

2024 CDI LabID Event (FacWideIN) Validation Tool

Refer to associated 2024 MRAT instructions

Section 1. Patient Information and Sampling Type			
1a. Patient Information and Medical Identifiers			
Facility (NHSN) OrgID:	Date of Audit: ___/___/___	Review Start Time:	Review End Time:
Patient ID:	Patient DOB: ___/___/___	Reviewer Initials:	
1b. Sampling Type: Select sample type and enter the respective positive <i>Clostridium difficile</i> (<i>C. diff</i>) specimen date.			
<input type="checkbox"/> Sample A: validating first positive <i>C. diff</i> specimen (PCS) from episode of care (EOC) Date of first PCS: ___/___/___		<input type="checkbox"/> Sample B: validating selected, non-first PCS Date of selected PCS: ___/___/___	

Section 2. Positive <i>C. diff</i> Specimens: Enter the first (sample A) or selected (sample B) PCS in the first row. Review the prior 14 days and enter any additional PCS identified in the same location in subsequent rows. If additional PCS are identified, continue reviewing prior 14 days from earliest collection date until no additional PCS are found in the same location.											
PCS #	Date of specimen collection	Location of specimen collection	Number of days since last PCS		Was last PCS from same NHSN location?			Was this a duplicate specimen?		Reportable to NHSN	
			___ days	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
S1	___/___/___		___ days	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
S2	___/___/___		___ days		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
S3	___/___/___		___ days		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Add rows if needed											

Section 3. Case Classification: Determine the correct classification for the first/selected *C. diff* positive specimen.

- Correctly Reported or Correctly Not Reported HAI**

 Over Reported HAI

 Under Reported HAI

Section 4. Misclassification Reason: If PCS was misclassified by the facility, select the most applicable reason for misclassification.

1. Lab ID definition misapplication
2. Duplicate reporting (≤14 days since the last CDI positive specimen in same location)
3. Missed case finding/failure to review positive culture
4. Did not review previous inpatient episode
5. Used outdated criteria
6. Other (specify): _____

Don't forget to record the abstraction end time above.