Using NHSN for LabID Event Reporting for C. difficile and MRSA Bacteremia
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A special thanks to Angela Anttila, PHD, MSN, NP-C, CIC, Nurse Epidemiologist, CDC, for sharing her knowledge and assistance with this presentation development.

First Day on the Job
HELP!
Where do I get Started?
PRIORITIZE!!!

Online Resources – NHSN Protocols

Â Multidrug-resistant organism & Clostridium difficile Infection (MDRO and CDI) Module
Â One Stop Shopping
  i On-Demand trainings
  i NHSN Manual & Errata
  i Data Collection Forms & Instructions
  i CDC Location descriptions and guidance
  i CMS-related documents
  i Analysis guides
  i FAQs

But why is surveillance for MRSA bacteremia and C. difficile important?
Why Is C. difficile Surveillance Important?

- C. difficile infections contribute to approximately 14,000 deaths each year, with approximately 90% being among the elderly.
- Antibiotic use and healthcare exposure are two of the greatest risk factors.
- Careful attention to surface cleaning and wearing gowns and gloves when treating those known to be infected, can reduce spread by 20%.

You are right! I want to learn more about the MRSA and CDI Module.
Overview of MDRO and CDI Module

Patient Safety Component 5 Modules

- Device-associated Module
- Procedure-associated Module
- Antimicrobial Use and Resistance (AUR) Module
- MDRO & CDI Module
- Vaccination Module

Reporting Options in MDRO/CDI Module

- Active participants must choose main reporting method(s)
  - Infection surveillance
  - Antibiotic Reporting

- Additional options then become available

Prevention Process Measures:
- Adherence to Hand Hygiene
- Adherence to Gown and Glove Use
- Adherence to Active Surveillance Testing (if applicable)

Outcome Measures:
- SDD Prevalence Incidence
- Antimicrobial Use
Which reporting option do I choose?

It depends on your program objectives, such as:
- Participation in CMS Inpatient Quality Reporting (IQR) Program
- Assess effectiveness of interventions
- Organism specific surveillance using NHSN HAI criteria

And so on and so on...

AND, The Answer Is...

How do I get my facility in compliance with the reporting requirements for MRSA Bacteremia & C difficile LabID Events?
For Today, Our Goals Are:

- Understand requirements for MRSA bacteremia and C. difficile LabID Event reporting to CMS via NHSN.
- Understand MRSA Bacteremia and C. difficile LabID Event definitions and protocols.
- Describe how to correctly enter MRSA bacteremia and C. difficile LabID data into NHSN.
- Tips for assuring compliance with CMS requirements for IQR Program.

If participating in CMS IQRP:

For acute care hospitals, CMS requires Facility-wide Inpatient (FacWideIN) MRSA Bacteremia and C. difficile LabID Event reporting.

CMS 2013 MRSA Bacteremia LabID Event

- **Organism:** Methicillin-Resistant Staphylococcus aureus (MRSA)
- **Specimen Sources:** Blood isolates only
- **Data Collection:** CDC NHSN-MDRO/CDI Module (LabID Event)
- **Required Locations:** All inpatient locations. Referred to as facility-wide inpatient (FacWideIN)
- **Required Data:** Community-Onset (CO) and Healthcare-Onset (HO) MRSA Bacteremia LabID Events
CMS 2013
C. difficile LabID Event

- **Organism**: *Clostridium difficile* (C. difficile)
- **Specimen Source**: Loose stools only
- **Data Collection**: CDC NHSN-MDR/CDI Module (LabID Event)
- **Required Locations**: All inpatient locations (FacWideIN) minus NICU, SCN, or other Well Baby locations (e.g., Nurseries, babies in Labor, Delivery, Recovery, & Postpartum [LDRP])
- **Required Data**: Community-Onset (CO) and Healthcare-Onset (HO) C. difficile LabID Events

Do the CMS requirements apply to non acute care facilities?

NO

Currently, the CMS reporting requirements for MRSA Bacteremia and C. difficile LabID Events are specific to Acute Care Hospitals

AND, The Answer Is ………
Our hospital has an inpatient rehabilitation facility (IRF) on the second floor. For FacWideIN reporting, should I include LabID Events in the IRF?

In Most Cases…

YES

IRFs physically located in the acute care facility are treated as a “location” within the hospital and therefore are included in LabID Event reporting. An exception would be if the IRF is freestanding and/or follows independent policies and procedures and does not share patient care staff.

AND, The Answer Is………

What information will CDC/NHSN share with CMS?
All in-plan FacWideIN healthcare facility-onset (HO) MRSA bacteremia and C. difficile LabID Event aggregate data from participating acute care hospitals.

CDC will provide a standardized infection ratio (SIR) for each hospital’s FacWideIN HO MRSA bacteremia and C. difficile.

Although the metric reported to CMS will be a HO SIR, the community-onset (CO) events and the admission prevalence of a hospital will play an important role in risk adjustment, and so both HO and CO LabID events must be reported into NHSN.

Online Resources – CMS Related
http://www.cdc.gov/nhsn/cms/index.html

- Operational Guidance
- How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and C. difficile LabID events for the CMS Inpatient Quality Reporting Program
- Helpful Tips
- Using the SIRs

Important Dates
- Data must be submitted monthly (within 30 days of the end of the month which is collected).
- For data to be shared with CMS, each quarter’s data must be entered into NHSN no later than 4½ months after the end of the quarter.
- E.g. Q1 (January-March) data must be entered into MHSN by August 15; Q2 by November 15; Q3 by February 15 and Q4 by May 15.
Important Dates in N.D.

- You are the N.D. pilot study group
  - Entering data from June 1st
  - All data should be entered within 60 days of the prior month
  - All data for 2013 should be entered by January 31, 2014

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I am not familiar with LabID event Reporting, can you share more details?

LabID Event reporting allows laboratory testing data to be used without clinical evaluation of the patient, allowing for a much less labor intensive method to track C. difficile and MDROs, such as MRSA.

These provide proxy infection measures of healthcare acquisition, exposure burden, and infection burden based primarily on laboratory data and limited admission data data.
Uh, it seems simple, but.... What are the advantages of LabID Event reporting?

- Objective laboratory-based metrics that do not require extensive chart review to:
  - Identify vulnerable patient populations
  - Estimate infection burden
  - Estimate exposure burden
  - Assess need for and effectiveness of interventions
  - Standardized case definitions for surveillance increases comparability between clinical settings.

Recommended metrics from the SHEA/HICPAC Position Paper (2008) were the basis for the MDRO and CDI Module.
Ok, I’m listening... What is the difference between LabID Event reporting and Infection Surveillance or HAI reporting?

<table>
<thead>
<tr>
<th>Protocol</th>
<th>LabID Event</th>
<th>Infection Surveillance/HAI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LabID Event protocol in Chapter 12 of NHSN manual</td>
<td>Site-specific protocol in NHSN manual (e.g., CLABSI, CAUTI)</td>
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<td></td>
<td>Laboratory and admission data without clinical evaluation of patient</td>
<td>Combination of laboratory data and clinical evaluation of patient (signs/symptoms)</td>
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<td></td>
<td>2-day Transfer Rule applies. See NHSN protocol for details.</td>
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<tr>
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<td>Event date, specimen collection date</td>
<td>Event date, specimen collection date</td>
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<td></td>
<td>2-day Transfer Rule applies. See NHSN protocol for details.</td>
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<tr>
<td></td>
<td>Location = location of patient when specimen is collected.</td>
<td>Location = location of patient when specimen is collected.</td>
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<td></td>
<td>Event date = specimen collection date</td>
<td>Event date = specimen collection date</td>
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<td></td>
<td>Number of patient days and admissions</td>
<td>Number of patient days and admissions</td>
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<td></td>
<td>Can be reported by specific location or facility-wide, depending on reporting option(s) selected</td>
<td>Can be reported by specific location or facility-wide, depending on reporting option(s) selected</td>
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<td>Inpatient and/or outpatient</td>
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<td>Device days and patient days</td>
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<td></td>
<td>Must be collected separately for each monitored location</td>
<td>Must be collected separately for each monitored location</td>
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<td>Inpatient reporting only</td>
<td>Inpatient reporting only</td>
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<td>HAI protocols used</td>
<td>HAI protocols used</td>
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<td></td>
<td>Events are either HAI or not</td>
<td>Events are either HAI or not</td>
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<tr>
<td></td>
<td>Only HAIs are reported to NHSN</td>
<td>Only HAIs are reported to NHSN</td>
</tr>
</tbody>
</table>

Does this mean that I must report LabID Events and HAIs separately?
LabID Events and HAI Events are two independent reporting pathways. An Event that is both a LabID Event and a HAI should be reported twice (if both are in-plan), once as a LabID Event and also as an HAI, according to the specific NHSN HAI protocol.

For example: If you have a patient in the ICU with both a CLABSI and a MRSA bacteremia LabID Event, each Event should be reported separately; one as an BSI-CLABSI Event, using the applicable HAI criteria, and another as a LabID Event, using the LabID Event reporting protocol.
How do I get started with reporting my MRSA bacteremia and C. difficile LabID Event?

“CHECKLIST”
For Facility-wide Inpatient MRSA Bacteremia & C. difficile LabID Event Reporting

- Review location options and map inpatient locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
- Enter FacwideIN denominator data for each month under surveillance.
- Resolve “Alerts” if applicable.

You have several options for Location Reporting

- Location Specific
  - Selected locations
  - All locations
  - Report LabID Events separately from all specific locations
  - Separate numerator and denominator for each chosen location

- Overall Facility-wide Inpatient (FacWideIN) and/or Outpatient (FacWideOUT)
  - Report LabID Events from all inpatient, outpatient, and any subset location
  - Report LabID numerator for entire facility
  - Patient days and admissions
  - Denominator for all outpatient locations

[Flowchart and table for location reporting options]
Since LabID Events must be reported on the unit level, how do I setup my locations for facility-wide inpatient (FacWideIN) reporting?

Facility-wide Inpatient FacWideIN

Option for LabID event reporting only!
Includes inpatient locations**, including observation patients housed in an inpatient location

*See C. difficile LabID Event protocol for location exclusions

PS Home Page: Facility>Locations
"CHECKLIST"
For Facility-wide Inpatient MRSA Bacteremia & C. difficile LabID Event Reporting

- Review location options and map inpatient locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
- Enter FacWideIN denominator data for each month under surveillance.
- Resolve any alerts if applicable.
The Monthly Reporting Plan informs CDC which modules a facility is following 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.
- Plans can be modified retrospectively.

NHSN will only submit data for those complete months in which the following are indicated on the monthly reporting plan:
- FacWideIN MRSA LabID - either Blood Specimens Only or All Specimens
- FacWideIN CDI Lab ID
Once saved, users can easily move to the next month's reporting plan.
If your facility chooses to report LabID Events for all MRSA specimens (and indicates this in the plan), only those MRSA LabID Events from blood specimens will be included in the aggregate data sent to CMS.

We are participating in a C. difficile prevention collaborative in one of the inpatient units, so I want to target C. difficile LabID Events in that unit in addition to the FacWideIN monitoring. How do I add this unit to my monthly plan?

To Modify a Plan:
Monthly Reporting Plan

“CHECKLIST”
For Facility-wide Inpatient MRSA Bacteremia & C. difficile LabID Event Reporting

- Review location options and map inpatient locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
- Enter FacWideIN denominator data for each month under surveillance.
- Resolve ‘Alerts’ if applicable.

LabID Events

- Use the MDRO/CDI protocol to identify MRSA bacteremia and C. difficile LabID events.
- All identified MRSA bacteremia and C. difficile LabID events from all inpatient locations must be entered into NHSN.
- This means the specific location where the patient was assigned at the time of specimen collection must be indicated as the location (see provision for affiliated outpatient locations).
Provision to Inpatient LabID Event Reporting

For FacWideIN, a LabID Event for an inpatient location can include specimens collected during an emergency department or other affiliated outpatient location, if collected on the same calendar day as patient admission. **In this circumstance, you should assign location to the admitting inpatient location (for FacWideIN).**

***If participating in both inpatient and outpatient LabID reporting, report the LabID Event in both locations as two separate Events, ED and admitting location.

What if the specimen was collected from ED location on 4/1 at 11:55 pm and the patient was later admitted to an inpatient location on 4/2 at 12:03 am, can I enter this as an inpatient LabID Event for FacWideIN?

NO. Specimen collection day and admission day must be the SAME calendar day, no exceptions. A calendar day is easier to apply compared to using hours and it reduces variability in applying the definition.

AND, The Answer Is......
Overview

MRSA Bacteremia LabID Event Reporting in NHSN

Setting

Can occur in any inpatient or outpatient location.
NOTE: For FacWideIN LabID Event reporting, only inpatient locations are included unless the patient is admitted to inpatient location on the same calendar day as specimen collection from an affiliated outpatient location

Definition

MRSA Positive Blood Isolate

Any blood specimen obtained for clinical decision making for MRSA
**Definition: MRSA Bacteremia LabID Event**

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)

Also referred to as all non-duplicate LabID Events

**Definition: Duplicate MRSA Bacteremia LabID Event**

Any MRSA blood isolate from the same patient and same location, following a previous positive MRSA blood laboratory result within the past 14 days (including across calendar months)

**MRSA Bacteremia LabID Event Reporting**

1. MRSA isolate from blood per patient and location
2. Prior to MRSA transmission to the patient and location (including across calendar months)
3. Not a LabID Event: Duplicate
What do I do once I identify a MRSA bacteremia LabID Event?

Event – Patient Information

For FacWideIN reporting, ALL identified non-duplicate MRSA bacteremia LabID events from all inpatient locations must be entered into NHSN. The specific inpatient location where the patient was assigned at the time of specimen collection must be indicated.

Add Event Information

For FacWideIN reporting, ALL identified non-duplicate MRSA bacteremia LabID events from all inpatient locations must be entered into NHSN. The specific inpatient location where the patient was assigned at the time of specimen collection must be indicated.
What if the electronic medical record shows that the patient was admitted on 4/1, but the patient remained in the ED until 4/2, what admission date should I use?

The admission date should reflect the date the patient was physically admitted to an inpatient location. Time spent in the ED or other outpatient location (observation unit) should not count toward inpatient counts.

AND, The Answer In.......

If a patient has a history of MRSA, can I change the "documented prior evidence of infection or colonization with this specific organism type from previously reported Lab Events" to indicate YES? 
This field is auto populated by NHSN, based on previous month LabID Events entered by your facility for the organism (MRSA/MDRO).

What is the purpose of "documented prior evidence of infection or colonization with this specific organism type from previously reported LabID Events" if I can’t change the data field?

AND, The Answer Is......

The information is used in the calculation of MDRO Infection/Colonization Incidence Rate when a facility is reporting all specimens (not just blood). What this means is the facilities are not being penalized when it comes to the overall (all specimen) infection/colonization incidence rate, as all previous positive Events are excluded.

**This data field is not used for C. difficile analysis.**
Since I must enter ALL MRSA bacteremia LabID Events, how does the NHSN application know which ones are healthcare associated?

Remember...

LabID Events are not identified as HAIs since these are considered proxy infection measures only. Instead, NHSN will categorize MRSA LabID Events as Healthcare Facility-Onset (HO) or Community-Onset (CO).

AND, The Answer Is .......

NHSN will Categorize your MRSA Blood Specimen LabID Events as CO or HO

NHSN Application Categorizes* LabID Events As:

- Community-Onset (CO): LabID Event specimen collected as an inpatient ≤ 3 days after admission to the facility (i.e., days 1 admission), 2, or 3.

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

*Based on Inpatient Admission & Specimen Collection Dates.
What if the patient was admitted with a suspected BSI, but the blood culture was not collected until Day 4, will this still count as a healthcare facility onset (HO) LabID Event for my facility?

**YES**

LabID Events are categorized as HO or CO based on admission date and specimen collection date. Exceptions are not made for signs/symptoms. This allows for more effective standardization of reporting across all facilities.

**AND, The Answer Is......**

Let’s Review MRSA Bacteremia LabID Events for FacWideIN

- MRSA blood specimens **MUST** be monitored throughout admission and discharge within a facility.
- **All MRSA blood LabID Events** **MUST** be entered whether community-onset (CO) 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.
- Specimens collected from ED or other affiliated outpatient location may be entered for FacWideIN **ONLY** if specimen collection date = admission date.
Overview
C. difficile LabID Event Reporting in NHSN

Setting
Can occur in any inpatient or outpatient location except locations known to predominantly house babies. This includes: neonatal intensive care unit (NICU), specialty care nursery (SCN, babies in labor, delivery, recovery, post-partum (LDRP), well-baby nurseries, or well-baby clinics.

Setting
For FacWide LabID Event reporting, only inpatient locations are included unless the patient is admitted to an inpatient location on the same calendar day as specimen collection from an affiliated outpatient location.
Do I also exclude babies housed in pediatric or other non-baby location?

NO. The intent is to maximize standardization and to eliminate extra burden in identifying & removing infants <12 months of age housed in non-baby locations that are known to predominantly house infants (See NHSN 80/20 Rule).

AND, The Answer Is……

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 unformed stool samples!! Stool should conform to shape of container!!
**Definition**

**CDI LabID Event**

A toxin-positive *C. difficile* stool specimen for a patient in a location with no prior *C. Difficile* specimen result reported within 14 days for the patient and location.

Also referred to as all non-duplicate LabID Events.

**Definition**

**Duplicate *C. difficile* Positive Test**

Any *C. difficile* toxin-positive laboratory result from the same patient and same location, following a previous *C. difficile* toxin-positive laboratory result within the past 14 days.

**Identifying a *C. difficile* LabID Event**

[Diagram showing the process of identifying a *C. difficile* LabID Event]
Are you saying that I must report two LabID Events if a patient has a toxin positive stool collected while in two different locations, even if collection occurs within the 14-day time-frame?

YES.

A new LabID Event from a new location within the facility should be reported. This allows users to follow patients that carry potential exposure & transmission burden to new locations in the facility. The NHSN system is designed when calculating events at the FacWideIN level to remove the duplication.

AND, The Answer is.........
Event – Patient Information

Add Event Information

For FacWideIN reporting, ALL identified non-duplicate C. difficile LabID Events from inpatient locations* must be entered into NHSN. The specific inpatient location where the patient was assigned at the time of specimen collection must be indicated based on the previous month. Not used in CDI calculations. *Excluding baby locations – NICU, SCN, well baby, babies in LDRP.

What if the electronic medical record shows that the patient was admitted on 4/1, but the patient remained in the ED until 4/2, what admission date should I use?
The admission date should reflect the date the patient was physically admitted to an inpatient location. Time spent in the ED or other outpatient location (observation unit) should not count toward inpatient counts.

AND, The Answer Is......

Since I must enter ALL C. difficile LabID Events, how does the NHSN application know which ones are healthcare-associated?

Remember.... LabID Events are not identified as HAIs since these are considered proxy infection measures. Instead, NHSN will categorize C. difficile LabID Events as Healthcare Facility-Onset (HCFO), Community-Onset (CO), or Community-Onset Healthcare Facility-Associated (CO-HCFAs).
NHSN will Categorize *C. difficile* LabID Events Based on Inpatient Admission & Specimen Collection Dates

- 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 as an inpatient ≤ 3 days after admission to the facility (i.e., days 1, 2, or 3).
- Community-Onset Healthcare Facility-Associated (CO-HCFA): LabID Event collected from a patient who was discharged from the facility ≤ 4 weeks prior to the date current stool specimen was collected.

NHSN will Further Categorize *C. difficile* LabID Events based on Specimen Collection Date & Prior Specimen Collection Date of a Previous CDI LabID Event (that was entered into NHSN)

- Incident CDI Assay: Any CDI LabID Event from a specimen obtained >8 weeks after the most recent CDI LabID Event (or with no previous CDI LabID Event documented) for that patient.
- Recurrent CDI Assay: Any CDI LabID Event from a specimen obtained >2 weeks and ≤8 weeks after the most recent CDI LabID Event for that patient.

Will a patient in my facility still be categorized as CO-HCFA if he/she spent time in a nursing home between admissions to my facility?
YES.

We realize that the patient could have also spent time at another facility in the time between previous discharge and the new admission, and don’t ask for this extra information because of burden for searching outside of one’s own facility. Custom fields can be used, if a facility wants to track such information.

**AND, The Answer Is…….**

LabID Events categorized as CO-HCFA are simply an additional level and subset of the categorized CO events. CO-HCFA LabID Event Data are NOT being shared with CMS.

What if the patient was admitted with diarrhea, but the stool was not tested for C. difficile until day 4, will the Event still be categorized as healthcare facility-onset (HO)?
A LabID Event will be categorized as HO if specimen collection is >3 days after admission to the facility. No exceptions!! Signs and symptoms are not applicable to LabID Event reporting.

LabID Events are categorized based on the date of specimen collection and the date of admission. Signs and Symptoms are NOT applicable to LabID Event reporting.

What if the patient has a history of C. difficile, but was retested in my facility >3 days after admission, will the Event still be categorized as healthcare facility-onset (HO)?
YES.

A LabID Event will be categorized as HO if specimen collection is >3 days after admission. This is irrespective of the patient having a history of C. difficile.

Remember...

The Event will be further categorized as incident or recurrent based on previous C. difficile LabID Events entered into NHSN.

A C. difficile LabID Event is categorized as incident or recurrent based on current specimen collection date and specimen collection date of previous C. difficile LabID Event within the same facility.

Only Incident HO C. difficile LabID Event data are shared with CMS!!

Let’s Review

C. difficile LabID Events for FacWideIN

- C. diff toxin-positive specimens MUST be monitored throughout all inpatient locations within a facility. Exception: NICU, SCN, Well Baby Nurseries, and Babies in LDRP units are excluded in C. difficile LabID Event reporting only.
- All LabID Event(s) MUST be entered whether community-onset (CO) or healthcare facility-onset (HO)
- Only loose stools should be tested for C. difficile
- A toxin positive loose stool 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.
Wait!!
According to the LabID Event protocol for MRSA and C. difficile, I must only report to NHSN positive isolates that occur >14 days per patient, per isolate, per location. Is this correct?

YES.
Currently only non-duplicate LabID events should be entered into the NHSN application. There must be a full 14 days since the patient’s most recent positive isolate (MRSA blood; C. difficile/toxin positive) while in the same location.

AND, The Answer Is……..

“CHECKLIST”
For Facility-wide Inpatient MRSA Bacteremia & C. difficile LabID Event Reporting

- Review location options and map inpatient locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and C. difficile LabID events into NHSN by location.
- Enter FacWideIN denominator data for each month under surveillance.
- Resolve "Alerts" if applicable.
Denominator Data

- Denominator data must be entered each month.
- Go to Summary Data>Add
- Select "MDRO/CDI" option as summary data type

Denominator Data

- Select "FACWIDEIN" as the Location for facility-wide inpatient reporting.
- NOTE: FACWIDEIN location is automatically available in NHSN, this location does not have to be set up.
- Select appropriate month and year.
- Four summary data fields will become required for FacWideIN.
Denominator Data

These boxes will auto-check for each event you are following “in-plan”. If these boxes are not checked automatically, your data are not in-plan and will not be submitted to CMS!

What do I put in the box labeled “Encounters” on the denominator form?

“Encounters” refers to the number of patient encounters/visits for outpatient LabId Event reporting only. It is not used for inpatient denominator counts, therefore, not used for FacWideN reporting.
**“CHECKLIST”**

For Facility-wide Inpatient MRSA Bacteremia & *C. difficile* LabID Event Reporting

- Review location options and map inpatient locations in NHSN as necessary.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.
- Enter FacWideIN denominator data for each month under surveillance.
- Resolve “Alerts”, if applicable.

**“Report No Events”**

- Facilities must appropriately report No Events for those months for which no events of each type under surveillance were identified.
- If no LabID Events have been reported and this box is not checked, your data will not be submitted to CMS.

**“Report No Events”**

- On the MDRO and CDI Module summary data form, checkboxes for Report No Events are found underneath the patient day and admission count fields.
- If LabID events have already been reported for the specific organism, the Report No Events box will be disabled, preventing it from being checked.
- NOTE: If you identify and enter LabID Events for an organism after checking Report No Events, the Report No Events box will automatically uncheck.
Denominator Data – Report No Events

CASE STUDIES

3/1: 22 YEAR OLD MALE ADMITTED TO 5W medical unit after a panic attack following a dog bite from the family Yorkie. Pt. has history of frequent antibiotic use for chronic UTIs.

3/2: Wound draining small amounts of clear drainage. Pt. complains of lower abdominal cramps, relieved with medication. Panic attacks decreased to 3-4 per day.

3/3: Later that day, pat. has fever of 38.2°C and complains of worsening lower abdominal pain. BM with loose unformed stool. Pt. moved to 3E to accommodate frequent bathroom visits.

3/4: While on 3E, pt. continues to complain of lower abdominal pain and loose stools. Over the course of 24 hours, the pt. had three loose stools. In the late evening, an unformed stool specimen was collected and sent for testing.

3/5: Lab results identified toxin positive C. difficile.

Case 1: MAN VS DOG
Case 1
For FacWideIN LabID reporting, should this be entered as a *C. difficile* LabID Event?

1. No. His symptoms started on admission to the hospital.
2. Yes. This is the first toxin positive *C. difficile* isolate collected for this patient and location (no previous positive within 14 days for location).
3. No. Enter this as a GI Event for this patient.

Case 1
#2. YES: This is a C. difficile LabID Event and should be entered into NHSN

A toxin positive *C. difficile* stool specimen for a patient in a location with no prior *C. difficile* specimen result within 14 days for the patient and the location.

Case 1
What Location is the LabID Event Attributed?

1. ICU
2. 3 E
3. Lab
4. FacWideIN
Location attribution is based solely on where the patient is assigned when the specimen is collected. There is no thought process or subjective decisions allowed for location attribution for LabID Event reporting.

** NHSN "transfer rule" does NOT apply for LabID Events

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** Case 1

How Will this Event be Categorized?

1. Community-Onset (CO)
2. Healthcare Facility-Onset (HO)
3. Community-Onset Healthcare Facility-Associated (CO-HCFA)
4. As funny

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#2...Healthcare Facility-Onset (HO)

REMEMBER:

LabID Events are categorized based on the date of specimen collection and the date of admission. Symptoms on admission are NOT an exception!
3/1: Pt. presents to the emergency department with complaints of diarrhea and lower abdominal pain for the past three days. Pt. states that he has been on antibiotics for 8 days for treatment of gonorrhea, but he also ate fresh fruit from a buffet 5 days ago and believes that he has food poisoning. Pt. is hypertensive and has poor skin turgor. A stool specimen collected in the ED tests toxin positive for *C. difficile*; negative for Salmonella and other enteric pathogens.

3/1: Patient admitted to 2S medical unit for intravenous hydrations and medical management.

1. No. ED is an outpatient location and I am only monitoring inpatient locations.
2. Yes. Location would be the ED since specimen was collected there.
3. Yes. Location would be 2S, the admitting location.
4. Yes. Location would be FacWideIN.

If a specimen collected in the facility’s ED is positive for *C. difficile*, and the patient it is collected from is admitted to the facility on the SAME calendar day, then that specimen can be reported as the first specimen for the patient in the ADMITTING INPATIENT LOCATION.
Case 2
What if you are participating in both FacWideIN and ED location specific reporting?

1. Report the positive CDI LabID Event separately, once for ED and again for 2S.
2. Report only as FacWideIN
3. Report only as FacWideOUT
4. Toss a coin to make location selection.

Case 2
#1..Report in both places

If your monthly reporting plan includes both FacWideIN and ED location specific reporting, then you should report the positive CDI LabID event separately, once as 2S (select NO for outpatient) and then again for ED (select YES for outpatient).

Case 3

2/15: 85 year old patient admitted to inpatient unit, 3E, from rehab facility. The patient was discharged from your facility 2-weeks ago after spending 3 weeks in the ICU after a sky diving incident.

2/16: Upon admission to 3E, patient is noted to have foul loose stools.

2/16: After three episodes of loose stools over the course of 24 hours, an unformed specimen was collected and tested positive for C. difficile toxin.
Case 3
For FacWide IN LabID reporting should this be entered into NHSN as a LabID Event?

1. YES. Specimen was collected from 3E inpatient location.
2. NO. This infection belongs to the Hospice.

Case 3
YES. This is a CDI LabID Event and should be entered into NHSN

A toxin positive C. difficile stool specimen for a patient in a location with no prior C. difficile specimen result within 14 days for the patient and the location. Both community-onset and healthcare-onset events should be reported.

Recommend the use of Optional Field to document history of rehab if you want to track internally.

Case 3
How will NHSN Categorize the CDI Event?

1. Community-onset (CO)
2. Healthcare-Facility onset (HO)
3. Community-Onset Healthcare Facility-Associated (CO-HCFA)
4. NHSN will not categorize the event, the user will need to make the decision.
Case 3

#3. Community-onset Healthcare Facility-Associated (CO-HCFA)

This patient was previously discharged from your facility ≤ 4 weeks prior to current date of stool specimen collection and the stool specimen was collected less than 4 days after admission to the facility.

Case 3

What if the Stool Specimen was Collected 4 Days after Admission to the Hospital?

1. Community-onset (CO) since the patient was admitted with symptoms of foul stool

2. Healthcare-Facility onset (HO) since the specimen was collected more than 3 days after admission

3. Community-Onset Healthcare Facility-Associated (CO-HCFA) since the patient was admitted from another healthcare facility.

Case 3

#2. Healthcare Facility Onset (HO)

Healthcare Facility Onset (HO) since the stool was collected more than 3 days after admission.
Case 4

What if a patient with no previous admission to your facility presents with symptoms of diarrhea and fever on admission, but the C. difficile toxin was negative on admission and subsequently positive on day 4 of admission?

1. I can over-ride NHSN and categorize the event as community-onset since patient was symptomatic on admission.
2. NHSN will categorize as community-onset (CO)
3. NHSN will categorize as healthcare facility-onset (HO)

CASE 4

#3. Healthcare-Onset

NHSN would still categorize the event as healthcare-onset since the first positive stool specimen was collected on or after day 4 of admission

**LabID Event reporting is a proxy measure to lighten the load of surveillance, but this reduction in burden is traded off with a decreased specificity as it relates to true infection and attribution

Case 5

If your hospital is participating in the CMS Inpatient Quality Reporting (IQR) Program, which locations must you include in your monthly reporting plan for C. difficile LabID Event reporting?

1. ICU, NICU, medical-surgical units, emergency department, oncology.
2. Emergency department, outpatient surgery, and affiliated physician offices.
3. FacWideIN, which includes all inpatient locations, except no monitoring in NICU, SCN, and other Well Baby locations.
4. FacWideOUT, which includes all outpatient locations affiliated with the facility.
CMS requires acute care facilities to report *C. difficile* LabID Events for all inpatient locations (FacWideIN) where stool specimens may be collected. This excludes locations known to predominantly house babies.

### Case 6

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

1. Patient admissions by each unit and total patient days by unit.
2. *C. difficile* patient days and admissions for all inpatient locations minus NICU, SCN, and Well baby location counts, including babies in LDRP locations.
3. Total patient days and total admissions for all inpatient locations.
4. Total patient encounters.
Case 7


6/16: Pt. spikes a fever of 101°F and urine draining cloudy drainage in bedside bag. A urine culture is collected.

6/18: Urine culture results are positive for *E. coli* and MRSA. Antibiotic treatment begun.

Case 7

6/21: Patient continues to have fever of 101.4°F. Blood cultures collected from peripheral IV site.

6/22: Two of two blood cultures are positive for MRSA.

Since your facility participates in MRSA bacteremia LabID Event Reporting for FacWideIN, would you report this positive blood culture as a LabID Event?

1. No. Since the patient already had a positive urine culture with MRSA for this month and location, the MRSA blood is considered a duplicate.

   Yes. This is considered a unique blood source.

2. No. This is a CLABSI!!
Case 7

YES
This is considered a MRSA bacteremia LabID Event since the patient has no prior positive blood culture for MRSA in this location in ≤2 weeks.

Case 7

What if the patient has a previous positive MRSA blood culture 3 days prior to this culture while in the same location (ICU)?

- This would be a duplicate MRSA isolate and NOT a MRSA bacteremia LabID Event.
- I would report as a MRSA bacteremia LabID Event.
- I would report as an Infection Surveillance Event.

Case 7

A prior + MRSA blood culture result in ≤2 weeks from same patient and same location (including across calendar month) is considered a duplicate MRSA isolate and should NOT be reported as a LabID Event.
Case 8

6/1: Mr. Nasal, a local nursing home resident, is admitted to the ICU with a stage 4 sacral ulcer. Upon admission into the ICU, an active nasal screen tested positive for MRSA. Blood cultures were also collected upon admission to the ICU.

Should this positive MRSA nasal screen be entered into NHSN as a MDRO/MRSA LabID Event?

1. YES
2. NO

Case 8

No

MDRO/MRSA LabID Event Reporting EXCLUDES tests related to active surveillance testing

Case 8

What if the blood culture also tested positive for MRSA?

1. NO. I would not consider this to be a MDRO LabID Event since the patient had a MRSA positive nasal screen.

YES. Since the blood culture was obtained for clinical decision making, I would report this as a MRSA bacteremia LabID Event.
Case 8

Since this was the first positive MRSA blood culture for this patient and location (ICU), this would be considered a MRSA Bacteremia LabID Event.

Case 9

What denominator data is entered for MRSA Bacteremia LabID Event Monitoring for FacWideIN?

1. Total Patient Admissions by each unit and Total Patient Days by unit.
2. Patient Days and Admissions for all inpatient locations minus NICU and Well Baby location counts (at facility-wide level).
3. Total Patient Days and Total Admissions for all inpatient locations (at facility-wide level).
4. Total Patient Encounters.

Case 10

If your hospital is participating in the CMS Inpatient Quality Reporting (IQR) Program, which locations must you include in your monthly reporting plan for MRSA Bacteremia LabID Event reporting?

1. ICU, NICU, medical-surgical units, emergency department, oncology.
2. FacWideIN, which includes all inpatient locations.
3. FacWideIN, which includes all inpatient locations, except no monitoring in NICU and Well baby locations.
4. FacWideOUT, which includes all outpatient locations affiliated with the facility.
Case 10
#2....FacWideIN

Acute care hospital reporting to CMS via NHSN requires to report MRSA Bacteremia LabID Events for all inpatient locations at the facility-wide inpatient level.

FacWideIN is a "virtual" location within NHSN, which means the user does not define it like other specific units/locations, and it is only used in the Monthly Reporting Plan, Summary Data Reporting Form (denominator), and for Conferring Rights.

Case 11

A positive MRSA blood specimen collected from an inpatient on day 4 of admission would be categorized as:
1. Healthcare Facility-Onset (HO)
2. Community-Onset (CO)
3. Community-Onset Healthcare Facility-Associated (CO-HCFA)
4. It depends on the patient’s history
Case 11
#1..Healthcare Facility-Onset (HO)

NHSN Categorizes MRSA Bacteremia LabID Events Based on Date Admitted to Facility and Date Specimen Collected

- Healthcare Facility-onset (HO): LabID Event collected >3 days after admission to the facility (i.e., on or after day 4)
- Community-Onset (CO): LabID Event collected as an outpatient or an inpatient ≤3 days after admission to the facility (i.e., days 1, 2, or 3 of admission)

Case 11

What if the patient was symptomatic for sepsis on admission, but the blood culture was not collected until day 4 of admission?

1. I can over-ride NHSN and categorize the event as community-onset.
2. NHSN will categorize as community-onset.
3. NHSN will categorize as healthcare-onset.

Case 11
#3..Healthcare-Onset

NHSN would still categorize the event as healthcare-onset since the first positive blood specimen was collected on or after day 4 of admission

**LabID Event reporting is a proxy measure to lighten the load of surveillance, but his reduction is burden is traded off with a decreased specificity as it relates to true infection and attribution**
Case 12

For FacWideIN reporting:

Should LabID Events be reported to NHSN for patients housed in Observation locations?

1. Yes

2. NO

Case 12

Are patients housed in Observation locations included in patient day and admission counts for FacWideIN reporting?

1. Yes

2. No

Case 12

Observation patients in observation locations:

An “observation location (e.g., 24-hour observation area) is considered an outpatient unit, so time spent in this type of unit does not ever contribute to any inpatient counts (i.e., patient days, device days, represent encounters for the purpose of outpatient surveillance for LabID Event monitoring in the MDRO/CDI module
Case 13

Are Observation patients housed in inpatient locations included FacWideLabID Event reporting?

1. Yes
2. No

Case 13

If an observation patient is sent to an inpatient location for monitoring, the patient should be included for all inpatient and device day counts. The facility assignment of the patient as an observation patient or an inpatient has no bearing in this instance for counting purposes, since the patient is being housed, monitored, and cared for in an inpatient location.

Case 14: Meet Jack

<table>
<thead>
<tr>
<th></th>
<th>Pt</th>
<th>Admit Date/Loc</th>
<th>Specimen Collection Date/Loc</th>
<th>Specimen Source</th>
<th>Lab Result</th>
<th>LabID</th>
<th>Event Location</th>
<th>Lab report Location?</th>
<th>Explanation</th>
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<tbody>
<tr>
<td>1</td>
<td>Jack</td>
<td>6/1/12 ICU</td>
<td>6/1/12 ED</td>
<td>Stool</td>
<td>C. Diff + toxin</td>
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<tr>
<td>2</td>
<td>Jack</td>
<td>6/1/12 ICU</td>
<td>6/2/12 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Jack</td>
<td>6/1/12 ICU</td>
<td>6/12/12 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Jack</td>
<td>6/1/12 ICU</td>
<td>6/20/12 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Jack</td>
<td>6/1/12 ICU</td>
<td>7/10/12 ICU</td>
<td>Blood</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Jack</td>
<td>6/1/12 ICU</td>
<td>7/15/12 2 East</td>
<td>Blood</td>
<td>MRSA</td>
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</table>
### Case 15

**Identify the LabID Events**

<table>
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<tr>
<th>#</th>
<th>Patient</th>
<th>Admit Date</th>
<th>Location</th>
<th>Specimen</th>
<th>Collection Date/Loc</th>
<th>Lab Result</th>
<th>LabID Event?</th>
<th>Location?</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bill</td>
<td>6/15/12</td>
<td>CCU</td>
<td>Blood</td>
<td>6/16/12 CCU</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Bill</td>
<td>6/15/12</td>
<td>CCU</td>
<td>Blood</td>
<td>6/20/12 East</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Dog</td>
<td>7/2/12</td>
<td>ICU</td>
<td>Stool</td>
<td>7/1/12 ED</td>
<td>C. Diff</td>
<td>+ toxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Dog</td>
<td>7/2/12</td>
<td>ICU</td>
<td>Stool</td>
<td>7/6/12 ICU</td>
<td>C. Diff</td>
<td>+ toxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dog</td>
<td>7/2/12</td>
<td>ICU</td>
<td>Stool</td>
<td>7/10/12 West</td>
<td>C. Diff</td>
<td>+ toxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Joe</td>
<td>6/1/12</td>
<td>ICU</td>
<td>Stool</td>
<td>6/6/12 ICU</td>
<td>C. Diff</td>
<td>Equiv to toxin</td>
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<td></td>
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</table>

### Case 16

**Identify the LabID Events**

<table>
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<th>Patient</th>
<th>Admit Date</th>
<th>Location</th>
<th>Specimen</th>
<th>Collection Date/Loc</th>
<th>Lab Result</th>
<th>LabID Event?</th>
<th>Location?</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Jim</td>
<td>8/2/12</td>
<td>CCU</td>
<td>Blood</td>
<td>8/2/12 CCU</td>
<td>MRSA</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Jim</td>
<td>8/2/12</td>
<td>CCU</td>
<td>Blood</td>
<td>8/6/12 CCU</td>
<td>MRSA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sam</td>
<td>7/2/12</td>
<td>ICU</td>
<td>Stool</td>
<td>7/2/12 ICU</td>
<td>C. Diff</td>
<td>+ assay + toxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tim</td>
<td>7/2/12</td>
<td>NICU</td>
<td>Stool</td>
<td>7/6/12 NICU</td>
<td>C. Diff</td>
<td>+ toxin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Paul</td>
<td>8/2/12</td>
<td>M/S</td>
<td>Blood</td>
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<td>MRSA</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Paul</td>
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<td>ICU</td>
<td>Blood</td>
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<td>MRSA</td>
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</tbody>
</table>

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