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General Questions

Q. How do I de-active a user from accessing our NHSN data?

The current NHSN facility administrator or another NHSN user with facility administrative rights may deactivate a current NHSN user by following the below directions:

1. Log into NHSN
2. On the left navigation pane, select **Users>Find>**
3. Select **Find** again for a list of users to populate
4. From the list, select the box to the left of the person's name and **click the "Deactivate" button** and confirm by clicking "OK".

-OR-

1. Follow steps 1-3 above
2. From the populated list of users, select the hyperlink (user's name)
3. When the user's profile opens, select Edit and change User Active from Yes to "NO".

Q. Is there a cut-off date for facilities to enter data and correct alerts?

The expectations are that data will be entered and alerts will be resolved in a timely manner, so data are available for analysis. While there is not an established cut-off date for entering LTCF data, CDC-NHSN recommends users to complete data entry and resolve alerts by the end of each month for the previous month's submission to prevent data backlog, which is more prone to errors. For example, if a user has outstanding data and/or alerts for October, the data entry and alerts should be resolved no later than the 30th day of November.

Q. Do I have to get resident permission before reporting data to NHSN?

Public health surveillance does not fall under HIPAA and CDC-NHSN has safeguards to protect PII and ensure privacy. Additionally, NHSN was developed as a quality improvement tool to support infection surveillance and prevention activities. Therefore, individual patient/resident permission would not be required for a facility to use the system for their own, local, quality improvement activities.

Q. Can a person be the NHSN administrator for multiple facilities?

Yes. The person will use the same SAMS grid card to access all facilities in which he /she is listed as a user. **Note--** the same email address must be used for NHSN and SAMS.

Q. I am trying to enter an event into NHSN, and my facility locations are not showing in the "location" drop-down box.

Verify that resident locations have been set-up (mapped) in the NHSN application for your facility. NHSN provides step-by-step instructions for mapping resident locations, which is accessible by clicking or copying and

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pasting the URL of the below link. Please note, users must scroll to the “adding/mapping LTCF locations” section of the presentation. [Facility Set-up 2023 \(cdc.gov\)](#)

Q. How do we reassign/change the NHSN Facility Administrator?

The NHSN facility administrator role will need to be re-assigned if the current NHSN facility administrator is leaving or no longer working at the facility.

OPTION 1 (preferred option)-The preference is for the outgoing NHSN facility administrator to re-assign the role to a current or new NHSN user in the NHSN application before he/she is deactivated as a facility user (or is no longer working at the facility). This can be done by the outgoing NHSN Facility Administrator by completing the following steps

1. Log-in to NHSN using SAMS credentials
2. From left navigation bar, select “**Facility**”
3. Then select “**Add/Edit Component**”
4. From the Facility Information Page, scroll down to “**Contact Information**”
5. Click on “**Reassign**” next to the outgoing NHSN Facility Administrator
6. On the *Users Reassign List*, either select a listed NHSN user or select “Add User” to reassign the NHSN Facility Administrator role. Once selected, follow the instructions on the screen.

Important Notes:

- If adding a new NHSN user, you will be required to assign an NHSN “user ID” which you will make up. For example, use the first initial and last name of the new user (TWright).
- Additionally, you will be required to add the legal name (must match identity documents, such as driver license, a phone number, and a correct e-mail address).

OPTION 2: If the role of NHSN facility administrator cannot be re-assigned by the outgoing NHSN facility administrator, the facility must request NHSN to manually re-assign the role. This request can be made by completing the [NHSN Facility Administrator Change Request Form](#) (CDC 57.104), which can be accessed by clicking the lined title above or by copying and pasting the following URL in your web-browser: [Change NHSN Facility Administrator | NHSN | CDC](#)

Important Notes:

1. The individual signing the written request cannot be the same person being named as the new NHSN facility administrator.
2. Allow up to 5 business days for the change request to be verified and completed.
3. After NHSN completes the process, the role of NHSN facility administrator will be re-assigned to the designated person. If the new NHSN facility administrator does not already have access to NHSN, then he or she will receive an e-mail with instructions to register with SAMS. SAMS registration is required before the new NHSN Facility Administrator can gain access to the NHSN application.

Annual Survey

Q. What is a National Provider ID (10-digit number)?

An NPI (National Provider Identifier) is an identification number given to health care providers by the CMS (Centers for Medicare and Medicaid Services). It is a 10-digit number used for a variety of reasons in the health industry. It is not the same number as the CCN. The facility billing department should have this number. There is a national registry for the NPI number which can be accessed online at <https://npiregistry.cms.hhs.gov/> or <https://npidb.org/>

Q. The NHSN LTC Annual Facility Survey requires nursing homes to identify the primary diagnostic testing method for *C. difficile*. How does the nursing home answer this question if the facility uses more than one laboratory?

LTCFs are encouraged to contact the diagnostic laboratory to which most of the resident samples/specimens are sent. In discussion with that laboratory, facilities can identify the primary diagnostic testing method for *C. difficile* used by that laboratory to report on the NHSN annual facility survey.

Q. When a LTCF is entering information for the Annual Facility Survey, can the entered data be saved and completed at a later time?

No. When completing the LTCF Annual Facility Survey, all data entry must occur in one sitting. Meaning, a user cannot enter information, save the survey, and complete data entry at later time. Users are encouraged to print the enrollment form and manually complete the Annual Facility Survey prior to entering the information in the NHSN application. The form and instructions for completing the Annual Facility Survey are located on the LTCF home page under data collection forms: https://www.cdc.gov/nhsn/forms/57.137_LTCFSurv_BLANK.pdf
<https://www.cdc.gov/nhsn/forms/instr/57.137-toi-annual-facility-survey.pdf>

Q. Will facilities be required to complete annual facility survey on a yearly basis?

All LTCFs have the option to complete the survey, however, the survey is not required for facilities participating only in the COVID-19 module.

1. Facilities will not lose NHSN access after March 1.
2. Facilities that are currently, or plan to participate in, additional modules any time during 2023, such as healthcare associated infections (urinary tract infections), laboratory-identified events for *C. difficile* and/or multidrug resistant organisms, and/or prevention process measures are required to complete the survey either prior to March 1, or prior to reporting in the non-COVID-19 module(s), if beginning after March.
3. Please be aware that facilities with incomplete surveys may continue to see the "Survey Required 20xx" alert under Action Items on the NHSN LTCF home page, but no action is required unless the facility plans to participate in the available non-COVID-19 modules.

Q. Can I make edits to an annual facility survey after it has been submitted?

Yes. A user may edit the annual facility survey by logging into the NHSN application home page and on the left navigation bar; Click **SURVEYS > FIND >**. Next, select the SURVEY YEAR for the survey you are making edits and click FIND. Once the survey opens, scroll all the way to the bottom and select EDIT. Once updates are made, select SAVE.

Enrollment

Q. My facility assigned me a generic email address. Will this impact NHSN enrollment since an individual email address I needed for NHSN and SAMS?

Maybe. When enrolling a facility in NHSN or when adding a new user in an enrolled NHSN facility, employees must provide a valid email address. This email address will be used to receive correspondence from the NHSN and to gain access to the NHSN through SAMS. It is strongly recommended that employees use their own company email address (for example, firstnamelastname@organization.org) and NOT a generic email address (for example, genericDON@organization.org) since the e-mail address will be used as a unique identifier to gain access to the system.

If a facility is unable to provide an individualized or unique email address to the employee responsible for entering data into NHSN and a generic email address (for example, genericDON@organization.org) is used, the facility is ultimately responsible for working with the employee to: (1) delete their SAMS account or (2) remove the generic email address from their SAMS account once they leave and are no longer employed at the facility (see details below). The SAMS user support team is not able to delete an existing account unless the account holder (specifically, employee) contacts them directly.

Q. Must my skilled nursing facility (SNF) enroll separately in NHSN if located inside a hospital?

Maybe. If your SNF is located inside of an acute care hospital (ACH) and has a separate 6-digit CMS certification number (CCN), then the SNF should be enrolled as a separate NHSN facility type (LTC:SKILLNURS) and report using the protocols in the Long-term Care Facility Component. The SNF will have its own 6-digit CCN with the last four digits between 5000-6499

Q. What if I don't know my CCN or CCN effective date/participation date?

Please refer to this look-up tool <https://qcor.cms.gov/main.jsp> and select "Basic Search" to the left under "Tools" to look up the correct CCN and effective date for the facility.

Q. Do I need to update the CMS Certification Number (CCN)? If so, how do I update the CCN for our facility?

Yes. Every facility must have the correct CCN listed in the NHSN application. If a facility is newly certified, changes ownership, or enrolled into NHSN using a temporary ID number instead of their CMS Certification Number (CCN), the NHSN facility administrator or an NHSN user with administrative rights is able to add/update the facility's CCN within the facility contact information section of the application.

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To add or edit a facility CCN, please see following guidance document under Guidance Documents on NHSN LTCF home page: [Adding/Editing a CMS Certification Number within NHSN](#) or copy and paste the following URL into your Internet browser: <https://www.cdc.gov/nhsn/pdfs/cms/Changing-CCN-within-NHSN.pdf>

Q. I need a temporary enrollment number to enroll my facility.

Please contact nhsn@cdc.gov

Q. Can an employee use their own personal email address (for example, Gmail account) to enroll in NHSN and SAMS?

Yes. There are no email address restrictions when registering to participate in NHSN. Any functional email account may be used. Facilities should develop their own policy for use of non-facility email addresses. It is important to note however, that all NHSN communications are sent to the email address used to register with NHSN and SAMS. Thus, if a personal email address is used, employees should have access to their personal email (for example, Gmail account) during work hours in order to receive timely and up-to-date information sent by the NHSN.

Q. What is the best Internet browser to use for NHSN?

To have the best experience with NHSN, use a recommended, up-to-date browser. We recommend: Microsoft Edge (latest version), Chrome (latest version), Firefox (latest version), or Safari (latest version).

Other browsers or older versions of the recommended browsers may work, however certain features may be incompatible. Please review [information regarding System requirements: FAQs About NHSN | NHSN | CDC.](#)

Q. What is my User ID?

NHSN User ID is a label used to identify users in the NHSN application. The User ID is created by the NHSN user during facility enrollment or when a new user is added to the NHSN application. Most users will set-up their NHSN User ID as being the first initial and last name (i.e., A Smith). The NHSN User ID can have up to 32 characters or numbers. It cannot be an email-address or contain any special characters (i.e., %\$&).

Q. How do I add a user to my facility?

After facility enrollment is complete and activated in NHSN, the NHSN Facility Administrator may add users to the account.

- Log into SAMS
- Select NHSN Reporting
- On left-side Navigation pane, select Users > ADD
- Complete the required fields and click "SAVE"
- You will then be prompted to assign the new user rights

- Click on “Save”

*Please check to ensure that you have added users as an “Active User.”

If a newly added user does not have SAMS access, they should receive an email confirmation following this process. The email will also ask the new user to click on the corresponding link to agree to the NHSN Rules of Behavior. Once they agree to the Rules of Behavior, NHSN will automatically submit.

SAMS

Q. Do all NHSN users need a SAMS card, or can one card be used for an entire facility?

All NHSN users are required to be registered with SAMS and have their own SAMS grid card or soft token credentials. It is important to note that SAMS registration is owned by the employee registering and NOT the facility.

Q. What is the SAMS grid card or soft token used for?

The SAMS Grid or soft token is used as part of the NHSN log in process as an identity verification step to provide additional security. All level 3 users must have a SAMS grid card or soft token to access the NHSN application.

Q. Can an individual with a SAMS account just share their credentials with others in the facility?

No, only the user who underwent the SAMS registration process and accepted the NHSN Rules of Behavior should have access to their account for security purposes. Each SAMS account is owned by the individual who enrolled and thus, they are responsible for all activity under their account. Under no circumstances should employees share their GRID cards or other protected information with other personnel. Each employee needing access to NHSN should open their own SAMS account and proceed through the credentialing process.

Q. What do I do if I add a user to NHSN, but he/she does not receive the NHSN e-mail with instructions to agree to the NHSN Rules of Behavior to initiate the SAMS process?

Be sure the correct e-mail was entered for the user. If so, contact nhsn@cdc.gov for help resolving the issue.

Q. When submitting ID proof can a user take a photo with a cell phone and upload the picture?

Yes. Users can upload documents using their Smart Phones. Uploading/scans are always better as they are easier to read. SAMS helpdesk can be reached at: SAMShelp@cdc.gov

Q. What should I do if I lose my SAMS Grid?

Contact the SAMS helpdesk in order to receive a new Grid Card SAMShelp@cdc.gov

You can reach the SAMS Help Desk between the hours of 8:00 AM and 8:00 PM EST Monday through Friday (except for U.S. Federal holidays) at the following:

Local: 404-498-6065

Toll Free: 877-681-2901

Email: samshelp@cdc.gov

Q. If an employee leaves a facility, is their SAMs account automatically terminated?

No, each SAMS account is owned by an individual. Thus, if an employee leaves a facility, they still have access to their SAMS account. However, a facility can and should deactivate the employee's NHSN profile to disable further access to the facility's NHSN account.

Q. What do I need to do if I get a new e-mail address?

In order to continue access to the facility in NHSN, an e-mail update must be done in **both** SAMS and the NHSN application and be the exact same.

Review the guidance document [How to Edit Email Addresses in SAMS and NHSN Facilities \(cdc.gov\)](https://www.cdc.gov/nhsn/datacollection/sams/How_to_Edit_Email_Addresses_in_SAMS_and_NHSN_Facilities.pdf) to change the email address in both SAMS and NHSN.

Important: When editing an email, the email address in SAMS needs to be updated **first** or the user will lose access to NHSN. If the email in the NHSN facility is inadvertently changed first, and a user can no longer log in, please contact SAMSHelp@cdc.gov and request that the user's SAMS profile be updated with the new email address.

Remember! The email in SAMS and the NHSN facility must be identical for a user to access the facility.

Please contact NHSN@cdc.gov with any questions.

Q. If an employee with SAMS/NHSN access is transferring to another facility, but still needs their SAMS account, would they have to recreate an account at the new facility?

Not necessarily, the user enrolling in SAMS owns their SAMS account, so they may transfer that account to a new facility. However, it is their responsibility to ensure they have access to the email address used to create the account. If they will no longer have access to the email account once they are no longer employed at the facility, the EMPLOYEE must change their email in SAMS to another functioning email (for example, either the new facilities email or a personal email address such as Gmail).

Q. What do I do if I forget my NHSN password?

If you cannot log on to SAMS and you do not remember your password, go the login page <https://sams.cdc.gov> and click "**Forgot your password?**" A page will display that will allow you to identify yourself by answering the security questions you configured during your registration. You will then be allowed to change your password.

UTI Event Protocol**Q. Are the NHSN UTI definitions used in hospitals apply to nursing homes?**

No. The NHSN protocols and definitions used by LTCFs in the LTCF Component Module are different from the protocols/definitions used by acute care facilities in the Patient Safety Component module. This means the following rules do **not** apply to LTCFs: 1. The NHSN Infection Window Period; and 2. The Repeat Infection Timeframe.

Please refer to LTCF UTI protocol on the NHSN webpage [HAI Surveillance Protocol for UTI Events for LTCF \(cdc.gov\)](https://www.cdc.gov/nhsn/uti/)

Q. Do I still count a urine culture if aseptic technique was not used during collection?

Yes. The technique to obtain a urine culture is not part of the UTI protocol. NHSNs' aim is not to direct care, but rather to measure the effect of care on outcomes. The facility should use the urine culture technique parameters as stated in its policies and procedures for clinical practice.

Q. How does NHSN define confusion and/or functional decline?

We recognize that McGeer and the MDS have specific parameters to define a new onset of confusion. NHSN surveillance criteria do not require specific parameters. For NHSN surveillance purposes, a documented change in mental status, such as new or worsening mental status (deviation from the normal) can be used to meet NHSN definitions for CA-SUTI, but only when accompanied by leukocytosis.

Q. Do the NHSN criteria for UTI have a specific time period for identifying a second UTI in a resident?

No. The protocol does not incorporate specific rules for identifying subsequent UTI in a resident. Users should take into consideration the overall clinical presentation of the resident when determining if he/she has a new UTI versus a continuation of a recent UTI. Some considerations may include: (1) new or acutely worsening of signs and symptoms; (2) continuation of antibiotics; and (3) new/change in culture results. For example, did the resident get better before the new onset of signs and symptoms or new urine culture? Did the resident complete antibiotics from the first identified UTI? If unsure how to apply the NHSN criteria, users are encouraged to submit specific resident cases (without resident identifier information) to nhsn@cdc.gov for feedback.

Q. How do I determine a baseline temperature for a resident?

Since the LTCF UTI protocol does not specify parameters for what is considered a baseline, facilities should use their internal policy and procedures to define how they will measure/determine a baseline temperature for a resident. In other words, what is "normal" for the resident without outside influences of illness, medications, dehydration, etc.? The primary goal for this criterion to increase the sensitivity and specificity of using "fever" as an indicator for infection. Some facilities will establish a baseline vital sign measurement starting point during

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the initial admission assessment into the LTCF, and when the resident is at his/her healthiest (without infection, dehydration, etc.). These baseline measurements then become a basis for comparison with subsequent measurements to detect changes and abnormal findings.

Q. Define what is meant by “fever of >99°F on repeated occasions”

“Repeated occasions” means more than one documented temperature reading of >99°F. These readings do not have to be consecutive but should be within a reasonable timeframe to indicate a change from the residents’ baseline.

Q. Is there a timeframe that all UTI criteria must be met to be considered a reportable UTI event?

No. The protocol does not include a timeframe in which all the UTI criteria must be met, so clinical judgement must be used when determining if the resident meets NHSN UTI criteria when culture collection and signs and/or symptoms occur on different days. Some facilities use a three-day window, which is reasonable and can be used as an arbitrary timeframe.

Q. When I entered a UTI event into the NHSN application, the “specific event” box is blank. How do I fix this?

The “Specific Event” box will automatically populate with the type of NHSN defined UTI the resident meets (for example, CA-SUTI, SUTI, ABUTI) based on the reported event data including: (1) presence of an indwelling urinary catheter; (2) laboratory and diagnostic data; and (3) signs and symptoms. If the entered data does not meet the NHSN UTI criteria, the “Specific Event” will not populate in the application. This means either the resident does not meet NHSN UTI criteria in which you would not report the event to NHSN, or the correct criteria were inadvertently selected/unselected.

Q. If a resident has a suprapubic catheter, do I still need to report a UTI?

Even though a suprapubic catheter is not considered as an indwelling urinary device, a UTI in a resident with a suprapubic catheter could be reported as a symptomatic urinary tract infection (SUTI) if the NHSN SUTI/non-catheter associated criteria are met.

Q. Does prophylactic antibiotic use count in the denominator for “new antibiotic starts for UTI indication”?

Yes. All new prescriptions for an antibiotic given for a resident for UTI treatment (suspected, diagnosed, prophylaxis) should be included in the count.

Q. How would I assess UTI symptoms in paraplegic and quadriplegic adults who do not have sensation that may meet NHSN UTI criteria?

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These scenarios are quite unique and represent a good example of a resident who may have a clinical UTI, but the documentation does not meet the NHSN criteria. Since the LTCF UTI surveillance definitions are designed to improve consistency in tracking events in populations rather than individual clinical care, surveillance criteria may not be equally sensitive for all resident populations, including those with spinal cord injury, comatose, brain injuries, and heavily sedated residents. A set of criteria that covered every subpopulation with high specificity and sensitivity would be so complicated that it would be very difficult to employ and next to impossible to do so consistently across different facilities. Our recommendation is to use the documented signs and symptoms to determine if the NHSN UTI criteria are met. If the resident appears to have Costovertebral (CV) tenderness or other pain based on facial grimaces and/or other signs, then you can use that documentation to meet the NHSN UTI criteria. However, if the signs/symptoms are not documented, the recommendation is to not report the UTI to NHSN even though the resident may have a clinically treated UTI.

Q. Do I count a UTI event after the resident was discharged?

Surveillance for UTI after the resident is transferred or discharged from the reporting LTCF is not required. However, if discovered, a NHSN UTI event with an event date on the day of discharge or the next calendar day is attributable to the discharging LTCF and should be included in UTIs reported to NHSN for that LTCF. No indwelling urinary catheter days are reported for discharged or transferred residents.

Q. Do I count antibiotic starts for UTI indication if resident is prescribed an antibiotic while in the emergency department?

Maybe. Include only antibiotics for UTI indication that are started while the resident received care in your facility or written/started by outside providers who saw the resident during a brief outpatient visit (for example an outpatient clinic or emergency department) **when the resident returned to the reporting LTCF on the calendar day of the visit or the next calendar day.** Do not include if resident is admitted to the facility.

Q. Do I include urine cultures if ordered by an outside physician in an outpatient clinic or Emergency Department?

Maybe. Include only urine cultures ordered while the resident received care in your facility or ordered by outside providers who saw the resident during a brief outpatient visit (for example an outpatient clinic or emergency department) **when the resident returned to the reporting LTCF on the calendar day of the visit or the next calendar day.**

Do not include urine cultures ordered while resident was admitted in another facility.

Lab-ID Event

Q. What are the most common medications I should look for when determining if a resident is on treatment for *C. difficile* infection?

Some of the common *C. difficile* treatments to look for are oral vancomycin, metronidazole, and fidaxomicin.

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Q. Are laboratory results obtained from an emergency department (ED) or outpatient (OP) setting, such as a physician's office, eligible to be included in LabID Event reporting for the LTCF?

Yes- If a resident returns to the LTCF within 2 calendar days of leaving. In efforts to follow the continuum of care when residents briefly leave the LTCF, specimens collected from OP settings should be reported to NHSN if the resident returns to the LTCF on the calendar day of the OP visit or the next calendar day. Since these specimens are collected during the "current admission" in the LTCF, the categorization of these specimens will be the same as if the specimen was collected while the resident was physically in the LTCF.

Q. If the resident was admitted to our facility with *C. difficile* and our doctor orders another stool culture on the resident, do I have to report positive *C. difficile* LabID event if the specimen collected in our facility is positive?

Yes. **All positive *C. difficile* assays** collected by a resident housed in the reporting LTCF must be reported even if the resident has a history of CDI prior to admission to the reporting LTCF. A positive specimen collected prior to admission to the reporting LTCF (for example, during an admission in another healthcare facility) does **not** preclude reporting for the LTCF.

Q. Should I report a CDI LabID event if the PCR is positive, but the confirmatory EIA is negative?

Yes. All positive LabID specimens must be reported when collected from a resident physically located in the reporting LTCF, as well as positive specimens collected during a brief outpatient visit when the resident returns to the LTCF within two calendar days.

It will be important for LTCFs to select the correct answer on the Annual Facility Survey for *Primary testing method for C. difficile* (for example, 2-step testing NAAT, plus EIA if NAAT if positive) so future risk adjustment methodologies may be applied to data.

Q. Should a resident be counted in the "Number of residents started on antibiotic treatment for *C. diff* if they only received treatment for 1 day?"

Yes. A resident started on medication-antibiotic treatment for *C. difficile* infection should also be captured in the summary data count for "Number of residents started on antibiotic treatment for *C. diff*," if treatment was started. This includes residents that had a negative PCR or EIA test and those residents in which treatment was discontinued after 1 or more days or given empirically. Please see the form instructions for additional information, which can be reviewed by clicking on or copying and pasting the following URL into your Internet browser [Instructions for Completion of MDRO or CDI Monthly Monitoring for LTCF \(cdc.gov\)](https://www.cdc.gov/nhsn/lcdc/mdro-monthly-monitoring-for-ltcf/)

Q. If our resident leaves the LTCF and is subsequently admitted to the hospital, do I need to report a positive *C. difficile* result that was collected while the resident was a patient in the hospital?

No. Any specimens collected during an admission in another healthcare facility are excluded from LabID event reporting for your LTCF.

Q. Do I have to report a LabID event for a specimen collected on the first or second day a resident is admitted to our facility?

Yes. Since January 1, 2020, **all** positive LabID specimens must be reported when collected from a resident physically located in the reporting LTCF, as well as positive specimens collected during a brief outpatient visit when the resident returns to the LTCF within two calendar days. NHSN LabID event reporting is designed to capture both community-onset (CO) and LTCF-onset (LO) events. NHSN will categorize submitted events as Community-onset (CO) or LTCF-onset (LO) based on the current admission date for the resident and the specimen collection date.

Q. How do I assign a LabID Event as community-onset or long-term care facility onset?

The NHSN application will automatically categorize all LabID Events entered in the application based on LabID events submitted to NHSN. The user does not assign these categorizations.

Q. If a nursing home resident has a positive CDI, is discharged, readmitted to the same facility and re-tested all within that 14-day window, how does the second CDI result get classified, and should it be entered in NHSN?

Since January 1, 2020, all positive LabID specimens must be reported to NHSN. The NHSN application will categorize submitted events as duplicate or non-duplicate based on event dates in the 14-day window period. The 14-day rule for reporting CDI LabID Events expands across admissions to the SAME facility. This means if a nursing home resident has a positive *C. difficile* lab result, is discharged, readmitted to the same facility and re-tested all within that 14-day window, the second result should still be submitted, but NHSN will categorize the event as a duplicate CDI assay and it will be excluded from calculated analysis, such as rates.

Q. What do I need to report to NHSN if a resident is admitted to our nursing home on treatment for *C. difficile*? Am I supposed to submit a LabID event for the resident?

If a resident is admitted to the facility while on treatment for *C. difficile*, the resident should always be included in that month's denominator count for "Number of Admissions on *C. diff* Treatment."

A LabID Event would only be submitted to NHSN if the resident also had a positive *C. difficile* lab result when the specimen was collected while the resident was receiving care in the nursing home or during a brief outpatient visit when the resident returns to the LTCF within two calendar days.

*Remember: CDI LabID events (numerator data) and "Number of Admissions on *C. diff* Treatment" (denominator data) are not mutually exclusive. Meaning, a resident may be included in the denominator count only for the given month.*