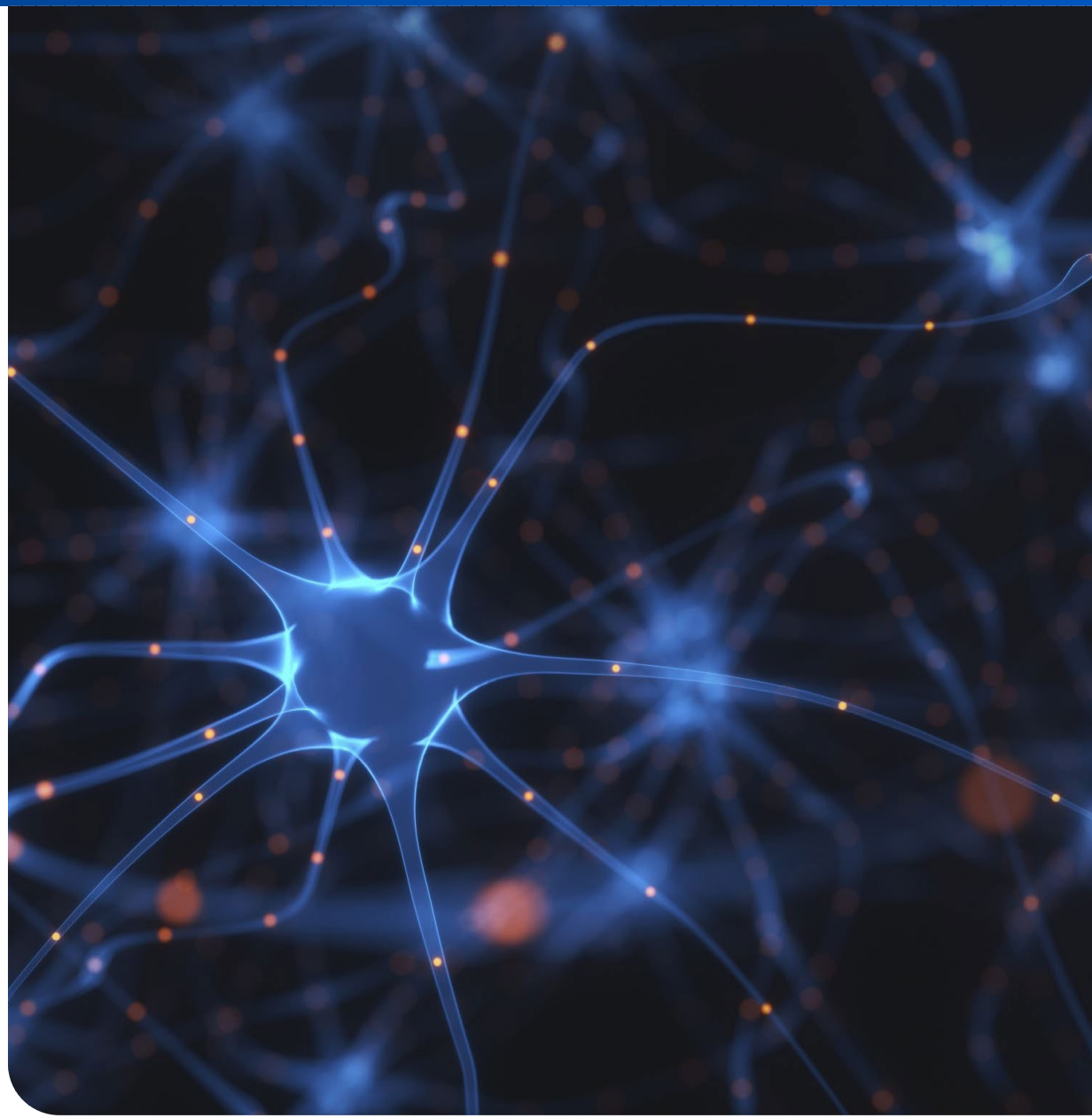
March 2026

# LabID SIRs: When Results Raise Questions

**Katie Brousseau, MPH (Contractor)**

**Robyn Harte, MPH (Contractor)**

*NHSN Acute Care Analytics Team*
*Centers for Disease Control and Prevention*



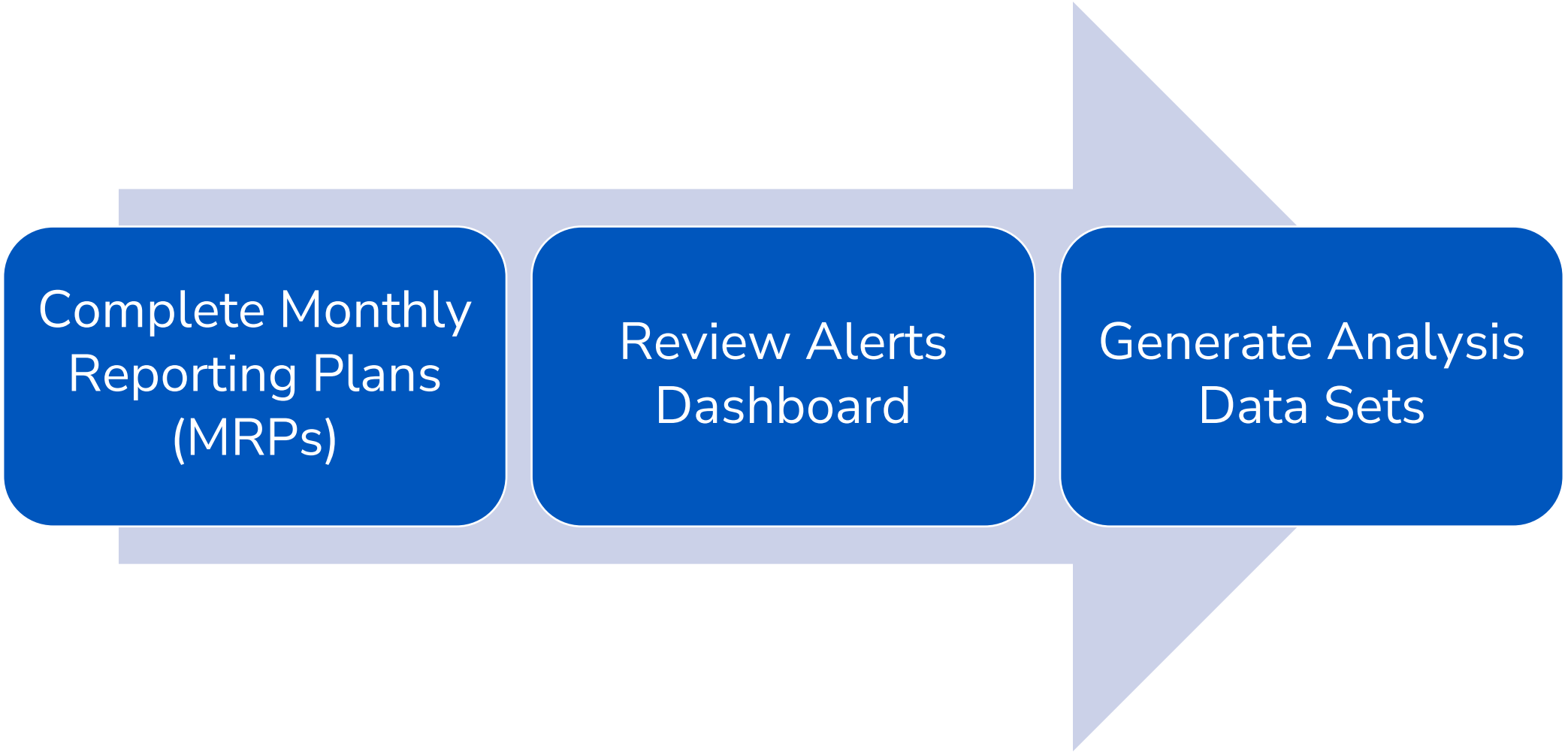
# Learning Objectives

By the end of this session, attendees will be able to:

- Implement best practices when running and interpreting MRSA and CDI LabID Event SIR reports.
- Understand and navigate common scenarios encountered when generating LabID Event SIR reports, based on six example questions.

# Preparing to Run the SIR Reports

Prior to running the MRSA and CDI LabID Event SIR reports, verify that the following items are complete:



# Question #1:
# Which events are included in my SIR numerator?

# Criteria for Inclusion in SIR Numerator

| *C. difficile* FacWideIN | MRSA Blood FacWideIN |
|---|---|
| Inpatient units only, excluding Rehab and Psych units with unique CCN | Blood specimens from inpatient units, excluding Rehab and Psych units with unique CCN |
| Healthcare Facility-onset (HO) | Healthcare Facility-onset (HO) |
| Incident: >56 days after the patient's most recent CDI LabID event in any location | No positive MRSA blood specimen in the previous 14 days in any location |

**This information is contained in the line listing reports.**

# CDI Line Listing Report

**National Healthcare Safety Network**
**Line Listing - All CDI LabID Events**
As of: March 3, 2026 at 6:25 PM UTC
Date Range: LABID_EVENTS specDateYQ 2025Q3 to 2025Q3
if (((spcOrgType = "CDIF" ) ))

| Facility Org ID | Patient ID | Event ID | Specific Organism | Location | Outpatient | Onset | CDI Assay | Fac Admission Date | Location Admission Date | Date Specimen Collected | Facility-Wide CDIF Facility Incident HO LabID Event Count | Facility-Wide 2015 baseline CDIF CO Admission Prevalence LabID Count | Facility-Wide 2022 baseline CDIF CO Admission Prevalance LabID Count |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | 12369 | 162135 | CDIF | ED1 | Y | CO | NCIDENT | . | . | 07/20/2025 | 0 | 1 | 0 |
| 16195 | 12369 | 162142 | CDIF | BURN | N | HO | ECURRENT | 07/21/2025 | 07/21/2025 | 08/08/2025 | 0 | 0 | 0 |
| 16195 | 12541 | 162136 | CDIF | BURN | N | HO | NCIDENT | 08/30/2025 | 09/04/2025 | 09/30/2025 | 1 | 0 | 0 |
| 16195 | 22214 | 162143 | CDIF | BURN | N | CO-HCFA | NCIDENT | 08/04/2025 | 08/04/2025 | 08/05/2025 | 0 | 0 | 0 |

- **Onset** is assigned by NHSN and is based on:
  - Patient ID
  - Location of specimen collection
  - Date admitted to facility
  - Date of specimen collection
  - Previous discharge

*Fictitious data used for illustrative purposes only.*

# CDI Line Listing Report

**National Healthcare Safety Network**
**Line Listing - All CDI LabID Events**
As of: March 3, 2026 at 6:25 PM UTC
Date Range: LABID_EVENTS specDateYQ 2025Q3 to 2025Q3
if (((spcOrgType = "CDIF" ) ))

| Facility Org ID | Patient ID | Event ID | Specific Organism | Location | Outpatient' | Onset | CDI Assay | Fac Admission Date | Location Admission Date | Date Specimen Collected | Facility-Wide CDIF Facility Incident HO LabID Event Count | Facility-Wide 2015 baseline CDIF CO Admission Prevalence LabID Count | Facility-Wide 2022 baseline CDIF CO Admission Prevalance LabID Count |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | 12369 | 162135 | CDIF | ED1 | Y | CO | NCIDENT | . | . | 07/20/2025 | 0 | 1 | 0 |
| 16195 | 12369 | 162142 | CDIF | BURN | N | HO | ECURRENT | 07/21/2025 | 07/21/2025 | 08/08/2025 | 0 | 0 | 0 |
| 16195 | 12541 | 162136 | CDIF | BURN | N | HO | NCIDENT | 08/30/2025 | 09/04/2025 | 09/30/2025 | 1 | 0 | 0 |
| 16195 | 22214 | 162143 | CDIF | BURN | N | CO-HCFA | NCIDENT | 08/04/2025 | 08/04/2025 | 08/05/2025 | 0 | 0 | 0 |

- **Onset**
  - **Community-onset (CO):** Outpatient event and no previous discharge in 4 weeks OR inpatient event on Hospital Day 1(HD1; day of admission), HD2, or HD3
  - **Community-onset Healthcare Facility-associated (CO-HCFA):** Outpatient or inpatient event with previous discharge in 4 weeks
  - **Healthcare Facility-onset (HO):** Inpatient event on or after HD4

*Fictitious data used for illustrative purposes only.*

# CDI Line Listing Report

**National Healthcare Safety Network**
**Line Listing - All CDI LabID Events**
As of: March 3, 2026 at 6:25 PM UTC
Date Range: LABID_EVENTS specDateYQ 2025Q3 to 2025Q3
if (((spcOrgType = "CDIF" ) ))

| Facility Org ID | Patient ID | Event ID | Specific Organism | Location | Outpatient? | Onset | CDI Assay | Fac Admission Date | Location Admission Date | Date Specimen Collected | Facility-Wide CDIF Facility Incident HO LabID Event Count | Facility-Wide 2015 baseline CDIF CO Admission Prevalence LabID Count | Facility-Wide 2022 baseline CDIF CO Admission Prevalance LabID Count |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | 12369 | 162135 | CDIF | ED1 | Y | CO | INCIDENT | . | . | 07/20/2025 | 0 | 1 | 0 |
| 16195 | 12369 | 162142 | CDIF | BURN | N | HO | RECURRENT | 07/21/2025 | 07/21/2025 | 08/08/2025 | 0 | 0 | 0 |
| 16195 | 12541 | 162136 | CDIF | BURN | N | HO | INCIDENT | 08/30/2025 | 09/04/2025 | 09/30/2025 | 1 | 0 | 0 |
| 16195 | 22214 | 162143 | CDIF | BURN | N | CO-HCFA | INCIDENT | 08/04/2025 | 08/04/2025 | 08/05/2025 | 0 | 0 | 0 |

- **CDI Assay ("cdiAssay")** is assigned by NHSN based on event specimen collection dates.
  - **Incident:** Positive specimen obtained >56 days after the most recent CDI LabID Event for that patient
  - **Recurrent:** Specimen obtained >14 days and ≤56 days after the most recent LabID Event for that patient
  - **Blank:** Collected ≤14 days after the most recent CDI LabID Event for that patient

*Fictitious data used for illustrative purposes only.*

# CDI Line Listing Report

**National Healthcare Safety Network**
**Line Listing - All CDI LabID Events**
As of: March 3, 2026 at 6:25 PM UTC
Date Range: LABID_EVENTS specDateYQ 2025Q3 to 2025Q3
if (((spcOrgType = "CDIF" ) ))

| Facility Org ID | Patient ID | Event ID | Specific Organism | Location | Outpatient? | Onset | CDI Assay | Fac Admission Date | Location Admission Date | Date Specimen Collected | Facility-Wide CDIF Facility Incident HO LabID Event Count | Facility-Wide 2015 baseline CDIF CO Admission Prevalence LabID Count | Facility-Wide 2022 baseline CDIF CO Admission Prevalance LabID Count |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | 12369 | 162135 | CDIF | ED1 | Y | CO | INCIDENT | . | . | 07/20/2025 | 0 | 1 | 0 |
| 16195 | 12369 | 162142 | CDIF | BURN | N | HO | RECURRENT | 07/21/2025 | 07/21/2025 | 08/08/2025 | 0 | 0 | 0 |
| 16195 | 12541 | 162136 | CDIF | BURN | N | HO | INCIDENT | 08/30/2025 | 09/04/2025 | 09/30/2025 | 1 | 0 | 0 |
| 16195 | 22214 | 162143 | CDIF | BURN | N | CO-HCFA | INCIDENT | 08/04/2025 | 08/04/2025 | 08/05/2025 | 0 | 0 | 0 |

- **Facility-Wide CDIF Facility Incident HO LabID Event Count ("FWCDIF_facIncHOCount")** is the indicator variable for inclusion in the numerator of the Acute Care Hospital (ACH) CDI SIR
  - **1** = event is counted in the numerator of the CDI SIR
  - **0** = event is excluded from the numerator of the CDI SIR

*Fictitious data used for illustrative purposes only.*

# MRSA Line Listing Report

**National Healthcare Safety Network**
**Line Listing - All MRSA LabID Events**
As of: March 3, 2026 at 7:58 PM UTC
Date Range: LABID_EVENTS specDateYr 2025 to 2025
if (((spcOrgType = "MRSA" ) ))

| Facility Org ID | Patient ID | Event ID | Specific Organism | Location | Outpatient? | Onset | Fac Admission Date | Location Admission Date | Specimen Source | Date Specimen Collected | Facility-Wide MRSA Blood Admission Prevalence LabID Count | Facility-Wide MRSA Blood Incident LabID Count |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | 12345 | 161896 | MRSA | CMS REHAB | N | CO | 02/20/2025 | 02/20/2025 | BLDSPC | 02/20/2025 | 0 | 0 |
| 16195 | 12345 | 162192 | MRSA | BURN | N | HO | 05/02/2025 | 05/02/2025 | BLDSPC | 05/20/2025 | 0 | 1 |
| 16195 | 12456 | 162194 | MRSA | BURN | N | CO | 04/29/2025 | 04/29/2025 | BLDSPC | 04/30/2025 | 1 | 0 |
| 16195 | 12586 | 162193 | MRSA | ED1 | Y | CO | . | . | BLDSPC | 06/01/2025 | 0 | 0 |

- **Facility-Wide MRSA Blood Admission Incident LabID Count ("FWMRSA_bldIncCount")** is the indicator variable for inclusion in the numerator of the Acute Care Hospital (ACH) MRSA Blood SIR:
  - **1** = event is counted in the numerator of the MRSA SIR
  - **0** = event is excluded from the numerator of the MRSA SIR

*Fictitious data used for illustrative purposes only.*

# Knowledge Check

Which event(s) would be included in this facility's FacWideIN MRSA Blood LabID Event SIR?

| Patient's MRSA blood event | Specimen collection date | Location | Onset |
|---|---|---|---|
| 1st event | 1/25/2026 | Medical ICU | HO |
| 2nd event | 1/30/2026 | Step-down unit | HO |
| 3rd event | 2/8/2026 | Medical ward | HO |

*Fictitious data used for illustrative purposes only.*

# Knowledge Check

Only the **first** specimen collected for this patient qualifies as a MRSA blood LabID event.

| Patient's MRSA blood event | Specimen collection date | Location | Onset |
|---|---|---|---|
| 1st event | 1/25/2026 | Medical ICU | HO |
| 2nd event | 1/30/2026 | Step-down unit | HO |
| 3rd event | 2/8/2026 | Medical ward | HO |

The second and third specimens were collected within 14 days of a prior MRSA blood LabID event and are de-duplicated.

*Fictitious data used for illustrative purposes only.*

# Question #2:
# Why are my LabID Event SIRs not being calculated?

# Possible Reasons LabID Event SIRs Are Not Being Calculated

- **Reason #1: < 1 predicted event.** The number of predicted events must be ≥ 1 for the MRSA and CDI LabID SIRs to be calculated. When the number of predicted events is less than 1, SIR, p-value, and 95% CI will not be calculated.

**National Healthcare Safety Network**
**Standardized Infection Ratio for CDI FacwideIN LabID Data in Acute Care Hospital (2022 baseline)**
As of: March 3, 2026 at 8:09 PM UTC
Date Range: BS3_LABID_RATESCDIF summaryYQ 2025Q3 to 2025Q3

Facility Org ID=16195

| Facility Org ID | CMS Certification Number | Location | Summary Yr/Qtr | Months | CDIF Facility Incident HO LabID Event Coun | Number Predicted | Patient Days | SIR | SIR p-value | 95% Confidence Interval |
|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | | FACWIDEIN | 2025Q1 | 3 | | 0.864 | 3012 | . | . | |

  - In this example, data are still considered “complete” and will still be shared with CMS for IPPS Programs.

*Fictitious data used for illustrative purposes only.*

# Possible Reasons LabID Event SIRs Are Not Being Calculated

- **Reason #2: Incomplete Summary Data Entry.** Some LabID event SIRs* require complete denominator data entry for the entire quarter.
  - Quarterly inpatient/outpatient CO prevalence rates are used in risk adjustment models.
  - CDI test method is selected on the FacWideIN or IRF unit's summary data record for the 3rd month of each quarter and is used for risk adjustment.
- **Reason #3: Monthly SIRs.** Some LabID event SIRs* can only be calculated at the monthly level after data entry for the entire calendar quarter is complete (see above).
- **Reason #4: MRP Location Designation.** To run the CMS SIR reports for Quality Reporting, "FacWideIN" (or applicable IRF unit) must be selected as the location designation for MRSA and CDI LabID event surveillance on MRPs.

* Applies to CDI SIRs for all facility types, and MRSA SIRs for ACHs and CAHs

# Knowledge Check

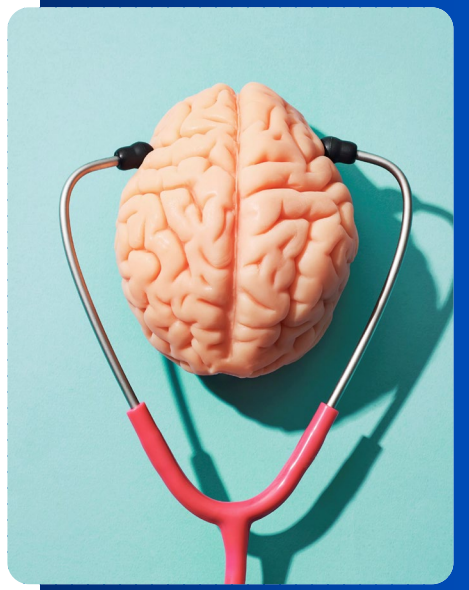
In the CDI SIR report output below, the SIR is not calculated. Why?

**National Healthcare Safety Network**
**Standardized Infection Ratio for CDI FacwideIN LabID Data in Acute Care Hospital (2022 baseline)**
As of: March 3, 2026 at 8:09 PM UTC
Date Range: BS3_LABID_RATESCDIF summaryYQ 2025Q3 to 2025Q3

| Facility Org ID | CMS Certification Number | Location | Summary Yr/Qtr | Months | CDIF Facility Incident HO LabID Event Count | Number Predicted | Patient Days | SIR | SIR p-value | 95% Confidence Interval |
|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | | FACWIDEIN | 2025Q3 | 3 | 1 | 0.469 | 2654 | . | . | |

**National Healthcare Safety Network**
**Risk Adjustment Factors for FacwideIN CDI SIR**
As of: March 3, 2026 at 8:09 PM UTC
Date Range: BS3_LABID_RATESCDIF summaryYQ 2025Q3 to 2025Q3

| Facility Org ID | CMS Certification Number | Summary Yr/Qtr | 2022 baseline CDI Prevalence - Community-Onset Admission Prevalence Rate | CDIF CO ED/OBS Combined Outpatient Prevalence Rate | cdiTestType_bs3 | Type of Facility | Type of Affiliation | ICU beds | Hospital Length of Stay | Patient Days |
|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | | 2025Q3 | 0.000 | 0.204 | NAATEIA | HOSP-GEN | | 36 | 6.7 | 2654 |



A. MDRO/CDI summary data have not been entered for the quarter
B. Number of predicted events is less than 1
C. Inpatient CO prevalence rate is 0.000 per 100 admissions
D. All of the above

*Fictitious data used for illustrative purposes only.*

# Knowledge Check

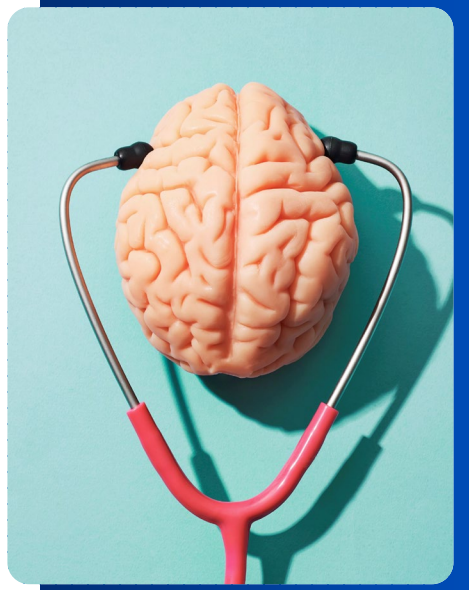
In the CDI SIR report output below, the SIR is not calculated. Why?

**National Healthcare Safety Network**
**Standardized Infection Ratio for CDI FacwideIN LabID Data in Acute Care Hospital (2022 baseline)**
As of: March 3, 2026 at 8:09 PM UTC
Date Range: BS3_LABID_RATESCDIF summaryYQ 2025Q3 to 2025Q3

| Facility Org ID | CMS Certification Number | Location | Summary Yr/Qtr | Months | CDIF Facility Incident HO LabID Event Coun | Number Predicted | Patient Days | SIR | SIR p-value | 95% Confidence Interval |
|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | | FACWIDEIN | 2025Q3 | 3 | | 0.469 | 2654 | . | . | |

**National Healthcare Safety Network**
**Risk Adjustment Factors for FacwideIN CDI SIR**
As of: March 3, 2026 at 8:09 PM UTC
Date Range: BS3_LABID_RATESCDIF summaryYQ 2025Q3 to 2025Q3

| Facility Org ID | CMS Certification Number | Summary Yr/Qtr | 2022 baseline CDI Prevalence - Community-Onset Admission Prevalence Rate | CDIF CO ED/OBS Combined Outpatient Prevalence Rate | cdiTestType_bs3 | Type of Facility | Type of Affiliation | ICU beds | Hospital Length of Stay | Patient Days |
|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | | 2025Q3 | 0.000 | 0.204 | NAATEIA | HOSP-GEN | | 36 | 6.7 | 2654 |



A. MDRO/CDI summary data have not been entered for the quarter

**B. Number of predicted events is less than 1**

C. Inpatient CO prevalence rate is 0.000 per 100 admissions

D. All of the above

*Fictitious data used for illustrative purposes only.*

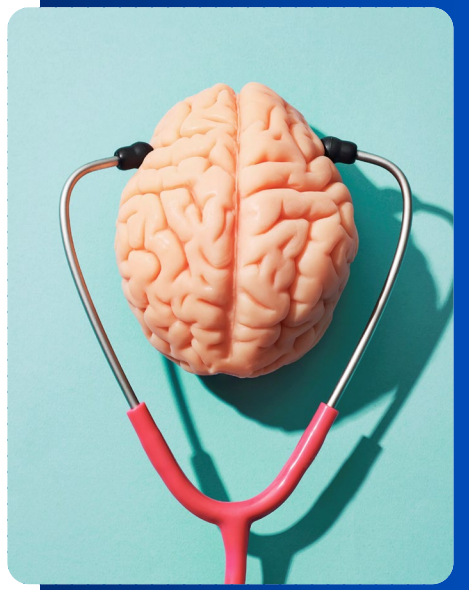
# Knowledge Check

A. MDRO/CDI denominator data have not been entered for the quarter
   - **Incorrect.** Summary data have been entered for all three months of the quarter. You know this because:
     - Variables collected from the monthly summary forms (e.g., CDI test method, patient days) are populated in the “Risk Adjustment Factors for FacWideIN CDI SIR” table at the bottom of the report output.
     - 3 months of data are included in the SIR.

B. Number of predicted events is less than 1
   - **Correct!** The number of predicted events must be ≥ 1 for the MRSA and CDI LabID SIRs to be calculated.

C. Inpatient CO prevalence rate (“CDI_COprevRate_bs3”) is 0.000 per 100 admissions
   - **Incorrect.** Inpatient CO prevalence rate of zero is a valid category for risk adjustment.

D. All of the above
   - **Incorrect.** See above.



## Question #3:
# One or more months is missing from my SIR. Why?

# One or more months is missing from my SIR. Why?

| Facility Org ID | CMS Certification Number | Location | Summary Yr/Qtr | Months | CDIF Facility Incident HO LabID Event Count | Number Predicted | Patient Days | SIR | SIR p-value | 95% Confidence Interval |
|---|---|---|---|---|---|---|---|---|---|---|
| 16195 | | FACWIDEIN | 2025Q | 2 | 0 | 0.305 | 2310 | . | . | |

- **Reason #1: Incomplete Summary Data Entry.** Summary data for the "FacWideIN" (or applicable IRF unit) location, including all required fields, must be entered for every month in the quarter.
- **Reason #2: MRP Location Designation.** To run the CMS SIR reports for Quality Reporting, CDI and/or MRSA LabID must be listed in your MRP under the "FacWideIN" (or applicable IRF unit) location designation for each month of the quarter.
  - Any mapped ED and/or Observation locations should also be listed on your MRP for both MRSA and CDI LabID.
- **Reason #3: Report No Events.** If no LabID events for an organism were identified in a given month, the "Report No Events" boxes on the corresponding monthly summary form should be checked.

*Fictitious data used for illustrative purposes only.*

# Knowledge Check

**True or False?** My facility has only one inpatient location (“BURN”), and I’ve added this location to my MRP for CDI LabID Event reporting for all three months of the quarter. Provided all other requirements are met, data for these months will be included in the CDI LabID SIR Report for CMS Quality Reporting Programs.

**Section 4: Multi-Drug Resistant Organism Module**

| | Locations | Specific Organism Type |
|---|---|---|
| 🗑 | BURN - BURN | CDIF - C. difficile |

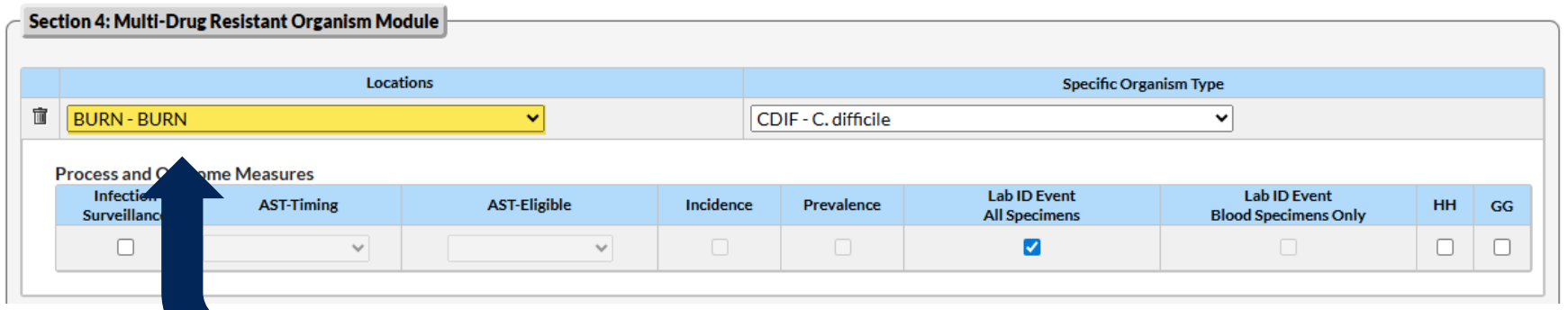
Process and Outcome Measures

| Infection Surveillance | AST-Timing | AST-Eligible | Incidence | Prevalence | Lab ID Event All Specimens | Lab ID Event Blood Specimens Only | HH | GG |
|---|---|---|---|---|---|---|---|---|
| ☐ | | | ☐ | ☐ | ☑ | ☐ | ☐ | ☐ |

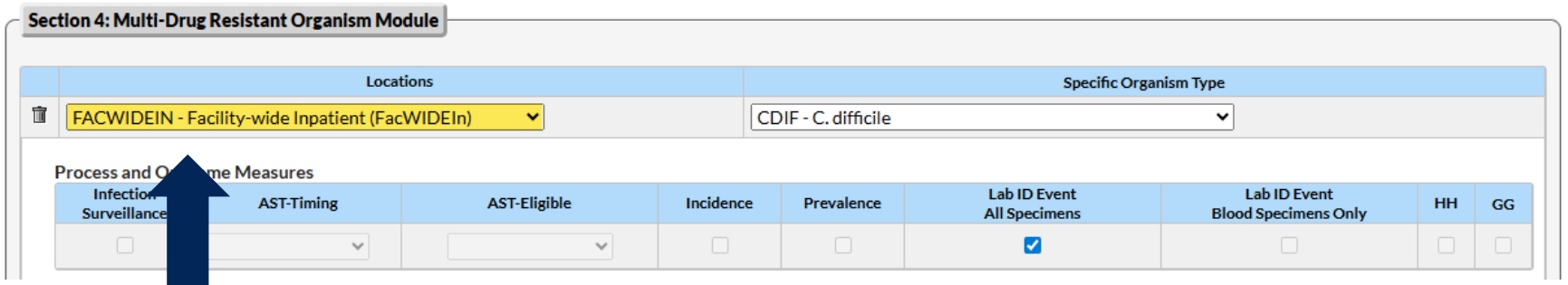
**Answer:** FALSE.

# Knowledge Check

To run the CMS SIR reports for Quality Reporting, CDI and/or MRSA LabID must be listed in your MRP under the “FacWideIN” (or applicable IRF unit) location designation for each month of the quarter.




**Data WILL NOT be included in CMS SIR report.**




**Data WILL be included in CMS SIR report, provided all other requirements are met.**

## Question #4:

# Why doesn’t my SIR report include all my events?

# Q4: Why doesn't my SIR report include all of my events?

- **Step #1: Check for missing months.**
  - Ensure that all 3 months of the quarter are included in the SIR.

- **Step #2: Check Line Listings.**
  - Review event line lists to verify that you are counting the correct MRSA Bacteremia and/or CDI LabID events.
  - Be sure events meet numerator inclusion criteria per the SIR algorithms.

# Q4: The number of events listed in the SIR is not accurate: MRSA & CDI Algorithms

| *MRSA (FacWideIn)* | CDI *(FacWideIn)* |
|---|---|
| Blood Specimen | NA (Stool is default) |
| Inpatient location (excluding Rehab/Psych with separate CCN) | Inpatient location (excluding Rehab/Psych with separate CCN) |
| Healthcare facility onset (HO) | Healthcare facility onset (HO) |
| No prior positive MRSA blood culture in previous 14 days (any location) | Classified as Incident (>56 days since last CDI event) |

# Q4: The number of events listed in the SIR is not accurate

- Use the indicator variable **FWMRSA_bldIncCount** on the *Line Listing for all MRSA LabID Events* report to verify the events counted in the SIR numerator (analogous field on the CDI line listing is **FWCDIF_facIncHOCount**).
  - If FWMRSA_bldIncCount = 1, the event is counted in the SIR numerator.
  - There is an additional indicator variable for the events counted in the inpatient CO prevalence rate (FWMRSA_admPrevBldCount).

**National Healthcare Safety Network**
**Line Listing - All MRSA LabID Events**
As of: November 12, 2024 at 6:28 PM UTC
Date Range: LABID_EVENTS specDateYQ 2023Q2 to 2023Q2
if (((spcOrgType = "MRSA" ) ))

| orgID | patID | eventID | spcOrgType | location | outpatient | onset | admitDate | locationAdmitDate | specimenSource | specimenDate | ageAtSpec | facToSpecDays | FWMRSA_admPrevBldCount | FWMRSA_bldIncCount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15328 | 003 | 123250 | MRSA | BURN | N | HO | 04/05/2023 | 04/05/2023 | BLDSPC | 04/12/2023 | 35 | 8 | 0 | 1 |
| 15328 | 004 | 123251 | MRSA | CARDCRIT | N | CO | 04/11/2023 | 04/11/2023 | BLDSPC | 04/12/2023 | 30 | 2 | 1 | 0 |
| 15328 | 005 | 123252 | MRSA | ED | Y | CO | . | . | BLDSPC | 04/28/2023 | 23 | . | 0 | 0 |

**Tip!**

**Sort the line listing by relevant variables to further understand the logic (for example- patID, specimenDate, etc.).**

# Knowledge Check: Question

A patient was admitted on 2/25 with no prior admissions. They have:

- A MRSA blood specimen on 3/1 (HO)
- Another MRSA blood specimen on 3/10 (HO)

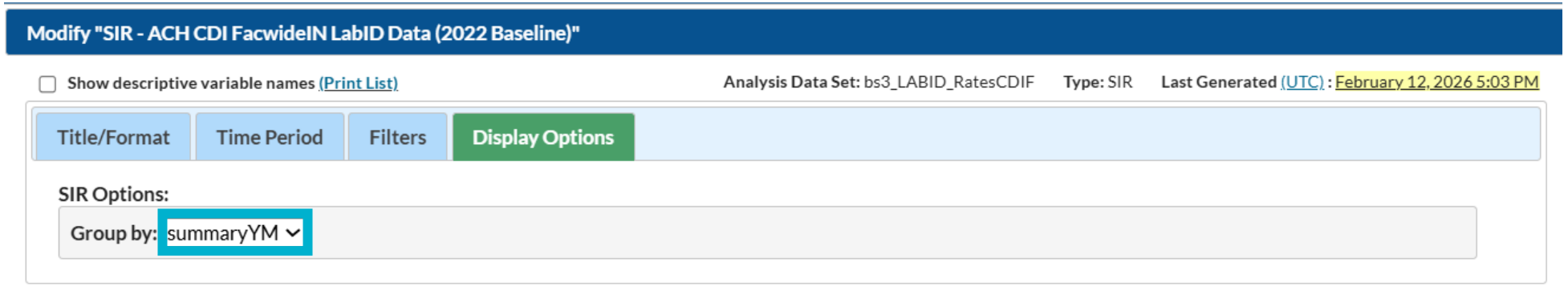
- How many events are counted in the FacWideIN SIR numerator?

**Answer:** One event (from 3/1) is counted in the SIR numerator because the event on 3/10 is within 14 days of the first event.

# Question #5:
# How can I calculate my monthly SIRs?

# Q5: How can I calculate my monthly SIRs?

- SIR reports are calculated at the **quarterly level by default.**
- **Monthly SIRs can only be generated when:**
  - The quarter has finished.
  - All 3 months of data are entered.
- To generate Monthly SIR, use the Modify screen to change “Group by” to **summaryYM.**
- **If the quarter has not ended, monthly SIRs will NOT be calculated.**

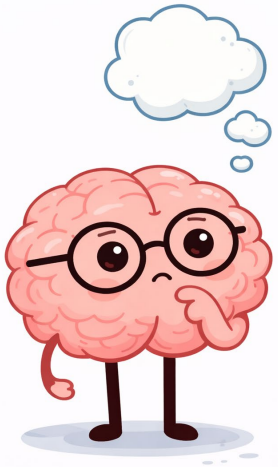


# Knowledge Check: Question

It's February 15th and you attempt to run a January Monthly SIR.

Why will the SIR not calculate?

**Answer:** The quarter is not yet complete so monthly SIRs the any months in the quarter are not available. A January monthly SIR will be available after reporting has completed for March.



## Question #6:

# What CDI test type is used in the risk-adjustment for my SIR results?

# Q6: What CDI test type is used in the risk-adjustment for my SIR results?

- The CDI test type used for risk adjustment:
  - Comes from the **FacWideIn** (or IRF) denominator form
  - Is based on the value selected for the last month of the quarter
  - Is displayed in the SIR output under:
    - **"Risk Adjustment Factors for FacWideIn CDI SIR"**

# Q6: What CDI test type is used in the risk-adjustment for my SIR results?

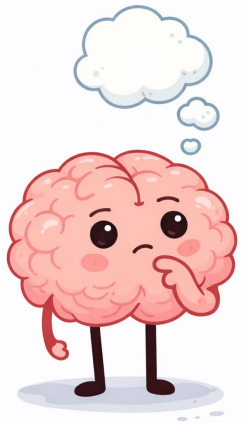
- CDI test methods are grouped into risk-adjustment categories (referred to as CDI test types).

| Acute Care Hospitals | Critical Access Hospitals | Inpatient Rehab Facilities |
|---|---|---|
| NAAT | NAAT | EIA |
| NAAT + EIA | EIA or Other | NAAT or Other |
| EIA or Other | | |

- **Note**:
  - Test method reported on the denominator form for the last month of the quarter drives risk adjustment.
  - CDI test type is NOT used in LTACH 2022 baseline SIR calculation.

# Knowledge Check: Question

- Your facility changed CDI test method in June.
- Which month's test type will be used in the Q2 SIR calculation?



- Answer: The CDI test type used for risk adjustment in the Q2 SIR calculation is taken from the value selected on the **FacWideIN (or IRF) denominator form for the last month of the quarter** (March, June, September, or December).

- Since June is the last month of Q2, the **June test type** will be used in the Q2 SIR calculation.

FOR ANY QUESTIONS OR CONCERNS, CONTACT THE NHSN HELPDESK.

# Thank you.

- **NHSN-ServiceNow** to submit questions to the NHSN Help Desk.
- Access new portal at **https://servicedesk.cdc.gov/nhsncsp**.
- If you do not have a SAMS login, or are unable to access ServiceNow, you can still email the NHSN Help Desk at nhsn@cdc.gov.