

NHSN MDRO/CDAC Module

IPG Training

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Overview



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CMS Requirements

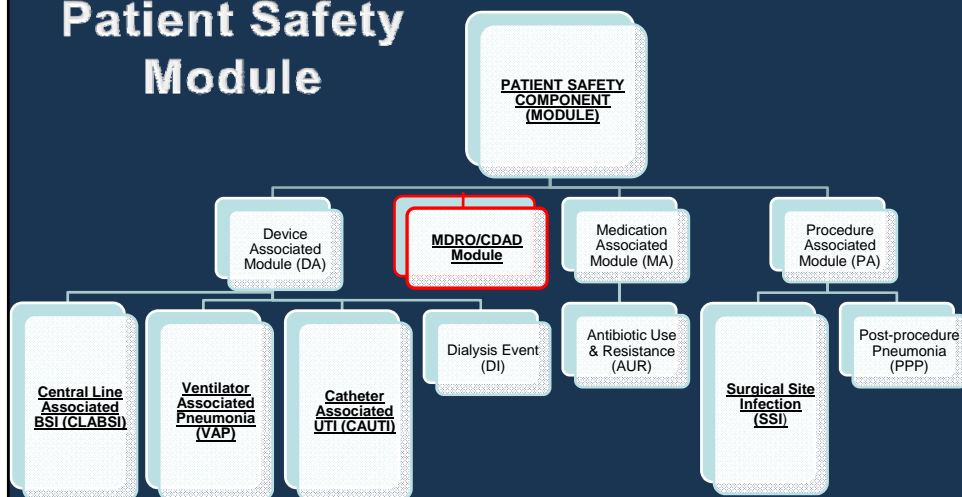
- Facilities recruited who agreed to collaborate with local QIOs must use the MDRO module to enter and track
 - patient days for monitored unit(s),
 - admissions for monitored units,
 - LabID events,
 - MRSA infection events.
- Obtain an MRSA Infection rate and Hospital-Onset MRSA Incidence



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Patient Safety Module



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Data Collection & Reporting Requirements

1. Submit a Monthly Reporting Plan
 - a. Notifies CDC which module you will be using for the month
2. Use definitions/protocols exactly as defined by NHSN
 - a. *NHSN Manual: Patient Safety Component Protocol*



Data Collection & Reporting Requirements

3. Use surveillance methodology as described in Protocol
4. Report events and denominator data per reporting plan
 - a. Due to CDC within 30 days of the end of the month



Data Collection & Reporting Requirements

5. Submit data for all hospital-acquired
6. Annual survey of facility



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Data Collection & Reporting Requirements

7. Pass QC acceptance checks for data completeness and accuracy
8. Agree to report to state health authorities any adverse event outbreaks

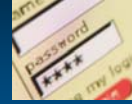


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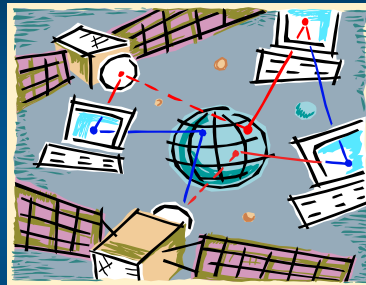
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Digital Certificate

- UNIQUE user ID
 - Provides electronic means of proving user identity
- Expires after one year – must *reapply* for a new one (non-renewable)
 - Email notification 30 days prior to expiration
 - Upon re-application, 'old' certificate no longer works
 - Should receive new certificate w/in 48-72 hrs



Joining a Group & Conferring Rights



How to Join the “Group”

- Obtain Group ID and Password from the Group Administrator
- Sign in to the NHSN home page
 - click on Group
 - click on join
 - enter the Group ID/Name and Joining Password
 - Click Join Group
- The Group joining password is case-sensitive



How to Confer Rights to a Group .

1. On the navigation bar, click on “Group” and select “Confer Rights”. The Memberships screen will appear:

The screenshot shows the NHSN Memberships screen. The page title is "Memberships" and it is part of the "NHSN - National Healthcare Safety Network" interface. The page is divided into a left navigation bar and a main content area. The navigation bar includes links for "NHSN Home", "Reporting Plan", "Patient", "Event", "Procedure", "Summary Data", "Analysis", "Surveys", "Users", "Facility", "Group", and "Confer Rights". The main content area is titled "Memberships" and contains a section for "Groups that have access to this facility's data". A table lists "Maggie's test group (10297)" with a yellow box labeled "FMQAI" pointing to the group name. To the right of the table, there are buttons for "Confer Rights" (circled in red), "Leave Group(s)", and "Log Out". Below the table, there is a section for "Enter ID and Password for this facility to join a new group" with input fields for "Group ID:" (containing "14399" and a yellow box labeled "Group ID # = 14399") and "Group Joining Password:". There are also "Join" and "Go" buttons.



Conferring Rights

2. Select the Group to which you will confer rights and then click "Confer Rights". The Confer Rights screen will appear:



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Connecting with FMQAI

- Join FMQAI Group (ID# 14399)
 - Confer Rights to FMQAI Group
- Then*
- Join QIOSC Group (ID#14169)
 - Confer Rights to QIOSC Group

*Passwords sent via email to MRSA contact



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Key Terms & Definitions



NHSN Key Terms

- **30% Rule** – if 80% of patients cared for are of a certain type then that is the type of location
 EXAMPLE - pediatric pts w/ ortho problems is mapped as Inpt Pediatric Ortho Unit)
- **Device Days** - a count of the # pts w/ a specific device
 Record # pts with device at same time each day of the month

*See NHSN Manual: Patient Safety Component Protocol for additional key terms and details



NHSN Key Terms

- Transfer Rule – if a device associated infection develops w/in 48 hrs of transfer from one unit to another w/in the same facility, the infection is attributed to the transferring unit.

*See *NHSN Manual: Patient Safety Component Protocol* for additional key terms and details



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NHSN Key Terms

- CDC Location – area where pt is assigned while receiving **inpt** care
 - Determined by type of patient being cared for according to **80% Rule**
 - **EXCEPTION:** if medical and surgical mix is approximately equal, use Inpatient Medical/Surgical Ward location label
 - You must map each location under surveillance to a standard CDC location
 - See *NHSN Enrollment and Facility Start-up Guide* for instructions on setting up locations

*See *NHSN Manual: Patient Safety Component Protocol* for additional key terms and details



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NHSN Key Terms

- Inpatient – admission and discharge dates are ***different***
- Outpatient - admission and discharge dates are ***the same***
- Patient Days – # pts in the location
Record # pts on unit at the same time each day of the month then sum at the end of the month

*See NHSN Manual: Patient Safety Component Protocol for additional key terms and details



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NHSN Key Terms

- Central Line – device that terminates in one of the great vessels or in or near the heart”
➤ Device Type is NOT used to determine if CL
- Ventilator – device to assist or control respirations continuously, including weaning periods, via trach or ET
➤ IPPB, PEEP, CPAP excluded unless delivered via trach or ET

*See NHSN Manual: Patient Safety Component Protocol for additional key terms and details



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NHSN Key Terms

- Central Line Days – # pts with one or more central lines
- Catheter Days - # pts with indwelling urinary catheter
- Ventilator Days – # pts on the ventilator

*Record # pts on unit at the same time each day of the month then sum at the end of the month

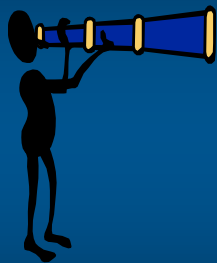
*See *NHSN Manual: Patient Safety Component Protocol* for additional key terms and details



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Surveillance Methodology



Active – trained personnel use standard definitions and a variety of data sources

Patient-based – monitor patients via unit visits, review of patient charts and discussion with caregivers

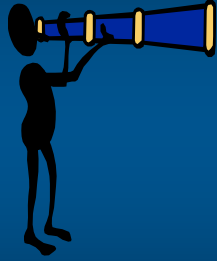
Prospective – monitor patient in-house; includes post-discharge



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Surveillance Methodology



Priority-Directed – a.k.a. “targeted surveillance”; focus on specific organisms (HA MRSA)

Risk-Adjusted – variations due to risk factors are considered in rate calculation; allows for “apples to apples” comparison

Incidence Rates – occurrence of **new events** during defined time period



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Monthly Reporting Plan



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Monthly Reporting Plan

- Communicates monitoring plan to the CDC
- Must be completed each month prior to entering data
- Fill out the location(s) and specific organism in the MDRO/CDAD Module section
- Check the boxes for "Infection Surveillance" and "LabID Event."



Patient Safety Monthly Reporting Plan

OMB No. 0920-0666
 Exp. Date: 03-31-2011

* required for saving
 Facility ID: _____ * Month/Year: ____ / ____

~~No NHSN Patient Safety Modules Followed this Month~~

Device Associated Module

Locations	CLA	BSI	DE	VAP	CAUTI	CLIP
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure Associated Module

Procedures	SSI (Circle one setting)	Post-procedure PNEU (Circle)
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In
	In Out Both	In

Medication Associated Module: Antimicrobial Use and Resistance

Locations	Microbiology	Pharmacy
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 306(c) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57-106(FRM) Rev. 1

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NHSN Patient Safety Monthly Reporting Plan OMB No. 0920-0666 Exp. Date: 03-31-2011

MDRO and CDAD Module

Locations	Setting (Circle one)	Specific Organism Type	-LabID Event
ALL	In Out Both	_____	<input type="checkbox"/>
ALL	In Out Both	_____	<input type="checkbox"/>
ALL	In Out Both	_____	<input type="checkbox"/>
ALL	In Out Both	_____	<input type="checkbox"/>

Not here unless monitoring all locations

Locations	Specific Organism Type	Infection Surveillance	%AST Timing	%AST Eligible	Inci-dence	Preva-lence	Lab ID Event	HH	GG
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check these boxes

Check one:
 Method A
 Method B

%For AST, circle one to indicate timing of testing and one to indicate type of patients tested.
 Timing: Adm – Admission Both – Both Admission and Discharge/Transfer
 Patients: All – All patients tested NHx – Only patients tested are those who have no documentation at the admitting facility in the previous 12 months of MDRO-colonization or infection at the time of admission.
 *LabID Event – Laboratory-identified Event

CDC57.106 (Back) Rev. 1 27

NHSN Patient Safety Monthly Reporting Plan OMB No. 0920-0666 Exp. Date: 03-31-2011

* required for saving
 Facility ID: 9999 *Month/Year: 08 / 2008

No NHSN Patient Safety Modules Followed this Month

Process and Outcome Measures

Locations	Specific Organism Type	Infection Surveillance	%AST Timing	%AST Eligible	Inci-dence	Preva-lence	Lab ID Event	HH	GG
MICU	MRSA	X	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
SICU	MRSA	X	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NHSN 3.0.2.9 Monthly Reporting Plan

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Health Central (ID 14057)
Month*:
Year*:
 No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)
Locations CLA BSI DE VAP CAUTI CLIP
Add Rows Clear All Rows Copy from Previous Month

Procedure-Associated Module [HELP](#)
Procedures SSI Post-procedure PNEU
Add Row Clear All Rows Copy from Previous Month

Medication-Associated Module [HELP](#)
Antimicrobial Use and Resistance
Locations Microbiology Pharmacy
Add Rows Clear All Rows Copy from Previous Month

Multi-Drug Resistant Organism Module [HELP](#)
Locations Setting Specific Organism Type
IN - Inpatient
Process and Outcome Measures
Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence Lab ID Event HH GG
Add Rows Clear All Rows Copy from Previous Month

Patient Influenza Vaccination Module [HELP](#)
Method A:
Method B:
Copy from Previous Month

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

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

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

View Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*: Pleasant Valley Hospital (10312)
Month*: November
Year*: 2008

Device-Associated Module [HELP](#)
Locations CLA BSI DE VAP CAUTI CLIP

Procedure-Associated Module [HELP](#)
Procedures SSI Post-procedure PNEU

Medication-Associated Module [HELP](#)
Antimicrobial Use and Resistance
Locations Microbiology Pharmacy

Multi-Drug Resistant Organism Module [HELP](#)
Locations Setting Specific Organism Type
INMEDCC - IN:ACUTE:CC:M IN - Inpatient MRSA - MRSA
Process and Outcome Measures
Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence Lab ID Event HH GG
X X

Patient Influenza Vaccination Module [HELP](#)
Method A:
Method B:

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Data Collection/Reporting



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Data formulas for Measures

Measure #1

$$\text{MRSA Infection Incidence Rate} = \frac{\text{\# new MRSA Infections}}{\text{\# Patient Days}} \times 1000$$

Measure #2

$$\text{MRSA LabID Event Reporting "Transmission Rate"} = \frac{\text{\# of 1st HO MRSA Cultures + Unique HO Blood Cultures}}{\text{\# Patient Days}} \times 1000$$

*Patient Days = Patient days in selected unit



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Data Reporting Requirements for Listed Measures:

Measure 1:

- Report any and all NHSN defined healthcare associated (a.k.a. nosocomial) MRSA infections for at least one selected location per month (*Numerator*).
- Report patient-days for selected location per month (*Denominator*).

Measure 2:

- Report first clinical MRSA culture and all unique MRSA blood cultures (laboratory identified events) per patient per month; no bedside assessment is needed nor complete antibiogram reported.
- Report total facility wide or location specific patient-days and admissions/encounters per month depending on plan.



Reporting Forms

- Patient Safety Monthly Reporting Plan (Form 57.106)

Informs CDC of what you plan to report for the month

- Infection Event forms

Primary bloodstream infection (Form 57.108)

Pneumonia (Form 57.111)

Urinary tract infection (Form 57.114)

Surgical site infection (Form 57.120)

Custom event (Other NHSN defined HAIs)

MDRO & CDAD event (Form 57.126)

LabID event (Form 57.128)



MRSA Infection Events

- Central Line Associated Blood Stream Infection (CLABSI) – primary BSI in pt who had a CL w/in 48 hrs before development of BSI
 - ✓ No minimum time for CL to be in place
 - ✓ Development w/in 48 hrs of D/C from a location means CLABSI is associated with THAT location



MRSA Infection Events (cont.'d)

- Pneumonia – Capture both Post procedure (PPP) and Ventilator Associated (VAP)
 - ✓ PPP – pneumonia that meets criteria and occurs after an inpt operation but before discharge
 - ✓ VAP – Develops while intubated or intubated w/in 48 hrs of onset of pneumonia
 - No minimum period of time for ventilator use
 - Development w/in 48 hrs of D/C from a location means VAP is associated with THAT location



MRSA Infection Events (cont.'d)

- Catheter Associated Urinary Tract Infection (CAUTI) – UTI in pt who had an indwelling urethral urinary catheter in place w/in 7-days before onset
 - ✓ No minimum period of time for catheter to be in place
 - ✓ Development w/in 48 hrs of D/C from a location means CAUTI is associated with IHA I location



MRSA Infection Events (cont.'d)

- Surgical Site Infection (SSI) – UTI in pt who had an indwelling urethral urinary catheter in place w/in 7-days before onset
 - ✓ No minimum period of time for catheter to be in place
 - ✓ Development w/in 48 hrs of D/C from a location means CAUTI is associated with IHA I location



NHSN HAI Definitions

For a complete list of NHSN HAI definitions go to:

<http://www.cdc.gov/ncidod/dhqp/pdf/NNIS/NosInfDefinitions.pdf>

AJIC major articles

CDC/NHSN surveillance definition of health care-associated infection and criteria for specific types of infections in the acute care setting

Teresa C. Horan, MPH, Mary Andrus, RN, BA, CIC, and Margaret A. Dudeck, MPH
Atlanta, Georgia

BACKGROUND

population for which clinical sepsis is used has been re-
stricted to patients 16 year old. Another example is



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CAUTION

CDC Definitions



CAUTION


- Be aware: surveillance definitions are aimed at populations rather than individuals, therefore, they will never match clinical definitions entirely.
- The goal of surveillance is to maximize sensitivity and specificity of criteria as best as possible.







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 MDRO or CDAD Infection Event		OMB No. 0920-0666 Exp. Date: 03-31-2011
* required for saving		** required for completion
Facility ID: 9999	Event #: 333	
*Patient ID: A081234	Social Security #:	
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: M F	*Date of Birth: 04/12/1942	
Ethnicity (Specify):	Race (Specify):	
Event Details		
*Event Type: SST	*Date of Event: 08/27/2008	
[For Event Type = BSI, PNEU, SSI, or UTI use the event specific form]	Date of Procedure:	
*Post Procedure Event: Yes No	ICD-9-CM Procedure Code:	
MDRO/CDAD Infection: Yes No	NHSN Procedure Code:	ICD-9-CM Procedure Code:
*Specific Organism Type: (Select up to 3)		
<input checked="" type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> MDR- <i>Klebsiella</i> <input type="checkbox"/> MDR- <i>Acinetobacter</i> <input type="checkbox"/> <i>C. difficile</i>		
*Date Admitted to Facility: 08/04/2008	*Location MICU	
*Specific Event Type (only used for CDC defined events): DECU		
Specific Criteria Used (check all that apply)		
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Specify Criteria Used (check all that apply)		Signs & Symptoms		Laboratory or Diagnostic Testing							
<input type="checkbox"/> Abscess <input type="checkbox"/> Apnea <input type="checkbox"/> Vomiting <input type="checkbox"/> Bradycardia <input type="checkbox"/> Redness <input type="checkbox"/> Cough <input type="checkbox"/> Dysuria <input type="checkbox"/> Fever <input type="checkbox"/> Acute onset of diarrhea (liquid stools for > 12 hours) <input type="checkbox"/> Purulent drainage or material <input checked="" type="checkbox"/> Pain or tenderness <input type="checkbox"/> New onset/change in sputum, increased secretions or increased suctioning <input checked="" type="checkbox"/> Localized swelling <input type="checkbox"/> Persistent microscopic or gross blood in stools <input type="checkbox"/> Wheezing, rales or rhonchi <input type="checkbox"/> Other evidence of infection found on direct exam, during surgery or by diagnostic testing* <input type="checkbox"/> Other signs and symptoms +		<input type="checkbox"/> Heat <input type="checkbox"/> Hypotension <input type="checkbox"/> Hypothermia <input type="checkbox"/> Lethargy <input type="checkbox"/> Nausea <input type="checkbox"/> Suprapubic tenderness		Blood culture: <input type="checkbox"/> Positive <input type="checkbox"/> Negative or Not done Other culture: <input checked="" type="checkbox"/> Positive <input type="checkbox"/> Not done <input type="checkbox"/> Positive Gram stain when culture is negative or not done <input type="checkbox"/> >15 colonies cultured from IV cannula tip using semiquantitative culture method <input type="checkbox"/> Positive culture of pathogen <input type="checkbox"/> Positive culture of skin contaminant <input type="checkbox"/> Other positive laboratory tests <input type="checkbox"/> Radiographic evidence of infection							
<input type="checkbox"/>		Clinical Diagnosis		<input type="checkbox"/> Physician diagnosis of this event type* <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy* + Per specific event criteria							
*Secondary Bloodstream Infection: Yes No		**Died: Yes No		Event contributed to death? Yes No							
Discharge Date: / /		*Pathogens Identified: Yes No If Yes, specify on page 2									
1	<i>Staphylococcus aureus</i>	CLIND SIR N	DAPTO SIR N	ERYTH SIR N	GENT SIR N	LNZ SIR N	OX SIR N	QUIDAL SIR N	RIF SIR N	TMZ SIR N	VA SIR N
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 Primary Bloodstream Infection (BSI)		<small>OMB No. 0920-0668 Exp. Date: 03-31-2011</small>
<small>*required for saving **required for completion</small> Facility ID: 9999		Event #:
*Patient ID: 123456		Social Security #:
Secondary ID:		
Patient Name, Last: Jones		First: Tom Middle:
*Gender: F <input type="radio"/> M <input checked="" type="radio"/>	*Date of Birth: 12/05/1941	
Ethnicity (specify): Not Latino		Race (specify): White
*Event Type: BSI		*Date of Event: 08/12/2008
Post-procedure BSI: Yes <input type="radio"/> No <input checked="" type="radio"/>	Date of Procedure:	
NHSN Procedure Code:		ICD-9-CM Procedure Code:
*MDRO Infection: Yes <input type="radio"/> No <input checked="" type="radio"/>	*Date Admitted to Facility: 08/03/2008	*Location: MICU
Risk Factors		
*If ICU/Other locations, Central line: Yes <input checked="" type="radio"/> No <input type="radio"/>		
*If Specialty Care Area,		Location of Device Insertion: MICU
Permanent central line: Yes <input type="radio"/> No <input type="radio"/>		
Temporary central line: Yes <input type="radio"/> No <input type="radio"/>		Date of Device Insertion: 08/05/2008
*If NICU,		
Non-umbilical Central line: Yes <input type="radio"/> No <input type="radio"/>		
Umbilical catheter: Yes <input type="radio"/> No <input type="radio"/>		
Birth weight (grams):		
Event Details		
*Specific Event:		
<input checked="" type="checkbox"/> Laboratory-confirmed <input type="checkbox"/> Clinical sepsis		
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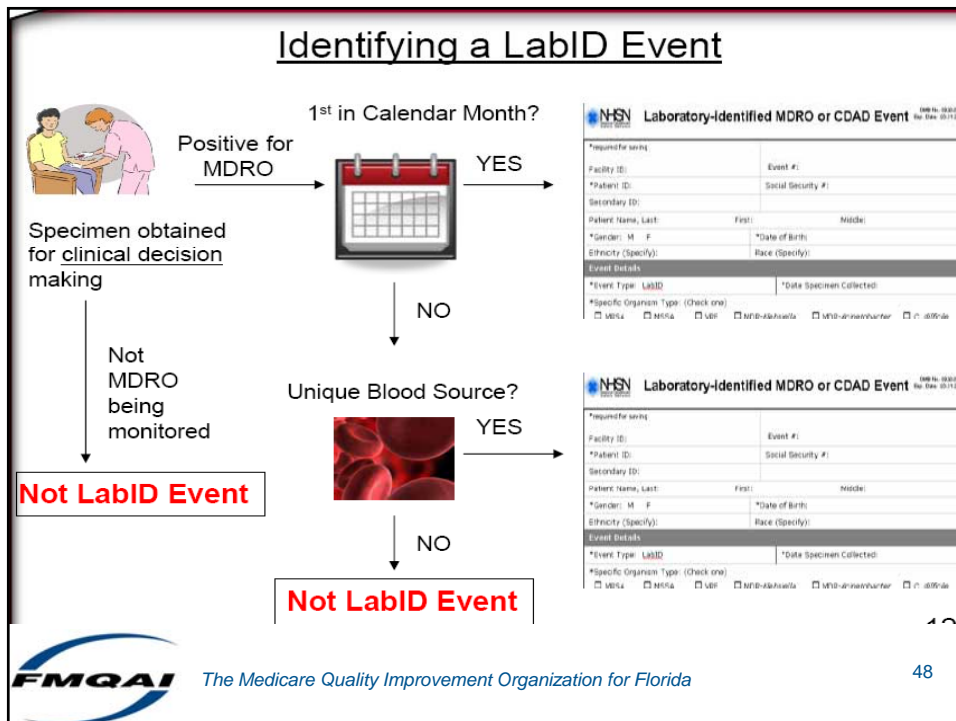
 Custom Event		<small>OMB No. 0920-0668 Exp. Date: 03-31-2011</small>
<small>* required for saving</small> Facility ID:		Event #:
*Patient ID:		Social Security #:
Secondary ID:		
Patient Name, Last:		First: Middle:
*Gender: M <input type="radio"/> F <input type="radio"/>	*Date of Birth:	
Ethnicity (specify):		Race (specify):
Event Details		
*Event Type:		*Date of Event:
Post Procedure Event: Yes <input type="radio"/> No <input type="radio"/>		Date of Procedure:
NHSN Procedure Code:		ICD-9-CM Procedure Code:
*MDRO/CDAD Infection: No <input type="checkbox"/>		Date Admitted to Facility:
Location:		
Specific Event Type:		
Specify Criteria Used (check all that apply)		
<u>Signs & Symptoms</u> <input type="checkbox"/> Abscess <input type="checkbox"/> Heat <input type="checkbox"/> Apnea <input type="checkbox"/> Hypotension <input type="checkbox"/> Vomiting <input type="checkbox"/> Hypothermia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Redness <input type="checkbox"/> Nausea <input type="checkbox"/> Cough <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Dysuria <input type="checkbox"/> Fever <input type="checkbox"/> Acute onset of diarrhea (liquid stools for > 12 hours) <input type="checkbox"/> Purulent drainage or material <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> New onset/change in sputum, increased secretions or increased suctioning		<u>Laboratory or Diagnostic Testing</u> <input type="checkbox"/> Positive culture <input type="checkbox"/> Not cultured <input type="checkbox"/> Positive blood culture <input type="checkbox"/> Blood culture not done or no organisms detected in blood <input type="checkbox"/> Positive Gram stain when culture is negative or not done <input type="checkbox"/> >15 colonies cultured from IV cannula tip using semiquantitative culture method <input type="checkbox"/> Positive culture of pathogen <input type="checkbox"/> Positive culture of skin contaminant <input type="checkbox"/> Other positive laboratory tests
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	Page 2 of 3	<h3>Custom Event</h3>	OMB No. 0920-0686 Exp. Date: 03-31-2011
Pathogen #	Gram-positive Organisms		
_____	Coagulase-negative staphylococci (specify): _____	VANC	SIRN
_____	<i>Enterococcus faecalis</i>	AMP	DAPTO LNZ PENG VANC
_____	<i>Enterococcus faecium</i>	AMP	DAPTO LNZ PENG QUIDAL VANC
_____	<i>Staphylococcus aureus</i>	CEFOX CLIND DAPTO ERYTH GENT LNZ OX QUIDAL RIF TMZ VANC	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
Pathogen #	Gram-negative Organisms		
_____	<i>Acinetobacter</i> spp. (specify) _____	AMK AMPSUL CEFEP CEFTAZ CIPRO GENT IMI LEVO MERO PIPTAZ TOBRA	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	<i>Escherichia coli</i>	AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	<i>Enterobacter</i> spp. (specify) _____	AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	<i>Klebsiella oxytoca</i>	AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	<i>Klebsiella pneumoniae</i>	AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	<i>Serratia marcescens</i>	AMK CEFEP CEFOT CEFTAZ CEFTRX CIPRO IMI LEVO MERO	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
_____	<i>Pseudomonas aeruginosa</i>	AMK CEFEP CEFTAZ CIPRO IMI LEVO MERO PIP	SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN SIRN
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	Page 3 of 3	<h3>Custom Event</h3>	OMB No. 0920-0686 Exp. Date: 03-31-2011
Custom Fields			
Label		Label	
_____	_____ / ____ / ____	_____	_____ / ____ / ____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Comments			
			46
CDC 57.115 (back), Rev. 1, NHSN v1.3.5			

Lab ID Events

- Enter case as a LabID event if:
 - It is a MRSA positive clinical lab culture and
 - The patient is in the monitored unit and
 - It's the first positive clinical lab culture of the month for the patient or
 - It's a unique blood source for this patient.



 Laboratory-identified MDRO or CDAD Event		<small>OMB No. 0920-0666 Exp. Date: 03-31-2011</small>
<i>*required for saving</i>		
Facility ID:	Event #:	
*Patient ID:	Social Security #:	
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: M F	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
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"/> MDR-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> C. difficile		
*Outpatient: Yes No	*Specimen Source:	
*Date Admitted to Facility:	*Location:	*Date Admitted to Location:
*Documented prior evidence of previous infection or colonization with this specific organism type? Yes No		
Required for CDAD (Optional for MDRO)		
*Has patient been discharged from your facility in the past 3 months? Yes No		
If Yes, date of last discharge from your facility:		
Custom Fields		
Label	Value	Label
Comments		
<small>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 307(d) of the Public Health Service Act (42 USC 2624, 2626, and 2627c). Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd, NE, Atlanta, GA 30333; ATTN: PRA (0920-0666), CDC 67-134.</small>		
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 Laboratory-identified MDRO or CDAD Event		<small>OMB No. 0920-0666 Exp. Date: 03-31-2011</small>
<i>*required for saving</i>		
Facility ID: 9999	Event #: 445	
*Patient ID: A086789	Social Security #:	
Secondary ID:		
Patient Name, Last:	First:	Middle:
*Gender: M F	*Date of Birth: 11/06/2000	
Ethnicity (Specify):	Race (Specify):	
Event Details		
*Event Type: LabID	*Date Specimen Collected: 08/27/2008	
*Specific Organism Type: (Check one)		
<input checked="" type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> MDR-Klebsiella <input type="checkbox"/> MDR-Acinetobacter <input type="checkbox"/> C. difficile		
*Outpatient: Yes No	*Specimen Source: Wound specimen	
*Date Admitted to Facility: 08/14/2008	*Location: PICU	*Date Admitted to Location: 08/14/2008
*Documented prior evidence of previous infection or colonization with this specific organism type? Yes No		
Required for CDAD (Optional for MDRO)		
*Has patient been discharged from your facility in the past 3 months? Yes No		
If Yes, date of last discharge from your facility:		
Custom Fields		
Label	Value	Label
Comments		
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LabID Data Collection

- Do not use the NHSN “transfer rule” for LabID Event locations
 - “Date Admitted to Location” refers to the location where LabID Event reporting is being done and where the patient was located at the time of specimen collection
- “Date Specimen Collected” is the date the specimen was taken from the patient
 - It is NOT the date the result was reported, the date the result was obtained in the lab, or any other date
- “Documented prior evidence of infection or colonization with this organism type” includes any previous documentation by a health care provider or laboratory report
 - This includes from the current location, a prior location in your facility, or any outside facility.



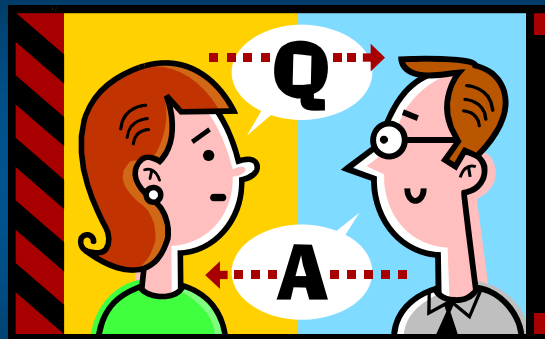
Proxy Rates that can be Calculated using LabID Event Reporting

Specific Metrics	Exposure	Infection	Acquisition
Admission Prevalence Rate	√		
Overall Prevalence Rate	√		
Bloodstream Infection Admission Prevalence Rate	√	√	
Bloodstream Infection Incidence Rate		√	√
Overall MDRO Infection/Colonization Incidence Rate			√
Overall MDRO Infection/Colonization Incidence Density Rate			√



MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring

- At the end of the month, you enter the Monthly Patient Days and Admissions for the units followed. This is your denominator data.



Questions and Answers

Question: If I am also following other events in the NHSN Patient Safety Component such as ventilator associated pneumonia (VAP) and have a patient with VAP that is due to an MDRO I am monitoring do I have to complete two forms?

Answer: *No, you would only complete the infection event form (Pneumonia) and circle "Yes" for the MDRO Infection question on the form. Be sure to include the results of the antibiogram on the back of the form.*



Questions and Answers

Question: My facility is doing active surveillance testing (AST) and LabID Event reporting. If an MDRO is identified during AST is it also a LabID Event?

Answer: *No, because a LabID Event is an MDRO isolate obtained for clinical decision making, not as part of routine surveillance.*



Questions and Answers

Question: My facility uses MDRO and other modules in the Patient Safety Component of NHSN. If I am doing surveillance in the same unit for another NHSN defined event, such as ventilator-associated pneumonia (VAP), and identify a LabID Event in the same patient, what form do I complete?

Answer: *You would complete two forms: one for the LabID Event and one for the VAP (PNEU). Be sure to circle "Yes" to the MDRO question on the Pneumonia form.*



Questions and Answers

Question: If I have a patient with a positive MDRO culture early in the month and one week later he has another positive culture, do I complete a second LabID Event form?

Answer: *That depends. If the first and second culture are from non-blood specimens and are both positive for the same organism you are monitoring, then you would not complete a second form. If the second culture was a positive blood isolate you would complete a 2nd form.*

Also, if the first culture was a positive blood isolate and any additional positive isolate during that month was from a non-blood specimen, you would not report the additional isolates.



Questions and Answers

Question: If I have a patient with a positive MDRO culture late in the month and the following month he has another positive culture, do I complete a second LabID Event form?

Answer: *Yes, if you are monitoring in both months. LabID reporting should be performed in a location for the duration of the contract. So, if you are still doing LabID Event monitoring in the following month for the same organism and in the same location, you would complete another form because it would be the 1st positive isolate for that patient in the new month.*

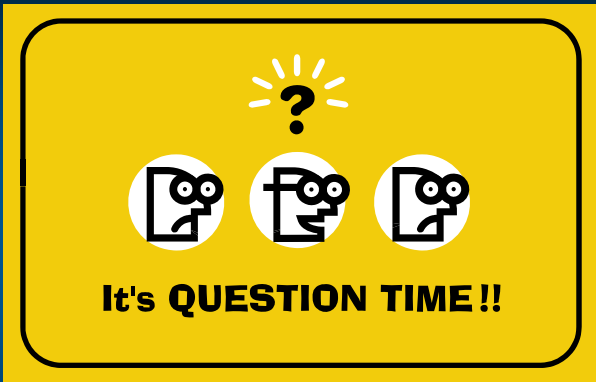


Questions and Answers

Question: If I have a patient with a positive blood culture early in the month that has a second positive blood culture for the same MDRO > 14 days after the first one, do I complete another LabID Event form for the second positive blood culture?

Answer: *Yes, you would complete another form.*





It's QUESTION TIME!!

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