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
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.
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

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

** CDC NHSN: [http://www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)
**Long-Term Care Hospital Quality Reporting Program Overview - 3**

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<thead>
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<tbody>
<tr>
<td>Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)</td>
<td>October 1, 2014</td>
<td>LTCH CARE Data Set</td>
<td>FY 2016 and subsequent</td>
</tr>
<tr>
<td>Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)</td>
<td>October 1, 2014</td>
<td>CDC NHSN</td>
<td></td>
</tr>
<tr>
<td>All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Long-Term Care Hospitals (NQF #2512*)</td>
<td>N/A**</td>
<td>N/A**</td>
<td>FY 2017 and subsequent</td>
</tr>
</tbody>
</table>

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

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<tr>
<td>National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)</td>
<td>January 1, 2015</td>
<td>CDC NHSN</td>
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<tr>
<td>NHSN Facility-Wide Inpatient Hospital-Onset Clostridium Difficile Infection (CDI) Outcome Measure (NQF #1717)</td>
<td>January 1, 2015</td>
<td>CDC NHSN</td>
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<tr>
<td>National Healthcare Safety Network Ventilator-Associated Event (VAE) Outcome Measure</td>
<td>January 1, 2016</td>
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<td>Application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)</td>
<td>April 1, 2016</td>
<td>LTCH CARE Data Set</td>
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<tr>
<td>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</td>
<td>April 1, 2016</td>
<td>LTCH CARE Data Set</td>
<td>FY 2018 and subsequent</td>
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<tr>
<td>Functional Status Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support</td>
<td>April 1, 2016</td>
<td>LTCH CARE Data Set</td>
<td></td>
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• 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.
For information about collection and submission of LTCH quality measure data using the LTCH CARE Data Set, please visit:

- LTCH Quality Reporting Program webpage

For information about collection and submission of LTCH quality measure data using the CDC’s NHSN, please visit:

- [http://www.cdc.gov/nhsn/cms/index.html#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

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*Extended to November 15, 2014 through subregulatory guidance
Quarterly Data Submission Deadline for Pressure Ulcer (NQF #0678)

For FY 2016 Payment Update Determination

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

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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

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LTCHQR Program Website and Resources

● 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*
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
  - ≈ 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?
Overview of CMS Requirements

Long-Term Care Hospitals (LTCH)
Online Resources – CMS Related


- Protocols
- Training opportunities
- Operational Guidance documents
- Helpful Tips
- Analysis
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*
Patient Safety Component

4 Modules

Patient Safety Component

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

**Location Specific**

- **Selected Locations**
  - Report LabID Events separately from all specific locations being monitored
  - Separate numerator and denominator from each chosen location

- **All Locations**

**Overall Facility-wide Inpatient (FacWideIN) and/or Outpatient (FacWideOUT)**

- **All Inpatient Locations**
  - Denominators for entire facility (patient days & admissions) PLUS Encounters (ED & 24-hour observation)

- **All Outpatient Locations**
  - One denominator for all outpatient locations (patient encounters)
FacWideIN Reporting for LTAC

Overall Facility-wide Inpatient (FacWideIN)

All Inpatient Locations in facility

Report LabID Events from each location separately (numerator)

Report facility-wide denominators summed across all inpatient LTAC locations (total facility patient days and total facility admissions) with FacWideIN selected as the location.

*Note: Long-Term Care Hospitals (LTCH) are referred to as Long-Term Acute Care Hospitals (LTAC) in NHSN*
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
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*: 2 S
Your Label*: LTAC-MEDICAL

CDC Location Description*: Acute: Ward: LTAC

Status*: Active

Bed Size: 199 A bed size greater than zero is required for most inpatient locations.

Find Add 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

Add Monthly Reporting Plan

Mandatory fields marked with *

- **Facility ID**: DHQP Memorial Hospital (ID 10000)
- **Month**: June
- **Year**: 2013

**Multi-Drug Resistant Organism Module**

- Locations
- Specific Organism Type

Process and Outcome Measures

- Infection Surveillance
- AST-Timing
- AST-Eligible
- Incidence Prevalence

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.
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

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

Add Event

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

Patient Information

Facility ID*: Pleasant Valley Hospital (ID 10312)  Event #: 24941
Patient ID*: DS3636
Social Security #: 
Last Name: 
Middle Name: 
Gender*: F - Female
Ethnicity: 
Race: □ American Indian/Alaska Native □ Asian
□ Black or African American □ Native Hawaiian/Other Pacific Islander
□ White

Secondary ID: 
First Name: 
Date of Birth*: 05/16/1943
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.
### 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.)
The admission date should reflect the date the patient was physically admitted to the LTAC as an inpatient.
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*
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.
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**

- **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**

- **Event Type**: BSI - Bloodstream Infection
- **Post-procedure**: N - No
- **Date of Event**: 01/07/2013
- **MDRO Infection Surveillance**: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module
- **Date Admitted to Facility**: 01/02/2013

**Risk Factors**

- **Central line**: Y - Yes

**Pathogen**: Staphylococcus aureus - SA

**Risk Factors Table**

<table>
<thead>
<tr>
<th>Drug</th>
<th>CIPRO</th>
<th>LEVO</th>
<th>MOXI</th>
<th>DOXY</th>
<th>MINO</th>
<th>CEFox</th>
<th>METH</th>
<th>OX</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
<td>CSOR</td>
</tr>
</tbody>
</table>
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

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

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
## CDI LabID Event: Laboratory Testing

<table>
<thead>
<tr>
<th>Diagnostic Test</th>
<th>Demonstrates Evidence of Toxigenic Strain</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glutamate dehydrogenase (GDH) antigen</td>
<td>YES</td>
<td>Detects antigen in both toxin and non-toxin producing strains</td>
</tr>
<tr>
<td>Toxin enzyme immunoassay (EIA)</td>
<td>X</td>
<td>• <em>C. difficile</em> toxin A and/or B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• GDH plus EIA for toxin (2-step algorithm)</td>
</tr>
<tr>
<td>Nucleic acid amplification test [NAAT](e.g., PCR, LAMP)</td>
<td>X</td>
<td>• <em>C. difficile</em> toxin B gene</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• GDH plus NAAT (2-step algorithm)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• GDH plus EIA for toxin, followed by NAAT for discrepant results</td>
</tr>
<tr>
<td>Cell cytotoxicity neutralization assay (CCNA)</td>
<td>X</td>
<td>• Requires tissue culture</td>
</tr>
<tr>
<td>Toxigenic (cytotoxic) <em>C. difficile</em> culture</td>
<td>X+</td>
<td>• Requires use of second test for toxin detection</td>
</tr>
</tbody>
</table>
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**

(+) *C. difficile* toxin test result per patient and location

Prior (+) in ≤ 2 weeks per patient and location

- **No** → LabID Event
- **Yes** → Duplicate *C. difficile* → Not a LabID Event
Add Event

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

Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Facility ID*</td>
<td>Pleasant Valley Hospital (ID 10312)</td>
</tr>
<tr>
<td>Patient ID*</td>
<td>DS3636</td>
</tr>
<tr>
<td>Social Security #</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
</tr>
<tr>
<td>Gender*</td>
<td>F - Female</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>American Indian/Alaska Native</td>
</tr>
<tr>
<td>Date of Birth*</td>
<td>05/16/1943</td>
</tr>
<tr>
<td>Secondary ID</td>
<td></td>
</tr>
<tr>
<td>First Name</td>
<td></td>
</tr>
</tbody>
</table>

Event #: 24941
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.
### 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!!!
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

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

Assume all specimens collected are shown
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.
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.

- ALL inpatient locations in facility
- ALL inpatient admissions into facility
- LTAC inpatient days and admissions minus counts from units with different CCN

CCN = CMS Certification Number
“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.

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.
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)

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- 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
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
Reporting Plan:

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

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Positive for</th>
<th>Specimen Body Site</th>
<th>Specimen Type</th>
<th>Location</th>
<th>Reportable</th>
</tr>
</thead>
<tbody>
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<td>11/17/2013</td>
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<tr>
<td>11/30/2013</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
<td>BLDSC - Blood specimen</td>
<td>BURN ICU</td>
<td>UNK</td>
</tr>
<tr>
<td>12/1/2013</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
<td>ARTERY - Artery sample</td>
<td>BURN ICU</td>
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</tr>
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<td>12/2/2013</td>
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<td>12/5/2013</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
<td>BLDSC - Blood specimen</td>
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<td>12/10/2013</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
<td>BLDSC - Blood specimen</td>
<td>BURN ICU</td>
<td>NO</td>
</tr>
<tr>
<td>12/11/2013</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
<td>BLDSC - Blood specimen</td>
<td>CARDIAC ICU</td>
<td>YES</td>
</tr>
<tr>
<td>12/12/2013</td>
<td>MRSA</td>
<td>CARD - Cardiovascular/ Circulatory/ Lymphatics</td>
<td>BLDSC - Blood specimen</td>
<td>BURN ICU</td>
<td>NO</td>
</tr>
<tr>
<td>12/13/2013</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
<td>...</td>
</tr>
</tbody>
</table>
• Once all applicable specimens have been entered, click Calculate Lab ID

• Review Reportable column for validation of reportable LabID Events
NOTE: Admission date is not collected and therefore the protocol rules for specimens collected from affiliated outpatient locations must be applied.
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.