



Laboratory-identified Events (LabID) Module for Long-term Care Facilities (LTCFs)

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Learning Objectives

- ❖ Demonstrate an understanding of Laboratory-identified (LabID) Event surveillance and reporting for NHSN.
- ❖ Explain *Clostridium difficile* infection (CDI) and multi-drug resistant organism (MDRO) LabID Event definitions and protocols.
- ❖ Describe how to enter LabID event data into the NHSN application.
- ❖ Define required monthly summary data for CDI and MDRO LabID Event reporting.
- ❖ Explain importance of and steps for resolving data quality alerts.

Long-term Care Facility Component

Healthcare-associated Infections (HAI)

Urinary Tract Infections (UTI)

Laboratory-Identified (LabID) Event

Multi-drug Resistant Organisms (MDRO)

Clostridium difficile Infection (CDI)

Prevention Process Measures

Hand Hygiene

Gowns/Gloves

In 2019, CDC-NHSN will adopt the reclassification of *Clostridium difficile* to *Clostridioides difficile*

Which LTCFs are eligible to report LabID Event data to NHSN?

- ❖ Certified skilled nursing facilities/nursing homes (LTC:SKILLNURS)
- ❖ Intermediate/chronic care facilities for the developmentally disabled (LTC:DEVDIS)

*Reporting is not available for assisted living facilities

What is Laboratory-identified (LabID) Event Reporting?

The use of standardized case definitions that incorporate laboratory based metrics and limited admission, discharge, and transfer data as a proxy for surveillance of infection events.

Benefits of Using Positive Lab Tests to Track Infection Events

- ❖ Clinical evaluation of resident is not required, and therefore this surveillance option is often less labor intensive
- ❖ Minimal chart review
- ❖ Objective laboratory-based metrics that allow facilities to
 - ❑ Estimate infection burden in the facility
 - ❑ Estimate exposure burden in the facility
 - ❑ Assess the need for and effectiveness of interventions
 - ❑ Increased comparability between clinical settings

Reporting Options Available in LabID Event Module

I. *C. difficile* infection (CDI)

II. Multi-drug Resistant Organism (MDRO)

- ❖ A facility can chose to monitor one or more of the following organisms:
 - ❑ *Staphylococcus aureus*, methicillin-resistant (MRSA)
 - ❑ *Staphylococcus aureus*, methicillin-susceptible (MSSA) with MRSA surveillance
 - ❑ Vancomycin-Resistant *Enterococcus* spp. (VRE)
 - ❑ Cephalosporin-Resistant *Klebsiella* spp.(CephR-*Klebsiella*)
 - ❑ Carbapenem-Resistant *Enterobacteriaceae* (CRE)
 - ✓ *Klebsiella* spp. (CRE-*Klebsiella*)
 - ✓ *E coli*. (CRE-*E coli*)
 - ✓ *Enterobacter* (CRE-*Enterobacter*)
 - ❑ Multidrug-Resistant *Acinetobacter* spp. (MDR-*Acinetobacter*)

Which Residents Are Included in LabID Event Reporting?

- ❖ Surveillance must occur for **all** resident care locations in your facility- this is called facility-wide inpatient or **FacWideIN**
- ❖ Residents with non-duplicate specimens collected while the resident is being cared for **in your LTCF**
- ❖ Residents with non-duplicate specimens collected during a brief outpatient (OP) visit to an emergency department (ED) or clinic/physician's office **only if:**
 - ❑ The resident returns to the LTCF on the calendar day of transfer to the OP setting or the next calendar day

Note: There should be **no** change in **current** admission date

Which Residents Are Excluded from LabID Event Reporting?

- ❖ Residents receiving **inpatient** care in another healthcare facility.
- ❖ Residents with duplicate lab results, including specimens collected during separate admissions in the LTCF.
- ❖ Residents with positive lab results before admission to your LTCF.

LTCF Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections

<https://www.cdc.gov/nhsn/ltc/cdiff-mrsa/index.html>

- Access to event modules
 - Training
 - Protocols
 - Forms and instructions
 - Support materials such as locations, key terms, and more
 - Analysis resources
 - Frequently Asked Questions

The screenshot shows the NHSN website interface. At the top is a dark green header with the text 'National Healthcare Safety Network (NHSN)'. Below this is a navigation menu with items: 'NHSN', 'NHSN Login', 'About NHSN', 'Enroll Here', 'Materials for Enrolled Facilities', 'Ambulatory Surgery Centers', 'Acute Care Hospitals/Facilities', 'Long-term Acute Care Hospitals/Facilities', and 'Long-term Care Facilities'. The 'Long-term Care Facilities' item is expanded, showing a sub-menu with 'Surveillance for C. difficile and MRSA Infections' highlighted with a blue border. To the right of the navigation menu is the main content area, which includes the breadcrumb trail 'CDC > NHSN > Materials for Enrolled Facilities > Long-term Care Facilities', the title 'Surveillance for C. difficile, MRSA, and other Drug-resistant Infections', social media icons for Facebook, Twitter, and a plus sign, and a section titled 'Resources for NHSN Users Already Enrolled' with a list of expandable items: 'Training', 'Protocol', 'Data Collection Forms', 'Supporting Material', and 'FAQs'.

Questions? We'd love to hear from you! E-mail us at nhsn@cdc.gov and include "LTCF" in subject line

LABID EVENT MODULE

Clostridium difficile Infection (CDI)
Reclassified as *Clostridioides difficile*

Understanding *C. difficile* in Your Facility: Questions to Ponder...

- ❖ How do we define CDI?
- ❖ How do we track/measure CDI?
- ❖ Are my facility's CDI rates high?
- ❖ If my facility's rates are high, why?
- ❖ Are CDI rates in my community high?
- ❖ Which residents are most affected by CDI in my facility?
- ❖ Skilled care vs. long-stay?
- ❖ Recently hospitalized?
- ❖ Recent antibiotic use?
- ❖ Are most cases of CDI new, or relapsing cases?

Knowledge Check 1: How is *C. difficile* infection (CDI) surveillance performed in participating NHSN facilities?

-  **A.** The facility uses the CDC's National Healthcare Safety Network (NHSN) **laboratory-identified event (LabID Event) metrics** to identify and report residents with *C. difficile* in **all resident care locations** in the facility.
- B.** The facility uses the CDC's National Healthcare Safety Network (NHSN) **healthcare associated infection (HAI) module** to identify and report residents with *C. difficile* in **all resident care locations** in the facility.
- C.** The facility uses the CDC's National Healthcare Safety Network (NHSN) **laboratory-identified event (LabID Event) metrics** to identify and report residents with *C. difficile* in the **skilled nursing locations** in the facility.

Keep in mind the following.....

- ❖ FacWideIN surveillance is required.
- ❖ Testing performed on unformed/loose stool specimens (*conforms to the shape of the container*).
- ❖ Laboratory results obtained before a resident's admission to the LTCF or during an admission in another facility are excluded from FacWideIN reporting.
- ❖ Non-duplicate laboratory results collected from an ED or other OP setting must be included if:
 - ✓ The resident returns to the LTCF on the calendar day of transfer to the OP setting or the following calendar day (specifically, there is no change in current admission date for LTCF)

Common Terms and Definitions

Applies only to specimens collected in the LTCF or during brief ED or OP visit

- ❖ ***C. difficile* positive laboratory assay:** Unformed/loose stool that tests positive 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.
- ❖ **CDI LabID Event:** A non-duplicate *C. difficile* positive laboratory assay.
- ❖ **Duplicate *C. difficile* positive laboratory assay:** Any *C. difficile* toxin positive lab result collected from the same resident following a previous *C. difficile* positive laboratory assay **within the past 14 days.**

NOTE: In 2019, CDC-NHSN will adopt the reclassification of *Clostridium difficile* to *Clostridioides difficile*

What Specimens Must be Submitted to NHSN as a CDI LabID Event?

- ❖ Report **positive** *C. difficile* assay laboratory results when:
 - ❑ The specimen was collected while resident was receiving care in your facility.
 - ❑ The specimen was collected during a brief OP visit to the ED or clinic **and** the resident returned to your facility on the same calendar day or the next. **Do not report if the resident was admitted to the healthcare facility.**
 - ❑ The resident has not had a previous positive *C. difficile* lab result, collected from one of the above locations, in the previous **14** days (*referred to as non-duplicate*).

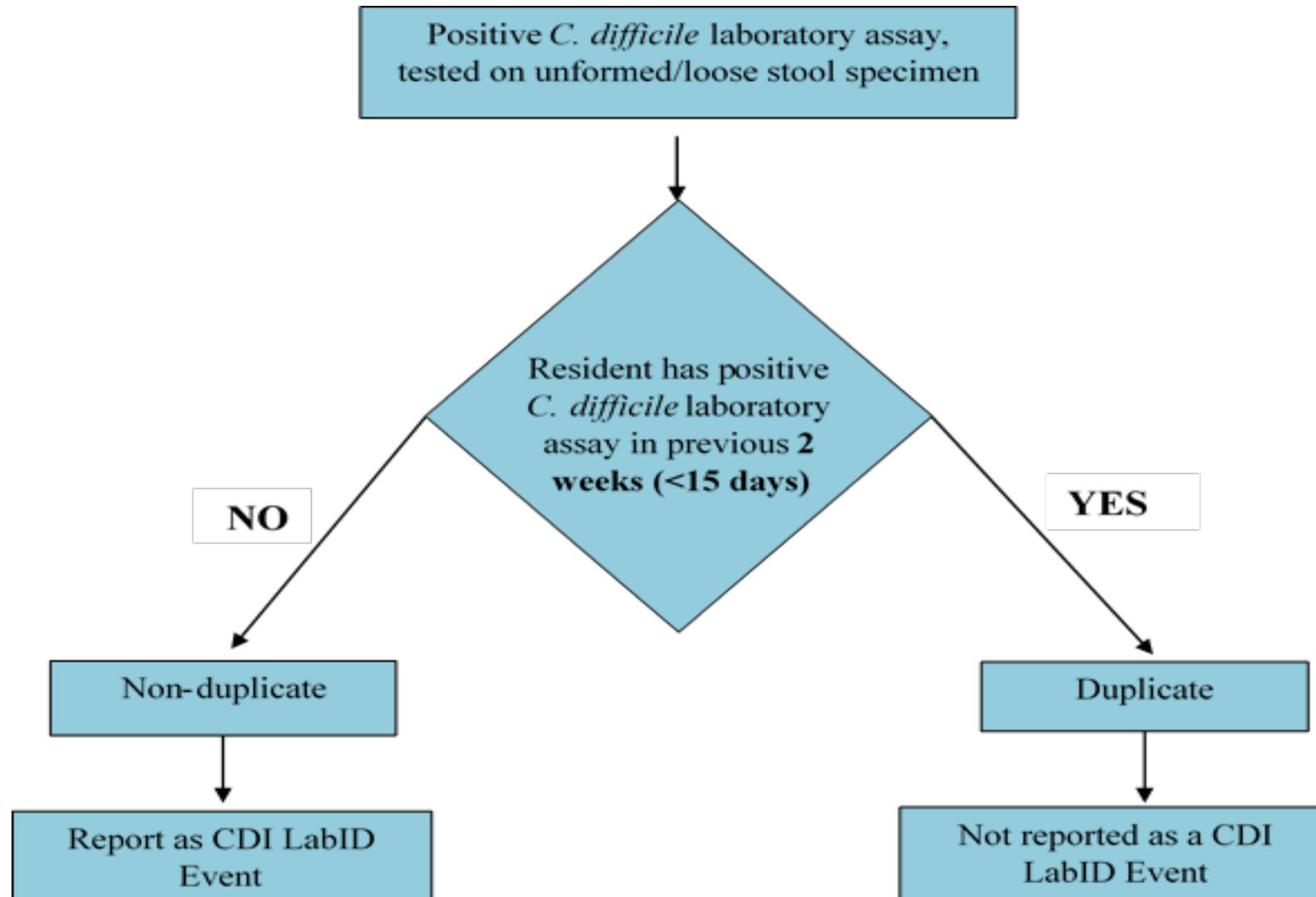
What Specimens Should NOT be Submitted to NHSN as a CDI LabID Event?

- ❖ Negative *C. difficile* laboratory assay lab results
- ❖ Specimens collected during an admission in another healthcare facility
- ❖ Duplicate positive results, defined as the same resident having a positive *C. difficile* lab result in the previous 14 days, when that specimen was collected in your facility or OP setting (ED or clinic)

What if the Resident Has a Known History of *C. difficile*?

- ❖ A **non-duplicate**, positive *C. difficile* lab assay collected from a resident in your facility must be reported **even if**:
 - ❑ The resident has a known history of CDI
 - *For example, the resident had a positive specimen collected during an admission in another healthcare facility and then again after re-admission to your facility—report the specimen collected in your facility*
 - ❑ The positive specimen was collected in the first three days of the resident's admission or re-admission to your facility

Figure 1 - *C. difficile* Test Result Algorithm for Laboratory-identified (LabID) Events



Knowledge Check 2: Mr. J, a resident in your LTCF, was re-admitted to your LTCF after receiving brief inpatient care at the local acute care hospital. You read in his chart that during his admission in the acute care facility, a loose stool specimen tested positive for *C. difficile*. Should you report the positive *C. difficile* test result that was collected during his admission in the acute care facility as a CDI LabID event?

A. YES

 B. NO

Knowledge Check 3 (Mr. J cont.): What if Mr. J had another loose stool specimen collected within two weeks of being re-admitted to your LTCF and it was positive for *C. difficile*? Should you report this specimen as a CDI LabID event?

-  A. YES
- B. NO

Knowledge Check 4: Ms. T, a resident in your LTCF, was transferred to the local ED on June 1 for complaints of ongoing diarrhea and fever. A loose stool specimen collected in the ED tested positive for *C. difficile*. After receiving IV fluids, Ms. T was transferred back to your LTCF on June 2 and was put on contact isolation. Should you report the positive *C. difficile* test result from the ED as a CDI LabID Event for your facility?

- ✓ A. YES
- B. NO

It is strongly recommended to keep a log of positive *C. difficile* laboratory results from residents to keep track of duplicate test results.

NHSN Analysis of CDI LabID Events

- ❖ NHSN will analyze data that have been entered into the application.
- ❖ This includes categorizing all CDI LabID events to determine if the event is
 - ❑ Community onset (CO)
 - ❑ Long term care facility onset (LO)
 - ❑ Acute care transfer long term care facility onset (ACT-LO)

AND

- ❑ If the event is incident or recurrent

NHSN will Categorize CDI LabID Events Based on: date of current admission to facility, date specimen collected, and date of last transfer from acute care to your facility

Resident type *: LS - Long Stay

Date of First Admission to Facility *: 12/28/2016

Date of Current Admission to Facility *: 03/01/2018

Event Information

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

Specific Organism Type *: CDIF - C. difficile

Specimen Body Site/System *: DIGEST - Digestive System

Specimen Source *: STOOL - Stool specimen

Resident Care Location *: 4 GEN - GENERAL UNIT

Primary Resident Service Type *: GENNUR - Long-term general nursing

Has resident been transferred from an acute care facility in the past 4 weeks *?: Y - Yes

If Yes, date of last transfer from acute care to your facility *: 03/01/2018

Date Specimen Collected *: 03/08/2018

- ❖ **Community-onset (CO):** Date specimen collected **3 calendar days or less** after **current admission** to the facility (i.e., days 1, 2, or 3 of admission)
- ❖ **Long-term Care Facility-onset (LO):** Date specimen collected **more than 3 calendar days** after **current admission** to the facility (i.e., on or after day 4)
 - ❑ LO Events are further sub-classified :
 - ❑ **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO):** LO LabID events with a specimen collection date **4 weeks or more** following date of last transfer from an acute care facility

NHSN will Further Categorize CDI LabID Events Based on: date specimen collected and prior specimen collection date of the most recent CDI LabID Event entered into NHSN

- ❖ **Incident CDI LabID Event:** The first CDI LabID Event ever submitted for the resident in your facility or a CDI LabID Event from a specimen collected **more than 8 weeks** after the most recent CDI LabID Event entered into the NHSN application

- ❖ **Recurrent CDI LabID Event:** Any CDI LabID Event entered **8 weeks or less** after the most recent CDI LabID Event entered into the NHSN for a resident in in your facility.

National Healthcare Safety Network
Line Listing - All CDI LabID Events for APIC 2017 (Jan-Apr, 2017)
 As of: April 20, 2017 at 10:35 AM
 Date Range: LTCLABID_EVENTS eventDateYM 2017M01 to 2017M04

Facility Org ID	Resident ID	Date of Current Admission	Event ID	Event Date	Specific Organism	Location	Transferred from Acute Care Facility in Past 4 Weeks?	Date of Last Transfer from Acute Care Facility	Antibiotic Therapy at Time of Transfer?	CDI Assay	Onset
39455	123456	01/05/2017	8218	01/10/2017	CDIF	4 GEN	Y	01/05/2017	Y	Incident	ACT-LO
39455	123456	01/05/2017	8944	01/24/2017	CDIF	4 GEN	Y	01/05/2017	Y	Recurrent	ACT-LO
39455	1234	02/02/2017	9255	02/08/2017	CDIF	4 GEN	Y	02/02/2017	N	Incident	ACT-LO
39455	8989	02/01/2017	10383	02/14/2017	CDIF	3 REHAB	Y	02/01/2017	N	Incident	ACT-LO
39455	4444	02/14/2017	10382	02/28/2017	CDIF	3 REHAB	Y	02/14/2017	N	Incident	ACT-LO
39455	111111	12/15/2014	10380	03/01/2017	CDIF	1 SOUTH	N			Incident	LO
39455	8989	02/01/2017	10397	03/04/2017	CDIF	3 REHAB	N			Recurrent	LO
39455	2468	02/28/2017	10381	03/20/2017	CDIF	1 SOUTH	Y	02/28/2017	N	Incident	ACT-
39455	9696	02/04/2014	10670	04/07/2017	CDIF	4 GEN	N				
39455	7373	04/10/2017	10671	04/12/2017	CDIF	3	Y				

EXAMPLE: NHSN Classification of LabID Events as Community-onset (CO) or LTCF-onset (LO)

LTCF Current Admission Date: March 1				
March 1 st	March 2 nd	March 3 rd	March 4 th	March 5 th
Day 1	Day 2	Day 3	Day 4	Day 5
Community-Onset (CO)			Long-term Care Facility Onset (LO)	



**Both Community-Onset
and LTCF-Onset LabID
Events Must be
Submitted to the NHSN**

Knowledge Check 5

Assume these are all of the *C. difficile* test results for a resident recently transferred from an acute care facility, with a **current admission date of 2/1/18**

Specimen collection date	Duplicate	Submit to NHSN as a CDI LabID Event?	How will NHSN Categorize the LabID Event?
2/3/2018	No	YES	Community-onset (CO)
2/11/2018	Yes	No (within 2 weeks of positive test 2/3)	
2/19/2018	Yes	No (within 2 weeks of <u>positive test 2/11</u>)	
2/29/2018	Yes	No (within 2 weeks of <u>positive test 2/19</u>)	
3/19/2018	No	YES (>2 weeks since previous positive test 2/29)	RECURRENT

LABID EVENT MODULE

Multidrug Resistant Organisms (MDROs)

Understanding MDROs in Your facility: Questions to Ponder...

- ❖ Do we know what MDROs we have in our facility? MRSA? VRE?
- ❖ How do we track/measure the most common MDROs in our facility?
- ❖ Are the MDRO rates high in my facility?
- ❖ If my facility's rates are high, why?
- ❖ What are the most common MDROs in my community?
- ❖ Which residents are most affected by MDROs in my facility?
 - ❑ Skilled care vs. long-stay
 - ❑ Recently hospitalized?
 - ❑ Device-associated (indwelling urinary devices)
 - ❑ Wounds

Multi-drug Resistant Organisms (MDROs) Options

A facility can chose to monitor one or more of the following organisms:

- ❖ *Staphylococcus aureus*, methicillin-resistant (MRSA)
- ❖ *Staphylococcus aureus*, methicillin-susceptible (MSSA) plus MRSA
- ❖ Vancomycin-Resistant *Enterococcus* spp. (VRE)
- ❖ Cephalosporin-Resistant *Klebsiella* spp.(CephR-*Klebsiella*)
- ❖ Carbapenem-Resistant *Enterobacteriaceae* (CRE)
 - ❑ *Klebsiella* spp. (CRE-*Klebsiella*)
 - ❑ *E coli*. (CRE-*E. coli*)
 - ❑ *Enterobacter* (CRE-*Enterobacter*)
- ❖ Multidrug-Resistant *Acinetobacter* spp. (MDR-*Acinetobacter*)

Definitions: Gram-stain Positive Organisms

- ❖ **MRSA:** *S. aureus* testing **resistant** to oxacillin, methicillin, or ceftazidime, by standard susceptibility testing methods or by a positive result from an FDA-approved test for direct MRSA detection from that specimen source.
- ❖ **MSSA:** *S. aureus* testing **intermediate or susceptible** to oxacillin, methicillin, and ceftazidime by standard susceptibility testing methods; a positive result from an FDA approved test for direct MSSA detection from that specimen source; or a negative result from an FDA-approved test for direct MRSA detection from a specimen source.
 - ❖ **Note:** MSSA is only an option when surveillance includes MRSA
- ❖ **VRE:** Any *Enterococcus species* that is **resistant** to vancomycin, by standard susceptibility testing methods or by a positive result from an FDA-approved test for VRE detection from that specimen source.

Definitions: Gram-stain Negative Organisms

- ❖ **CephR-Klebsiella:** *Klebsiella* species testing **resistant** or **intermediate** to cephalosporin antibiotics like ceftazidime, cefotaxime, ceftriaxone, or cefepime.
- ❖ **CRE:** *Escherichia coli (E. coli)*, *Klebsiella* species, or *Enterobacter* species testing **resistant** to imipenem, meropenem, doripenem, or ertapenem by standard susceptibility testing methods OR by production of a carbapenemase demonstrated using a recognized test (e.g., polymerase chain reaction, metallo- β -lactamase test, modified-Hodge test, Carba-NP).
 - ❑ **Note:** CRE surveillance requires facilities to monitor for all three organisms (CRE-*E. coli*, CRE-*Klebsiella* spp., and CRE-*Enterobacter* spp.).

Definitions: Gram-stain Negative Organisms, *continued*

- ❖ **MDR-*Acinetobacter***: Any *Acinetobacter* species testing **resistant** or **intermediate** to at least one agent in at least 3 antimicrobial classes of the following 6 antimicrobial classes:

Antimicrobial Class	Antimicrobial Agents
β -lactams and β -lactam/ β -lactamase inhibitor combinations	Piperacillin, Piperacillin/tazobactam
Sulbactam	Ampicillin/sulbactam
Cephalosporins	Cefepime, Ceftazidime
Carbapenems	Imipenem, Meropenem, Doripenem, Ertapenem
Aminoglycosides	Amikacin, Gentamicin, Tobramycin
Fluoroquinolones	Ciprofloxacin, Levofloxacin

**Surveillance must occur for all specimen sources
for the selected MDRO(s)**

Common Terms and Definitions

Applies to specimens collected in the LTCF or during brief OP visit to ED or clinic

- ❖ **MDRO Positive Isolate:** Any specimen, obtained for clinical decision making, testing that is positive for a MDRO.
 - ❑ **Note:** Excludes tests related to active surveillance testing

- ❖ **MDRO LabID Event:** A MDRO positive isolate, tested on any laboratory specimen source and the resident has no prior positive for the same organism from any specimen source collected in the same calendar month, except when a unique blood source is identified.

Common Terms and Definitions

- ❖ **Unique Blood Source LabID Event:** A MDRO isolate identified in a resident with no prior positive blood culture for the same MDRO in the past 2 weeks (<15 days), even across calendar months and admissions
 - ❑ **Note:** A unique blood source isolate must be reported even if the resident had this same MDRO previously isolated in a non-blood specimen earlier during the same calendar month.

Submit a MDRO LabID Event When..

- ✓ The specimen was collected while resident was receiving care in your facility or during a brief OP visit and returns to the LTCF on same calendar day or the next.

AND...

- ✓ It's the first positive MDRO collected from any specimen source from the resident in a calendar month.

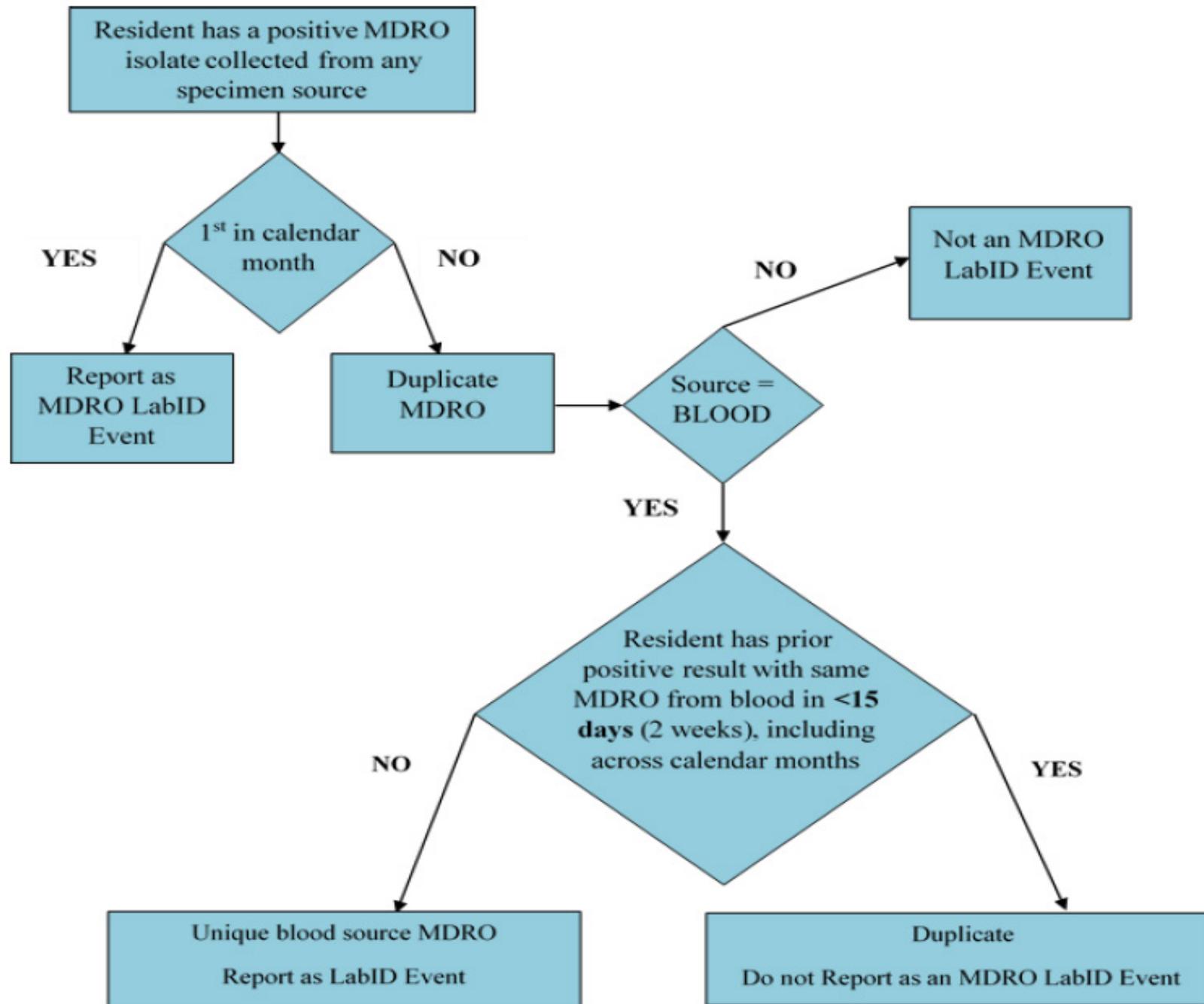
OR...

- ✓ It's a positive MDRO collected from a **blood culture** and:
 - ❑ It's the **first positive** MDRO from any specimen source for the resident during the calendar month, even if the resident had a prior blood reported within two weeks in the previous month

OR...

- ❑ If it is not the first positive for the calendar month, the resident has not had a prior positive blood culture with the same MDRO in previous 14 days

FIGURE 2



Which MDRO Specimens Should NOT be Reported to NHSN as a LabID Event?

- ❖ Negative MDRO lab results
- ❖ Specimens collected during an inpatient admission in another healthcare facility.
- ❖ Duplicate positive results, defined as:
 - ❑ MDRO collected from non-blood source after the same MDRO has already been reported for the resident during the same calendar month.
 - ❑ Resident has MDRO collected from a blood source and it's not the first positive MDRO for the resident in the calendar month and another positive result with the same MDRO from blood has been reported in previous 14 days.

If a blood specimen is entered as the first specimen of the month, then no non-blood specimens can be entered for the remainder of that calendar month for that resident.

However, another blood specimen may be entered if it represents a unique blood isolate (*>2 weeks since previous same MDRO blood isolate*).

EXAMPLE

On December 27, Mr. C had a positive MRSA blood culture that was entered into the NHSN as a MRSA LabID Event. On January 2, he had another positive MRSA blood culture that was entered into the NHSN because it was the first positive MRSA isolate for the new calendar month. He had a wound that also tested positive for MRSA on January 20. This specimen was not entered into the NHSN since it represented a duplicate MDRO laboratory isolate for January.

Again, on January 27, Mr. C had another positive MRSA blood culture. Since the isolate represented a unique blood source (>14 days since the last positive MRSA blood specimen), the MRSA blood specimen was submitted to the NHSN as a MRSA LabID Event.

Knowledge Check 6: Let's Practice: Meet Mr. Smith

Assume this is the line list for Mr. Smith and all specimens collected are shown

	Current Admit Date	Specimen Collection Date	Specimen Source	Lab Result	Report as a LabID Event?	Explanation
1	2/1/18	2/2/18	Urine	MRSA	yes	1st MRSA from any specimen in calendar month
2	2/1/18	2/17/18	Wound	MRSA	no	Non-blood source, prior positive MRSA isolate this calendar month
3	2/1/18	2/21/18	Blood	MRSA	yes	Unique blood source and no prior MRSA blood in <15 days
4	2/1/18	2/26/18	Blood	MRSA	no	<15 days from previous MRSA+ blood specimen
5	2/1/18	2/28/18	Nasal	MRSA	no	Screening test results are excluded from LabID events
6	2/1/18	3/1/18	Blood	MRSA	yes	1st MRSA positive collected in new calendar month
7	2/1/18	3/11/18	Urine	MRSA	no	Non-blood source, prior positive MRSA isolate this calendar month
8	2/1/18	3/14/18	Urine	VRE	yes	1st VRE from any specimen in calendar month

NHSN Analysis of MDRO LabID Events

- ❖ NHSN will analyze data that have been entered into the application.
- ❖ This includes categorizing all MDRO LabID events to determine if the event is
 - ❑ Community onset (CO)
 - ❑ Long term care facility onset (LO)
 - ✓ Acute care transfer long term care facility onset (ACT-LO)

NHSN will Categorize MDRO LabID Events Based on: date of current admission, data specimen collected, and date of last transfer from acute care facility

The screenshot shows a form for reporting MDRO LabID events. The following fields are highlighted with blue boxes:

- Date of Current Admission to Facility *: 03/01/2018
- Date Specimen Collected *: 03/04/2018
- Event Type *: LABID - Laboratory-identified MDRO or CDI Event
- Specific Organism Type *: MRSA - MRSA
- Specimen Body Site/System *: GU - GenitoUrinary System
- Specimen Source *: URINARSPC - Urinary specimen
- Resident Care Location *: 3 REHAB - SHORT TERM REHAB
- Primary Resident Service Type *: SKNUR - Skilled nursing/short term rehab
- Has resident been transferred from an acute care facility in the past 4 weeks *: Y - Yes
- If Yes, date of last transfer from acute care to your facility *: 03/01/2018

- ❖ **Community-onset (CO):** Date specimen collected **3 calendar days or less** after **current admission** to the facility (i.e., days 1, 2, or 3 of admission)
- ❖ **Long-term Care Facility-onset (LO):** Date specimen collected **more than 3 calendar days** after **current admission** to the facility (i.e., on or after day 4)

LO Events are further sub-classified :

- ❑ **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO):** LO LabID events with a specimen collection date 4 weeks or more following *date of last transfer from an acute care facility*

EXAMPLE: NHSN Classification of LabID Events as Community-onset (CO) or LTCF-onset (LO)

LTCF Current Admission Date				
March 1 st	March 2 nd	March 3 rd	March 4 th	March 5 th
Day 1	Day 2	Day 3	Day 4	Day 5
Community-Onset (CO)			Long-term Care Facility Onset (LO)	

Getting Started With Submitting LabID Event Data

LabID Event Monthly Participation Requirements

- ❖ A **NHSN Monthly Reporting Plan** must be completed for each calendar month in which a facility plans to enter data into the NHSN.
 - ❖ LabID event surveillance must occur for the entire calendar month for the selected events/organisms
- ❖ **Submit** all non-duplicate LabID events to NHSN (numerator data)
- ❖ **Summary Data** For each participating month, the facility must report the required denominator data
- ❖ **Resolve** “Alerts”, if applicable

Enter the SAMS Portal to Access NHSN

- ❖ Go to <https://sams.cdc.gov>
- ❖ Log in using your SAMS grid card, user name, and password.

SAMS Grid Card Credentials



Click login below to login with SAMS Grid Card.



For users who have been issued a SAMS Grid Card.

Click here to log in with Grid card

Select “NHSN Reporting”

SAMS
secure access management services

CDC

Welcome Amy Woodward

SAMS Admin My Profile Logout

Warning: You are accessing a US Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for US Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following: You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system. Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network System

- NHSN Reporting * ←
- NHSN Enrollment *

* Strong credentials required.

NHSN Landing Page

- ❖ On the NHSN Landing page, select your facility and “Long Term Care Facility” as the component.
- ❖ Click “Submit”

The screenshot shows the NHSN Landing Page interface. At the top, there is a dark 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 lighter blue bar with the text "NHSN - National Healthcare Safety Network (apt-v-nhsn-test:7001)". The main content area has a white background with the heading "Welcome to the NHSN Landing Page" and the instruction "Select a facility and component, then click Submit to go to the Home Page." Below the instruction, the user is identified as "User: NICOLA". There are three dropdown menus: "Select facility/group from dropdown list:" with the selected value "Fac: NT Nursing Home (ID 11133)", "Select facility within the above group:" with the selected value "NT Nursing Home (11133)", and "Select component:" with the selected value "Long Term Care Facility". A red arrow points to the first dropdown menu, and a blue arrow points to the third dropdown menu. A red box highlights the "Submit" button. At the bottom, there is a small icon for Adobe Reader and a link to "Get Adobe Acrobat Reader for PDF files".

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

NHSN - National Healthcare Safety Network (apt-v-nhsn-test:7001)

Welcome to the NHSN Landing Page

Select a facility and component,
then click Submit to go to the Home Page.

User: NICOLA

Select facility/group from dropdown list: Fac: NT Nursing Home (ID 11133) ▾

Select facility within the above group: NT Nursing Home (11133) ▾

Select component: Long Term Care Facility ▾

Submit

Get Adobe Acrobat Reader for PDF files

Monthly Reporting Plan

Monthly Reporting Plan

- ❖ Informs CDC-NHSN which module(s) and events a facility is following during a given month
- ❖ The Plan also informs CDC which data can be used for aggregate data analyses
- ❖ A facility must enter a Plan for every month in which surveillance and data submissions will occur
 - ❑ A Plan must be in place before events can be entered into NHSN

Creating a Monthly Reporting Plan

- ❖ Facility-wide Inpatient (FACWIDEIN) is default location
- ❖ Select *Specific Organism Type* from drop-down menu
 - ❖ *MDROs must be individually selected*
 - ❖ *Add Row* to add additional organisms
- ❖ *LabID Event All Specimens* is default

NHSN Home

Alerts

Reporting Plan **Add**

Resident

Event

Summary Data

Surveys

Analysis

Users

Facility

Group

Logout

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼

Month *: July ▼

Year *: 2018 ▼

No Long Term Care Facility Component Modules Followed this Month

HAI Module

Locations	UTI
Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>

LabID Event Module

Locations	Specific Organism Type	Lab ID Event All Specimens
Facility-wide Inpatient (FacWIDEIn) ▼	CDIF - C. difficile ▼	<input checked="" type="checkbox"/>
Facility-wide Inpatient (FacWIDEIn) ▼	MRSA - MRSA ▼	<input checked="" type="checkbox"/>

Add Row Clear All Rows Copy from Previous Month

Prevention Process Measure Module

Locations	Hand Hygiene	Gown and Gloves Use
Facility-wide Inpatient (FacWIDEIn) ▼	<input type="checkbox"/>	<input type="checkbox"/>

Copy from Previous Month

Save Back

Knowledge Check 7: Based on this reporting plan, what modules and events will this facility report for June, 2018?

Facility ID *: Angela LTCF Test Facility (39455)

Month *: June

Year *: 2018

No Long Term Care Facility Component Modules Followed this Month

HAI Module

	Locations	UTI
	Facility-wide Inpatient (FacWIDEIn) \	<input type="checkbox"/>

LabID Event Module

	Locations	Specific Organism Type	Lab ID Event All Specimens
	Facility-wide Inpatient (FacWIDEIn) \	CDIF - C. difficile \	<input checked="" type="checkbox"/>

Add Row

Clear All Rows

Copy from Previous Month

Prevention Process Measure Module

	Locations	Hand Hygiene	Gown and Gloves Use
	Facility-wide Inpatient (FacWIDEIn) \	<input type="checkbox"/>	<input type="checkbox"/>

- A. UTI only
- B. UTI, LabID (CDI and MRSA), and Prevention Process Measures (hand hygiene and gown/glove use)
-  C. CDI LabID event only
- D. All LabID events

Submitting Non-Duplicate LabID Events

Reporting CDI or MDRO LabID Event

Customizable NHSN LabID Event form available for data collection

- Allows users to collect required information prior to submitting online event data
- Use one form for each LabID event being recorded
- Form may be customized for each facility
- Use accompanying Table of Instructions for helpful guidance

 Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2019
www.cdc.gov/nhsn

Laboratory-identified MDRO or CDI Event for LTCF

Page 1 of 1

*required for saving	
Facility ID:	Event #:
*Resident ID:	*Social Security #:
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: __/__/__
Ethnicity (specify):	Race (specify):
*Resident type: <input type="checkbox"/> Short-stay <input type="checkbox"/> Long-stay	
*Date of First Admission to Facility: __/__/__	*Date of Current Admission to Facility: __/__/__
Event Details	
*Event Type: LabID	*Date Specimen Collected: __/__/__
*Specific Organism Type: (check one)	
<input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> CephR-Klebsiella	
<input type="checkbox"/> CRE- <i>E. coli</i> <input type="checkbox"/> CRE- <i>Enterobacter</i> <input type="checkbox"/> CRE- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i>	
*Specimen Body Site/System:	*Specimen Source:
*Resident Care Location:	
*Primary Resident Service Type: (check one)	
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dem...	
<input type="checkbox"/> Short-term rehab (sub...	

Laboratory-identified MDRO or CDI
Event for LTCF Form (CDC 56.138)

Submitting a CDI LabID Event to NHSN

NHSN - National Healthcare Safety Network

AANTILA
Angela LTCF Test Facility

NHSN Home

- Alerts
- Reporting Plan
- Resident
- Event**
- Summary Data
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

NHSN Long Term Care Facility Component Home Page

COMPLETE THESE ITEMS

- Add
- Find
- Incomplete

Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *: Angela LTCF Test Facility (ID 39455) ▾

Resident ID *: 1234 Find Find Events for Resident

Social Security #: 111-11-1111

Medicare number (or comparable railroad insurance number):

First Name: Boop

Last Name: Betty

Middle Name:

Gender *: F - Female ▾

Date of Birth *: 01/10/1939 15

Ethnicity: ▾

Race:

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

Submitting a CDI LabID Event to NHSN

Resident Type

The screenshot shows the NHSN Long Term Care Facility Component interface. On the left is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Event' item is highlighted. The main content area shows a form with a 'Resident type' field. A dropdown menu is open, showing two options: 'SS - Short-stay' and 'LS - Long Stay'. A red asterisk is next to the 'Resident type' label.

SS-Short-stay: On the date of specimen collection (event date), the resident has been in facility for 100 days or less from date of first admission.

LS-Long-stay: On the date of specimen collection (event date), the resident has been in facility for more than 100 days from date of first admission

Submitting a CDI LabID Event to NHSN

First and Current Admission to Facility

NHSN - National Healthcare Safety Network

AANTILA
Angela LTCF Test Facility

NHSN Home

Alerts

Reporting Plan

Resident

Event

Summary Data

Surveys

Analysis

NHSN Long Term Care Facility Component Home Page

Resident type *: LS - Long Stay

Date of First Admission to Facility *: 12/28/2016

Date of Current Admission to Facility *: 03/01/2018

Date resident first entered the facility. This date remains the same even if the resident leaves the facility (transfers to another facility) for short periods of time (<30 consecutive days).

Most recent date resident entered the facility. If the resident enters the facility for the first time and has not left for more than 2 calendar days, then the date of current admission will be the same as the date of first admission. If the resident leaves the facility for more than 2 calendar days (the day the resident left the facility = day 1) and returns, the date of current admission should be updated to the date of return to the facility.

Example: First and Current Admission

A resident in your facility since **February 1, 2016** is transferred from your facility to an acute care facility on **June 2, 2017** and returns on **June 10, 2017**, the *current admission* date would be **06/10/2017** since he was in away from the facility for greater than 2 calendar days. The date of *first admission* remains as **2/1/2016** since the resident did not leave the LTCF for greater than 30 days.

One week later, the same resident goes to the emergency department for evaluation on **June 15, 2017** and returns on **June 16, 2017**. The date of *current admission* stays as **06/10/2017** since he was not away from the LTCF for greater than 2 calendar days.

Submitting a CDI LabID Event to NHSN

Event Type and Specimen Collection Date

NHSN Home

- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Resident type *: LS - Long Stay ▼

Date of First Admission to Facility *: 12/28/2016 15

Date of Current Admission to Facility *: 03/01/2018 15

Event Information

Event Type *: LABID - Laboratory-identified MDRO or CDI Event
UTI - Urinary Tract Infection

Date Specimen Collected *: 15

Date Specimen Collected cannot occur before Date of Current Admission to Facility

Also referred to as the Event Date

Submitting a CDI LabID Event to NHSN

Specific Organism Type

- NHSN Home
- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

 **Add Event**

Mandatory fields marked with *

Fields required for record completion marked with **

Event Information

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

Date Specimen Collected *: 03/08/2018  15

Specific Organism Type *

Specimen Body Site/System *: ▼

Specimen Source **: ▼

Resident Care Location *:

Primary Resident Service Type *: ▼

Has resident been transferred from an acute care facility to this facility? ▼

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?

Submitting a CDI LabID Event to NHSN

Specific Organism Type: CDIF- C. difficile

Event Information

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

Specific Organism Type *: CDIF - C. difficile ▼

Select CDIF-C. difficile to auto-populate *specimen body site* and *specimen source*



Specific Organism Type *: CDIF - C. difficile ▼
Specimen Body Site/System *: DIGEST - Digestive System ▼
Specimen Source *: STOOL - Stool specimen ▼

Submitting a CDI LabID Event to NHSN

Resident Care Location

Event Information

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

Specific Organism Type *: CDIF - C. difficile ▼

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

Specimen Source *: STOOL - Stool specimen

Resident Care Location *:

- 1 D - DEMENTIA UNIT
- 2 PSY - PSYCHIATRIC
- 2W - 2 WEST DEMENTIA
- 3 REHAB - SHORT TERM REHAB
- 4 GEN - GENERAL UNIT
- 5 HOS - HOSPICE UNIT
- DEMENTIA - LOCKED UNIT

Select location of resident at time of specimen collection. *Note:* These are locations set-up by the facility

Submitting a CDI LabID Event to NHSN

Primary Service Type

Event Information

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

Specific Organism Type *: CDIF - C. difficile ▼

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

Specimen Source *: STOOL - Stool specimen

Resident Care Location *: 4 GEN - GENERAL UNIT ▼

Primary Resident Service Type *:

BARIA - Bariatric
HOSP - Hospice/Palliative
DEMENT - Long-term dementia
GENNUR - Long-term general nursing
PSYCH - Long-term psychiatric
SKNUR - Skilled nursing/short term rehab
VENT - Ventilator

Select the NHSN Primary Resident Service Type at time of specimen collection

Submitting a CDI LabID Event to NHSN

Transfer from Acute Care Facility

Event Information

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

Specific Organism Type *: CDIF - C. difficile ▾

Specimen Body Site/System *: DIGEST - Digestive System ▾

Specimen Source *: STOOL - Stool specimen ▾

Resident Care Location *: 4 GEN - GENERAL UNIT ▾

Primary Resident Service Type *: GENNUR - Long-term general nursing ▾

Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes N - No

from a

Was the resident directly admitted to your facility from an acute care facility in past 4 weeks? If 'YES' is selected, additional data must be entered

If Yes, date of last transfer from acute care to your facility *: 11

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *? ▾

Submitting a CDI LabID Event to NHSN

Transfer from Acute Care Facility, continued

Event Information

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

Specific Organism Type *: CDIF - C. difficile ▾

Specimen Body Site/System *: DIGEST - Digestive System ▾

Specimen Source *: STOOL - Stool specimen ▾

Resident Care Location *: 4 GEN - GENERAL UNIT ▾

Primary Resident Service Type *: GENNUR - Long-term general nursing ▾

Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes N - No from

This answer to this question will be used by NHSN to determine if the LabID event is associated with an acute care transfer

If Yes, date of last transfer from acute care to your facility *: 11

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *?

Submitting a CDI LabID Event to NHSN

Transfer from Acute Care Facility, continued

Event Information

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

Date Specimen Collected *: 12/25/2016 11

Specific Organism Type *: CDIF - C. difficile

Specimen Body Site/System *: DIGEST - Digestive System

Specimen Source *: STOOL - Stool specimen

Resident Care Location *: 4 GEN - GENERAL UNIT

Primary Resident Service Type *: GENNUR - Long-term general nursing

Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes

If Yes, date of last transfer from acute care to your facility *: 11

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *?

Allows facility to analyze the number of residents being admitted on CDI treatment.

If YES to this question, this resident should also be included in the monthly summary count for. *Number of Admissions on C. diff Treatment*

Common Medications Used to Treat *C. difficile*

If Yes, date of last transfer from acute care to your facility * 

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *? 

If resident is admitted on treatment for CDI, you may see one of the below medications in the chart

- Metronidazole (Flagyl)
- Oral vancomycin (Vancocin HCL)
- Fidaxomicin (Dificid, Dificlir, OPT-80, PAR-101)

Submitting a CDI LabID Event to NHSN

Documented Evidence Previous.....

Event Information

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

Date Specimen Collected *: 03/08/2018 15

Specific Organism Type *: CDIF - C. difficile ▼

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

Specimen Source *: STOOL - Stool specimen ▼

Resident Care Location *: 4 GEN - GENERAL UNIT ▼

Primary Resident Service Type *: GENNUR - Long-term general nursing ▼

Has resident been transferred from an acute care facility in the past 4 weeks *: Y - Yes ▼

If Yes, date of last transfer from acute care to your facility *: 04/01/2018 15

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *: N - No ▼

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?

Auto-populated by the NHSN.
Non-editable by users

Submitting a CDI LabID Event to NHSN

Optional: *Custom Fields and Comments*

Custom Fields [? Help](#)

PRIOR HX:	<input type="text" value="NO"/>	FLUOROQUINOLONE:	<input type="text" value="YES"/>
CEPHALOSPORINS:	<input type="text"/>	CLINDAMYCIN:	<input type="text"/>

Optional Custom fields provide facilities option to document additional variables of interest. Must be set-up before reporting event

Comments

TRANSFER FROM STAY AWAY ACUTE CARE FACILITY. TREATED FOR UTI.

Comments are free text

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼

Resident ID *: 1234

Social Security #: 111-11-1111

Medicare number (or comparable railroad insurance number):

First Name: Boop

Last Name: Betty

Middle Name:

Date of Birth *: 01/10/1939

Gender *: F - Female ▼

Ethnicity: ▼

- Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

Resident type *: LS - Long Stay ▼

Date of First Admission to Facility *: 12/28/2016

Date of Current Admission to Facility *: 03/01/2018

Event Information

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

Date Specimen Collected *: 03/08/2018

Specific Organism Type *: CDIF - C. difficile ▼

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

Specimen Source *: STOOL - Stool specimen ▼

Resident Care Location *: 4 GEN - GENERAL UNIT ▼

Primary Resident Service Type *: GENNUR - Long-term general nursing ▼

Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes ▼

If Yes, date of last transfer from acute care to your facility *: 03/01/2018

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *? N - No ▼

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month

Custom Fields [Help](#)

PRIOR HX: NO FLUOROQUINOLONE: YES

CEPHALOSPORINS: CLINDAMYCIN:

Comments

TRANSFER FROM STAY AWAY ACUTE CARE FACILITY. TREATED FOR UTI.

- NHSN Home
- Alerts
- Reporting Plan

Event 8243 created successfully.

Submitting a MRSA LabID Event to NHSN

NHSN - National Healthcare Safety Network

AANTTILA
Angela LTCF Test Facility

NHSN Home

- Alerts
- Reporting Plan
- Resident
- Event**
- Summary Data
- Surveys
- Analysis
- Users
- Facility
- Group
- Logout

NHSN Long Term Care Facility Component Home Page

COMPLETE THESE ITEMS

- Add
- Find
- Incomplete

Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼

Resident ID *: 12345 Find Find Events for Resident

Social Security # *: 545-48-9637

Medicare number (or comparable railroad insurance number):

Last Name: Sue

Middle Name:

First Name: Mary

Gender *: F - Female ▼

Date of Birth *: 01/25/1940 11

Ethnicity: ▼

Race:

- American Indian/Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian/Other Pacific Islander

Submitting a MRSA LabID Event to NHSN

Resident Type

The screenshot shows the NHSN Long Term Care Facility Component Home page. On the left is a navigation menu with the following items: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Event' menu item is highlighted. The main content area shows a dropdown menu for 'Resident type' with two options: 'SS - Short-stay' and 'LS - Long Stay'. A red asterisk is next to the 'Resident type' label.

SS-Short-stay: On the date of specimen collection (event date), the resident has been in facility for 100 days or less from date of **first** admission.

LS-Long-stay: On the date of specimen collection (event date), the resident has been in facility for more than 100 days from date of **first** admission.

Submitting a MRSA LabID Event to NHSN

First and Current Admission Date

NHSN - National Healthcare Safety Network

AANTILA
Angela LTCF Test Facility

NHSN Home

NHSN Long Term Care Facility Component Home Page

Alerts

Reporting Plan

Resident

Event

Summary Data

Surveys

Analysis

Users

Facili

Group

Logot

Resident type *: SS - Short-stay

Date of First Admission to Facility *: 03/01/2018 15

Date of Current Admission to Facility *: 03/01/2018 15

Date resident first entered the facility. This date remains the same unless resident leaves the facility **30 or more consecutive days.**

Most recent date resident entered the facility. If the resident enters the facility for the first time and has not left for more than 2 calendar days, then the date of current admission will be the same as the date of first admission. If the resident leaves the facility for more than 2 calendar days, the date of current admission to facility should be updated to the date of return to the facility.

Submitting a MRSA LabID Event to NHSN

Event Type and Date of Event

- NHSN Home
- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Resident type *: SS - Short-stay ▼

Date of First Admission to Facility *: 03/01/2018 15

Date of Current Admission to Facility *: 03/01/2018 15

Event Information

Event Type *: LABID - Laboratory-identified MDRO or CDI Event
UTI - Urinary Tract Infection

Date Specimen Collected *: 03/04/2018 15

Date Specimen Collected cannot occur before the Date of Current Admission to Facility

Submitting a MRSA LabID Event to NHSN

Specific Organism Type: MRSA

NHSN Home

- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident type *:

Date of First Admission to Facility *:

Date of Current Admission to Facility *:

Event Information

Event Type *:

Date Specimen Collected *:

Specific Organism Type *:

Specimen Body Site/System *:

Specimen Source *:

Resident Care Location *:

Primary Resident Service Type *:

Has resident been transferred from an acute care facility to this facility within the last 30 days?

Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?

ACINE - MDR-Acinetobacter	<input type="text"/>
CDIF - C. difficile	<input type="text"/>
CEPHRKLEB - CephR-Klebsiella	<input type="text"/>
CREECOLI - CRE-E.coli	<input type="text"/>
CREENTERO - CRE-Enterobacter	<input type="text"/>
CREKLEB - CRE-Klebsiella	<input type="text"/>
MRSA - MRSA	<input type="text"/>
MSSA - MSSA	<input type="text"/>
VRE - VRE	<input type="text"/>

Submitting a MRSA LabID Event to NHSN

Specimen Body Site/System: GU-Genito Urinary System

Event Information

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

Date Specimen Collected *: 03/04/2018 15

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *: **GU - GenitoUrinary System**

Specimen Source *: CARD - Cardiovascular/ Circulatory/ Lymphatics

Resident Care Location *: CNS - Central Nervous System

Primary Resident Service Type *: DIGEST - Digestive System

Has resident been transferred from an acute care facility? *: EENT - Ear, Eye, Nose, and Throat

Documented evidence of previous infection? *: ENDCRN - Endocrine System

from a previously reported LabID Event in any prior month? N - No

GU - GenitoUrinary System

MSC - Musculoskeletal System

REPRF - Reproductive Female

REPRM - Reproductive Male

RESP - Respiratory System

SST - Skin / Soft tissue

UNSPECIFD - Unspecified Body Site Specimen

Custom Fields [Help](#)

PRIOR HX: []

CEPHALOSPORINS: []

CLINDAMYCIN: []

If urine, select GU-Genito Urinary System

Submitting a MRSA LabID Event to NHSN

Specimen Source: Urinary Specimen

Event Information

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

Date Specimen Collected *: 03/04/2018

Specific Organism Type *: MRSA - MRSA

Specimen Body Site/System *: GU - GenitoUrinary System

Specimen Source *:

- GENITAL - Genital swab
- KIDNEY - Specimen from kidney
- NOSGU - Genitourinary sample (NOS)
- PERINEAL - Perineal swab
- RENPELVIS - Renal pelvis fluid sample
- SUPRAPUBC - Suprapubic aspirate sample
- URETER - Specimen from ureter obtained by brush biopsy
- URETHSWB - Urethral swab
- URINARCYT - Urinary tract cytologic material
- URINARSPC - Urinary specimen

Resident Care Location *:
Primary Resident Service Type *:
Has resident been transferred from an acute care facility:
Documented evidence of previous infection:
Previously reported:

If urine culture-Select Urinary Specimen

Submitting a MRSA LabID Event to NHSN

Resident Care Location

Event Information

Event Type *: LABI Event

Specific Organism Type *:

Specimen Body Site/System *:

Specimen Source *:

Resident Care Location *: **3 REHAB - SHORT TERM REHAB**

Primary Resident Service Type *:

Has resident been transferred from an ac

Date Specimen Collected *: 03/04/2018

1 D - DEMENTIA UNIT
1 SOUTH - GENERAL
100 EAST - DEMENTIA UNIT
1B - BARIATRIC UNIT
2 PSY - PSYCHIATRIC
2W - 2 WEST DEMENTIA
3 REHAB - SHORT TERM REHAB
4 GEN - GENERAL UNIT
5 HOS - HOSPICE UNIT
DEMENTIA - LOCKED UNIT

Submitting a MRSA LabID Event to NHSN

Primary Resident Service Type

Event Information

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

Date Specimen Collected *: 03/04/2018 15

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *: GU - GenitoUrinary System ▼

Specimen Source *: URINARSPC - Urinary specimen ▼

Resident Care Location *: 3 REHAB - SHORT TERM REHAB ▼

Primary Resident Service Type *

- BARIA - Bariatric
- HOSP - Hospice/Palliative
- DEMENT - Long-term dementia
- GENNUR - Long-term general nursing
- PSYCH - Long-term psychiatric
- SKNUR - Skilled nursing/short term rehab
- VENT - Ventilator

Has resident been transferred from an acute care facility?

Documented evidence of previous infection?

Specimen type from a previously reported LabID Event in any prior month? N - No

Submitting a CDI LabID Event to NHSN

Transfer from Acute Care Facility

Event Information

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

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *: GU - GenitoUrinary System ▼

Specimen Source *: URINARSPC - Urinary specimen ▼

Resident Care Location *: 3 REHAB - SHORT TERM REHAB ▼

Primary Resident Service Type *: SKNUR - Skilled nursing/short term rehab ▼

Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes ▼

If Yes, *date of last transfer* from acute care to your facility *: 03/01/2018 15

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *?

Was the resident directly admitted to your facility from an acute care facility in past 4 weeks? If 'YES' is selected, additional data must be entered

If Yes, *date of last transfer* from acute care to your facility *: 11

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *? ▼

Submitting a CDI LabID Event to NHSN

Transfer from Acute Care Facility, continued

Event Information

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

Date Specimen Collected *: 03/04/2018 15

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *: GU - GenitoUrinary System ▼

Specimen Source *: URINARSPC - Urinary specimen ▼

Resident Care Location *: 3 REHAB - SHORT TERM REHAB ▼

Primary Resident Service Type *: SKNUR - Skilled nursing/short term rehab ▼

Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes ▼

If Yes, date of last transfer from acute care to your facility *: 03/01/2018 15

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *? N - No ▼

This answer to this question will be used by NHSN to determine if the LabID event is associated with an acute care transfer

If Yes, date of last transfer from acute care to your facility *: [] 11

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *? [] ▼

Entering MDRO-MRSA LabID Event

Documented Evidence Previous.....

Event Information

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

Date Specimen Collected *: 03/04/2018 15

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *: GU - GenitoUrinary System ▼

Specimen Source *: URINARSPC - Urinary specimen ▼

Resident Care Location *: 3 REHAB - SHORT TERM REHAB ▼

Primary Resident Service Type *: SKNUR - Skilled nursing/short term rehab ▼

Has resident been transferred from an acute care facility in the past 4 weeks *: Y - Yes ▼

If Yes, *date of last transfer* from acute care to your facility *: 03/01/2018 15

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *: N - No ▼

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

Auto-populated by the
NHSN. Non-editable by
users

Entering MDRO-MRSA LabID Event:

Optional: *Custom Fields and Comments*

Custom Fields [Help](#)

PRIOR HX: FLUOROQUINOLONE:

CEPHALOSPORINS: CLINDAMYCIN:

Comments

POST-LEFT HIP REPLACEMENT

Optional, but must be set-up before reporting event

Free text. Not able to analyze free text



Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼

Resident ID *: 12345 Find Find Events for Resident

Social Security #: 545-48-9637

Medicare number (or comparable railroad insurance number):

First Name: Mary

Last Name: Sue

Middle Name:

Date of Birth *: 01/25/1940 15

Gender *: F - Female ▼

Ethnicity: ▼

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

Resident type *: SS - Short-stay ▼

Date of First Admission to Facility *: 03/01/2018 15

Date of Current Admission to Facility *: 03/01/2018 15

Event Information

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

Date Specimen Collected *: 03/04/2018 15

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *: GU - GenitoUrinary System ▼

Specimen Source *: URINARSPC - Urinary specimen ▼

Resident Care Location *: 3 REHAB - SHORT TERM REHAB ▼

Primary Resident Service Type *: SKNUR - Skilled nursing/short term rehab ▼

Has resident been transferred from an acute care facility in the past 4 weeks *: Y - Yes ▼

If Yes, date of last transfer from acute care to your facility *: 03/01/2018 15

If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility *: N - No ▼

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

Custom Fields [Help](#)

PRIOR HX:

FLUOROQUINOLONE:

CEPHALOSPORINS:

CLINDAMYCIN:

Comments

POST-LEFT HIP REPLACEMENT

Save



Event 21067 created successfully.

Submitting Monthly Summary Data

Monthly Summary Reporting (Denominator)

CDC 57.139: MDRO and CDI LabID Event Reporting Monthly summary Data for LTCF

- Optional
- Resembles Summary Data page in the NHSN application
- Specific to LabID Event reporting
- Total counts only

**MDRO and CDI LabID Event Reporting
Monthly Summary Data for LTCF**

Page 1 of 1

*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

*Resident Days: _____ *Resident Admissions: _____ **Number of Admissions on C. diff Treatment: _____

LabID Event Reporting								
Specific Organism Type	MRSA	VRE	CephR- Klebsiella	CRE- E. coli	CRE- Enterobacter	CRE- Klebsiella	MDR- Acinetobacter	C.difficile
LabID Event (All specimens)	<input type="checkbox"/>							
Report No Events	<input type="checkbox"/>							

Custom Fields (Optional)

Label _____

Data _____

Forms and Table of Instructions (TOIs) available on LTCF home page, under Data Collection Forms:
<https://www.cdc.gov/nhsn/ltc/cdiff-mrsa/index.html>

Monthly Summary Reporting (Denominator)

- Optional worksheet that may be used to document daily summary counts for selected columns
- Only the aggregate data entered into the NHSN application at the end of each month

Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2017
www.cdc.gov/nhsn

Denominators for LTCF

Page 1 of 1

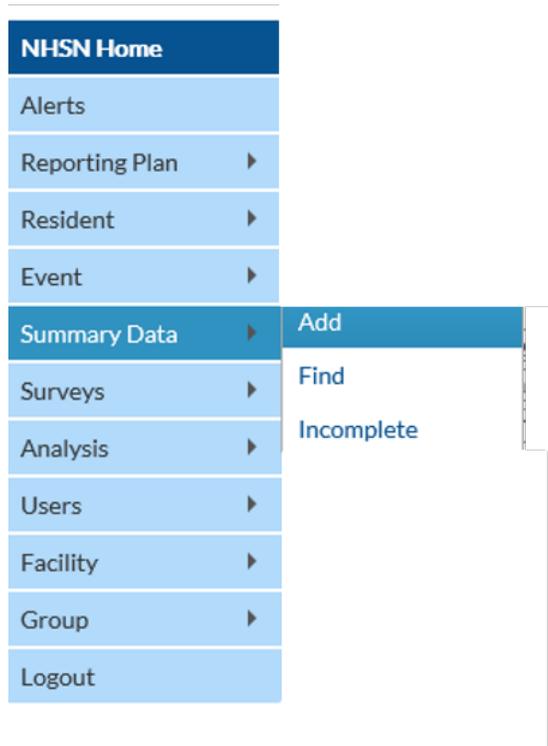
Facility ID:		*Location Code:		*Month:	*Year:
Date	*Number of residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of admissions	Number of admissions on <i>C. diff</i> treatment
1					
2					
3					
...					
30					
31					
*Total					
	Resident-days	Urinary-catheter days	Total antibiotic starts for UTI indication	Resident-admissions	Resident-admissions on <i>C. diff</i> treatment

Document daily counts

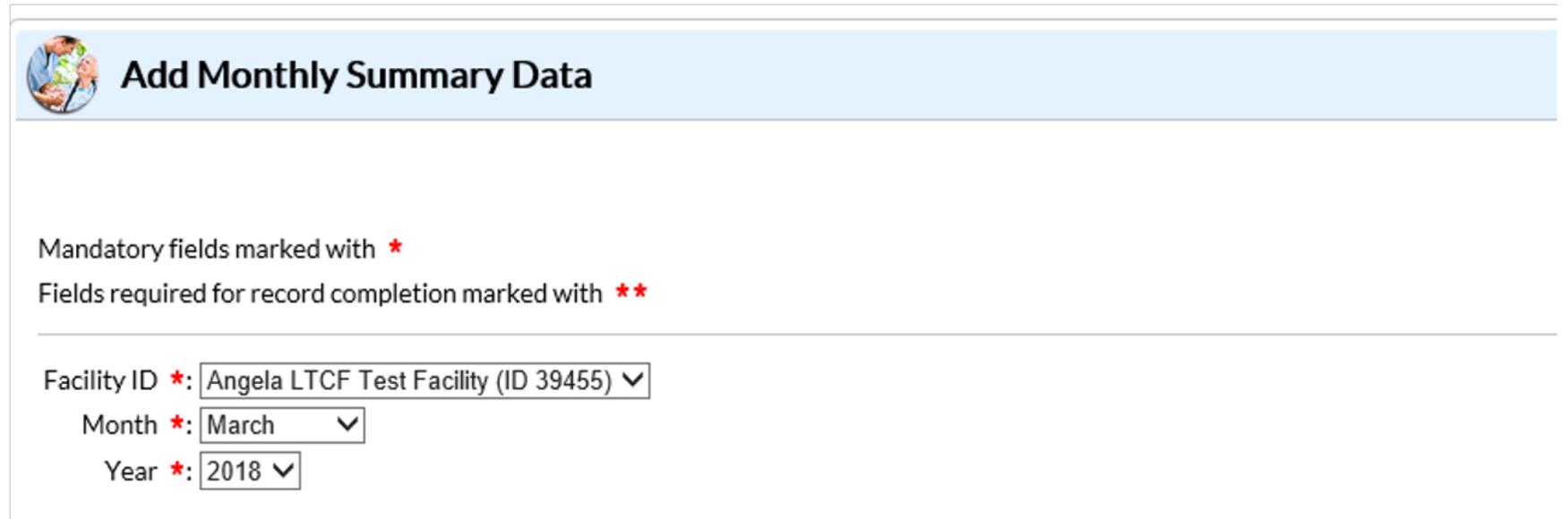
Document totals for the entire month

Submitting Monthly Summary Data to NHSN

- At the end of the month, submit the total denominator data for calendar month
- Locate 'Summary Data' on left-hand navigation bar, and then 'Add'
- Enter the month and year for which summary data will be reported



The screenshot shows a vertical navigation menu on the left side of the interface. The menu items are: NHSN Home, Alerts, Reporting Plan, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Summary Data' item is highlighted in a darker blue, and a sub-menu is open to its right, showing 'Add', 'Find', and 'Incomplete' options. The 'Add' option is also highlighted.



The screenshot shows the 'Add Monthly Summary Data' form. At the top, there is a header with a globe icon and the title 'Add Monthly Summary Data'. Below the header, there are instructions: 'Mandatory fields marked with *' and 'Fields required for record completion marked with **'. The form contains three dropdown menus: 'Facility ID *' with the value 'Angela LTCF Test Facility (ID 39455)', 'Month *' with the value 'March', and 'Year *' with the value '2018'. The 'Month' and 'Year' fields are marked with double asterisks (**).

Submitting Monthly Summary Data in NHSN

- NHSN Home
- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Logout

Add Monthly Summary Data

Mandatory fields marked with *
 Fields required for record completion marked with **

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼
 Month *: March ▼
 Year *: 2018 ▼

Denominators for Long Term Care Locations
 - No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

Location Code		Specific Organism Type							Custom Fields
		MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: <input type="text"/> *								
	Resident Days: <input type="text"/> *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	Number of Admissions on C. diff Treatment: <input type="text"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prevention Process Measures
 - No long term care locations selected on monthly reporting plan

Save Back

This page will populate based on the module(s) and event(s) selected in your Monthly Reporting Plan for the month in which you are entering summary data

Knowledge Check 8: Based on the Monthly Summary Data below, what modules and events did the facility select to participate for March, 2018?

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼
 Month *: March ▼
 Year *: 2018 ▼

Denominators for Long Term Care Locations

- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type							
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: <input type="text"/> *	LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Resident Days: <input type="text"/> *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Number of Admissions on C. diff Treatment: <input type="text"/> *		<input type="checkbox"/> **	<input type="checkbox"/> **	<input type="checkbox"/>					
		Report No Events								

Prevention Process Measures

- No long term care locations selected on monthly reporting plan

- A. All modules, all Events
- ✓ B. MRSA and CDI LabID Events
- C. CDI and all MDRO LabID Events
- D. No Modules or Events

Submitting Monthly Summary Data in NHSN for LabID Events

- ❖ Enter data for boxes with **red asterisk**.

NHSN Home

Alerts

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

Add Monthly Summary Data

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type								
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter	
<div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 5px;"> Facility-wide Inpatient (FacWIDEIn) </div>	Resident Admissions:										
	46 *	LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	Resident Days:	Report No Events	<input type="checkbox"/> **	<input type="checkbox"/> **	<input type="checkbox"/>						
	2900 *										
	Number of Admissions on C. diff Treatment:										
	9 *										

Custom Fields

Submitting Monthly Summary Data in NHSN for LabID Events

- ✓ Resident Admissions
- ✓ Resident Days
- ✓ Number of Admissions on C. diff Treatment
- ✓ Report No Events, if applicable

NHSN Home

Alerts

Reporting Plan

Resident

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

MDRO & CDI LabID Event Reporting

Location Code	LabID Event (All specimens)	Specific Organism Type						C. difficile	MDR-Acinetobacter	Custom Fields
		MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella			
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: 46 * Resident Days: 2900 * Number of Admissions on C. diff Treatment: 9 *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	Report No Events	<input type="checkbox"/> **	<input type="checkbox"/> **	<input type="checkbox"/>						

Submitting Monthly Summary Data in NHSN for LabID Events

Resident Admissions: Only required if monthly surveillance includes LabID event surveillance

The total number of residents admitted to the LTCF during the selected calendar month. Includes new admissions and re-admissions if a resident was out of the facility for more than 2 calendar days

NHSN Home

Alerts

Reporting Plan ▶

Resident ▶

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

MDRO & CDI LabID Event Reporting

Location Code	Resident Admissions: <input style="border: 2px solid #0056b3;" type="text" value="46"/> *	Resident Days: <input type="text" value="2900"/> *	Number of Admissions on C. diff Treatment: <input type="text" value="9"/> *	Specific Organism Type						Custom Fields		
				MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella		C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn)				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
				<input type="checkbox"/> **	<input type="checkbox"/> **	<input type="checkbox"/>						

Submitting Monthly Summary Data in NHSN for LabID Events

Resident Days: To calculate resident days, for each day of the month, record the total number of residents in the facility. At the end of the month, add the daily counts and enter the total as Resident Days.

- ❖ Data may come from electronic medical record, if available
- ❖ Users may also calculate based on facility occupancy.
 - ❑ 100 bed facility at 100% occupancy for June: 100 residents x 30 days = 3,000 total resident days
 - ❑ 100 bed facility at 90% occupancy for June: 90 residents x 30 days = 2,700 total resident days

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type						Custom Fields	
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella		C. difficile
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions:	46 *								
	Resident Days:	2900 *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	Number of Admissions on C. diff Treatment:	9 *	<input type="checkbox"/> **	<input type="checkbox"/> **	<input type="checkbox"/>					
	LabID Event (All specimens)									
	Report No Events									

Submitting Monthly Summary Data in NHSN for LabID Events

Number of Admissions on C. diff Treatment:

- ❖ Required only if participating in CDI LabID Event reporting for the calendar month
- ❖ Informs burden of CDI coming into the LTCF
- ❖ Total number of residents who were receiving antibiotic treatment for CDI at the time of admission to the LTCF (*includes new and readmissions*)
- ❖ Includes ALL residents admitted on treatment, including those who do not meet NHSN criteria for a CDI LabID Event
- ❖ This count is independent of CDI LabID Event reporting
 - ❑ A resident may be included in this count, but not have a CDI LabID Event reported by the LTCF

MDRO & CDI LabID Event Reporting

Location Code	
	Resident Admissions: 46 *
	Resident Days: 2900 *
Facility-wide Inpatient (FacWIDEIn)	
	Number of Admissions on C. diff Treatment: 9 *



**National Healthcare Safety Network
Rate Tables for CDI LabID Event Data
CDI Treatment Prevalence on Admission**
As of: April 11, 2017 at 1:31 PM
Date Range: LTCLABID_RATESCDIF summaryYM 2017M01 to 2017M04

orgID=39455

summaryYM	location	numResAdmCdifRx	numResAdm	cdiTreatPrev
2017M01	FACWIDEIN	1	12	8.333
2017M02	FACWIDEIN	3	17	17.647
2017M03	FACWIDEIN	3	17	17.647

Submitting Monthly Summary Data in NHSN for LabID Events

LabID Events (All specimens) row: a grayed out check-mark will appear for each organism under surveillance for the month (based on selections in the Monthly Reporting Plan)

NHSN Home

 Add Monthly Summary Data

- Alerts
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶

MDRO & CDI LabID Event Reporting

Location Code		Specific Organism Type							Custom Fields
		MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: 46 *								
	Resident Days: 2900 *	LabID Event (All specimens) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	Number of Admissions on C. diff Treatment: 9 *	Report No Events <input type="checkbox"/> **	<input type="checkbox"/> **	<input type="checkbox"/>					

Check box will appear for each in-plan organism

Submitting Monthly Summary Data in NHSN for LabID Events

- ❖ **Report No Events** row: A red asterisk will appear next to boxes that require attention.
- ❖ User must put a check-mark in the box to validate that no LabID events were identified for the specified organism for the calendar month.
- ❖ The box will be grayed out and without red asterisks if at least one event was submitted for that organism during the calendar month.
- ❖ If a LabID event is entered for the organism after summary data submitted, the application will auto-update.

NHSN Home

Add Monthly Summary Data

Alerts

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type								
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile		MDR-Acinetobacter
<div style="border: 1px solid #ccc; padding: 2px;">Facility-wide Inpatient (FacWIDEIn)</div>	Resident Admissions: 46 *	LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Custom Fields
	Resident Days: 2900 *		<input checked="" type="checkbox"/> **	<input type="checkbox"/>	<input checked="" type="checkbox"/> **	<input type="checkbox"/>					
	Number of Admissions on C. diff Treatment: 9 *		Report No Events	<input type="checkbox"/>	<input type="checkbox"/>						

Complete Monthly Summary for CDI and MRSA

NHSN Home

Alerts

Reporting Plan ▶

Resident ▶

Event ▶

Summary Data ▶

Surveys ▶

Analysis ▶

Users ▶

Facility ▶

Group ▶

Logout

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Angela LTCF Test Facility (39455)

Month *: March

Year *: 2018

Denominators for Long Term Care Locations

- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type								Custom Fields	
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter		
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: 22 *	LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Custom Fields						
	Resident Days: 2887 *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Number of Admissions on C. diff Treatment: 3 *		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Prevention Process Measures

- No long term care locations selected on monthly reporting plan

Save
Back



Summary data created successfully.

Data Quality-Resolve Alerts

Alerts

- ❖ Automatic checks in the NHSN that remind users of incomplete or missing in-plan data
- ❖ Monthly data that are not considered complete and will be excluded from any analysis unless resolved
- ❖ Before using the analysis function, make sure to clear all relevant alerts
- ❖ Found on the Home Page, or by clicking on the 'Alerts' tab on the sidebar

The screenshot displays the NHSN Long Term Care Facility Component Home Page. At the top, a dark blue header reads "NHSN - National Healthcare Safety Network". Below this, a light blue sidebar on the left contains a menu with the following items: NHSN Home, Alerts (highlighted with a mouse cursor), Reporting Plan, Resident, Event, Summary Data, Surveys, Analysis, Users, Facility, Group, and Logout. The main content area has a light blue header with a globe icon and the text "NHSN Long Term Care Facility Component Home Page". Below the header, the text "COMPLETE THESE ITEMS" is displayed. Underneath, the "ALERTS" section features four colored boxes with the following data:

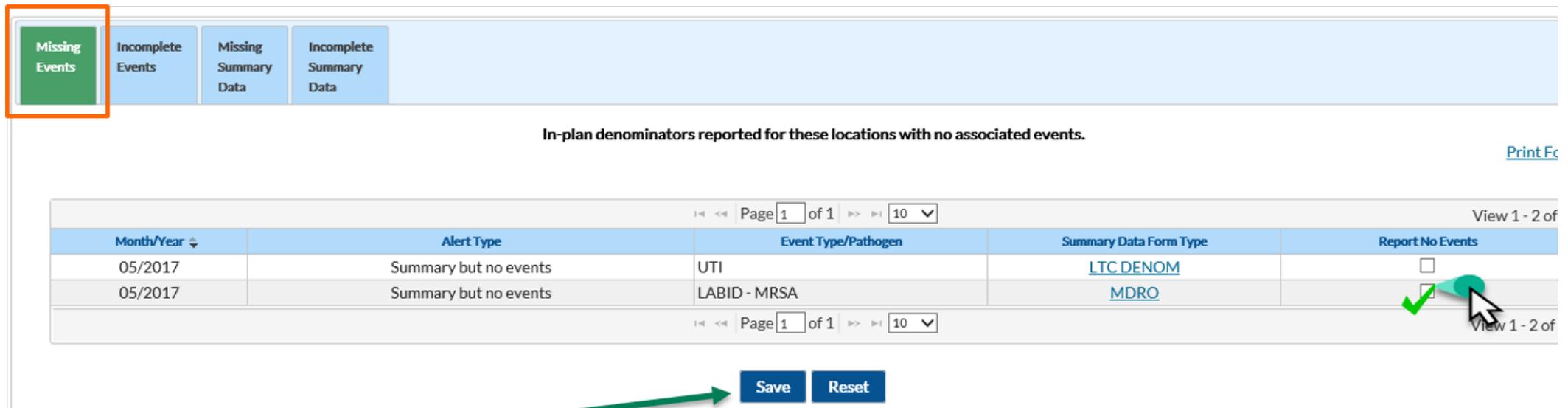
Alert Type	Count
Missing Events	2
Incomplete Events	4
Missing Summaries	47
Incomplete Summaries	4

Common Alerts for LabID Event Reporting: *Missing Events*

LabID event module selected in the Monthly Reporting Plan, but no selected MDRO or CDI events submitted for the month and the “*Report No Events*” box was not selected on the Monthly Summary page for that calendar month.

To resolve alert:

- ✓ Submit CDI and/or selected MDRO event(s) for calendar month
- ✓ If no events to report for the month, click box to indicate **Report No Events by each event type/pathogen**



The screenshot shows the 'Missing Events' alert in a navigation bar. Below the bar, a message states: "In-plan denominators reported for these locations with no associated events." A table displays the following data:

Month/Year	Alert Type	Event Type/Pathogen	Summary Data Form Type	Report No Events
05/2017	Summary but no events	UTI	LTC DENOM	<input type="checkbox"/>
05/2017	Summary but no events	LABID - MRSA	MDRO	<input checked="" type="checkbox"/>

At the bottom of the interface, there are 'Save' and 'Reset' buttons. A green arrow points to the 'Save' button. A mouse cursor is hovering over the checked checkbox in the table row for MDRO.

Common Alerts for LabID Event Reporting: *Missing Summary Data*

Summary Data has not been completed for the calendar month

To resolve:

- Click **Add Summary** hyperlink
- Enter Summary Data under “**MDRO & CDI LabID Event Reporting**”
- Remember to **SAVE** before exiting

Incomplete/Missing List

Missing Events	Incomplete Events	Missing Summary Data	Incomplete Summary Data
01/2018	Events but no MDRO and CDI Reporting Denominators		
03/2018	Events but no MDRO and CDI Reporting Denominators		
01/2015	No Summary Form		
09/2015	No Summary Form		

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Angela LTCF Test Facility (ID 39455) ▼

Month *: March ▼

Year *: 2018 ▼

Denominators for Long Term Care Locations
- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

Location Code	Resident Admissions: * Resident Days: * Number of Admissions on C. diff Treatment: *	LabID Event (All specimens) Report No Events	Specific Organism Type						
			MRSA	VRE	CephR-Klebsiella	CRE-EcoRI	CRE-Enterobacter	CRE-Klebsiella	C. difficile
Facility-wide Inpatient (FacWIDEIn)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Save Back

Common Alerts for LabID Event Reporting:

Incomplete Summary Data

Summary Data page is missing required data for the calendar month

To resolve alert:

- ✓ Click on **Summary ID**
- ✓ Complete missing data fields, as indicated by **red asterisk(s)**
- ✓ Remember to **SAVE** before exiting

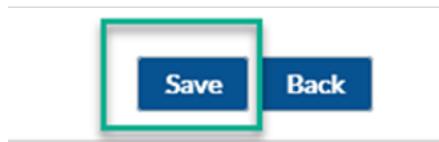
Incomplete/Missing List

Missing Events Incomplete Events Missing Summary Data **Incomplete Summary Data**

The following are incomplete "In Plan" summary data records.

Summary ID	Summary Data Type	Year	Month
22097	HAI	2017	May
22098	MDRO	2017	May

(A green arrow points to the Summary ID 22098 in the table.)



MDRO & CDI LabID Event Reporting

Location Code	Resident Admissions: 46 *	Resident Days: 2900 *	Number of Admissions on C. diff Treatment: 2 *	LabID Event (All specimens) Report No Events	Specific Organism Type						Custom Fields		
					MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella		C. difficile	MDR-Acinetobacter
Facility-wide Inpatient (FacWIDEIn)				<input checked="" type="checkbox"/> <input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/> **	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(A green arrow points to the MRSA checkbox in the table.)

NHSN Resources

Long-term Care Facility Component

- ❖ NHSN LTCF website: <https://www.cdc.gov/nhsn/ltc/index.html>
- ❖ NHSN LTCF Surveillance for *C. difficile*, MRSA, and other Drug-resistant Infections website: <https://www.cdc.gov/nhsn/ltc/cdiff-mrsa/index.html>
 - ✓ Training
 - ✓ Protocols
 - ✓ Data collection forms
 - ✓ Tables of instructions for completing all forms
 - ✓ Key terms
 - ✓ Frequently asked questions and answers

Questions or Need Help? Contact User Support at nhsn@cdc.gov