

Session 4:

C. difficile Lab ID Event Reporting for Long-term Care Facilities Using NHSN



QIN-QIO Nursing Home *C. difficile* Reporting and Reduction Project

Presenter: Angela Anttila, PhD, MSN, NP-C, CIC
Presentation Date: 1/28/2016

Updates and Review from Session 3

- ❑ Users receive an automated reply from (SAMS-No-Reply) when they submit their proofing documents only if they choose to upload their documents (which is the recommended method). This will be their confirmation so that they won't have to email or call SAMS afterwards.

- ❑ REMEMBER.....contact SAMShelpdesk for questions related to the SAMS (*SAMS registration, updating SAMS user profile, SAMS grid card, etc.*).
 - Help is available directly from the SAMS Partner Portal Help Desk. You can reach the SAMSHelp Desk between the hours of 8:00 AM and 8:00 PM EST Monday through Friday (excepting U.S. Federal holidays) at the following:
 - Toll Free: 877-681-2901
 - Email: samshelp@cdc.gov

Updates and Review from Session 3

- ❑ Changing a user e-mail address.
 - Stay tuned for more information.....

Objectives



- ❑ Define laboratory-identified (LabID) Event surveillance and reporting
- ❑ Understand the purpose and advantages of LabID Event surveillance and reporting
- ❑ Describe the rationale for monitoring *C. difficile* infection (CDI) in NHSN
- ❑ Describe the methodology, protocol, and definitions used for monitoring CDI LabID Events in NHSN

Long-term Care Facility Component

Healthcare-associated Infections (HAI)

Urinary Tract Infections (UTI)

Laboratory-Identified (LabID) Event

Multi-drug Resistant Organisms (MDRO)

Clostridium difficile Infection (CDI)

Prevention Process Measures

Hand Hygiene

Gowns / Gloves

LABID EVENT MODULE

Definition

LabID Event

LabID Event reporting allows limited resident admission/transfer data and laboratory testing data to be used **without** clinical evaluation of the resident, allowing for a much less labor intensive method to track infections, such as *C. difficile* and multidrug resistant organisms (MDROs)

Advantages

LabID Event

- Objective laboratory-based metrics that allow the following **without** clinical evaluation of the resident to:
 - Estimate healthcare acquisition
 - Estimate infection burden
 - Estimate exposure burden
 - Assess need for and effectiveness of interventions
- Standardized case definitions

Metrics in LabID Event Module align with recommendations from published literature

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY OCTOBER 2008, VOL. 29, NO. 10

SHEA/HICPAC POSITION PAPER

Recommendations for Metrics for Multidrug-Resistant Organisms in Healthcare Settings: SHEA/HICPAC Position Paper

Adam L. Cohen, MD, MPH; David Calfee, MD, MS; Scott K. Fridkin, MD; Susan S. Huang, MD, MPH; John A. Jernigan, MD; Ebbing Lautenbach, MD, MPH, MSCE; Shannon Oriola, RN, CIC, COHN; Keith M. Ramsey, MD; Cassandra D. Salgado, MD, MS; Robert A. Weinstein, MD; for the Society for Healthcare Epidemiology of America and the Healthcare Infection Control Practices Advisory Committee

EXECUTIVE SUMMARY

Monitoring multidrug-resistant organisms (MDROs) and the infections they cause in a healthcare setting is important to detect newly emerging antimicrobial resistance profiles, to identify vulnerable patient populations, and to assess the need for and effectiveness of interventions; however, it is unclear which metrics are the best, because most of the metrics are

quantify the number of people whose MDRO acquisition is healthcare associated. In addition, healthcare facilities may want to calculate both the overall prevalence of carriage and

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY FEBRUARY 2007, VOL. 28, NO. 2

ORIGINAL ARTICLE

Recommendations for Surveillance of *Clostridium difficile*-Associated Disease

L. Clifford McDonald, MD; Bruno Coignard, MD, MSc; Erik Dubberke, MD; Xiaoyan Song, MD, MS; Teresa Horan, MPH; Preeti K. Kuty, MD, MPH; the Ad Hoc *Clostridium difficile* Surveillance Working Group

BACKGROUND. The epidemiology of *Clostridium difficile*-associated disease (CDAD) is changing, with evidence of increased incidence and severity. However, the understanding of the magnitude of and reasons for this change is currently hampered by the lack of standardized surveillance methods.

OBJECTIVE AND METHODS. An ad hoc *C. difficile* surveillance working group was formed to develop interim surveillance definitions and recommendations based on existing literature and expert opinion that can help to improve CDAD surveillance and prevention efforts.

DEFINITIONS AND RECOMMENDATIONS. A CDAD case patient was defined as a patient with symptoms of diarrhea or toxic megacolon combined with a positive result of a laboratory assay and/or endoscopic or histopathologic evidence of pseudomembranous colitis. Recurrent CDAD was defined as repeated episodes within 8 weeks of each other. Severe CDAD was defined by CDAD-associated admission to an intensive care unit, colectomy, or death within 30 days after onset. Case patients were categorized by the setting in which *C. difficile* was likely acquired, to account for recent evidence that suggests that healthcare facility-associated CDAD may have its onset in the community up to 4 weeks after discharge. Tracking of healthcare facility-onset, healthcare facility-associated CDAD is the minimum surveillance required for healthcare settings; tracking of community-onset, healthcare facility-associated CDAD should be performed only in conjunction with tracking of healthcare facility-onset, healthcare facility-associated CDAD. Community-associated CDAD was defined by symptom onset more than 12 weeks after the last discharge from a healthcare facility. Rates of both healthcare facility-onset, healthcare facility-associated CDAD and community-onset, healthcare facility-associated CDAD should be expressed as case patients per 10,000 patient-days; rates of community-associated CDAD should be expressed as case patients per 100,000 person-years.

Infect Control Hosp Epidemiol 2007; 28:140-145

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY MAY 2010, VOL. 31, NO. 5

SHEA-IDS A GUIDELINE

Clinical Practice Guidelines for *Clostridium difficile* Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA)

Stuart H. Cohen, MD; Dale N. Gerding, MD; Stuart Johnson, MD; Giaran P. Kelly, MD; Vivian G. Loo, MD; L. Clifford McDonald, MD; Jacques Pepin, MD; Mark H. Wilcox, MD

Since publication of the Society for Healthcare Epidemiology of America position paper on *Clostridium difficile* infection in 1995, significant changes have occurred in the epidemiology and treatment of this infection. *C. difficile* remains the most important cause of healthcare-associated diarrhea and is increasingly important as a community pathogen. A more virulent strain of *C. difficile* has been identified and has been responsible for more-severe cases of disease worldwide. Data reporting the decreased effectiveness of metronidazole in the treatment of *C. difficile* infection have been published. The limited availability of data available, areas of controversy still exist. This guideline updates and infection control and environmental management.

Infect Control Hosp Epidemiol 2010; 31(5):431-455

Reporting Options for Lab ID Event

I. CDI

II. MDROs

- A facility can choose to monitor one or more of the following organisms:

- *Staphylococcus aureus*, methicillin-resistant (MRSA)
- *Staphylococcus aureus*, methicillin-susceptible (MSSA)
- Vancomycin-Resistant *Enterococcus* spp. (VRE)
- Cephalosporin-Resistant *Klebsiella* spp. (CephR-*Klebsiella*)
- Carbapenem-Resistant *Enterobacteriaceae* (CRE)
 - *Klebsiella* spp. (CRE-*Klebsiella*)
 - *E. coli*. (CRE-*E. coli*)
 - *Enterobacter* (CRE-*Enterobacter*)
- Multidrug-Resistant *Acinetobacter* spp. (MDR-*Acinetobacter*)

Enter the SAMS Portal to access NHSN

- Go to <https://sams.cdc.gov>
- Log in using your SAMS grid card, user name, and password.

The screenshot shows the SAMS secure access management services portal. At the top, there is a warning message: "Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful purpose, any information that is transmitted, received, or stored on this information system, and any communication or data transiting or stored on this information system, may be disclosed or used for any lawful Government purpose."

Below the warning, there are three login options:

- SAMS Credentials:** Includes a keyboard icon, fields for SAMS Username and SAMS Password, and a Login button. Below it is a link for "Forgot SAMS Password?" and a note: "For users who login with only a SAMS issued UserID and Password".
- SAMS Grid Card Credentials:** Includes a grid card icon, a "Click login below to login with SAMS Grid Card." button, and a Login button. Below it is a note: "For users who have been issued a SAMS Grid Card." A red callout box points to this section with the text "Click here to log in with Grid card".
- HHS PIV Card:** Includes a PIV card icon, a note "Insert your PIV card in your smart card reader before you try to login.", and a Login button. Below it is a note: "For users who are CDC staff and have been issued a PIV card."

At the bottom, there is a "SAMS Help" section: "For more information and/or assistance, please contact the SAMS Help Desk between the hours of 8:00 AM and 6:00 PM EST Monday through Friday (excluding U.S. Federal holidays) at the following Toll Free: 877-681-2901, Email: samshelp@cdc.gov."

The page is powered by miso.

Select "NHSN Reporting" to Begin the Set-up Process

Welcome Amy Woodward

 SAMS Admin  My Profile  Logout

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Links

- [SAMS User Guide](#)
- [SAMS User FAQ](#)
- [Identity Verification Overview](#)

My Applications

National Healthcare Safety Network System

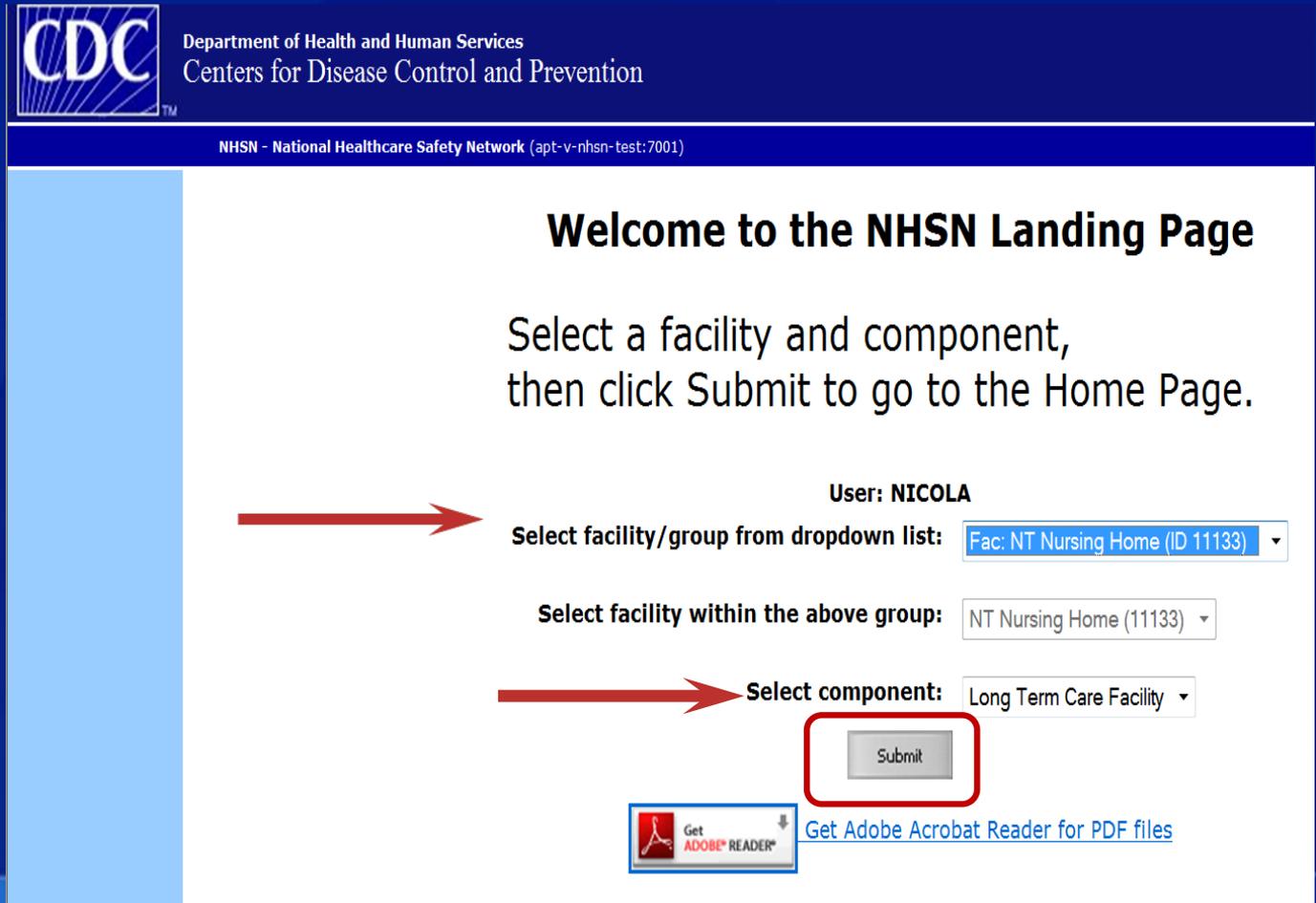
- [NHSN Reporting *](#) 
- [NHSN Enrollment *](#)

* Strong credentials required.

NHSN Landing Page

- On the NHSN Landing page, select the facility and LTCF as the component.

- Then, click **“Submit”**



The screenshot displays the NHSN Landing Page interface. At the top left is the CDC logo, followed by the text "Department of Health and Human Services" and "Centers for Disease Control and Prevention". Below this is a navigation bar with the text "NHSN - National Healthcare Safety Network (apt-v-nhsn-test:7001)". The main content area features the heading "Welcome to the NHSN Landing Page" and the instruction "Select a facility and component, then click Submit to go to the Home Page." Below the instruction, there are three dropdown menus: "Select facility/group from dropdown list:" with the selected value "Fac: NT Nursing Home (ID 11133)", "Select facility within the above group:" with the selected value "NT Nursing Home (11133)", and "Select component:" with the selected value "Long Term Care Facility". A red arrow points to the "Submit" button, which is highlighted with a red box. At the bottom of the page, there is a logo for "Get ADOBE READER" and a link to "Get Adobe Acrobat Reader for PDF files".

“LTCF CHECKLIST”

For CDI LabID Event Reporting

- ❑ Verify that LTCF locations are mapped in NHSN
- ❑ Review Monthly Reporting Plan (MRP) and update as necessary
- ❑ Identify and enter all *C. difficile* LabID events into NHSN by location
- ❑ Enter denominator data for each month under surveillance
- ❑ Resolve “Alerts”, if applicable

Verify Locations have been added in NHSN

- Facility**
 - Customize Forms
 - Facility Info
 - Add/Edit Component
 - Locations
- Group**
- Log Out**

- To **Find** a record, click on the *Find* button. One or more fields can be filled in to restrict the search to the desired record.
- To **Edit** a record, perform a *Find* on the desired record. Click on the desired record to fill in its values into the form. To make changes, click on the *Save* button.
- To **Delete** one or more records, perform a *Find* on the desired record(s). Check the corresponding box in the *Delete* column.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

Bed Size: A bed size greater than zero is required for most inpatient locations.



Location Table

[Display All](#) [Print Location List](#)

Page 1 of 1 10 View 1 - 5 of 5

Delete	Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	1 D	DEMENTIA UNIT	LTCF Dementia Unit	IN:NONACUTE:LTCF:DEM	1255-9	25
<input type="checkbox"/>	Active	2 PSY	PSYCHIATRIC	LTCF Psychiatric Unit	IN:NONACUTE:LTCF:PSY	1256-7	30
<input type="checkbox"/>	Active	3 REHAB	SHORT TERM REHAB	LTCF Skilled Nursing/Short Term	IN:NONACUTE:LTCF:REHAB	1257-5	35
<input type="checkbox"/>	Active	4 GEN	GENERAL UNIT	LTCF General Nursing Unit	IN:NONACUTE:LTCF:GEN	1258-3	50
<input type="checkbox"/>	Active	5 HOS	HOSPICE UNIT	LTCF Inpatient Hospice Unit	IN:NONACUTE:LTCF:HSP	1254-2	10

Page 1 of 1 10 View 1 - 5 of 5

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- ☐ Resolve “Alerts”, if applicable

Monthly Reporting Plan for LTCF

- ❖ Add LabID Event for *C. difficile* to monthly reporting plan (MRP) using the “FACWIDEIN” location
- ❖ The MRP must be complete before reporting in the application is allowed

NHSN Home Logged into Angela LTCF Test Facility (ID 39455) as AANTTILA.
Facility Angela LTCF Test Facility (ID 39455) is following the LTCF component.

Add Monthly Reporting Plan

[HELP](#)

Mandatory fields marked with *

Facility ID*: Angela LTCF Test Facility (ID 39455) ▼
Month*: February ▼
Year*: 2016 ▼
 No Long Term Care Facility Component Modules Followed this Month

[Print Form](#)

HAI Module [HELP](#)

Locations	UTI
Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>

LabID Event Module [HELP](#)

Locations	Specific Organism Type	Lab ID Event All Specimens
Facility-wide Inpatient (FacWIDEIn) ▼	CDIF - C. difficile ▼	<input checked="" type="checkbox"/>

Prevention Process Measure Module [HELP](#)

Locations	Hand Hygiene	Gown and Gloves Use
Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>	<input type="checkbox"/>

“LTCF CHECKLIST” For CDI LabID Event Reporting

- ☑ Verify that LTCF locations are mapped in NHSN
- ☑ Review Monthly Reporting Plan (MRP) and update as necessary
- ☐ Identify and enter all *C. difficile* LabID events into NHSN by location
- ☐ Enter denominator data for each month under surveillance
- ☐ Resolve “Alerts”, if applicable

Once MRP is complete, LabID event data can be added to the NHSN application

- ❑ The MDRO/CDI LabID Event Module protocol must be used to identify *C. difficile* LabID events.
- ❑ All identified CDI LabID events must be entered into NHSN using the specific location where the resident was assigned at the time of specimen collection.
- ❑ Lab results from outside facilities, before a resident's admission, should not be included in LabID event reporting, including specimens collected while the resident was being cared for in a hospital.

Setting for Lab ID Event Surveillance

Lab ID Event reporting for LTCFs requires facility-wide inpatient (FacWideIN), which means all residents in all locations in the facility must be monitored for *C. difficile*.

Definition

CDI Positive Laboratory Assay

- A positive laboratory test result for *C. difficile* toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays)

OR

- A toxin-producing *C. difficile* organism detected by culture or other laboratory means performed on a stool sample

C. difficile testing only on liquid stool samples!!

Stool should conform to shape of container



CDI Lab ID Event: Laboratory Testing

Diagnostic Test	Demonstrates Evidence of Toxigenic Strain		Comments
	YES	NO	
Glutamate dehydrogenase (GDH) antigen		X	Detects antigen in both toxin and non-toxin producing strains
Toxin enzyme immunoassay (EIA)	X		<ul style="list-style-type: none"> • <i>C. difficile</i> toxin A and/or B • GDH plus EIA for toxin (2-step algorithm)
Nucleic acid amplification test [NAAT] (e.g., PCR, LAMP)	X		<ul style="list-style-type: none"> • <i>C. difficile</i> toxin B gene • GDH plus NAAT (2-step algorithm) • GDH plus EIA for toxin, followed by NAAT for discrepant results
Cell cytotoxicity neutralization assay (CCNA)	X		<ul style="list-style-type: none"> • Requires tissue culture
Toxigenic (cytotoxic) <i>C. difficile</i> culture	X ⁺		+Requires use of second test for toxin detection

Definition

CDI Lab ID Event

A *C. difficile* positive laboratory assay obtained while a resident is receiving care in the LTCF and the resident has no prior *C. difficile* positive laboratory assay collected in the previous **14 days** while receiving care in the LTCF.

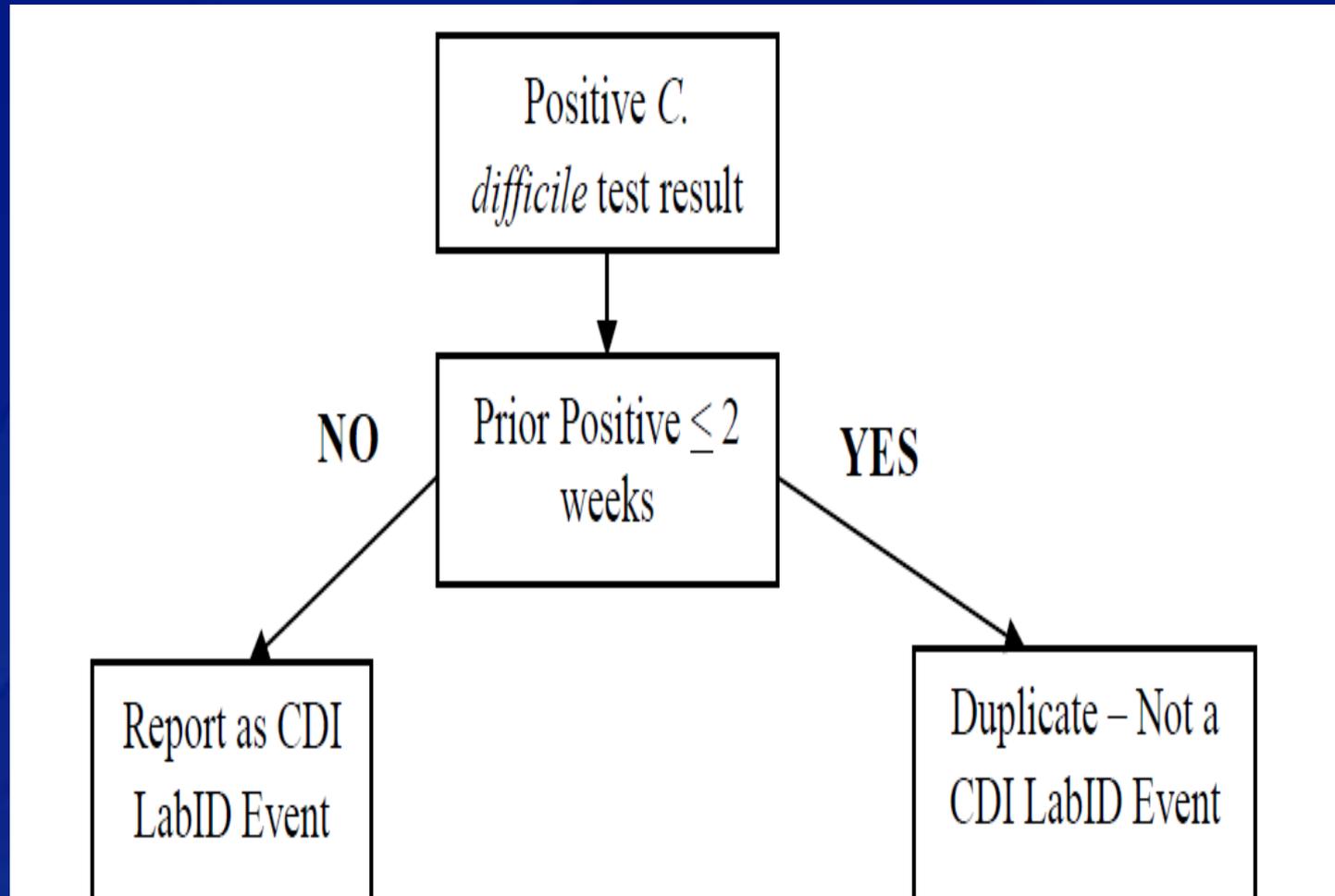
Also referred to as non-duplicate Lab ID Events

Definition

Duplicate CDI LabID Event

Any *C. difficile* positive laboratory test from the **same resident** following a previous *C. difficile* positive test within the **past 2 weeks (14-days)** while in the facility.

C. difficile Test Result Algorithm for LabID Events





Important

- Lab results from outside facilities, before a resident's admission, should not be included in LabID event reporting
- It may be helpful to keep a log of positive *C. difficile* laboratory results from residents to keep track of duplicate test results

Knowledge Check

Assume these are all of the test results for a resident in the LTCF



Date of Positive <i>C.difficile</i> lab tests for a resident	Duplicate?	Enter as a CDI Lab ID Event?
1/3/2012	No	YES
1/9/2012	Yes	No (within 2 weeks of positive test 1/3/2015)
1/20/2012	Yes	No (within 2 weeks of positive test 1/9/2015)
1/29/2012	Yes	No (within 2 weeks of positive test 1/20/2015)
2/23/2012	No	YES

***ENTERING C. DIFFICILE* LABID EVENTS
INTO NHSN**

NHSN Forms

- ❑ **Laboratory-identified MDRO or CDI Event for LTCF Form (CDC 56.138)**
 - Numerator data (one form for each event being recorded)
 - Collect and report each CDI event that meets the LabID Event definition. This form is also used for MDRO events, if reporting
 - Electronic version: http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.138_LabIDEvent_LTCF_BLANK.pdf

		Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2018 www.cdc.gov/nhsn
Laboratory-identified MDRO or CDI Event for LTCF		
Page 1 of 1		
*required for saving		
Facility ID:	Event #:	
*Resident ID:	*Social Security #:	
Medicare number (or comparable railroad insurance number):		
Resident Name, Last:	First:	Middle:
*Gender: M F Other	*Date of Birth: __/__/__	
Ethnicity (specify):	Race (specify):	
*Resident type: <input type="checkbox"/> Short-stay <input type="checkbox"/> Long-stay		
*Date of First Admission to Facility: __/__/__		*Date of Current Admission to Facility: __/__/__
Event Details		
*Event Type: LabID	*Date Specimen Collected: __/__/__	
*Specific Organism Type: (check one)		
<input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE- <i>E. coli</i> <input type="checkbox"/> CRE- <i>Enterobacter</i> <input type="checkbox"/> CRE- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i>		
*Specimen Body Site/System:	*Specimen Source:	
*Resident Care Location:		
*Primary Resident Service Type: (check one)		
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing (Short-term rehab) (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Pediatric <input type="checkbox"/> Hospice/Palliative		

Event

Enter Resident Information

NHSN Home

Logged into Angela's LTC Test Facility (ID 39455) as AANTTILA.
Facility Angela's LTC Test Facility (ID 39455) is following the LTCF component.

Alerts

Reporting Plan

Resident

Event

Add

Click here

Find

Incomplete

Summary Data

Analysis

Surveys

Users

Facility

Group

Log Out

Add Event

Remember...fields with red asterick require information

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID*:

Resident ID*:

Find

Find Events for Resident

Social Security #*:

Medicare number (or comparable railroad insurance number):

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*: 

Ethnicity:

Race: American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

Most recent date resident entered facility. If resident has not left facility for >2 calendar days, then date of current admission will be same as *Date of First Admission*

Date resident entered facility and stayed without interruption for > 30 consecutive days. If resident leaves facility for >30 days and returns, enter date of return to facility

Short stay: <= 100 days from date of first admission
Long stay: >100 days from date of first admission

Resident type*:

Date of First Admission to Facility*: 

Date of Current Admission to Facility*: 

Example



A resident in your facility since February 1, 2015 is transferred from your facility to an acute care facility on June 2, 2015 and returns on June 10, 2015, the **current admission date** would be **06/10/2015** since he was in a way from the facility for greater than two calendar days. The date of **first admission** remains as **2/1/2015** since the resident did not leave the LTCF for greater than 30 days.

One week later, the same resident goes to the emergency department for evaluation on June 15, 2015 and returns on June 16, 2015. The date of current admission stays as 06/10/2015 since he was not away from the LTCF for greater than two calendar days.

Event: Enter CDI Event Information

Event Information [HELP](#)

Event Type*: LABID - Laboratory-identified MDRO or CDI Event

Date Specimen Collected*: 01/10/2016 

Specific Organism Type*: CDIF - C. difficile

Specimen Body Site/System*: DIGEST - Digestive System

Specimen Source*: STOOL - Stool specimen

Resident Care Location*: 4 GEN - GENERAL UNIT

Primary Resident Service Type*: GENNUR - Long-term general nursing

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

If Yes, date of last transfer from acute care to your facility*: 01/01/2016 

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility*? N - No

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?

Enter location of resident at time of specimen collection

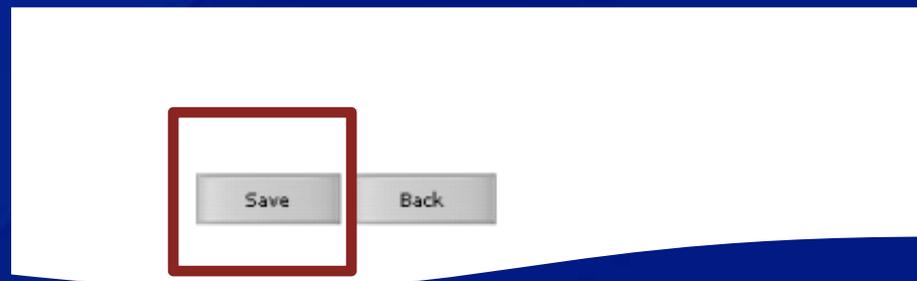
Leave Blank. NHSN internal use

Custom Fields [HELP](#)

Comments [HELP](#)

Optional. May be used internally by LTCF

Don't Forget to SAVE the Event



NHSN - National Healthcare Safety Network

Logged into Angela?s LTC Test Facility (ID 39455) as AANTTILA.
Facility Angela?s LTC Test Facility (ID 39455) is following the LTCF component.

Event 3285 created successfully.

NHSN Home
Alerts
Reporting Plan
Resident
Event
Add

Custom Fields and Comments

- ❑ Additional data entry fields which users can name (labels) and capture text or numeric data
- ❑ Available on each event form
- ❑ User can customize or expand data collected and submitted at LTCF using these optional fields
- ❑ Custom fields must be set-up in NHSN prior to use

The screenshot shows a web interface with two main sections: 'Custom Fields' and 'Comments'. Both sections have a 'HELP' link next to their titles. The 'Comments' section contains a large, empty text area with scroll arrows on the right side. At the bottom right of the interface, there are two buttons: 'Save' and 'Back'.

The screenshot shows a form titled 'Laboratory-identified MDRO or CDI Event for LTCF' from the NHSN (National Healthcare Safety Network). The form includes the NHSN logo, a 'Form Approved' notice with OMB No. 0920-0666 and an expiration date of 12/31/2017, and the website www.cdc.gov/nhsn. The form is labeled 'Page 1 of 1' and has a note '*required for saving'. It contains two input fields: 'Facility ID:' and 'Event#:'. Below these is a section titled 'Custom Fields' which is a table with two rows: 'Label' and 'Data', each followed by five empty input fields.

Custom Fields					
Label					
Data					

“LTCF CHECKLIST”

For CDI LabID Event Reporting

- ☑ Verify that LTCF locations are mapped in NHSN
- ☑ Review Monthly Reporting Plan (MRP) and update as necessary
- ☑ Identify and enter all *C. difficile* LabID events into NHSN by location
- ☐ Enter denominator data for each month under surveillance
- ☐ Resolve “Alerts”, if applicable



**LabID Event Reporting
Denominator Data**

NHSN Denominator Form

Denominators for LTCF Locations Form (CDC 57.142)

- One form for the entire month to collect both CDI and UTI denominator data
 - Resident-days each month
 - Resident admissions each month
 - Residents admitted on *C. difficile* treatment each month
- Electronic version: http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.142_DenominatorLTCF_BLANK.pdf



Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2018
www.cdc.gov/nhsn

Denominators for LTCF

Page 1 of 1 *required for saving

Facility ID:		*Location Code:		*Month:	*Year:	
Date	*Number of residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of admissions	Number of admissions on <i>C. diff</i> treatment	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
*Total		Resident-days	Urinary-catheter days	Total antibiotic starts for UTI indication	Resident-admissions	Resident-admissions on <i>C. diff</i> treatment
Label: _____		_____	_____	_____	_____	_____
Data: _____		_____	_____	_____	_____	_____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(s) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 3.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor a collection of information unless it displays a currently valid OMB control number. Send comments regarding this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Office, (DDO-0606). CDC 57.142 r1, v8.3

NHSN Denominators Form

- ❖ Users may use the NHSN Denominator for LTCF form to collect daily denominators for the facility.
- ❖ The **monthly totals will be entered into the NHSN application**



Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2017
www.cdc.gov/nhsn

Denominators for LTCF

Page 1 of 1 *required for saving

Facility ID:	*Location Code:			*Month:	*Year:
Date	*Number of residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of admissions	Number of admissions on <i>C. diff</i> treatment
1					
2					
3					
...					
30					
31					
*Total					
	Resident-days	Urinary-catheter days	Total antibiotic starts for UTI indication	Resident-admissions	Resident-admissions on <i>C. diff</i> treatment

Document daily counts

Document totals for the entire month

Entering Denominator Data into NHSN

- ❑ At the end of the month, enter each monthly total denominator for the month into the NHSN application
- ❑ Locate 'Summary Data' on left-hand navigation Bar, and then 'Add'
- ❑ Enter the Facility ID, month, and year for which denominator data will be reported



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

NHSN H

NHSN Home

Logged into Angela?s LTC Test Facility (ID 39455) as AANTTILA.
Facility Angela?s LTC Test Facility (ID 39455) is following the LTCF component.

- Alerts
- Reporting Plan
- Resident
- Event
- Summary Data
 - Add
 - Find
 - Incomplete

- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID*:

Month*:

Year*:

Entering Denominator Data in NHSN

Enter denominator data for each module your facility is participating in for the month

Denominators for Long Term Care Locations

Location Code	Total Resident Days	Urinary Catheter Days	Report No UTI	New Antibiotic Starts for UTI Indication	
Facility-wide Inpatient (FacWDEIn) ▼	<input type="text"/> *	<input type="text"/> *	<input type="checkbox"/>	<input type="text"/> *	Custom Fields

MDRO & CDI LabID Event Reporting

Location Code		MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter	
Facility-wide Inpatient (FacWDEIn) ▼	Resident Admissions: <input type="text"/> *									
	Resident Days: <input type="text"/> *	LabID Event (All specimens) Report No Events	<input type="checkbox"/>	Custom Fields						
	Number of Admissions on C. diff Treatment: <input type="text"/> *		<input type="checkbox"/>							

Prevention Process Measures

Location Code	Hand Hygiene		Gown and Gloves		Custom Fields
	Performed	Indicated	Used	Indicated	
Facility-wide Inpatient (FacWDEIn) ▼	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	Custom Fields

Entering Denominator Data into NHSN CDI LabID Event Reporting

- ❖ Enter the total Resident Admissions, Resident Days, and Number of new Admissions on *C. difficile* Treatment for the month

MDRO & CDI LabID Event Reporting

Location Code	MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDE)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

Resident Admissions: *

Resident Days: *

Number of Admissions on C. diff Treatment: *

LabID Event (All specimens Report)

A check box will appear for each in-plan organism for the month

Total number of admitted residents who were receiving antibiotic treatment for CDI at the time of admission. Includes new and readmissions

Entering Denominator Data into NHSN Report No CDI LabID Events

- ❖ If the facility did not identify any *C. difficile* LabID Events for the month (as indicated by red asterisks), the “Report No Events” box must be selected

MDRO & CDI LabID Event Reporting

Location Code			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn) Resident Admissions: 10* Resident Days: 150* Number of Admissions on C. diff Treatment: 5*	LabID Event (All specimens)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	Report No Events	<input type="checkbox"/> **	<input type="checkbox"/>							

“LTCF CHECKLIST”

For CDI LabID Event Reporting

- ☑ Verify that LTCF locations are mapped in NHSN
- ☑ Review Monthly Reporting Plan (MRP) and update as necessary
- ☑ Identify and enter all *C. difficile* LabID events into NHSN by location
- ☑ Enter denominator data for each month under surveillance
- ☑ Resolve “Alerts”, if applicable

Resolve Alerts

- ❑ Facilities must resolve Alerts before data is considered complete
- ❑ The most common reason for alerts when reporting in the LabID Event module are:
 - missing summary (denominator) for the month
 - incomplete summary (denominator) when no CDI LabID Events were identified during the month “Report No Events”

NHSN Long Term Care Facility Component Home Page

Use the Navigation bar on the left to access the features of the application.

Action items

You must complete these items.

Alerts

- You have **5** missing events
- You have **3** incomplete events
- You have **6** missing summaries
- You have **1** incomplete summary

Resolve Alerts

“Report No Events”

- ❑ On the MDRO and CDI Module summary data form, checkboxes for “*Report No Events*” are found underneath each organism.
- ❑ If LabID events have already been reported during the month for the specific organism, the “*Report No Events*” box will be disabled, preventing it from being checked.
- ❑ NOTE: If a LabID event for an organism is identified and entered in NHSN after checking “*Report No Events*”, the “*Report No Events*” box will automatically uncheck.

Resolve Alerts

 NHSN Home

Logged into Angela LTCF Test Facility (ID 39455) as AANTTILA.
Facility Angela LTCF Test Facility (ID 39455) is following the LTCF component.

Alerts

Reporting Plan

Resident

Event

Summary Data

Analysis

Surveys

Users

Facility

Group

Log Out

NHSN Long Term Care Facility Component Home Page

Use the Navigation bar on the left to access the features of the application.

Action items

You must complete these items.

Alerts

- You have [6](#) missing events
- You have [3](#) incomplete events
- You have [6](#) missing summaries
- You have [2](#) incomplete summaries

Click blue/underlined hyperlink to
see incomplete summaries

Resolve Alerts

 NHSN Home

Logged into Angela LTCF Test Facility (ID 39455) as AANTTILA.
Facility Angela LTCF Test Facility (ID 39455) is following the LTCF component.

- Alerts
- Reporting Plan
- Resident
- Event
- Summary Data
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Incomplete/Missing Lists

Missing Events	Incomplete Events	Missing Summary Data	Incomplete Summary Data
----------------	-------------------	----------------------	--------------------------------

[Print this report](#)
[Display All](#)

First | Previous | Next | Last

Displaying 1 - 2 of 2

Summary ID	Summary Data Type	Year	Month
3856	LTC Denominators	2015	7
3857	MDRO and CDI Reporting	2015	7

First | Previous | Next | Last

1 - 2 of 2

Click hyperlink to access the incomplete denominator page for July 2015

Resolve Alerts

MDRO & CDI LabID Event Reporting

Location Code		MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn) Resident Admissions: 450 * Resident Days: 1000 * Number of Admissions on C. diff Treatment: 150 *	LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Report No Events	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input type="checkbox"/>	<input checked="" type="checkbox"/> **	<input type="checkbox"/>			

Put a check mark in box to indicate No CDI events were identified for the month

Resolve Alerts

If no CDI LabID Events were identified for the month, and this box is not checked, the facility data will be considered as incomplete and may be excluded from analysis

MDRO & CDI LabID Event Report

Location Code

CRE-
Klebsiella

C. difficile

MDR-
Acinetobact
er

Facility-wide Inpatient (FacWIDEIn)

1000 *

Report No Events



Number of Admissions
on C. diff Treatment:

150 *

Put a check mark in box to indicate No CDI events were identified for the month

***C. DIFFICILE* LABID EVENT
CATEGORIZATIONS**

Lab ID Event Categorization

NHSN will categorize CDI Lab ID Events based on current specimen collection date **and** prior specimen collection date **of a previous CDI Lab ID Event entered into NHSN**

- ❑ **Incident CDI Lab ID Event**: Any CDI Lab ID Event from a specimen collected **>8 weeks** after the most recent CDI Lab ID Event entered into the NHSN application or the first Lab ID Event ever entered for the resident while in the facility
- ❑ **Recurrent CDI Lab ID Event**: Any Lab ID Event entered **> 2 weeks** and **≤8 weeks** after the most recent Lab ID Event reported for an individual resident in the facility

Let's Review



Resident with positive CDI test result

LAB ID EVENT: Complete Form

 Laboratory-identified MDRO or CDI Event for LTCF		<small>Form Approved OMB No. 0920-0001 Exp. Date: 05-31</small>
Page 1 of 1		
*Required for saving Facility ID:	Event #:	
*Resident ID:	*Social Security #:	
Medicare number (or comparable railroad insurance number):		
Resident Name, Last:	First:	Middle:
*Gender: M F Other	*Date of Birth: __/__/____	
Ethnicity (Specify):	Race (Specify):	
Event Details		
*Resident type: <input type="checkbox"/> Short-stay (≤90 days) <input type="checkbox"/> Long-stay (>90 days)		
*Date of First Admission to Facility: __/__/____		*Date of Current Admission to Facility: __/__/____
*Event Type: <u>LabID</u>	*Date Specimen Collected: __/__/____	

Prior CDI positive in last 2 weeks?



NO

YES

Duplicate-Not LabID Event

Incident
No previous positive,
OR
Prior positive >8 weeks

Recurrent
Prior positive > 2 and ≤ 8 weeks

Let's Practice

Resident ID	Current Admit Date	CDI Event Date (i.e., date of specimen collection)	Organism	Categorization
1234	03/01/2015	03/06/2015	CDI	Incident
1234	03/01/2015	04/08/2015	CDI	Recurrent
1234	05/10/2015	05/14/2015	CDI	Recurrent
1234	05/10/2015	8/10/2015	CDI	Incident
1234	05/10/2015	11/21/2015	CDI	Incident

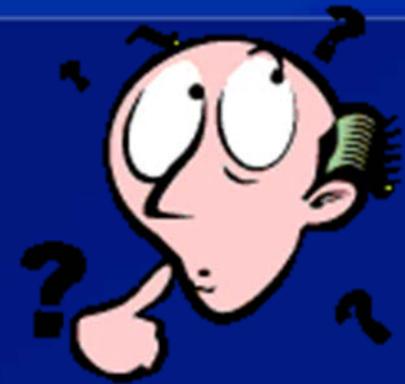
Incident

Assume these are all of the CDI LabID Events entered into the NHSN for a single resident

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

- ❑ Community-onset (CO) LabID Event: Date specimen collected ≤ 3 calendar days after current admission to the facility (i.e., days 1, 2, or 3 of admission)
- ❑ Long-term Care Facility-onset (LO) LabID Event : Date specimen collected > 3 calendar days after current admission to the facility (i.e., on or after day 4)
 - LO Events are further sub-classified :
 - Acute Care Transfer-Long-term Care Facility-onset (ACT-LO): LTCF-onset (LO) LabID event with specimen collection date ≤ 4 weeks following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only)

Let's Review



Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset

Current Admission date June 4th	June 5th	June 6th	June 7th	June 8th
day 1	day 2	day 3	day 4	day 5
Community-onset (CO)			Long-term Care Facility-onset (LO)	

Case Studies



Case Scenario 1

How is the Date of *First Admission to Facility* defined?

1. The date the resident first entered the facility, even if the resident leaves the facility for short periods of time and then returns (<30 days)
2. The date the resident first entered the facility, even if the resident left the facility for long periods of time (>30 days)

Resident Information

Facility ID*: Angela's LTC Test Facility (ID 39455) ▼

Resident ID*:

Social Security #*:

Medicare number (or comparable railroad insurance number):

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*: 

Ethnicity:

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

Resident type*:

Date of First Admission to Facility*: 



Case Scenario 1, continued

What if the resident leaves the facility for > 30 days and then returns



The date of first admission should be updated to the date of return to the facility admission date.

2. The date of first admission should be kept the same as it was before the patient was discharged from the LTCF
3. I'll let the resident decide

Date of First Admission to the Facility

The date the resident first entered the facility. This date remains the same even if the resident leaves the facility (e.g., transfers to another facility) for short periods of time (<30 consecutive days).

If the resident leaves the facility and is away for ≥ 30 consecutive days, the date of first admission should be updated to the date of return to the facility.

Case Scenario 2

What is the *Date of Current Admission* to the Facility?



1. The most recent date the resident entered the LTCF.
2. The earliest date the resident entered the LTCF.

What if the resident leaves the facility for > 2 calendar days (day 1 = the day the resident left the facility) and returns?

1. The date should remain the same as it was before the patient was discharged from the LTCF.
2. The date should be updated to the date the resident was admitted to the hospital.



The date of current admission should be updated to the date of return to the facility.

Case Scenario 2, continued

What is the *Date of Current Admission* if the resident leaves the facility for ≤ 2 calendar days and returns?



If the resident has not left the facility for > 2 calendar days, then the date of current admission should not change.

2. The date should be updated to the date the resident was admitted to the hospital.
3. The date of current admission should be updated to the date of return to the facility.

Date of Current Admission

The most recent date the resident entered the facility. If the resident enters the facility for the first time and not left, then the date current admission will be the same as the data of first admission.

If the resident leaves the facility for > 2 calendar days (the day the resident left the facility = day 1) and returns, the date of current admission should be updated to the date of return to the facility.

Resident Information [HELP](#)

Facility ID*:

Resident ID*: Social Security #*:

Medicare number (or comparable railroad insurance number):

Last Name:

Middle Name:

First Name:

Gender*:

Date of Birth*: 

Ethnicity:

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

Resident type*:

Date of First Admission to Facility*: 



Date of Current Admission to Facility*: 

Case Scenario 3

- ❑ On April 1, 2015, Mrs. G, a 70 year old resident in your facility, had several episodes of diarrhea. The doctor was called and a stool sample was ordered for *C. difficile* testing. The resident does not have a history of *C. difficile* while in your facility, and she does not have a recent history of being in another facility.
- ❑ The next day, on April 2, a loose stool sample was collected and sent to the lab. The result came back positive for *C. difficile* Toxin A
- ❑ Is this a CDI LabID Event?
 - ➔ 1. Yes
 - 2. No
 - 3. I'm not sure

Definition CDI Lab ID Event

A *C. difficile* positive laboratory assay obtained while a resident is receiving care in the LTCF and the resident has no prior *C. difficile* positive laboratory assay collected in the previous **14 days** while in the facility.

Also referred to as non-duplicate Lab ID Events

Case Scenario 3, continued

What is the CDI Event Date?

1. April 1 since this was the date the diarrhea started
- ★ 2. April 2 since this was the date the specimen was collected

Event Information

Event Type*: LABID - Laboratory-identified MDRO or CDI Event ▼

Date Specimen Collected*: 04/02/2015 

Specific Organism Type*: CDIF - C. difficile ▼

Specimen Body Site/System*: DIGEST - Digestive System ▼

Specimen Source*: STOOL - Stool specimen ▼

Resident Care Location*: 4 GEN - GENERAL UNIT ▼

Primary Resident Service Type*: GENNUR - Long-term general nursing ▼

Has resident been transferred from an acute care facility in the past 3 months*? N - No ▼

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month? ▼

Event Date =
Specimen
Collection Date

Case Scenario 3, continued

Since the resident has been in your facility for more than 3 calendar days and has not transferred from an acute care facility in the previous 4 weeks, how will the NHSN application categorize this CDI Lab ID Event?

1. Community-onset (CO) Lab ID Event



2. Long-term Care Facility-onset (LO) Lab ID Event

3. Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)

Lab ID Event Categorization:

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

- Community-onset (CO) Lab ID Event: Date specimen collected ≤ 3 calendar days after current admission to the facility (i.e., days 1, 2, or 3 of admission)
- Long-term Care Facility-onset (LO) Lab ID Event : Date specimen collected > 3 calendar days after current admission to the facility (i.e., on or after day 4)
 - LO Events are further sub-classified :
 - Acute Care Transfer-Long-term Care Facility-onset (ACT-LO): LTCF-onset (LO) Lab ID event with specimen collection date ≤ 4 weeks following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only)

Case Scenario 3, continued

What if the resident had spent time in an acute care hospital the previous week; how will the NHSN application categorize this CDI LabID Event??

1. Community-onset (CO) LabID Event

2. Long-term Care Facility-onset (LO) LabID Event



3. Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)

Lab ID Event Categorization: NHSN will categorize CDI Lab ID Events based on date of current admission to the facility and date of specimen collection

- ❑ Community-onset (CO) Lab ID Event: Date specimen collected ≤ 3 calendar days after current admission to the facility (i.e., days 1, 2, or 3 of admission)
- ❑ Long-term Care Facility-onset (LO) Lab ID Event : Date specimen collected > 3 calendar days after current admission to the facility (i.e., on or after day 4)
 - LO Events are further sub-classified :
 - Acute Care Transfer-Long-term Care Facility-onset (ACT-LO): LTCF-onset (LO) Lab ID event with **specimen collection date ≤ 4 weeks** following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only)

Case Scenario 3, continued

Since the resident does not have prior CDI LabID Events that have been entered into NHSN, will this CDI LabID Event be categorized as incident, recurrent, or duplicate?



1. Incident

2. Recurrent

3. Duplicate

NHSN will categorize CDI Lab ID Events based on current specimen collection date and prior specimen collection date of a previous CDI Lab ID Event entered into NHSN

- ❑ Incident CDI Lab ID Event: Any CDI Lab ID Event from a specimen collected **>8 weeks** after the most recent CDI Lab ID Event entered into the NHSN application or the **first Lab ID Event** ever entered for the resident while in the facility
- ❑ Recurrent CDI Lab ID Event: Any Lab ID Event entered **> 2 weeks** and **≤ 8 weeks** after the most recent Lab ID Event reported for an individual resident in the facility

**Remember, duplicate *C. difficile* positive laboratory tests for a resident should NOT be entered as Lab ID Events

Case Scenario 4

- ❑ Mr. T, a 95 year old resident in your LTCF, new onset diarrhea.
- ❑ A loose stool specimen was collected and positive for *C. difficile* toxin on April 5.
- ❑ While reviewing his medical record, you see that he has a history of *C. difficile*, and his most recent *C. difficile* toxin positive laboratory test was collected in the LTCF on March 29.
- ❑ Should the stool specimen collected on April 5 be reported to the NHSN application?
 1. I don't know
 2. Yes. All *C. difficile* results should be reported
 3. No. The April 5 lab result is considered a duplicate CDI LabID Event since he had a previous *C. diff* toxin positive result within 2 weeks



Definition

Duplicate CDI LabID Event

Any *C. difficile* positive laboratory test from the **same resident** following a previous *C. difficile* positive test within the **past 2 weeks (14-days)** while in the facility.

Case Scenario 4, continued

What if the stool specimen that was collected on March 29 was collected from an outside acute care hospital and there were no other C. difficile lab results collected while receiving care in the LTCF. Would the specimen collected from the LTCF on April 5 still be a duplicate CDI LabID Event for the LTCF?

1. YES. The specimen should not be reported as a CDI LabID Event for the LTCF since it is considered a duplicate for the resident
-  2. NO. The specimen should be reported as a CDI LabID Event for the LTCF since it is considered a non-duplicate for the resident



Important

When reporting LabID Events for a LTCF, only specimens collected while the resident is receiving care in the LTCF should be considered for LabID Event reporting for the facility. Lab results from outside facilities should not be included in LabID event reporting for the LTCF.

Case Scenario 5

- ❑ If a resident has a positive *C. difficile* assay and another positive assay 3 weeks later, should the second positive assay be reported as CDI LabID Event?



1. YES
2. NO

Case Scenario 5

Yes, since the second positive assay occurred > 2 weeks after the first, this would be considered a *recurrent* LabID Event and a new CDI LabID Event should be reported.

Case Scenario 6

What monthly denominator data is entered for *C. difficile* LabID Event reporting for LTCFs?



1. Resident admissions by each unit and total resident days by unit.
2. Resident-days each month, only those resident with diarrhea.
3.  Facility-wide Resident-days each month, Resident admission each month, number of residents admitted on *C. difficile* treatment each month



Great Job!!!



Available Resources One Stop Shopping



- ❖ NHSN LTCF website: <http://www.cdc.gov/nhsn/LTC/>
 - ❖ Long-term Care Facility Component
 - Training
 - Protocols
 - Data collection forms
 - Tables of instructions for completing all forms
 - Key terms
- ❖ Questions or Need Help? **Contact User Support at nhsn@cdc.gov**