

Centers for Medicare & Medicaid Services

**Long-Term Care Hospital
Quality Reporting Program
Special Open Door Forum**

November 5, 2014

1:00 p.m. – 2:30 p.m. ET

Affordable Care Act Section 3004 (a)

- Section 3004 (a) of the Affordable Care Act (ACA) requires that Medicare-certified Long-Term Care Hospitals (LTCHs) submit quality measure data on all patient admissions and discharges in a time, form, and manner required by the Secretary of Health and Human Services.
- LTCHs that do not submit the required quality measure data may receive a two percentage point reduction to their annual payment update (APU) for the applicable payment year.

Long-Term Care Hospital Quality Reporting Program Overview - 1

- Currently, CMS has adopted 12 quality measures for the LTCH Quality Reporting Program:
 - Three (3) quality measures for data collection and reporting for FY 2014 and FY 2015 payment update determination
 - Two (2) additional measures for FY 2016 payment update determination
 - Three (3) additional measures for FY 2017 payment update determination
 - Four (4) additional measures for FY 2018 payment update determination

Long-Term Care Hospital Quality Reporting Program Overview - 2

Quality Measure	Data Collection Start Date	Data Collection Method	Payment Year Update Determination
Percent of Patients or Residents with Pressure Ulcers That Are New or Worsened (NQF #0678)	October 1, 2012	LTCH Continuity Assessment Record and Evaluation (CARE) Data Set*	FY 2014 and subsequent
National Health Safety Network (NHSN) Catheter-associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	October 1, 2012	Centers for Disease Control and Prevention (CDC) NHSN**	
National Health Safety Network (NHSN) Central Line-associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139)	October 1, 2012	CDC NHSN	

* LTCH CARE Data Set: Long-Term Care Hospital (LTCH) Continuity Assessment Record & Evaluation (CARE) Data Set

** CDC NHSN: <http://www.cdc.gov/nhsn>



Long-Term Care Hospital Quality Reporting Program Overview - 3

Quality Measure (NQF #)	Data Collection Start Date	Data Collection Method	Payment Year Update Determination
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)	October 1, 2014	LTCH CARE Data Set	FY 2016 and subsequent
Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)	October 1, 2014	CDC NHSN	
All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512*)	N/A**	N/A**	FY 2017 and subsequent

*Not NQF endorsed, currently under review at NQF. For details, please refer to http://www.qualityforum.org/All-Cause_Admissions_and_Readmissions_Measures.aspx.

**This is a Medicare Fee-For-Service claims-based measure; hence, no LTCHQR Program-specific data submission is required by LTCHs.

Long-Term Care Hospital Quality Reporting Program Overview - 4

Quality Measure	Data Collection Start Date	Data Collection Method	Payment Year Update Determination
National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)	January 1, 2015	CDC NHSN	FY 2017 and subsequent
NHSN Facility-Wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure (NQF #1717)	January 1, 2015	CDC NHSN	
National Healthcare Safety Network Ventilator-Associated Event (VAE) Outcome Measure	January 1, 2016	CDC NHSN	FY 2018 and subsequent

Long-Term Care Hospital Quality Reporting Program Overview - 5

Quality Measure	Data Collection Start Date	Data Collection Method	Payment Year Update Determination
Application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	April 1, 2016	LTCH CARE Data Set	FY 2018 and subsequent
Functional Status Quality Measure: Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	April 1, 2016	LTCH CARE Data Set	
Functional Status Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support	April 1, 2016	LTCH CARE Data Set	

LTCH CARE Data Set

- LTCH CARE Data Set must be completed for all patients receiving services in an LTCH.
- On 10/1/2012, LTCHs began to use LTCH CARE Data Set Version 1.01; includes items for pressure ulcer measure.
- On 07/01/2014, LTCHs began to use LTCH CARE Data Set Version 2.01; includes items for pressure ulcer and patient influenza vaccination status measures.

LTCH Quality Reporting Program Data Collection and Submission Requirements

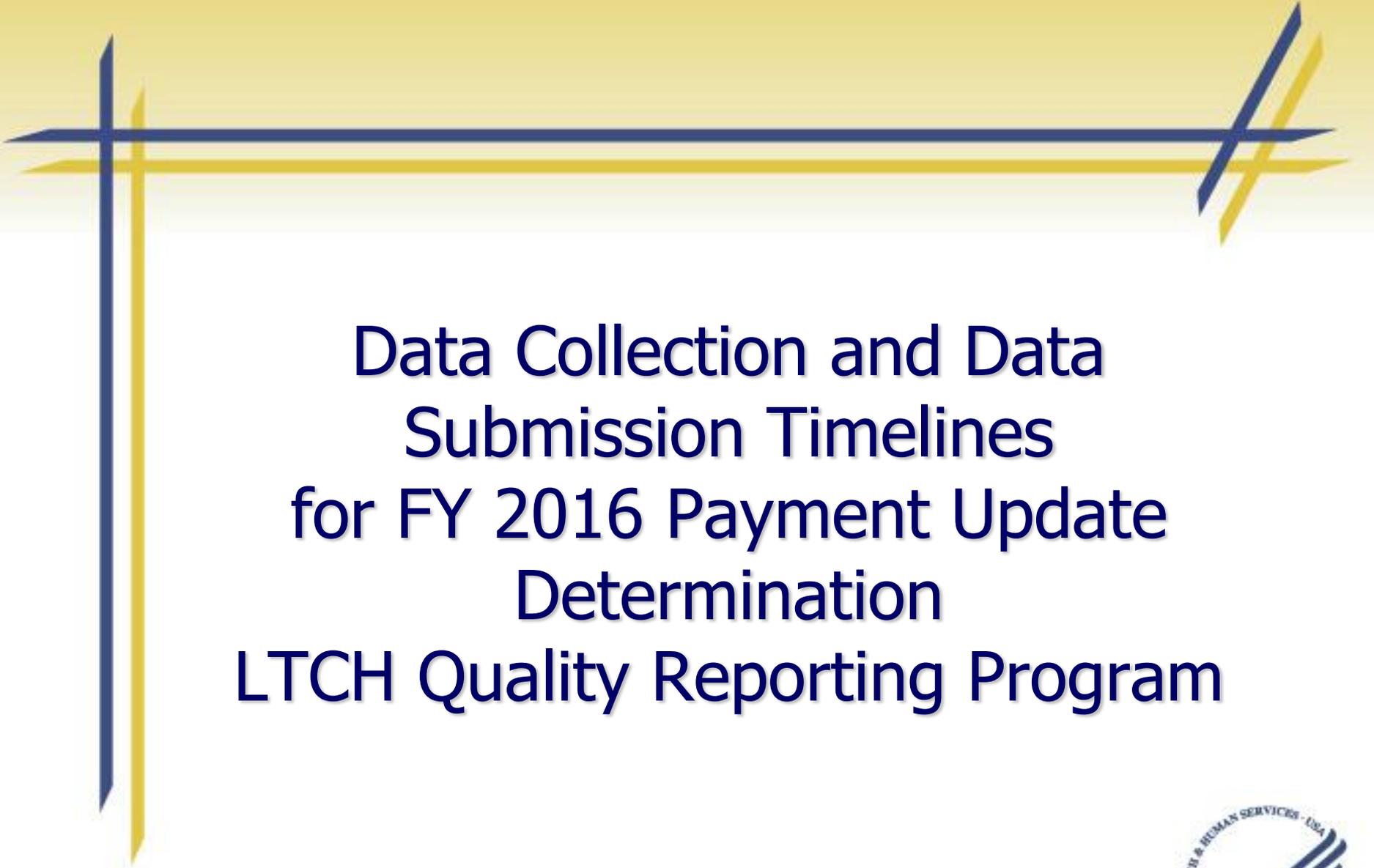
- For information about collection and submission of LTCH quality measure data using the LTCH CARE Data Set, please visit:
 - LTCH Quality Reporting Program webpage
<http://www.cms.gov/LTCH-Quality-Reporting/>
- For information about collection and submission of LTCH quality measure data using the CDC's NHSN, please visit:
 - <http://www.cdc.gov/nhsn/LTACH/>
 - <http://www.cdc.gov/nhsn/cms/index.html#ltach>

Data Submission Deadlines for Payment Update Determination

For FY 2016 payment update determination and beyond, CMS established quarterly data submission deadlines:

- Each quarterly data submission deadline* occurs 45 days after the end of each quarter
- LTCHs must submit quality data for each quarter by the quarterly data submission deadline*
- Data submitted after the quarterly data submission deadline will not be accepted for LTCHQR Program compliance determination
- Missing one or more of these deadlines may lead to a finding of non-compliance

*For Healthcare Professional Influenza Vaccination Measure (NQF #0431), the quarterly submission deadline is not applicable.



**Data Collection and Data
Submission Timelines
for FY 2016 Payment Update
Determination
LTCH Quality Reporting Program**

Quarterly Data Submission Deadline for CAUTI (NQF #0138) and CLABSI (NQF #0139)

For FY 2016 Payment Update Determination

CY 2014 Quarter	Data Collection Time Frame	Data Submission Deadline
Quarter 1	January 1, 2014 – March 31, 2014	May 15, 2014*
Quarter 2	April 1, 2014 – June 30, 2014	August 15, 2014*
Quarter 3	July 1, 2014 – September 30, 2014	November 15, 2014
Quarter 4	October 1, 2014 – December 31, 2014	February 15, 2015

*Extended to November 15, 2014 through subregulatory guidance

Quarterly Data Submission Deadline for Pressure Ulcer (NQF #0678)

For FY 2016 Payment Update Determination

CY 2014 Quarter	Data Collection Time Frame	Data Submission Deadline
Quarter 1	January 1, 2014 – March 31, 2014	May 15, 2014
Quarter 2	April 1, 2014 – June 30, 2014	August 15, 2014
Quarter 3	July 1, 2014 – September 30, 2014	November 15, 2014
Quarter 4	October 1, 2014 – December 31, 2014	February 15, 2015

Quarterly Data Submission Deadline for Patient Influenza Vaccination (NQF #0680)

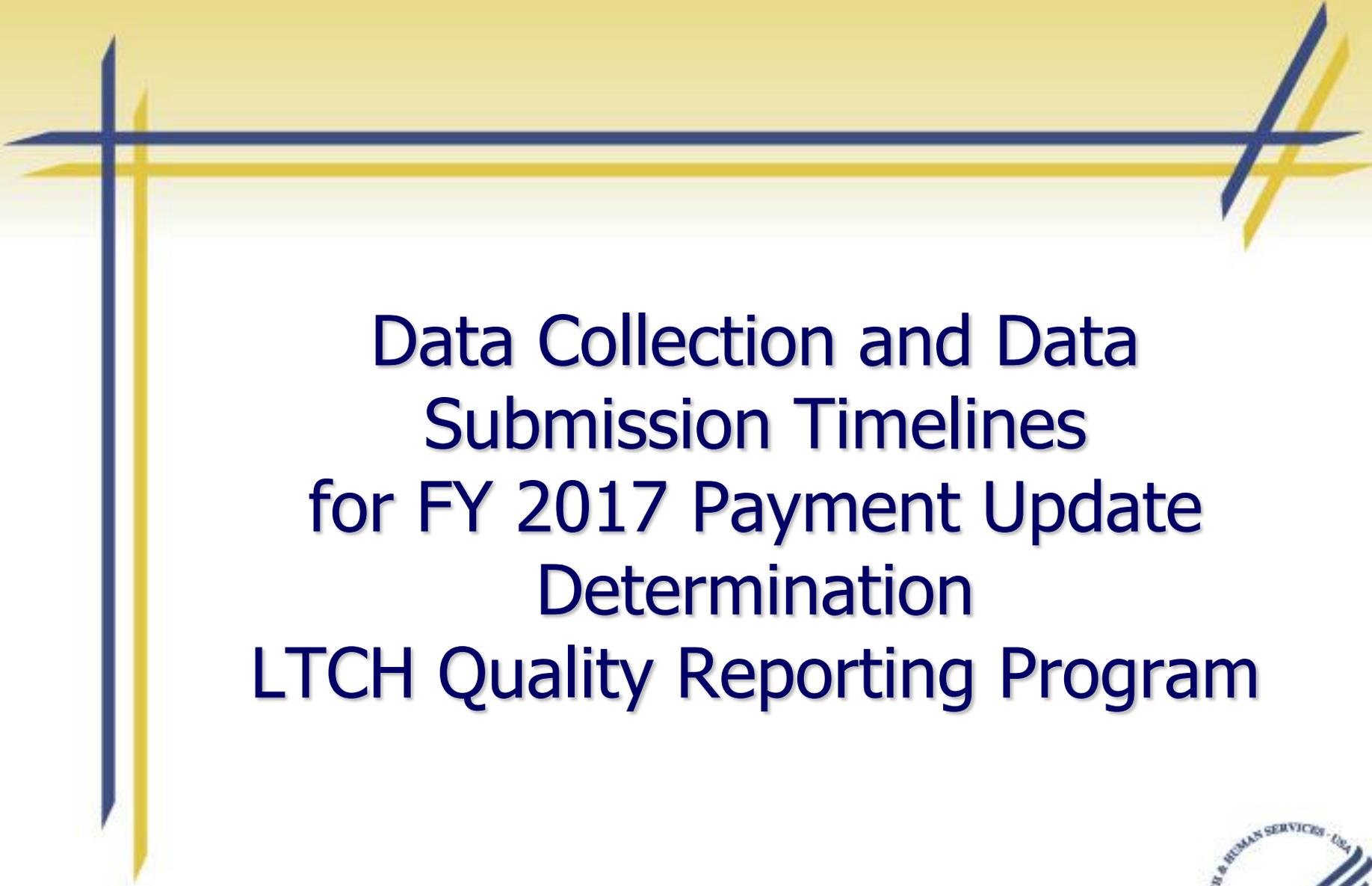
For FY 2016 Payment Update Determination

CY Quarter	Data Collection Time Frame	Data Submission Deadline
CY 2014 Quarter 4	October 1, 2014 – December 31, 2014	February 15, 2015
CY 2015 Quarter 1	January 1, 2015 – March 31, 2015	May 15, 2015

Data Submission Deadline for Healthcare Professional Influenza Vaccination (NQF #0431)

For FY 2016 Payment Update Determination

CY Quarter	Data Collection Time Frame	Data Submission Deadline
CY 2014 Quarter 4 and CY 2015 Quarter 1	October 1, 2014 – March 31, 2015	May 15, 2015



**Data Collection and Data
Submission Timelines
for FY 2017 Payment Update
Determination
LTCH Quality Reporting Program**

Quarterly Data Submission Deadline for Pressure Ulcer (NQF #0678), CAUTI (NQF #0138), CLABSI (NQF #0139), MRSA (NQF #1716), CDI (NQF #1717)

For FY 2017 Payment Update Determination

CY 2015 Quarter	Data Collection Time Frame	Data Submission Deadline
Quarter 1	January 1, 2015 – March 31, 2015	May 15, 2015
Quarter 2	April 1, 2015 – June 30, 2015	August 15, 2015
Quarter 3	July 1, 2015 – September 30, 2015	November 15, 2015
Quarter 4	October 1, 2015 – December 31, 2015	February 15, 2016

Quarterly Data Submission Deadline for Patient Influenza Vaccination (NQF #0680)

For FY 2017 Payment Update Determination

CY Quarter	Data Collection Time Frame	Data Submission Deadline
CY 2015 Quarter 4	October 1, 2015 – December 31, 2015	February 15, 2016
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Data Submission Deadline for Healthcare Professional Influenza Vaccination (NQF #0431)

For FY 2017 Payment Update Determination

CY Quarter	Data Collection Time Frame	Data Submission Deadline
CY 2015 Quarter 4 and CY 2016 Quarter 1	October 1, 2015 – March 31, 2016	May 15, 2016

LTCHQR Program Website and Resources

- LTCHQR Program Web site: <http://www.cms.gov/LTCH-Quality-Reporting/>
- LTCHQR Program Manual Version 2.0 is available for download at the CMS LTCHQR Program website: <http://www.cms.gov/LTCH-Quality-Reporting/>
- LTCHQR Program Training website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Training.html>
- To receive mailing list notices and announcements about the LTCHQR Program, please sign up at: <https://public.govdelivery.com/accounts/USCMS/subscriber/new>

LTCHQR Program Help Desk Resources

- General inquiries regarding quality measures:
LTCHQualityQuestions@cms.hhs.gov
- Inquiries regarding technical issues regarding the LTCH CARE Data Set: LTCHTechIssues@cms.hhs.gov
- Inquiries regarding access to Quality Improvement Evaluation System (QIES), LTCH Assessment Submission Entry and Reporting tool (LASER) submission, and CASPER (Certification And Survey Provider Enhanced Reports):
help@qtso.com, 1-800-339-9313
- Inquiries regarding quality measures submitted using the CDC's NHSN: nhsn@cdc.gov

Questions?

Using NHSN for Multidrug Resistant Organism and
Clostridium difficile Infection (MDRO/CDI) Laboratory-
Identified (LabID) Event Reporting
Long-Term Care Hospitals (LTCH)

Angela Anttila, PhD, MSN, NP-C, CIC
Nurse Epidemiologist

CMS Long-Term Care Hospital Quality
Reporting Program Training

MRSA & CDI LabID Event

For Today, Our Goals Are:

- Understand why surveillance for MRSA bacteremia and *C. difficile* infections are important.
- Understand Long-Term Care Hospitals (LTCH)* requirements for MRSA bacteremia and *C. difficile* LabID Event reporting to CMS via NHSN.
- Describe how to correctly set-up monthly reporting plan for MRSA bacteremia and *C. difficile* LabID Event reporting.
- Understand MRSA bacteremia and *C. difficile* LabID Event definitions and protocols.
- Describe how to correctly enter MRSA bacteremia and *C. difficile* LabID Event data into NHSN.
- Describe how to correctly enter denominator data for LabID Event reporting into NHSN.

**Note: Long-Term Care Hospitals (LTCH) are referred to as Long -Term Acute Care Hospitals (LTAC) in CDC NHSN*

Why is MRSA Bacteremia Surveillance Important?

- Serious threat level, requiring prompt and sustained action.
- Staph bacteria, including MRSA, are one of the most common causes of healthcare-associated infections.
- CDC estimates >80,000 invasive MRSA infections and >11,000 related deaths occurred in 2011.
- Despite a slight decrease in the percentage of *S. aureus* resistant to Oxacillin (MRSA), MRSA continues to dominate among pathogens.

Why is *C. difficile* Surveillance Important?

- *C. difficile* infections contribute to approximately 14,000 deaths/year
 - \approx 90% elderly
 - 400% increase, 2000-07
- Hospital stays from CDI tripled in the last decade

Risk Factors: Key Prevention Targets

- Antimicrobial exposure
- Acquisition of *C. difficile*
- Advanced age
- Underlying illness
- Immunosuppression
- Tube feeds
- Gastric acid suppression?

Main modifiable
risk factors

Overview of CMS Requirements Long-Term Care Hospitals (LTCH)

Online Resources – CMS Related

<http://www.cdc.gov/nhsn/acute-care-hospital/cdiff-mrsa/index.html>

- Protocols
- Training opportunities
- Operational Guidance documents
- Helpful Tips
- Analysis

If participating in CMS Long-Term Care Hospital* Quality Reporting (LTCHQR) Program...

Facility-wide inpatient (FacWideIN) MRSA
Bacteremia and *C. difficile* laboratory-identified
(LabID) event reporting from *Long-Term
Care Hospitals (LTCHs)
is required beginning January 1, 2015.

**Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in CDC NHSN*

Long-Term Care Hospitals (LTCHs)* MRSA Bacteremia LabID Event

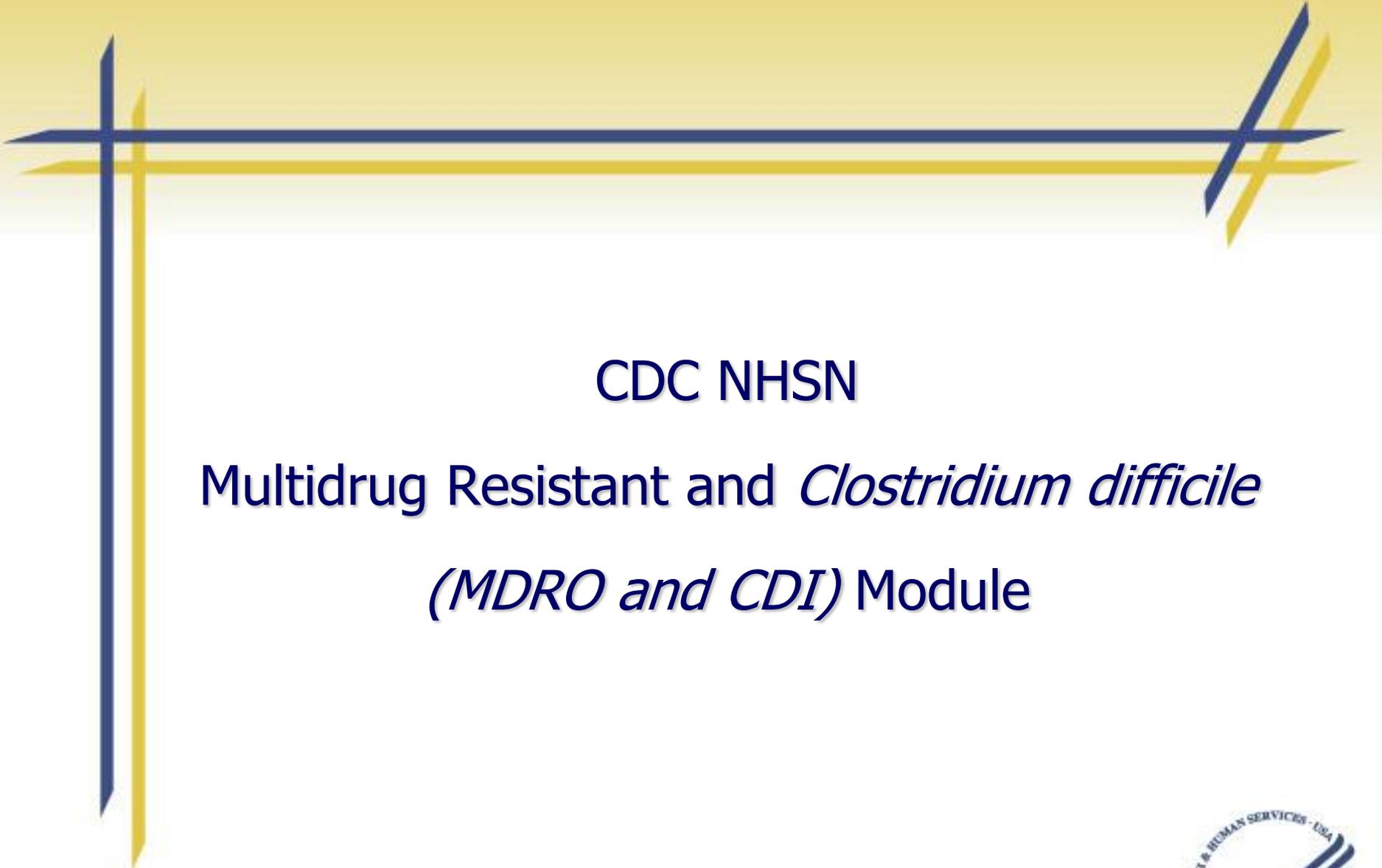
- ❖ **Organism:** Methicillin-Resistant *Staphylococcus aureus* (MRSA)
- ❖ **Data Collection:** CDC NHSN - MDRO/CDI Module (LabID Event)
- ❖ **Required Locations:** All inpatient locations. Referred to as facility-wide inpatient (FacWideIN).
- ❖ **Required Data:** MRSA blood specimens, including **Community-Onset (CO)** and **Healthcare Facility-Onset (HO)** LabID Events

*Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in CDC NHSN

Long-Term Care Hospitals (LTCHs)* *C. difficile* LabID Event

- ❖ **Organism:** Clostridium *difficile* (C. diff / CDI)
- ❖ **Data Collection:** CDC NHSN - MDRO/CDI Module (LabID Event)
- ❖ **Required Locations:** All inpatient locations. Referred to as facility-wide inpatient (FacWideIN).
- ❖ **Required Data:** *C. difficile* toxin positive results tested on unformed stool specimens, including **Community-Onset (CO)** and **Healthcare Facility-Onset (HO)** LabID Events

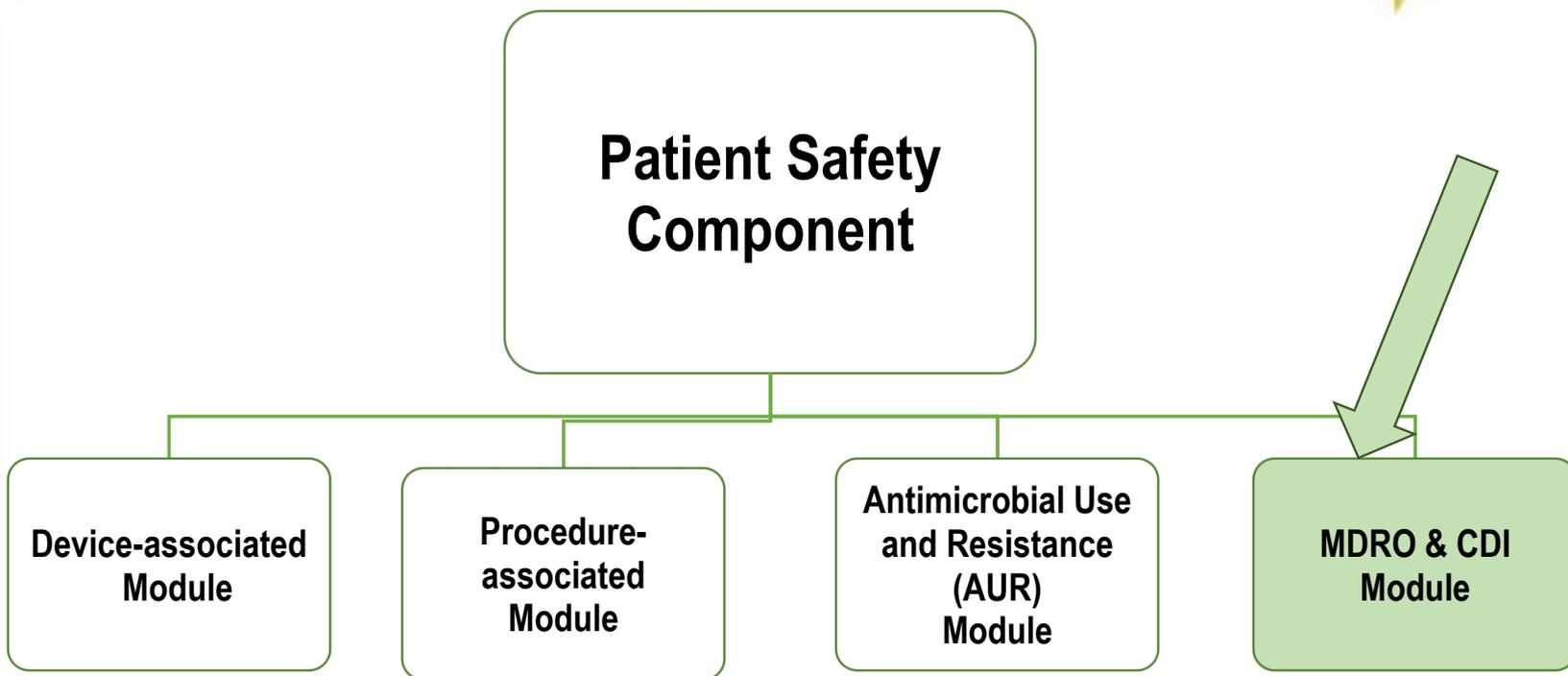
*Note: Long Term Care Hospitals (LTCH) are referred to as Long Term Acute Care Hospitals (LTAC) in NHSN



CDC NHSN

Multidrug Resistant and *Clostridium difficile*
(MDRO and CDI) Module

Patient Safety Component 4 Modules



Reporting Requirements and Options

Active participants must choose main reporting method

Infection Surveillance
(MDRO / CDI)

LabID Event Reporting
(MDRO / CDI)

additional options then become available

Prevention Process Measures:

- Adherence to Hand Hygiene
- Adherence to Gown and Glove Use
- Adherence to Active Surveillance Testing (for MRSA /VRE Only)

Outcome Measures:

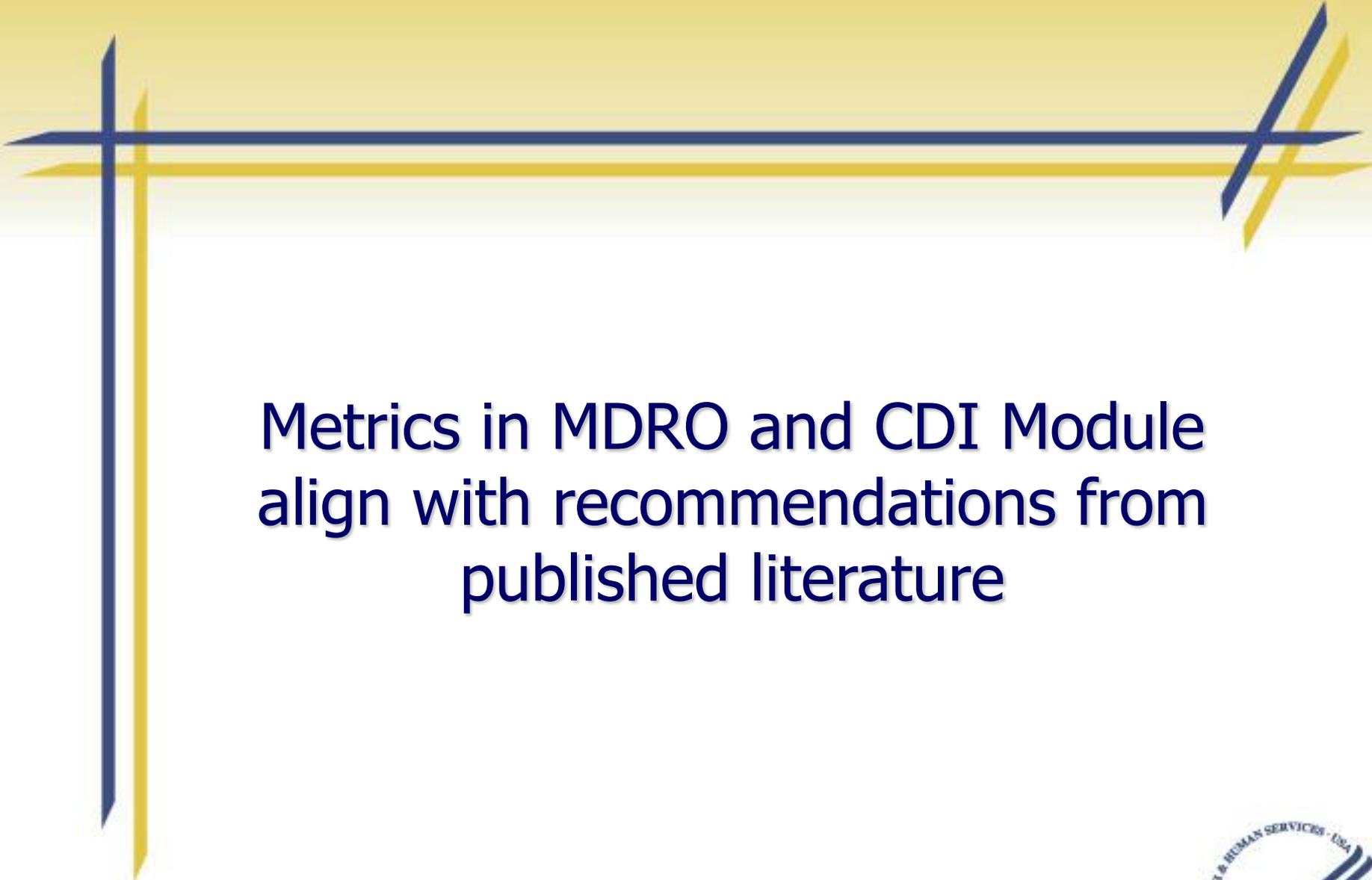
- AST Prevalence / Incidence (for MRSA/VRE Only)

Definitions

- MRSA: *S. aureus* testing oxacillin, ceftazidime, or methicillin resistant; or positive from molecular testing for mecA and PBP2a
- *C. difficile*: *C. difficile* is identified as the associated pathogen for LabID Event or HAI reporting (Gastrointestinal System Infection)

Overview of Laboratory-identified (LabID) Event Reporting

- 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 and limited admission data



Metrics in MDRO and CDI Module
align with recommendations from
published literature

Advantages of LabID Event Reporting include.....

- Objective laboratory-based metrics that allow the following without extensive chart review to:
 - Identify vulnerable patient populations
 - Estimate infection burden
 - Estimate exposure burden
 - Assess need for and effectiveness of interventions
- Standardized case definitions

Why are Standardized Case Definitions & Data Collection Methods Important?

- Increases comparability between clinical settings.
- Guide implementation of interventions and to monitor impact of such interventions.

AND WE KNOW.....

- Documentation of symptoms may differ between healthcare settings.
- Resources vary among facilities, which may result in unfair comparison.
- Completeness of medical record documentation and variances among facilities may influence how definitions are applied.
- Simplicity of auditing data to validate accuracy of submitted data.

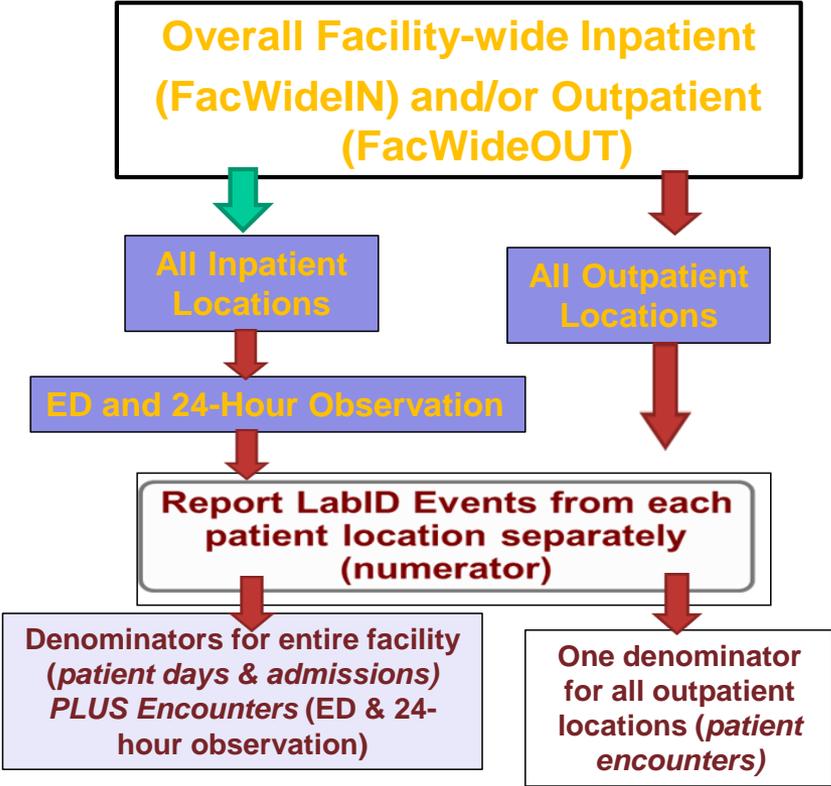
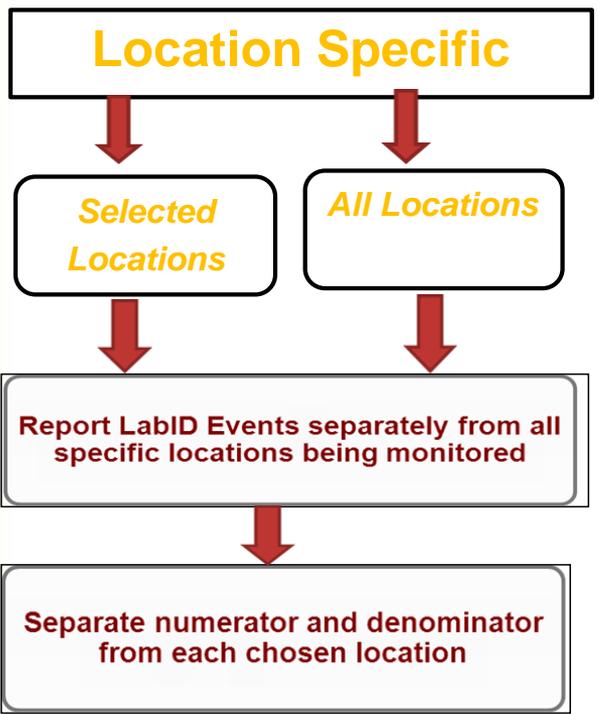
"CHECKLIST"

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

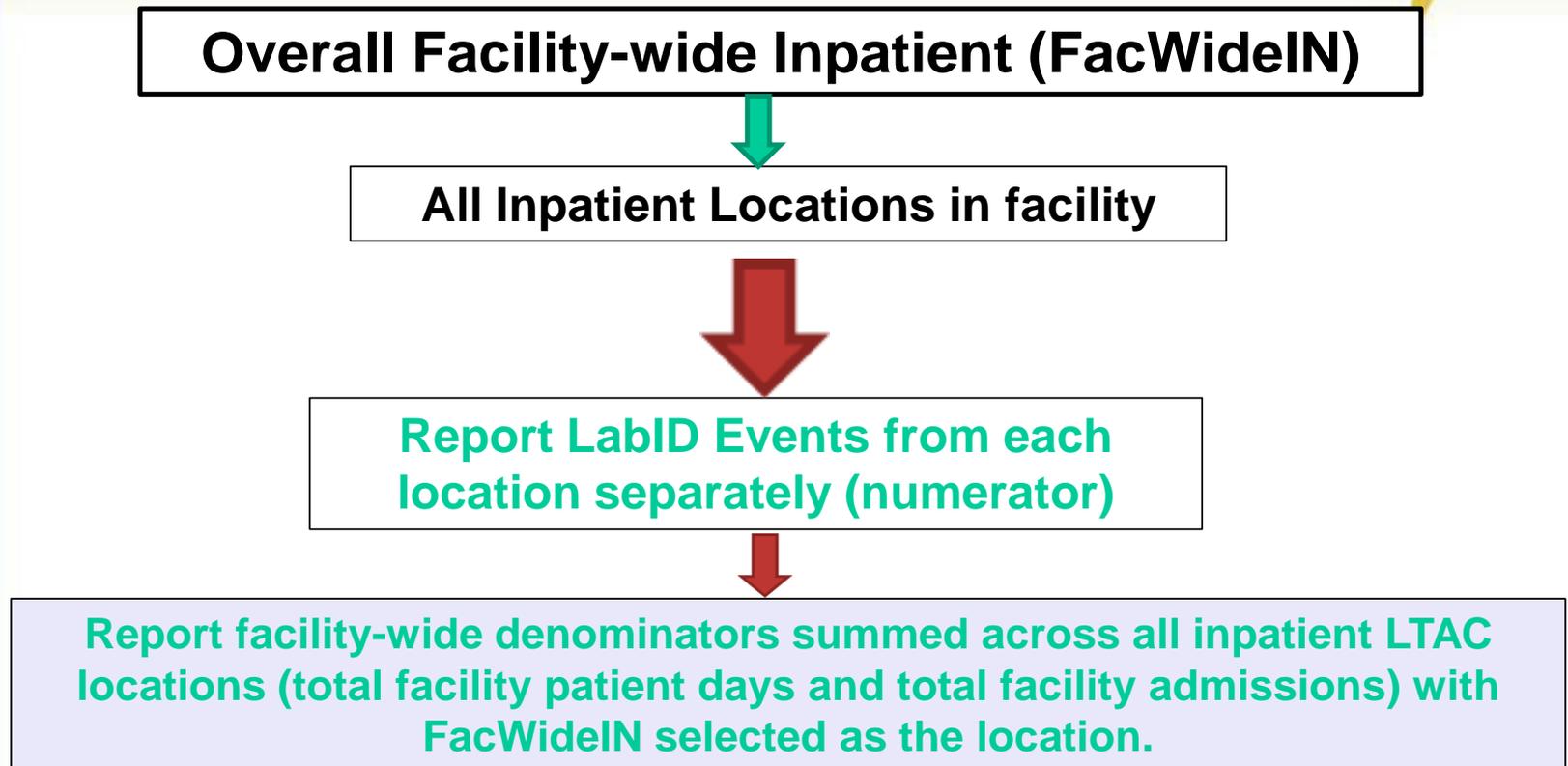
- Review location options and map inpatient Long-Term Acute Care (LTAC) locations.
- Review Monthly Reporting Plan(s) and update as necessary.
- Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location.
- Enter FacWideIN denominator data for each month under surveillance.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

**Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in NHSN*

You have several options for Location Reporting in NHSN



FacWideIN Reporting for LTAC



**Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in NHSN*

Notes.....

MRSA bacteremia and *C. difficile* LabID Events must be reported at the facility-wide Inpatient (FacWideIN) level, which includes reporting LabID Events separately for each mapped inpatient location in the LTAC

Setting Up Locations

PS Home Page: Facility > Locations



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NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

[Customize Forms](#)

[Facility Info](#)

[Add/Edit Component](#)

[Locations](#)

[Surgeons](#)

Group

Log Out

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

NHSN Patient Safety Component Home Page

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

Assurance of Confidentiality: The 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(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

NHSN maintenance may occur nightly between 12am and 6am Eastern time.



[Get Adobe Acrobat Reader for PDF files](#)

Add Location: Specify Location Info

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.

Find



Export
Location List

Clear

"CHECKLIST"

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

- ✓ Review location options and map inpatient locations.
- ❑ 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.

Monthly Reporting Plan

- The Monthly Reporting Plan informs CDC which modules a facility is participating in 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
- NHSN will only submit data to CMS for those complete months in which the following are indicated on the monthly reporting plan

Creating a Monthly Reporting Plan



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

NHSN - National Healthcare Safety Network

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- [NHSN Home](#)
- [Alerts](#)
- [Reporting Plan](#)
 - [Add](#)
 - [Find](#)
- [Patient](#)
- [Event](#)
- [Procedure](#)
- [Summary Data](#)
- [Import/Export](#)
- [Analysis](#)
- [Surveys](#)
- [Users](#)
- [Facility](#)
- [Group](#)

Logged into DHQP Memorial Hospital (ID 10000) as ANGELA.
Facility DHQP Memorial Hospital (ID 10000) is following the PS component.

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Multi-Drug Resistant Organism Module [HELP](#)

Locations

Specific Organism Type

Process and Outcome Measures

Infection
Surveillance

AST-Timing

AST-Eligible

Incidence Prevalence

Lab ID Event
All Specimens

Lab ID
Blood S

Add Rows

Clear All Rows

Copy from Previous Month

Monthly Reporting Plan

- At the beginning of each month, add facility-wide reporting for MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan (MRP) using the "FACWIDEIN" location.
- The MDRO/CDI Module section of the plan must contain the two rows shown in the screenshot below in order for your facility's data to be sent to CMS. Use the "Add Rows" button to add an additional row to the MRP.

Multi-Drug Resistant Organism Module [HELP](#)

Locations: FACWIDEIN - Facility-wide Inpat | Specific Organism Type: MRSA - MRSA

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Locations: FACWIDEIN - Facility-wide Inpat | Specific Organism Type: CDIF - C. difficile

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Buttons: Add Rows, Clear All Rows, Copy from Previous Month

“CHECKLIST”

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

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

Overview

MRSA Bacteremia LabID Event Reporting in NHSN

MRSA Bacteremia LabID Event Long-Term Care Hospital* (LTCH)

- ❖ **Organism:** Oxacillin-resistant, cefoxitin-resistant, or methicillin-resistant *Staphylococcus aureus* (MRSA)
- ❖ **Specimen Source:** 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:** MRSA blood LabID Events. This includes Community-Onset (CO) and Healthcare Facility-onset (HO) MRSA Bacteremia LabID Events

**Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in NHSN*

Definition

MRSA Positive Blood Isolate

Any MRSA blood specimen obtained for clinical decision making purposes

(excludes screening cultures, such as those used for active surveillance testing)

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 for Blood Specimen Only reporting*)

*Also referred to as
non-duplicate LabID Events*

MRSA Bacteremia LabID Event Reporting *Blood Specimen Only*

Begin Here →

MRSA isolate from blood per patient and location

Prior (+) MRSA from blood
≤ 2 weeks from same patient and Location (*including across calendar month*)

Not a LabID Event
(Duplicate)

LabID Event
(*unique MRSA blood source*)

Event - Patient Information



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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Add Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information [? HELP](#)

Facility ID*:

Event #: 24941

Patient ID*:

Social Security

#:

Secondary ID:

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

Add Event Information

- Each month, facilities should use the MDRO/CDI Module protocol to identify MRSA bacteremia LabID events.
- All identified LabID events must be entered into NHSN using the specific location where the patient was assigned at the time of specimen collection, as shown in the screenshot below.
- Users will not be able to use the FacWideIN location when reporting individual LabID events.

Event Information [HELP](#)

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

Date Specimen Collected*: 01/15/2015

Specific Organism Type*: MRSA - MRSA

Outpatient*: N - No

Specimen Body Site/Source*: CARD - Cardiovascular/ Circulatory/ Lymphatics

Specimen Source*: BLDSPC - Blood specimen

Date Admitted to Facility*: 01/10/2015

Location*: Ward-LTAC **At time of specimen collection**

Date Admitted to Location*: 01/10/2015

Documented prior evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event?: N - No

**Auto-populated.
Based on
previous month
LabID Events**

Additional Questions

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission) (Check one):

- Nursing Home/Skilled Nursing Facility Personal residence/Residential care
 Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.) Unknown

*Has patient been discharged from your facility in the past 3 months? Yes No

If Yes, date of last discharge from your facility: _____

Has patient been discharged from another facility in the past 4 weeks? Yes No Unknown

If Yes, from where (Check all that apply):

- Nursing Home/Skilled Nursing Facility Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

Question: What facility admission date should be used?

The admission date should reflect the date the patient was physically admitted to the LTAC as an inpatient

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

NHSN Application Categorizes* MRSA LabID Events As:

- Community-Onset (CO): LabID Event specimen collected in an outpatient location or in an inpatient location ≤ 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)

What MRSA bacteremia data are reported to CMS?

All in-plan healthcare facility-onset (HO) MRSA bacteremia LabID Event data from participating LTACs

Hospital specific FacWideIN MRSA bacteremia HO incidence rate, defined as unique blood source LabID Events identified > 3 days after admission to the facility, for each reporting hospital.

**Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in CDC NHSN*

Reminder.....

Community-onset LabID Events and admission prevalence of a facility will play an important role in assignment of LabID Event onset, and so both HO and CO LabID Events must be reported into NHSN.

**What if a patient is admitted with a suspected BSI, but the blood culture is not collected until Day 4?
Will this count against my facility?**

LabID Events are categorized as Healthcare Facility-Onset (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.

What if the patient has a CLABSI with MRSA?

Report both a MRSA bacteremia LabID Event and a CLABSI. Each Event must be reported separately in NHSN

1. LCBI-CLABSI Event, *using the applicable HAI criteria, and*
2. LabID Event, *using the MRSA bacteremia LabID Event reporting protocol*

Example of MRSA LabID Event & BSI HAI Event with MRSA

Event Information [HELP](#)

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

Date Specimen Collected*: 01/07/2013

Specific Organism Type*: MRSA - MRSA

Outpatient*: N - No

Specimen Body Site/Source*: CARD - Cardiovascular/ Circulatory/ Lymphatics

Specimen Source*: BLDSPC - Blood specimen

Date Admitted to Facility*: 01/02/2013

Location*: 5W - 5 WEST - ICU

Date Admitted to Location*: 01/02/2013

Event Information [HELP](#)

Event Type*: BSI - Bloodstream Infection

Date of Event*: 01/07/2013

Post-procedure: N - No

MDRO Infection Surveillance*: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module

Location*: [REDACTED]

Date Admitted to Facility*: 01/02/2013

Pathogen 1: *Staphylococcus aureus - SA* Search 15 drugs required

Risk Factors [HELP](#)

Central line*: Y - Yes

* CIPRO	LEVO	MOXI	* DOXY	MINO	* CEFOX	METH	OX
OSOR	OSOR	OSOR	OSOR	OSOR	OSOR	OSOR	OSOR
OION	OION	OION	OION	OION	OION	OION	OION
* CULOP	* CLIND	* DAPTO	* COVTL	* CENT	* LM7	* CLINDAI	* DIC

Let's Review

MRSA Bacteremia LabID Event Reporting for Long-Term Care Hospital (Referred to as Long-Term Acute Care in NHSN)

- ✓ MRSA bacteremia LabID Events must be reported at the facility-wide Inpatient (FacWideIN) level, which includes reporting MRSA blood LabID Events from each mapped location inside the LTAC.
- ✓ Report facility-wide denominators summed across all inpatient LTAC locations (total facility patient days and total facility admissions) with FacWideIN selected as the location. This may include removing counts of locations with different CCNs, if applicable (example: denominator counts of an inpatient rehabilitation facility with a different CCN located inside LTAC must be removed).

Let's Review

MRSA Bacteremia LabID Event Reporting for Long-Term Care Hospital (Referred to as Long-Term Acute Care in NHSN)

- ✓ All MRSA blood LabID Event(s) 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 blood culture result for the patient, organism (MRSA), and location within the previous 14 days.

Identify the LabID Events

	Pt	Admit Date/ Location	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Bill	02/15/15 1-S	02/16/15 1-S	Blood	MRSA	YES / 1-S	1st MRSA + blood in location (1-S)
2	Bill	02/15/15 1-S	02/20/15 2-W	Blood	MRSA	YES 2-W	First MRSA bacteremia for location
3	Bill	02/15/15 1-S	03/01/15 2-W	Blood	MRSA	No	Duplicate ≤14 days
4	Bill	02/15/15 1-S	03/10/15 2-W	Blood	MRSA	No	≤ 14days previous <u>specimen</u>
5	Bill	02/15/15 1-S	03/10/15 1-S	Blood	MRSA	YES / 1-S	NEW location; >14 days

Assume all specimens collected are shown

Overview

C. difficile LabID Event Reporting in NHSN

Long-Term Care Hospitals (LTCHs)* *C. difficile* LabID Event

- ❖ **Organism:** *Clostridium difficile* (C. diff / CDI)
- ❖ **Specimen Source:** Loose stools only
- ❖ **Data Collection:** CDC NHSN - MDRO/CDI Module (LabID Event)
- ❖ **Required Locations:** All inpatient locations. Referred to as facility-wide inpatient (FacWideIN).
- ❖ **Required Data:** All CDI LabID Events. This includes **Community-Onset (CO)** and **Healthcare facility Onset (HO) LabID Events**

*Note: Long-Term Care Hospitals (LTCH) are referred to as Long -Term Acute Care Hospitals (LTAC) in NHSN

Setting

Can occur in any adult or pediatric 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.

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

CDI LabID 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

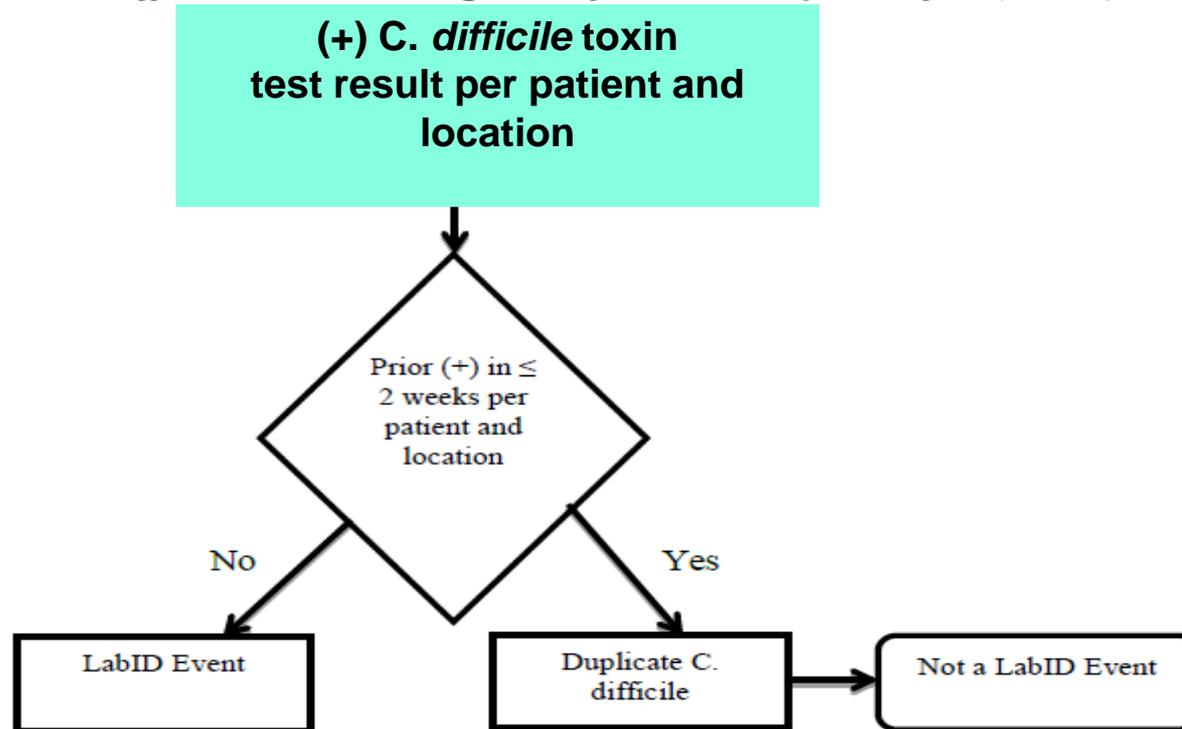
CDI LabID Event

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 non-duplicate LabID Events

Identifying a *C. difficile* LabID Event

Figure 2. *C. difficile* test Results Algorithm for Laboratory-Identified (LabID) Events



Event - Patient Information



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

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#) | [My Info](#) | [Contact us](#) | [Help](#) | [Log Out](#)

Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Add Event

[Print PDF Form](#)

Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >

Patient Information [HELP](#)

Facility ID*:

Event #: 24941

Patient ID*:

Social Security #:

Secondary ID:

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

Add Event Information

- Each month, facilities must use the MDRO/CDI Module protocol to identify *C. difficile* LabID events.
- All identified LabID events must be entered into NHSN using the specific LTAC location where the patient was assigned at the time of specimen collection, as shown in the screenshot below.
- Users will not be able to use the FacWideIN location when reporting individual LabID events.

Event Information [HELP](#)

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

Date Specimen Collected*: 01/12/2015 

Specific Organism Type*: CDIF - C. difficile ▼

Outpatient*: N - No ▼

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

Specimen Source*: STOOL - Stool specimen ▼

Date Admitted to Facility*: 01/03/2015 

Location*: WARD - LTAC WARD **At time of specimen collection**

Date Admitted to Location*: 01/03/2015 

Documented prior evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event?: N - No ▼

Has patient been discharged from your facility in the past 3 months?*: N - No ▼

Based on prior months' Events.
Not used in CDI calculations

Additional Questions

Last physical overnight location of patient immediately prior to arriving into facility (applies to specimen(s) collected in outpatient setting or <4 days after inpatient admission) (Check one):

- Nursing Home/Skilled Nursing Facility Personal residence/Residential care
 Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.) Unknown

*Has patient been discharged from your facility in the past 3 months? Yes No

If Yes, date of last discharge from your facility: _____

Has patient been discharged from another facility in the past 4 weeks? Yes No Unknown

If Yes, from where (Check all that apply):

- Nursing Home/Skilled Nursing Facility Other Inpatient Healthcare Setting (i.e., acute care hospital, IRF, LTAC, etc.)

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 in an outpatient location or an inpatient location ≤ 3 days after admission to the facility (i.e., days 1 (admission), 2, or 3).
- Community-Onset Healthcare Facility-Associated (CO-HCFA): CO LabID Event collected from a patient who was discharged from the same 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.

What CDI data are reported to CMS?

All in-plan healthcare facility-onset (HO) CDI LabID Event data from participating LTACs*

Hospital specific FacWideIN CDI HO incident rate for each reporting hospital, which is defined as non-duplicate *C. difficile* LabID Events identified > 3 days after admission to the facility.

**Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in CDC NHSN*

Reminder.....

Community-onset LabID Events and admission prevalence of a facility will play an important role in assignment of LabID Event onset, and so both HO and CO LabID Events must be reported into NHSN.

Will a patient in my facility still be categorized as CO-HCFA if he/she spent time in another healthcare facility between admissions to my facility?

YES. Although the patient could have spent time at another facility in the time between previous discharge and the new admission, this additional information is not utilized because of burden for searching outside of one's own facility. The optional fields *can be used, if a facility wants to track such information for internal purposes*

LabID Events categorized as CO-HCFA are simply an additional level and subset of the categorized CO events.

Healthcare facilities are NOT penalized for CO-HCFA LabID Events

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)?

YES. A LabID Event will be categorized as HO if specimen collection is >3 days after admission to the facility. No exceptions!!

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

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 Event Reporting for Long-Term Care Hospital (Referred to as Long-Term Acute Care in NHSN)**

- ✓ *C. difficile* LabID Events must be reported at the facility-wide Inpatient (FacWideIN) level, which includes reporting LabID Events from each mapped unit inside the LTAC.
- ✓ Report facility-wide denominators summed across all inpatient LTAC locations (total facility patient days and total facility admissions) with FacWideIN selected as the location. This may include removing counts of locations with different CCNs, if applicable (example: counts from an inpatient rehabilitation facility with different CCN located inside LTAC must be excluded).

Let's Review

***C. difficile* LabID Event Reporting for Long-Term Care Hospital (Referred to as Long-Term Acute Care in NHSN)**

- ✓ All CDI 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.

Identify the LabID Events

	Pt	Admit Date/ Location	Specimen Collection Date/Loc	Specimen Source	Lab Result	LabID Event? Location?	Explanation
1	Joe	02/15/15 1-S	02/16/15 1-S	Stool	C. Diff toxin +	YES / 1-S	1st C. diff in location (1-S)
2	Joe	02/15/15 1-S	02/20/15 2-W	Stool	C. Diff toxin +	YES 2-W	First C. diff for location
3	Joe	02/15/15 1-S	03/01/15 2-W	Stool	C. Diff toxin +	No	Duplicate ≤14 days
4	Joe	02/15/15 1-S	03/10/15 2-W	Stool	C. Diff toxin +	No	≤ 14 days previous <u>specimen</u>
5	Joe	02/15/15 1-S	03/10/15 1-S	Stool	C. Diff toxin +	YES / 1-S	NEW location; >14 days

Assume all specimens collected are shown

"CHECKLIST"

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

- ✓ Review location options and map inpatient locations.
- ✓ 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 Event Reporting Denominator Data

Facility-wide Inpatient Denominator Reporting

- Required to exclude and indicate that inpatient locations with a different CMS Certification Number (CCN) have been removed from the LTAC monthly FacWideIN denominator counts (patient days and admissions)
 - Summary counts for FacWideIN will show proof of exclusion for patient days and admission counts from patient care units with separate CCNs (e.g., inpatient rehabilitation facilities [IRF], inpatient psychiatric facilities [IPF], etc.).
 - CDC Form 57.127 (MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting)
 - Detailed guidance available in the Table of Instructions for Form 57.127

Denominator Data

- Click on 'Summary Data' and then 'Add' on the left-hand navigation bar.
- Select 'MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring' from the Summary Data Type dropdown menu (see screenshot below). NOTE: This is a different form than the one you use to report summary data for CLABSI and CAUTI.

The screenshot shows the NHSN web application interface. At the top, there is a blue header with the CDC logo and the text "Department of Health and Human Services Centers for Disease Control and Prevention". Below this is a dark blue navigation bar with "NHSN - National Healthcare Safety Network" and "NHSN Home | My Info". The main content area has a light blue background. On the left, there is a vertical navigation menu with the following items: "NHSN Home", "Alerts", "Reporting Plan", "Patient", "Event", "Procedure", "Summary Data", "Import/Export". Under "Summary Data", there are four sub-items: "Add", "Find", "Incomplete", and "Delete AUR Data". A red arrow points to the "Add" sub-item. To the right of the menu, the main content area displays "Add Patient Safety Summary Data". Below this title, there is a dropdown menu labeled "Summary Data Type:" with the selected value "MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring". Below the dropdown menu, there are two buttons: "Continue" and "Back". A red arrow points to the "Continue" button.

Denominator Data

- On the summary data entry screen, select FACWIDEIN as the location for which you are entering the summary data.
- After selecting the FACWIDEIN location, month, and year, six summary data fields will become required.

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

Mandatory fields marked with *

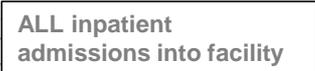
Facility ID*: 10000 (LTAC Hospital)  [HELP](#) [Print Form](#)

Location Code*: FACWIDEIN - Facility-wide Inpatient (FacWIDEIn) v

Month*: January v

Year*: 2015 v

General

Setting: Inpatient Total Facility Patient Days*: Total Facility Admissions*:  

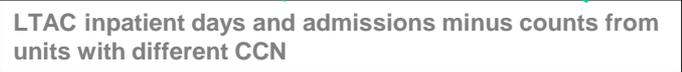
Setting: Outpatient (or Emergency Room) Total Facility Encounters:

If monitoring MDRO in a FACWIDE location, then subtract all counts from patient care units with unique CCNS (IRF, IPF, etc) from Totals:

MDRO Patient Days*: MDRO Admissions*: MDRO Encounters:

If monitoring C. difficile in a FACWIDE location, then subtract all counts from patient care units with unique CCNS (IRF, IPF, etc) as well as NICU and Well Baby counts from Totals:

CDI Patient Days*:  CDI Admissions*:  CDI Encounters:



"CHECKLIST"

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

- ✓ Review location options and map inpatient locations.
- ✓ 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 Report No Events

- If you have identified and reported both MRSA bacteremia and *C. difficile* LabID events during the month, you are finished with your reporting for the month and can skip this step.
- If you have not identified any LabID events for MRSA bacteremia or *C. difficile* at the end of a month, you must indicate this on the summary data record in order for your data to be sent with CMS.
- On the MDRO and CDI Module summary data form, checkboxes for “Report No Events” are found underneath the patient day and admission count fields, as seen in the screenshot below.

MDRO & CDI Infection Surveillance or LabID Event Reporting										
Specific Organism Type	MRSA	Report No Events	VRE	Report No Events	MDR- Acinetobacter	Report No Events	<i>C. difficile</i>	Report No Events		
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
LabID Event (Blood specimens only)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

If you identify and enter LabID events for an organism after you’ve already checked the “Report No Events” box, the “Report No Events” check will automatically be removed in the NHSN database.

Denominator Data Report No Events

- Select CDI Test type quarterly (last month of each calendar-year quarter- March; June; September; December)

**For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Enzyme immunoassay (EIA) for toxin | <input type="checkbox"/> GDH plus NAAT (2-step algorithm) |
| <input type="checkbox"/> Cell cytotoxicity neutralization assay | <input type="checkbox"/> GDH plus EIA for toxin, followed by NAAT for discrepant results |
| <input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) | <input type="checkbox"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) |
| <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) | <input type="checkbox"/> Other (specify): _____ |

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report.)

More about CDI Test Type...

- Important to select correct CDI test type for future risk adjustment.
- If “Other” is selected when a more appropriate response is available on the form, your facility’s data will not be risk-adjusted to the most appropriate level.
- “Other” should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided.

LabID Event Calculator

- Available for use with *C. difficile* and MDRO LabID Event reporting
- Aids in decision making around the 14-day rule
- External calculator

MDRO Lab ID Calculator

Welcome to the Multidrug-resistant Organism and Clostridium difficile LabID Event Calculator (LabID Calculator) which implements the National Healthcare Safety Network (NHSN) MDRO and *C. difficile* surveillance definitions. The calculator is designed as a learning tool for understanding the [...more](#)

Enter a Reporting Plan...

Choose an organism to track

- MRSA
- MSSA
- VRE
- CephR-Klebsiella
- CRE-E.coli
- CRE-Klebsiella
- MDR-Acinetobacter
- CDIF-C. difficile

All Specimen Types: Blood Specimens Only:

Use Generic Locations: Type In Your Own:

Choose a reporting month Choose a reporting year

Next...

To Begin.....

- 1: Choose Organism
- 2: Select reporting type (MRSA/MDRO): *ALL specimen Types* or *Blood Specimens Only*
- 3: Select *Generic Locations* or *Type in Your Own Locations*
- 4: Choose a reporting month and year

MDRO Lab ID Calculator

Welcome to the Multidrug-resistant Organism and Clostridium difficile LabID Event Calculator (LabID Calculator) which implements the National Healthcare Safety Network (NHSN) MDRO and C. difficile surveillance definitions. The calculator is designed as a learning tool for understanding the [... more](#)

Enter a Reporting Plan...

Choose an organism to track ▲

- MRSA
- MSSA
- VRE
- CephR-Klebsiella
- CRE-Ecoli
- CRE-Klebsiella
- MDR-Acinetobacter
- CDIF-C. difficile ▼

All Specimen Types: Blood Specimens Only:

Use Generic Locations: Type In Your Own:

Choose a reporting month ▼

Choose a reporting year ▼

Next...

MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

Back to instructions...

Clear Data...

Start Over

Close

Calculate Lab

- Specimen collection date
- Organism
- Specimen Body Site
- Specimen Type
- Location of patient at time of specimen collection.

Date	Positive for...	Specimen Body Site	Specimen Type	Location	Reportable
11/16/2013	...	...	...	...
11/17/2013	...	...	...	...
11/18/2013	...	...	...	...
11/19/2013	...	...	...	...
11/20/2013	...	...	...	...
11/21/2013	...	...	...	...
11/22/2013	...	...	...	...
11/23/2013	...	...	...	...
11/24/2013	...	...	...	...
11/25/2013	...	...	...	...
11/26/2013	...	...	...	...
11/27/2013	...	...	...	...
11/28/2013	...	...	...	...
11/29/2013	...	...	...	...
11/30/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	UNK
12/1/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	ARTERY -Artery sample	BURN ICU	YES
12/2/2013	...	...	...	...
12/3/2013	...	...	...	...
12/4/2013	...	...	...	...
12/5/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/6/2013	...	...	...	...
12/7/2013	...	...	...	...
12/8/2013	...	...	...	...
12/9/2013	...	...	...	...
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013	...	...	...	...

MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

[Back to instructions...](#)

- Once all applicable specimens have been entered, click **Calculate Lab ID**
- Review Reportable column for validation of reportable LabID Events

Date	Positive for...	Specimen Body Site	Specimen Type	Location	Reportable
11/16/2013	...	...	...	...
11/17/2013	...	...	...	...
11/18/2013	...	...	...	...
11/19/2013	...	...	...	...
11/20/2013	...	...	...	...
11/21/2013	...	...	...	...
11/22/2013	...	...	...	...
11/23/2013	...	...	...	...
11/24/2013	...	...	...	...
11/25/2013	...	...	...	...
11/26/2013	...	...	...	...
11/27/2013	...	...	...	...
11/28/2013	...	...	...	...
11/29/2013	...	...	...	...
11/30/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	UNK
12/1/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	ARTERY -Artery sample	BURN ICU	YES
12/2/2013	...	...	...	...
12/3/2013	...	...	...	...
12/4/2013	...	...	...	...
12/5/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/6/2013	...	...	...	...
12/7/2013	...	...	...	...
12/8/2013	...	...	...	...
12/9/2013	...	...	...	...
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO

Reportable LabID Events

MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
Location: Facility Wide
Organism: MRSA
Scope: All Specimens

[Back to instructions...](#)

Clear Data...

Start Over

Close

Calculate Lab ID

- NOTE: Admission date is not collected and therefore the protocol rules for specimens collected from affiliated outpatient locations must be applied.

Date	Positive for...	Specimen Body Site	Specimen Type		
11/16/2013	...	...	...	...	...
11/17/2013	...	...	...	...	...
11/18/2013	...	...	...	...	...
11/19/2013	...	...	...	...	...
11/20/2013	...	...	...	...	...
11/21/2013	...	...	...	...	...
11/22/2013	...	...	...	...	...
11/23/2013	...	...	...	...	...
11/24/2013	...	...	...	...	...
11/25/2013	...	...	...	...	...
11/26/2013	...	...	...	...	...
11/27/2013	...	...	...	...	...
11/28/2013	...	...	...	...	...
11/29/2013	...	...	...	...	...
11/30/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	UNK
12/1/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	ARTERY -Artery sample	BURN ICU	YES
12/2/2013	...	...	...	...	...
12/3/2013	...	...	...	...	...
12/4/2013	...	...	...	...	...
12/5/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/6/2013	...	...	...	...	...
12/7/2013	...	...	...	...	...
12/8/2013	...	...	...	...	...
12/9/2013	...	...	...	...	...
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013	...	...	...	...	...

Reportable LabID Events

LabID Event Calculator

- Grayed dates are outside of the selected reporting month.
- Only enter positive lab results for applicable specimens in the grayed dates to calculate the 14 day rule.
***NOTE:** A determination is not provided for lab results entered into the grayed dates since these are outside of the selected reporting month.*
- You may change values, and recalculate as many times as you wish for a given reporting plan.
- To get an explanation of a determination, click on the YES/NO/UNK values that will appear in the right column.
- If you need to enter more than one lab result on a calendar day, click on the applicable date to generate a new row.

MDRO Lab ID Calculator

Reporting Plan:

Reporting month: December, 2013
 Location: Facility Wide
 Organism: MRSA
 Scope: All Specimens

[Back to instructions...](#)

Clear Data...

Start Over

Close

Calculate Lab ID

Date	Positive for...	Specimen Body Site	Specimen Type	Location	Reportable
11/16/2013	...	...	...	...
11/17/2013	...	...	...	...
11/18/2013	...	...	...	...
11/19/2013	...	...	...	...
11/20/2013	...	...	...	...
11/21/2013	...	...	...	...
11/22/2013	...	...	...	...
11/23/2013	...	...	...	...
11/24/2013	...	...	...	...
11/25/2013	...	...	...	...
11/26/2013	...	...	...	...
11/27/2013	...	...	...	...
11/28/2013	...	...	...	...
11/29/2013	...	...	...	...
11/30/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	UNK
12/1/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	ARTERY -Artery sample	BURN ICU	YES
12/2/2013	...	...	...	...
12/3/2013	...	...	...	...
12/4/2013	...	...	...	...
12/5/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/6/2013	...	...	...	...
12/7/2013	...	...	...	...
12/8/2013	...	...	...	...
12/9/2013	...	...	...	...
12/10/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/11/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	CARDIAC ICU	YES
12/12/2013	MRSA	CARD -Cardiovascular/ Circulatory/ Lymphatics	BLDSPC -Blood specimen	BURN ICU	NO
12/13/2013	...	...	...	...