDEIN - Facility-wide Inpatient (FacWIDEin)</td>
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<th>Lab ID Event Blood Specimen Only</th>
<th>HH</th>
<th>GG</th>
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<tbody>
<tr>
<td>ER - EMERGENCY ROOM</td>
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<th>Lab ID Event Blood Specimen Only</th>
<th>HH</th>
<th>GG</th>
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<td>ICU/CCU - ICU/CCU</td>
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**Surveillance Definitions**

GL-GASTROINTESTINAL SYSTEM INFECTION

**CDI-Clostridium difficile Infection**

Clostridium difficile infection must meet at least one of the following criteria:

1. Positive test for toxin-producing C. difficile on an unformed stool specimen (conforms to the shape of the container). 1,2
2. Patient has evidence of pseudomembranous colitis on gross anatomic (includes endoscopic exams) or histopathologic exam.

**Note:**
- When using a multi-testing methodology for CDI identification, the result of the last test finding, which is placed onto the patient medical record, will determine if GI-CDI criterion 1 is met.
<table>
<thead>
<tr>
<th><strong>LabID Event</strong></th>
<th><strong>Infection Surveillance (using HAI surveillance definitions)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Protocol</strong></td>
<td>LabID Event protocol in Chapter 12 of NHSN manual</td>
</tr>
<tr>
<td></td>
<td>Infection Surveillance protocol in Chapter 12 of NHSN manual and HAI site-specific definitions in NHSN manual (for example, BSI, UTI, SSI, PNEU, VAE, and GI-CDI and other HAI definitions)</td>
</tr>
<tr>
<td><strong>Signs &amp; Symptoms</strong></td>
<td>NONE. Laboratory and admission data, without clinical evaluation of patient</td>
</tr>
<tr>
<td></td>
<td>Combination of laboratory data and clinical evaluation of patient (signs/symptoms)</td>
</tr>
</tbody>
</table>
| **Surveillance Rules** | • HAI and POA do NOT apply  
• Transfer Rule does NOT apply  
• Location = location of patient at time of specimen collection  
• Event date = specimen collection date |
|                 | • HAI and POA do apply  
• Transfer Rule applies  
• See NHSN protocol for details regarding location and date of event |
| **Denominator Reporting** | • Number of patient days and admissions  
• Can be reported by specific location or facility-wide, depending on reporting option(s) selected  
• Inpatient and/or outpatient |
|                 | • Device days and patient days must be collected separately for each monitored location  
• Inpatient reporting only |
| **Categorization of Infections** | • Events categorized based on inpatient or outpatient and admission and specimen collection dates  
  • Healthcare Facility-Onset (HO)  
  • Community-Onset (CO)  
  • Community-Onset Healthcare Facility-Associated (CO-HCFA) for C. difficile only  
  • HO, CO, and CO-HCFA (if applicable) LabID Events must be reported to NHSN |
|                 | • HAI protocols used  
• Events are either HAI or not, therefore LabID Event categorizations do not apply  
• Only HAIs are reported to NHSN |
Overview of Laboratory-identified (LabID) Event Reporting
Purpose

- Monitoring of MDRO and *C. difficile* infection (CDI) helps users to evaluate local trends and changes in the occurrence of these pathogens and related infections.

- This module provides a mechanism for facilities to report and analyze MDRO and CDI data, in order to inform infection prevention staff of the impact of targeted prevention efforts.
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
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. Events are attributed to the location where the positive specimen is collected.

* See *C. difficile* LabID Event protocol for location exclusions
Specimens collected from an 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 is used for location attribution. This is the only exception to LabID attribution rule.**

***Affiliated outpatient location is an outpatient location where the same patient identifier is used and the positive specimen is tracked across services using this identifying number.
Facility-wide Inpatient : FacWideIN

To ensure accurate categorization of LabID events (community onset, healthcare facility-onset), facilities must 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) as well as from emergency departments and 24-hour observation locations.

Events submitted from different CCN locations are removed from the acute care facility FACWIDEIN analysis for CMS IQR programs.
If participating in FacWideIN, all locations eligible for event attribution must be mapped to the facility.
Find Locations – Verify correct

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
Add
Export Location List
Clear

Location Table

<table>
<thead>
<tr>
<th>Delete</th>
<th>Status</th>
<th>Code</th>
<th>Label</th>
<th>CDC Description</th>
<th>CDC Code</th>
<th>NHSN HEC Code</th>
<th>Red Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active</td>
<td>0909</td>
<td>ADULT REHAB</td>
<td>Emergency Department</td>
<td>OUT:ACUTE:ED</td>
<td>1108-0</td>
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<tr>
<td></td>
<td>Active</td>
<td>0210</td>
<td>BH</td>
<td>Rehabilitation Ward - Within ACH</td>
<td>INACUTE:WARD:REHAB</td>
<td>1070-2</td>
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<tr>
<td></td>
<td>Active</td>
<td>11</td>
<td>Behavioral Health/Psych Ward</td>
<td>INACUTE:WARD:BV</td>
<td>1051-2</td>
<td>2</td>
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<tr>
<td></td>
<td>Active</td>
<td>111</td>
<td>111</td>
<td>Gastrointestinal (GI) Clinic</td>
<td>OUT:NONACUTE:CLINIC:GI</td>
<td>1119-9</td>
<td>111</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>12 WEST2</td>
<td>W</td>
<td>Medical Critical Care</td>
<td>INACUTE:COM</td>
<td>1027-2</td>
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<tr>
<td></td>
<td>Active</td>
<td>152</td>
<td>152</td>
<td>Blood Collection (Blood Drive Campaign)</td>
<td>COMMON:NONACUTE:CLINIC:BLOOD</td>
<td>1195-7</td>
<td>10</td>
</tr>
<tr>
<td>Active</td>
<td>17N</td>
<td>MY WARD</td>
<td>Surgical Ward</td>
<td>INACUTE:WARD:S</td>
<td>1072-8</td>
<td>28</td>
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<tr>
<td>Active</td>
<td>2 WEST</td>
<td>24 HOUR OBS</td>
<td>24-Hour Observation Area</td>
<td>OUT:ACUTE:WARD</td>
<td>1162-7</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>20</td>
<td>22</td>
<td>Neurology Clinic</td>
<td>NONACUTE:CLINIC:N</td>
<td>1123-9</td>
<td>22</td>
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<tr>
<td>Active</td>
<td>200000</td>
<td>THIS LABEL</td>
<td>2101</td>
<td>Medical Cardiac Critical Care</td>
<td>INACUTE:CCC</td>
<td>1028-0</td>
<td>10</td>
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<tr>
<td>Active</td>
<td>2101</td>
<td>2101</td>
<td>24-Hour Observation Area</td>
<td>OUT:ACUTE:WARD</td>
<td>1162-7</td>
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<td>Active</td>
<td>24 OBS1</td>
<td>24 OBS1</td>
<td>24-Hour Observation Area</td>
<td>OUT:ACUTE:WARD</td>
<td>1162-7</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>3 CENTRAL</td>
<td>3 CENTRAL</td>
<td>Medical Ward</td>
<td>INACUTE:WARD:DM</td>
<td>1060-3</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>301</td>
<td>OR</td>
<td>Operating Room/Suite</td>
<td>INACUTE:OR</td>
<td>1096-7</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>3333</td>
<td>E3WVE</td>
<td>Ear, Nose, Throat Clinic</td>
<td>OUT:NONACUTE:CLINIC:ENT</td>
<td>1126-2</td>
<td>2222</td>
<td></td>
</tr>
</tbody>
</table>
Getting Started with Laboratory-identified (LabID) Event Reporting
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. Use ‘copy from previous month’ only if confident prior MRP is accurate and complete.
Creating a Monthly Reporting Plan

NHSN - National Healthcare Safety Network

View Monthly Reporting Plan

Add

Find

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>ACINE - MDR-Acinetobacter</td>
</tr>
<tr>
<td></td>
<td>CDIF - C. difficile</td>
</tr>
<tr>
<td></td>
<td>CEPHRKLEB - CephR-Klebsiella</td>
</tr>
<tr>
<td></td>
<td>CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)</td>
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<tr>
<td></td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td></td>
<td>MRSA/MSSA - MRSA with MSSA</td>
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<td></td>
<td>VRE - VRE</td>
</tr>
</tbody>
</table>

Process and Outcome Measures

Add Row | Clear All Rows | Copy from Previous Month
### Monthly Reporting Plan

**FACWIDEIN**

#### Multi-Drug Resistant Organism Module

<table>
<thead>
<tr>
<th>Locations</th>
<th>Specific Organism Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACWIDEIN - Facility-wide Inpat</td>
<td>MRSA - MRSA</td>
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</tr>
</tbody>
</table>

#### Process and Outcome Measures

- **Infection Surveillance**
- **AST-Timing**
- **AST-Eligible**
- **Incidence Prevalence**
- **Lab ID Event**
  - **All Specimens**
  - **Blood Specimens Only**

#### Buttons

- **Add Rows**
- **Clear All Rows**
- **Copy from Previous Month**
Monthly Reporting Plan
FacWideIN

<table>
<thead>
<tr>
<th>Locations</th>
<th>Specific Organism Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACWIDEIN</td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td>Process and Outcome Measures</td>
<td></td>
</tr>
<tr>
<td>Infection Surveillance</td>
<td>AST-Timing</td>
</tr>
<tr>
<td>AST-Eligible</td>
<td>Incidence Prevalence</td>
</tr>
<tr>
<td>Lab ID Event All Specimens</td>
<td>HH GG</td>
</tr>
<tr>
<td>Lab ID Event Blood Specimens Only</td>
<td>HH GG</td>
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</table>

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<tbody>
<tr>
<td>FACWIDEIN</td>
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</tr>
<tr>
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<td></td>
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<td>AST-Timing</td>
</tr>
<tr>
<td>AST-Eligible</td>
<td>Incidence Prevalence</td>
</tr>
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<td>HH GG</td>
</tr>
<tr>
<td>Lab ID Event Blood Specimens Only</td>
<td>HH GG</td>
</tr>
</tbody>
</table>

Add Rows
Copy from Previous Month

<table>
<thead>
<tr>
<th>Locations</th>
<th>Specific Organism Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 WEST - 24 HOUR OBS</td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td>Process and Outcome Measures</td>
<td></td>
</tr>
<tr>
<td>Infection Surveillance</td>
<td>AST-Timing</td>
</tr>
<tr>
<td>AST-Eligible</td>
<td>Incidence Prevalence</td>
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<td>CDIF - C. difficile</td>
</tr>
<tr>
<td>Process and Outcome Measures</td>
<td></td>
</tr>
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<td>AST-Timing</td>
</tr>
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<tbody>
<tr>
<td>EDEPT - EMERGENCY</td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td>Process and Outcome Measures</td>
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<td>Incidence Prevalence</td>
</tr>
<tr>
<td>Lab ID Event Blood Specimens Only</td>
<td>HH GG</td>
</tr>
</tbody>
</table>
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>
<thead>
<tr>
<th>Locations</th>
<th>Specific Organism Type</th>
<th>MRSA - MRSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAcWIDEIn - Facility-wide Inpatient (FacWIDEIn)</td>
<td>MRSA - MRSA</td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td>Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence</td>
<td>Lab ID Event All Specimens</td>
<td>Lab ID Event Blood Specimens Only HH GG</td>
</tr>
<tr>
<td>FAcWIDEIn - Facility-wide Inpatient (FacWIDEIn)</td>
<td>CDIF - C. difficile</td>
<td>CDIF - C. difficile</td>
</tr>
<tr>
<td>Process and Outcome Measures</td>
<td>Lab ID Event All Specimens</td>
<td>Lab ID Event Blood Specimens Only HH GG</td>
</tr>
<tr>
<td>ED - EMERGENCY DEPARTMENT</td>
<td>MRSA - MRSA</td>
<td></td>
</tr>
<tr>
<td>Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence</td>
<td>Lab ID Event All Specimens</td>
<td>Lab ID Event Blood Specimens Only HH GG</td>
</tr>
<tr>
<td>ED - EMERGENCY DEPARTMENT</td>
<td>CDIF - C. difficile</td>
<td></td>
</tr>
<tr>
<td>Process and Outcome Measures</td>
<td>Lab ID Event All Specimens</td>
<td>Lab ID Event Blood Specimens Only HH GG</td>
</tr>
<tr>
<td>OBS - 24 HR OBSERVATION</td>
<td>MRSA - MRSA</td>
<td></td>
</tr>
<tr>
<td>Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence</td>
<td>Lab ID Event All Specimens</td>
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<td>Process and Outcome Measures</td>
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</tr>
<tr>
<td>REHAB - REHAB UNIT</td>
<td>MRSA - MRSA</td>
<td></td>
</tr>
<tr>
<td>Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence</td>
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<td>Process and Outcome Measures</td>
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</tr>
</tbody>
</table>
MRSA Bacteremia and *C. difficile* LabID Event Reporting in NHSN
Definition: *C. difficile* LabID Event

- A positive laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays[PCR] and/or toxin assays) tested on an 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.
New Clarification for Multi-Step CDI Testing:

Note:
When using a multi-testing methodology for CD identification, the **final** result of the last test finding which is placed onto the patient medical record will determine if the CDI positive laboratory assay definition is met.
Examples of different algorithms used for CDI testing

**Example 1:** EIA GDH Antigen (+), toxin (=) followed by PCR (+) for discrepant results. Report as a LabID event determined by final test finding of PCR(+).

**Example 2:** PCR (+) followed by EIA GDH Antigen (+), toxin (=) for toxin confirmation. NOT a LabID event as final test finding is toxin (=).
Identifying a CDI LabID Event

- Testing on unformed stool sample
- (+) *C. difficile* test result per patient and location

Prior (+) in ≤ 2 weeks from same patient and location (including across calendar months)

- **YES**
  - Duplicate test
  - Not a LabID Event

- **NO**
  - LabID Event
Clarification for situations where ‘formed’ stool is tested:

• The CDI laboratory assay definition includes the requirement for testing on unformed stool specimens

• To ensure this requirement is met, NHSN recommends each testing laboratory have a ‘rejection’ protocol in place where inappropriate specimens submitted for CD testing – specifically, ‘formed’ stool specimens – are rejected and not tested

• By having a rejection protocol in place at the laboratory level, there is a quality check in place which avoids inappropriate testing as well as making LabID event decisions more clear

• A rejection policy involves clinical judgment so should be reflective of appropriate clinical laboratory guidance such as a criteria based on the Bristol Stool Chart algorithm
Knowledge Check

Janet comes to the ER with complaint of ankle pain following a flag football tackle. X-rays show a fracture and she goes directly to surgery for ORIF where Levaquin is used for prophylaxis. She has a fever in the recovery room and is admitted to 3 Main for observation with an order to continue Levaquin for 48 hours. On hospital day 4, Janet complains of abdominal pain and diarrhea. The next day, HD 5, a loose stool is submitted for *C. difficile* testing and is reported to be PCR+.
This facility participates in *C. difficile* LabID Event Reporting for FacWideIn. Would you report the HD 5 PCR+ laboratory result as a LabID Event?

A. No. It’s too quick to be a true CDI case

B. Yes. This is the first positive lab finding for the patient and the location.

C. No. Testing doesn’t count for LabID events

D. No. The antibiotics are the real problem.

B. Yes. This is the first positive lab finding for the patient and the location.
Event Information - Specimens Collected from Outpatient Location

- Event Type: LABID - Laboratory-identified MDRO or CDI Event
- Date Specimen Collected: 02/02/2017
- Specific Organism Type: CDIF - C. difficile
- Specimen Body Site/Source: DIGEST - Digestive System
- Specimen Source: STOOL - Stool specimen
- Date Admitted to Facility: (Optional)
- Location: ER - EMERGENCY ROOM

- 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: 02/02/2017
- Has the patient been discharged from another facility in the past 4 weeks?: (Optional)
- Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?: (Not required for OP locations)

- Custom Fields

- Comments

- Auto-fill when CDIF is selected.
- Not required for OP locations.
- Optional
- Auto-fills using prior submitted data.
Event Information: Specimen Collected from an Inpatient Location

- **Event Type**: LABID - Laboratory-identified MDRO or CDI Event
- **Date Specimen Collected**: 01/13/2017
- **Specific Organism Type**: CDIF - C. difficile
- **Outpatient**: N - No
- **Specimen Body Site/Source**: DIGEST - Digestive System
- **Specimen Source**: STOOL - Stool specimen
- **Date Admitted to Facility**: 01/06/2017
- **Location**: INMEDWARD - INMEDWARD
- **Date Admitted to Location**: 01/09/2017
- **Has patient been discharged from your facility in the past 4 weeks?**: Y - Yes
- **Date of last discharge from your facility**: 12/30/2016
- **Has the patient been discharged from another facility in the past 4 weeks?**: U - Unknown
- **Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?**: No
Once you have entered the CDI LabID Event, NHSN will categorize based on inpatient admission and specimen collection dates as one of the following:

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

- **Community-Onset (CO):** LabID Event specimen collected in an outpatient location or an inpatient location \leq 3 days after admission to the facility (specifically, days 1, 2, or 3 of admission).

- **Community-Onset Healthcare Facility-Associated (CO-HCFA):** CO LabID Event collected from a patient who was discharged from the facility \leq 4 weeks prior to the date current stool specimen was collected.
NHSN will further categorize CDI LabID Events based on specimen collection date and prior specimen collection date of a previous CDI LabID Event (that was entered into NHSN) as:

**Incident CDI LabID Event**
- Any CDI LabID Event from a specimen obtained > 56 days (8 weeks) after the most recent CDI LabID Event (or with no previous CDI LabID Event documented) for that patient. Note: the date of first specimen collection is considered day 1.

**Recurrent CDI LabID Event**
- Any CDI LabID Event from a specimen obtained > 14 days (2 weeks) and ≤ 56 days (8 weeks) after the most recent CDI LabID Event for that patient. Note: the date of first specimen collection is considered day 1.

***Remember: Events are Facility Specific***
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
CMS Reporting

National Healthcare Safety Network
SIR for CDI FacwideN for CMS Hospital IQR (2015 baseline)
As of: January 5, 2018 at 12:21 PM
Date Range: 5222, LABID, RATE, CDIF summary Y2016Q1 to 2016Q1
If |||/cdiff.labIDPlan = "Y")

orgID=10000 medType=G

1. This report includes facility-wide inpatient data from acute care hospitals for 2015 and forward.
2. The SIR is only calculated if number predicted (numPred) is >= 1. Lower bound of 95% Confidence Interval only calculated when number of observed events > 0.
3. The # of predicted events is calculated based on national 2015 NHHSN data. It is adjusted for inpatient community-onset CDI prevalence rate, ED/OBS reporting, CDI test type, medical school teaching status, facility type, # beds, and # ICU beds.
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: http://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/mrsacdi_tips.pdf
5. If any risk factor data are missing, the record is excluded from the SIR.
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, (Nursery, NICU, etc.)

- All LabID Event(s) MUST be entered regardless of categorization.

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

- A CD+ test finding on a loose stool specimen qualifies as a LabID Event if this reflects the final test finding AND there has not been a previous positive laboratory result for the patient and location within the previous 14 days for the patient and location.
MRSA LabID Event Reporting in NHSN
What’s Really In A Name?

I don’t know why other MDROs get all of the fame
Compared to me they are a close second and technically speaking really lame
Causing havoc in the community and hospitals
Now that’s my game
All IPs should really know my name!
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)

- *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)*

- **LabID Event** = First *MRSA*+ blood for the patient in the location; all initial *MRSA* blood isolates for the location, excluding tests related to active surveillance testing.
Definition: Unique Blood Source

- There should be a full 14 days with no positive blood culture result for the patient, MDRO, and location before another Blood LabID Event is entered into NHSN for the patient, MDRO, and location.

- Blood isolates collected within 14 days for the same patient, MDRO and location are considered duplicates.

- If following all specimens, the first MDRO for the patient, month, and location should be reported.

NOTE: The date of specimen collection is considered Day 1.
Welcome to Version 2.0 of the MDRO & CDI LabID Event Calculator. Version 2.0 operates based upon the currently posted LabID Event protocols in the NHSN Multidrug-Resistant Organism (MDRO) & *Clostridium difficile* Infection (CDI) Module. The calculator is a web-based tool that is designed to help users learn how to accurately apply the MDRO & CDI LabID Event algorithms and assist users in making the correct MDRO & CDI LabID Event determinations.

Please note that the MDRO & CDI LabID Event Calculator does not ask users to enter any patient identifiers (other than dates of specimen collection, which can be changed as needed). The MDRO & CDI LabID Event Calculator does not save, store, or report any data that is entered. Likewise, LabID Event determination data are NOT reported to the NHSN application, and users will not be able to export data entered into the Calculator. Therefore, events that are determined by the Calculator to be LabID Events will need to be entered into the NHSN application either manually or via CDA.

If you have questions or suggestions about the Calculator, please feel free to send them to the NHSN mailbox: nhsp@cdc.gov.

- **MDRO & CDI LabID Event Calculator Ver 2.0** (must have javascript enabled)
MDRO & CDI LabID Event Calculator

Welcome to the Multidrug-resistant Organism and Clostridium difficile LabID Event Calculator (LabID Calculator) which implements the National Healthcare Safety Network (NHSN) MDRO and C. difficile surveillance definitions. The calculator is designed as a learning tool for understanding the...more

Enter a Reporting Plan...

Choose an organism to track:
- MRSA
- MSSA
- VRE
- Cephr-Klebsiella
- CRE-Ecoli
- CRE-Klebsiella
- MDR-Acinetobacter
- CDIF-C.difficile

- All Specimen Types
- Blood Specimens Only

- Use Generic Locations
- Type In Your Own

Choose a reporting month: Feb Choose a reporting year: 2018

Next...
### MDRO & CDI LabID Event Calculator

#### National Healthcare Safety Network (NHSN)

**CDC > NHSN > Materials for Enrolled Facilities**

**MDRO & CDI LabID Event Calculator**

Now enter data for a patient. The grayed dates are prior to the reporting month. You need only enter positive lab results for blood specimens (or C. difficile) in the grayed dates in order to calculate the 14 day rule. When done, click on the “Calculate Lab ID” button. You may change values, and recalculate as many times as you wish for a given reporting plan. To get an explanation of a determination, click on the YES/NO/UNK values that will appear in the rightmost column. Should you need to enter more than one result on any given day, click on the date to generate a new row.

**Show Reporting Plan…**

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive for...</th>
<th>Specimen Body Site</th>
<th>Specimen Type</th>
<th>Location</th>
<th>Reportable</th>
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</thead>
<tbody>
<tr>
<td>2/3/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/4/2018</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/Circulatory/Lymphatics</td>
<td>BLDSPC - Blood specimen</td>
<td>MEDI SURG ICU (2 EAST)</td>
<td>YES</td>
</tr>
<tr>
<td>2/6/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/7/2018</td>
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</tr>
<tr>
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</tr>
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</tr>
<tr>
<td>2/10/2018</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/11/2018</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/Circulatory/Lymphatics</td>
<td>BLDSPC - Blood specimen</td>
<td>MEDI SURG ICU (2 EAST)</td>
<td>NO</td>
</tr>
</tbody>
</table>

This is not the first positive LabID Blood Only Specimens Types within the last 14 days at MEDI SURG ICU (2 EAST) and therefore not reportable.

(Tip: this box is movable by dragging with your mouse.)
MDRO Test Result for Blood Specimens Only LabID Events

MDRO Isolate from blood per patient and location

Prior (+) same MDRO from blood in <2 weeks from same patient and location (including across calendar months)

YES

NOT A LABID EVENT

Duplicate MDRO test

NO

LabID Event (non-duplicate isolate)
### Event Information

<table>
<thead>
<tr>
<th>Event Type</th>
<th>LABID - Laboratory-identified MDRO or CDI Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Specimen Collected</td>
<td>12/31/2017</td>
</tr>
<tr>
<td>Specific Organism Type</td>
<td>MRSA - MRSA</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td>Y - Yes</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>12/31/2017</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>EDEPT - EMERGENCY</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? **N - No**

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?**: **Y - Yes**
### Event Information: Specimens Collected from: Inpatients

<table>
<thead>
<tr>
<th>Event Type</th>
<th>LABID - Laboratory-identified MDRO or CDI Event</th>
</tr>
</thead>
<tbody>
<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>
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<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>CMICU_N - CARDIAC ICU</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: 01/12/2017
- 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?: N - No
Categorization of MRSA LabID Events

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 ([hospital days 1 (admission), 2, or 3])

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

**During Analysis, Unique blood source (first MRSA positive for the patient for the admission or first positive >15 days). Subsequent MRSA event <14 days in the same location is a duplicate event.**
# Categorization of MRSA LabID Events

**National Healthcare Safety Network**

**Line Listing - All MRSA LabID Events**

As of: January 26, 2018 at 11:38 AM

Date Range: LABID_EVENTS admDateYQ 2017Q3 to 2017Q4

<table>
<thead>
<tr>
<th>orgID</th>
<th>patID</th>
<th>eventID</th>
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<th>prevPos</th>
<th>onset</th>
<th>admitDate</th>
<th>locationAdmitDate</th>
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<th>specimenDate</th>
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<th>FWMRSA_bldIncCount</th>
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<td>28087743</td>
<td>MRSA</td>
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<td>N</td>
<td>HO</td>
<td>07/26/2017</td>
<td>07/26/2017</td>
<td>BLDSPC</td>
<td>07/31/2017</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3636</td>
<td></td>
<td>29193027</td>
<td>MRSA</td>
<td>3 CENTRAL</td>
<td>N</td>
<td>N</td>
<td>CO</td>
<td>09/29/2017</td>
<td>09/29/2017</td>
<td>BLDSPC</td>
<td>09/30/2017</td>
<td>1</td>
<td>0</td>
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<tr>
<td>3636</td>
<td></td>
<td>29193028</td>
<td>MRSA</td>
<td>3 CENTRAL</td>
<td>N</td>
<td>Y</td>
<td>HO</td>
<td>09/29/2017</td>
<td>09/29/2017</td>
<td>BLDSPC</td>
<td>10/05/2017</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CM1005-</td>
<td>TEST-D</td>
<td>28632349</td>
<td>MRSA</td>
<td>3 CENTRAL</td>
<td>N</td>
<td>N</td>
<td>CO</td>
<td>08/12/2017</td>
<td>08/12/2017</td>
<td>BLDSPC</td>
<td>08/12/2017</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Sorted by orgID patID

Data contained in this report were last generated on January 26, 2018 at 11:14 AM.
What’s the Location Have to Do With It?: Inpatient Rehab and Inpatient Psychiatric Facilities

- NHSN considers transfers to inpatient rehabs (IRFs) and inpatient psychiatric locations (IPFs) a **continuous** stay for NHSN reporting purposes.

- Facility admission date for a LabID event 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.
User Question:

My ACF monitors LabID events and has an inpatient rehab unit with a unique CCN. Post-KPRO surgery patient is a direct admit to the Rehab unit on 1/15. The patient has a status change on 1/20 & is transferred to the ACF stroke unit this same day. We discharge him from the rehab unit on 1/20 when he’s admitted to the ACF. 1/21, *MRSA*+ blood cultures are collected on the stroke unit. How should this be reported?

Response:

From the NHSN perspective, the hospitalization is considered *continuous*. When submitting the LabID event, *the date admitted to facility* is the 1/15 (first date patient enters the facility). The LabID event is attributed to the location where the +BC is collected. The unique CCN IRF unit has no influence on the reporting of LabID events.
Ms. Rainbow Johnson was admitted to ICU on 12/05/17. While on ICU she had a positive MRSA blood culture collected on 12/9. After a one week stay in ICU she was transferred to IRF on 12/11/2017 for strengthening. While on IRF she had another positive MRSA unique blood specimen collected on 12/21/2017. Based on this information is this a LabID event for ICU?

A. Yes
B. No

✓ A. Yes
A Closer Look: LabID Event Reporting Rationale

Ms. Rainbow Johnson was admitted to ICU on 12/05/17. While on ICU she had a positive MRSA blood culture collected on 12/9. Based on this information is this a LabID event for ICU?

Ms. Johnson was admitted to the ICU on 12/5 and the specimen was not collected until 12/9. The date of collection occurs on or after hospital day 4.
Ms. Rainbow Johnson was admitted to ICU on 12/05/17. While on ICU she had a positive MRSA blood culture collected on 12/9. After a one week stay in ICU she was transferred to IRF on 12/11/2017 for strengthening.

What is the ICU date of event?

A. 12/5
B. 12/11
C. 12/21
D. 12/9

✅ D. 12/9
Ms. Rainbow Johnson was admitted to ICU on 12/05/17. While on ICU she had a positive *MRSA* blood culture collected on 12/9. After a one week stay in ICU she was transferred to IRF on 12/11/2017 for strengthening.

What is the **ICU** date of event?

Ms. Johnson was admitted on 12/5 and the specimen was not collected in the ICU until 12/9. The date of collection occurs on or after hospital day 4; therefore this is a HO LabID event for the ICU.
After a one week stay in ICU she was transferred to IRF on 12/11/2017 for strengthening. While on IRF she had another positive MRSA blood culture collected on 12/21/2017. Based on this information is this a LabID event for IRF?

A. Yes

B. No
A Closer Look: IRF Transfer Example Rationale

After a one week stay in ICU she was transferred to IRF on **12/11/2017** for strengthening. While on IRF she had another positive *MRSA* unique blood specimen collected on **12/21/2017**.

Based on this information is this a LabID event for **IRF**?

IRF is a different location from the ICU. This is the first positive for this location and the positive specimen was collected on hospital day 17 (HD 17).
A Closer Look: IRF Transfer Example

After a one week stay in ICU she was transferred to IRF on 12/11/2017 for strengthening. While on IRF she had another positive MRSA unique blood specimen collected on 12/21/2017. What is the IRF date of event?

A. 12/5
B. 12/11
C. 12/21
D. 12/9
A Closer Look: IRFs Rationale

After a one week stay in ICU she was transferred to IRF on 12/11/2017 for strengthening. While on IRF she had another positive MRSA unique blood specimen collected on 12/21/2017. What is the IRF date of event?

The date of event for LabID reporting is the date of collection in the IRF location. The specimen was collected on 12/21.
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.**
Reporting Denominator Data
Click on ‘Summary Data’ then ‘Add’ on the left navigation bar.

Select ‘MDRO/ CDI Prevention Process and Outcome Measures Monthly Monitoring’ from the Summary Data Type dropdown menu.

On the summary data entry screen, select FACWIDEIN as the location for which you are entering the summary data. Six summary data fields open for entry.
MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

Mandatory fields marked with *

Facility ID: 
Location Code: FACWIDEIn - Facility-wide Inpatient (FacWIDEIn)
Month: January
Year: 2018

General

Setting: Inpatient  Total Facility Patient Days:  
Setting: Outpatient  Total Facility Encounters:

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:  

X X X
FacWideIN Denominator Issues

- Three rows of data entry
  - Each denominator row should be a sub-set of the row above it
  - Acute Care or Critical Access hospitals

<table>
<thead>
<tr>
<th>Setting: Inpatient Total Facility Patient Days</th>
<th>Total Facility Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Total Facility Patient Days</td>
<td>850</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:

<table>
<thead>
<tr>
<th>MDRO Patient Days</th>
<th>MDRO Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>475</td>
<td>298</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>CDI Patient Days</th>
<th>CDI Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>400</td>
<td>260</td>
</tr>
</tbody>
</table>

FacWideIN Denominator Issues

- Rows 2 and 3 should represent total number of patient days and admissions from all patients in eligible units

NOT counts of patients with C.diff
Denominator Data for 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.
FacWideIN Denominator Reporting 2018

- Reduced data entry requirements for LTACHs and free-standing IRFs:

- See NHSN newsletter for more details
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.
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)
- NAAT plus EIA, if NAAT-positive (2-step algorithm)
- 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.
LabID Event Calculator:  
https://nhsn.cdc.gov/nhsntraining/labid-calculator/mdrolabidcalc.html

- 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.
Practice Case Studies
How do I identify the LabID event?

Karen Unlucky and family visit Disney World following the Eagles Super Bowl victory. Karen is nauseous with diarrhea after her Space Mountain visit and ends up at the local ER where she is thought to have the flu and be dehydrated. She’s admitted to the medical unit 2/6 for fluids with BC collected this day.

She complains 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 abdominal pain with loose unformed stool. Blood cultures return MRSA+ and C. difficile toxin ordered, but not collected. 2/10, she transfers to the surgical unit for consult; 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. The 2/10 finding 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. Surgical Unit
B. Medical Unit ✓
C. Lab
D. FacWideIN

**Rationale:** 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 2/6; 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

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 2/6; specimen collection on 2/6)

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 6 month old preemie born at your facility, presents to the ED with a several day history of low grade fever and not eating or stooling. 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 aggressively hydrated and tube feeds are started which result in several foul loose stools on HD 2. 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 3).
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. Baby events are excluded from CDI LabID Event reporting

C. NO. There is no event as the patient was symptomatic on admission

**Remember**
LabID event is location, not age, based
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?

Tim, a local soccer player, is admitted to the LTAC after a long hospitalization related to an injury sustained in a head to head tackle during a soccer match. The LTAC runs an active surveillance program for *C. difficile* and on HD 2, a rectal swab is submitted for PCR CDI. The PCR *C. difficile* test is sent to the reference laboratory for testing and is determined positive for CD on HD 4.
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 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). Later this same day a new 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. The event occurs on HD 4 based on admit date of 1/1 & DOE of 1/4.
## Identify the LabID Events

<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
Roundtable Discussion
LabID Event or CLABSI?

Mr. NoGood Deed was helping his neighbor Bella Rose prune her knock-out roses when her new pup playfully jumped into the garden. Startled by the pup’s actions, Mr. NoGood Deed cuts his arm with the pruning shears. He immediately washes the laceration and applies a protective dressing so he can continue with his good deed. Despite Mr. Deed’s best efforts, four days later he has a low grade fever and notices the site is red and tender. Concerned the wound is infected he visits the local hospital’s ER. Due to the fever and concern for infection, he is admitted to 3 East on 1/2/18. Blood cultures are collected on 1/3/18, and the results are positive for MRSA.
This facility participates in *MRSA* bacteremia LabID Event Reporting for FacWideIN *blood specimens only*, would you report the positive blood culture on 1/3 as a LabID Event?

A. No. This is a POA infection.
B. Yes. The blood culture was positive for *MRSA*.
C. No. This is a CLABSI.
D. No. This is not a LabID event.

Rationale: The positive *MRSA* blood culture is the first positive for the patient and location.
IF the facility also performs BSI surveillance, what is reported?

A. Just a MRSA LabID event because the MRSA positive blood specimen occurred on hospital day 2.

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

C. I would not report anything. This is all a result of an unruly pup so it is not reportable.

Rationale: A single positive MRSA blood culture may be used to meet multiple definitions. This is not a HAI event because the HAI timeframe is not entered (on or after HD3).
Is it possible to report more than one LabID Event?

The physician ordered antibiotics to treat Mr. Deed’s infections. On 1/14 he is transferred to 1 West and spikes a temp of 38.1°C on 1/17. Concerned with this new onset of fever, the physician orders blood cultures on 1/17, which are positive for MRSA. The physician orders 14 days of vancomycin to treat his bacteremia. After 10 days of therapy Mr. Deed begins to complain of severe abdominal cramps and diarrhea. His nurse asks the physician to order \textit{C.diff} testing on 1/26 and a stool specimen is collected on that day (1/26). The lab calls the floor with the positive \textit{C.diff} results.
For FacWideIN LabID reporting, should a new LabID Event should be reported?

A. The facility should report both a MRSA and C. diff LabID event.

B. The facility should only report a C. diff LabID event since it has been <14 days from the most recent MRSA unique blood specimen.

C. There are no LabID events to report.

Mr. Deed has a positive blood culture that is collected on 1/17. He also has a positive C. diff stool specimen collected on 1/26. Therefore both Lab ID events are reportable.
How is the *MRSA* LabID event categorized?

A. This event is a community-Onset (CO).

B. This is a duplicate event because the patient had a previous *MRSA* LabID event.

C. This event is a Healthcare Facility-Onset (HO).

D. This LabID event is a community-onset healthcare facility-associated (CO-HCFA).
Rationale: Categorization of MRSA LabID Events

- LabID reporting is specific to the patient and location.
- The 14-day rule is **specific to the patient and the location** of the LabID event.
- The transfer to the new location (1W) and positive MRSA blood specimen is a new MRSA LabID event.
- A prior positive result does not influence subsequent categorization (prior positive on 3E does not influence this LabID event)
  - History of disease is not included in LabID reporting
- If the LabID definition is met, the event must be reported
What is the location of attribution for the 1/17 MRSA LabID event?

A. I do not think the MRSA LabID event definition was met.

B. 1 West

C. This is a duplicate event and not reportable; therefore there is no location of attribution.

D. 3 East
Rationale: Categorization of *MRSA* LabID Event

- LabID reporting is specific to the patient and location.
- The 14-day rule is **specific to the patient and the location** of the LabID event.
- The transfer to the new location (1W) and positive *MRSA* blood specimen is a new *MRSA* LabID event.
- If the LabID definition is met, the event must be reported.

**Unique Blood Source:**
There should be 14 days with no positive blood culture result for the patient, MDRO, and location before another Blood LabID Event is entered into NHSN for the patient, MDRO, and location.
How is the *C. diff* LabID event categorized?

A. This event is a community-Onset (CO).

B. This event is a Healthcare Facility-Onset (HO).

C. This is a recurrent event because the patient had a previous reportable LabID event.

D. This LabID event is a community-onset healthcare facility-associated (CO-HCFA).

This is the **first positive** *C. diff* result for the location and the specimen was collected on or after hospital day 4.
What is the location of attribution for this *C. diff* LabID event?

A. This is a duplicate event and not reportable; therefore there is no location of attribution.

B. I am not sure the *C. diff* LabID event definition was met.

C. 1 West

D. 3 East

This is the **first positive** *C. diff* result for this location (1W). When determining the location of attribution for LabID event reporting you will always use the location where the positive specimen is collected.
How do I identify the LabID event?

After a 14 day course of Flagyl, Mr. Deed is transferred (2/8) to the inpatient IRF for general weakness and a low grade fever. On 2/11 he has a positive MRSA blood culture and again is started on antibiotics. After several loose stools, an unformed specimen was collected on 2/18. The hospital performs multi-step testing. The results placed in the patient’s medical record are:

1. GDH antigen positive
2. GDH toxin negative
3. PCR negative

NOTE: IRF has a unique CCN
Which \textit{C. diff} Lab Result should be used to determine if this is a LabID Event?

A. Any of the results positive for \textit{C. diff}.

\textbf{B. The PCR result only.}

C. The EIA result only.

D. The lab should run another confirmatory test to make sure the patient really has \textit{C. diff}.

PCR testing is included in the CDI positive laboratory assay definition.

\textbf{New in 2018:} When performing multi-step testing the final result of the last test finding which is placed onto the patient medical record will determine if the CDI positive laboratory assay definition is met.
Based on the *C. diff* lab result, is this a LabID Event for IRF?

A. Yes, any positive *C. diff* result meeting the *C. diff* LabID definition should be reported.

✓ B. No, the PCR test was negative so this is not a LabID event.

C. No. The lab should run a confirmatory test to make sure the patient really has *C. diff*.

The PCR test is the last test performed in multi-step testing, and the result was negative. Therefore the CDI laboratory definition is **not met**, and this is not a reportable *C. diff* LabID event.
What date should the IP enter as the admission date to IRF?

A. 2/8
B. 1/3
C. 2/18
D. 2/11

For NHSN reporting purposes transfers to IRF are considered a continuous stay. Rehab events are a part of FacWideIN reporting for the acute care facility but are removed from the acute care facility during analysis. Analysis is then performed on IRF events only.
How would a LabID event occurring on IRF affect the acute care facility’s SIR?

A. This LabID event is included the acute care facility’s SIR.
B. This LabID event is analyzed separately since the event occurred on IRF.
C. NHSN does not provide a SIR for LabID events occurring on IRF.

NOTE: IRF has a unique CCN
How would a LabID event occurring on IRF affect the acute care facility’s SIR?

A. This LabID event is included the acute care facility’s SIR.

B. This LabID event is analyzed separately since the event occurred on IRF.

C. NHSN does not provide a SIR for LabID events occurring on IRF.

When reporting these events, rehab events are a part of FacWideIN reporting for the acute care facility but are removed from the acute care facility during analysis. Analysis is then performed on IRF events only which is separate and individual from the acute care facility.