

## 2024 MRSA Bacteremia 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 PBS date.											
<input type="checkbox"/> <b>Sample A:</b> validating first positive MRSA blood specimen (PBS) specimen from episode of care (EOC) Date of first MRSA PBS from EOC: ___/___/___						<input type="checkbox"/> <b>Sample B:</b> validating selected, non-first MRSA PBS from EOC Date of selected MRSA PBS from EOC: ___/___/___					
Section 2. Positive MRSA Blood Specimens: Enter the first (sample A) or selected (sample B) MRSA PBS in the first row. Review the prior 14 days and enter any additional MRSA PBS identified in the same location in subsequent rows. If additional MRSA PBS are identified, continue reviewing prior 14 days from earliest collection date until no additional PBS are found in the same location.											
Lab list #	Date of specimen collection	Location of specimen collection	Number of days since last positive MRSA blood specimen		Was last positive MRSA blood specimen from same NHSN location?			Was this a duplicate specimen?		Reportable to NHSN	
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 MRSA PBS.											
<input type="checkbox"/> <b>Correctly Reported or Correctly Not Reported HAI</b> <input type="checkbox"/> <b>Over Reported HAI</b> <input type="checkbox"/> <b>Under Reported HAI</b>											
Section 4. Misclassification Reason: If PBS was misclassified by the facility, select the most applicable reason for misclassification.											
1. Lab ID definition misapplication (Specimen not a unique blood event) 2. Duplicate reporting (≤14 days since the last positive MRSA blood specimen in same location) 3. Missed case finding/failure to review positive specimen 4. Did not review previous inpatient episode 5. Used outdated criteria 6. Other (specify): _____											

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