

Illinois 2012 Mandated MRSA and C. diff Reporting Using NHSN MDRO/CDI Module

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Outline

- 1) Background on the MDRO/CDI Module
- 2) New IL 2012 MRSA and C. diff reporting requirements
- 3) Adding locations in NHSN
- 4) Completion of a Monthly Reporting Plan
- 5) Entry of MRSA blood specimen LabID Events
- 6) Entry of C. diff stool specimen LabID Events
- 7) Entry of monthly denominator data for LabID reporting
- 8) Data analysis features

Background

NHSN ANNUAL UPDATE

Antimicrobial-Resistant Pathogens Associated With Healthcare-Associated Infections: Annual Summary of Data Reported to the National Healthcare Safety Network at the Centers for Disease Control and Prevention, 2006–2007

Alicia I. Hidron, MD; Jonathan R. Edwards, MS; Jean Patel, PhD; Teresa C. Horan, MPH; Dawn M. Sievert, PhD; Daniel A. Pollock, MD; Scott K. Fridkin, MD; for the National Healthcare Safety Network Team and Participating National Healthcare Safety Network Facilities

OBJECTIVE. To describe the frequency of selected antimicrobial resistance patterns among pathogens causing device-associated and procedure-associated healthcare-associated infections (HAIs) reported by hospitals in the National Healthcare Safety Network (NHSN).

METHODS. Data are included on HAIs (ie, central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, and surgical site infections) reported to the Patient Safety Component of the NHSN between January 2006 and October 2007. The results of antimicrobial susceptibility testing of up to 3 pathogenic isolates per HAI by a hospital were evaluated to define antimicrobial-resistance in the pathogenic isolates. The pooled mean proportions of pathogenic isolates interpreted as resistant to selected antimicrobial agents were calculated by type of HAI and overall. The incidence rates of specific device-associated infections were calculated for selected antimicrobial-resistant pathogens according to type of patient care area; the variability in the reported rates is described.

RESULTS. Overall, 463 hospitals reported 1 or more HAIs; 412 (89%) were general acute care hospitals, and 309 (67%) had 200–1,000 beds. There were 28,502 HAIs reported among 25,384 patients. The 10 most common pathogens (accounting for 84% of any HAIs) were coagulase-negative staphylococci (15%), *Staphylococcus aureus* (15%), *Enterococcus* species (12%), *Candida* species (11%), *Escherichia coli* (10%), *Pseudomonas aeruginosa* (8%), *Klebsiella pneumoniae* (6%), *Enterobacter* species (5%), *Acinetobacter baumannii* (3%), and *Klebsiella oxytoca* (2%). The pooled mean proportion of pathogenic isolates resistant to antimicrobial agents varied significantly across types of HAI for some pathogen-antimicrobial combinations. As many as 16% of all HAIs were associated with the following multidrug-resistant pathogens: methicillin-resistant *S. aureus* (8% of HAIs), vancomycin-resistant *Enterococcus faecium* (4%), carbapenem-resistant *P. aeruginosa* (2%), extended-spectrum cephalosporin-resistant *K. pneumoniae* (1%), extended-spectrum cephalosporin-resistant *E. coli* (0.5%), and carbapenem-resistant *A. baumannii*, *K. pneumoniae*, *K. oxytoca*, and *E. coli* (0.5%). Nationwide, the majority of units reported no HAIs due to these antimicrobial-resistant pathogens.

Infect Control Hosp Epidemiol 2008; 29:996–1011

Antimicrobial-resistant pathogens that cause healthcare-associated infections (HAIs) pose an ongoing and increasing public health threat. HAIs are common in hospitals, both in the clinical treatment of patients and in the community. The prevalence of antimicrobial resistance varies from 10% to 100% among healthcare facilities and

HICPAC Guidance On Management of MDROs in Healthcare Settings (8/10/2006)

First Tier: General Recommendations
For All Acute Care Settings

If endemic rates not decreasing, or
if first case of important organism

What
Metrics?

Second Tier: Intensified Interventions

e.g., chlorhexidine washes, active surveillance testing for MRSA

SHEA/HICPAC Position Paper (October 2008): *Recommendations for MDRO Metrics in Healthcare Settings*

- Define reasonable and practical metrics to best measure impact of prevention
- Authors from APIC, CDC, SHEA, HICPAC
- Five Categories of MDRO Outcome Measures
 1. Tracking Patients
 2. Monitoring Susceptibility Patterns
 3. Estimating Infection Burden
 4. Estimating Exposure Burden
 5. Quantifying Healthcare Acquisition (which includes Transmission)

Recommended metrics
from the
SHEA/HICPAC Position Paper
were the basis
for the
new MDRO and CDI Module

National Healthcare Safety Network (NHSN)

Patient Safety
Component



```
graph TD; A[Patient Safety Component] --- B[Device-Associated Module]; A --- C[Procedure-Associated Module]; A --- D[Medication-Associated Module]; A --- E[MDRO and CDI Module]; A --- F[Inpatient Vaccination Module];
```

The diagram illustrates the Patient Safety Component of the National Healthcare Safety Network (NHSN). It is structured as a hierarchical chart with a central parent box at the top and five child boxes below it. The parent box is light blue and contains the text 'Patient Safety Component'. A horizontal line connects the bottom of the parent box to the top of five child boxes. The child boxes are colored red, green, magenta, orange, and yellow from left to right. The orange box, labeled 'MDRO and CDI Module', is circled in red.

Device-
Associated
Module

Procedure-
Associated
Module

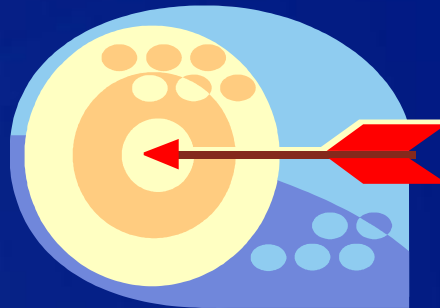
Medication-
Associated
Module

MDRO
and
CDI
Module

Inpatient
Vaccination
Module

Goal of the MDRO and CDI Module

- Monitoring of MDROs and *C. difficile* infection (CDI) helps to evaluate local trends and changes in the occurrence of these pathogens and related infections.
- This module provides a mechanism for facilities to report and analyze MDRO and CDI data, in order to inform infection control staff of the impact of targeted prevention efforts.



Organisms Monitored

- 1) Methicillin-Resistant *Staphylococcus aureus* (MRSA)
[option w/ Methicillin-Sensitive *S. aureus* (MSSA)]
- 2) Vancomycin-Resistant *Enterococcus* spp. (VRE)
- 3) Cephalosporin-Resistant (CephR) *Klebsiella* spp.
- 4) Carbapenem-Resistant (CRE) *Klebsiella* spp.
- 5) Carbapenem-Resistant (CRE) *E. coli* spp.
- 6) Multidrug-Resistant (MDR) *Acinetobacter* spp.
- 7) *Clostridium difficile*

MDRO and *C. difficile* Definitions

- ❑ MRSA: *S. aureus* testing oxacillin, ceftazidime, or methicillin resistant; or positive from molecular testing for *mecA* and *PBP2a*
- ❑ MSSA: *S. aureus* testing oxacillin, ceftazidime, or methicillin intermediate or susceptible; or negative from molecular testing for *mecA* and *PBP2a*
- ❑ VRE: Any *Enterococcus* spp. testing resistant to vancomycin
- ❑ CephR-*Klebsiella*: *Klebsiella* spp. testing intermediate or resistant to ceftazidime, ceftriaxone, cefotaxime, or cefepime
- ❑ CRE-*Klebsiella*: *Klebsiella* spp. testing intermediate or resistant to imipenem, meropenem, or doripenem
- ❑ CRE-*E. coli*: *E. Coli* spp. testing intermediate or resistant to imipenem, meropenem, or doripenem

MDRO and *C. difficile* Definitions (2)

- ❑ MDR-*Acinetobacter*: *Acinetobacter* spp. testing intermediate or resistant to at least one drug within at least 3 antimicrobial classes of 6, including:
 - β-lactam/β-lactamase inhibitor combo (PIP, PIPTAZ)
 - cephalosporins (CEFEP, CEFTAZ)
 - carbapenems (IMI, MERO, DORI)
 - aminoglycosides (AMK, GENT, TOBRA)
 - fluoroquinolones (CIPRO, LEVO)
 - sulbactam (AMPSUL)
- ❑ *C. difficile*: *C. difficile* is identified as the associated pathogen for LabID Event or HAI reporting [Gastrointestinal System Infection (GI)-Gastroenteritis (GE) or Gastrointestinal Tract (GIT)]

Reporting Requirements and Options

Active participants must choose main reporting method

Infection Surveillance

LabID Event Reporting

additional options then become available

Prevention Process Measures:

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

Outcome Measures:

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

Location Reporting Methods

Location Specific:

- Select only a few locations or every location for full facility coverage.
- Report separately from each selected location in the facility.
- Separate denominators for each location:
 - patient days and admissions for inpatient locations
 - encounters for outpatient locations

Facility-Wide Inpatient or Facility-Wide Outpatient:

- Options currently available only in the MDRO/CDI Module and only for LabID Event reporting.
- Report from throughout a facility's inpatient or outpatient locations.
- Single denominators for entire facility:
 - **FacWideIN** – patient days and admissions (specific ones for CDI)
 - **FacWideOUT** – encounters (specific one for CDI)

IL 2012 MRSA Reporting

Organism: Methicillin-Resistant *Staphylococcus aureus* (MRSA)

Data Collection:

CDC NHSN - MDRO/CDI Module

Required Locations:

All inpatient locations (=FacWideIN) for LabID Events

Required Data:

CO and HO LabID Event MRSA blood specimens at the facility-wide inpatient level

IL 2012 C. diff Reporting

Organism: *Clostridium difficile* (C. diff) Infection (CDI)

Data Collection:

CDC NHSN - MDRO/CDI Module

Required Locations:

All inpatient locations (=FacWideIN) for LabID Events

Required Data:

CO and HO LabID Event C. diff stool specimens at the facility-wide inpatient level

Adding Locations into NHSN

Why do I Need to Add Locations?

- LabID Event reporting of MRSA-positive blood specimens and C. diff toxin-positive stool specimens is going to be required at the facility-wide inpatient level (FacWideIN)
- Each LabID Event (numerator) is reported according to the patient's location when the specimen is collected
- This means that any inpatient unit could potentially house a patient who has an MRSA blood specimen or C. diff stool specimen LabID Event
- Two choices available to ensure that a location is available for reporting when a LabID Event is identified:
 - Add all inpatient locations before reporting begins in 2012
 - Add each inpatient location as it is identified as a location where a qualifying LabID Event was collected from a patient

PS Home Page: Facility > Locations



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

NHSN Home

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

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▶ [Facility Info](#)

▶ [Add/Edit Component](#)

▶ [Locations](#)

▶ [Surgeons](#)

Group

Log Out

NHSN Patient Safety Component Home Page

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

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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



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Locations Page: Specify Location Info



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Facility Pleasant Valley Hospital (ID 10312) is following the PS component.

Locations

[HELP](#) Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the *Add* button.
- To **Find** a record, click on the *Find* button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a *Find* on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the *Save* button.
- To **Delete** one or more records, perform a *Find* on the desired record(s). Check the corresponding box(es), then click on the *Delete* button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*: 5W

Your Label*: MED WARD

CDC Location Description*: Inpatient Medical Ward

Status*: Active

Bed Size*: 22

A bed size greater than zero is required for most inpatient locations.

Find

Add

Clear

Find Locations: All or Specific Search



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Locations

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- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

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

Find

Add

Clear

Location Table

[Display All](#) | [Print Location List](#)

[First](#) | [Previous](#) | [Next](#) | [Last](#)

Displaying 1 - 2 of 2

<input type="checkbox"/>	Status	Your Code	Your Label	CDC Description	CDC Code <input type="checkbox"/>	Bed Size
<input type="checkbox"/>	Active	SW	MED WARD	Inpatient Medical Ward	IN:ACUTE:WARD:M	22
<input type="checkbox"/>	Active	INMEDWARD	IN:ACUTE:WARD:M	Inpatient Medical Ward	IN:ACUTE:WARD:M	42

[First](#) | [Previous](#) | [Next](#) | [Last](#)

Displaying 1 - 2 of 2

Summary Data – FacWideIN Location

- Each monthly Summary Data (denominator) is reported at the inpatient facility-wide level = “FacWideIN”
- FacWideIN is a ‘virtual’ location within NHSN, which means the user does not define it like other specific units/locations, as described in the previous 4 slides
- The FacWideIN location choice becomes available within the NHSN system only where applicable – on the Monthly Reporting Plan, on the Summary Data reporting form, and on the Confer Rights screen

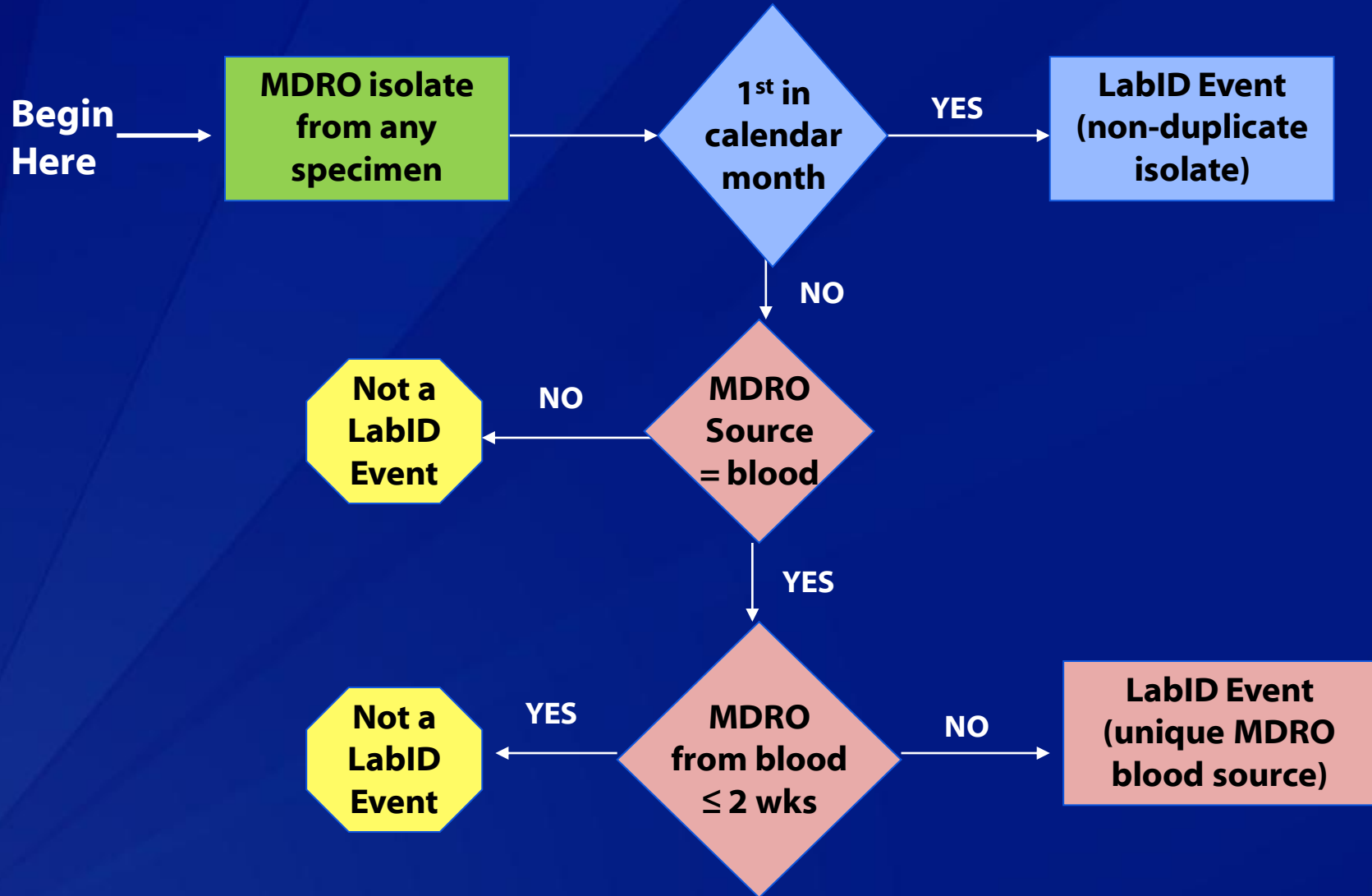
MRSA Blood LabID Event Reporting

Purpose: To calculate proxy measures of MRSA bloodstream infections, exposures burdens, and healthcare acquisitions through monitoring and reporting data from positive clinical cultures.

LabID Event: A laboratory-identified event. First positive MRSA blood specimen for a patient in a location in a month. It must be a specimen that is collected for diagnosis/treatment (NO surveillance cultures) for the patient in a location during a month. A patient in a location in a month can then have additional MRSA blood specimen LabID Events reported after a full 14-day interval with no positive MRSA blood specimen identified by the lab.

- ❑ LabID Events (numerators) are reported by specific location where the specimen was collected
- ❑ Monthly Monitoring Summary Data (denominators) for Total Patient Days and Total Admissions are reported for the overall inpatient facility (FacWideIN)

Identifying an MRSA LabID Event



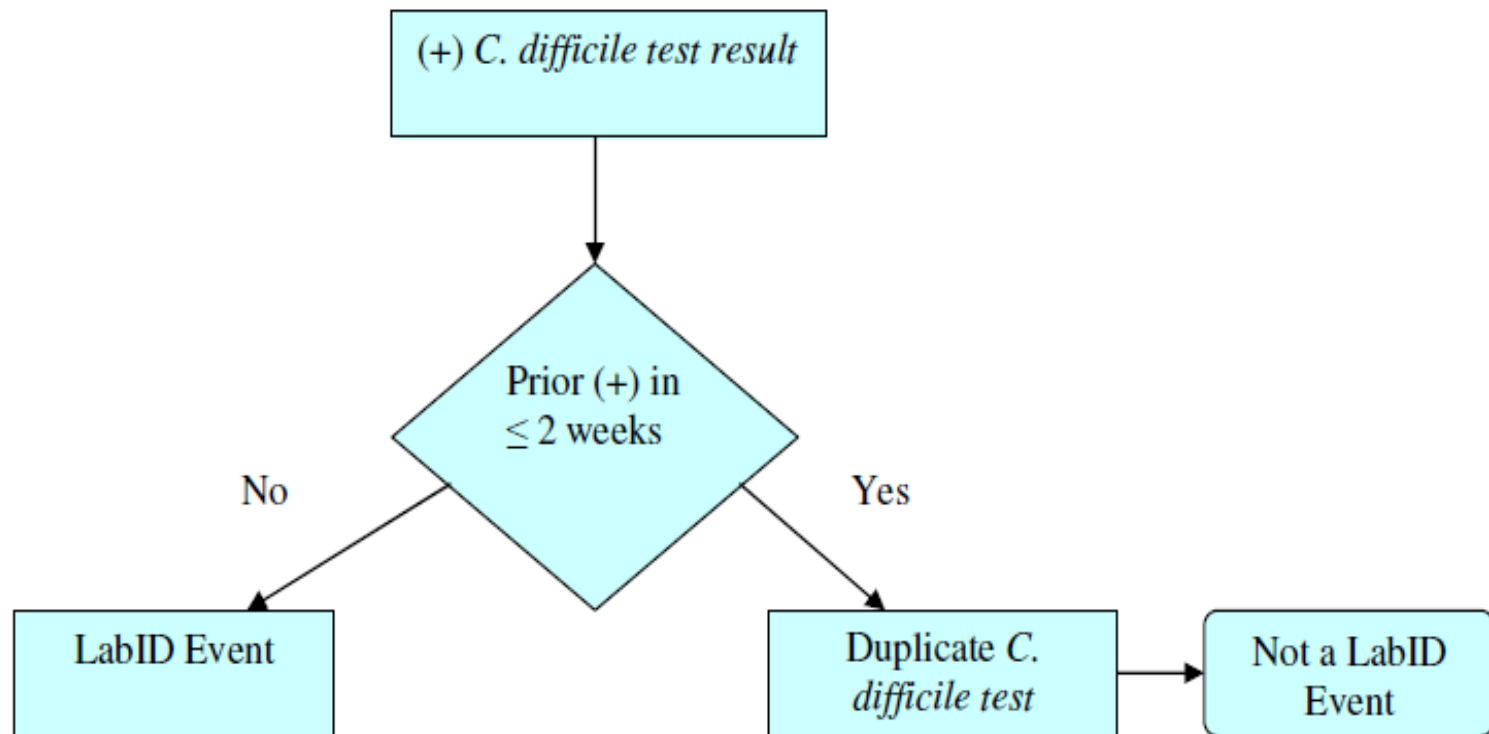
C. Diff Stool LabID Event Reporting

Purpose: To calculate proxy measures of *C. difficile* infections, exposures burdens, and healthcare acquisitions through monitoring and reporting data from positive clinical cultures.

LabID Event: A laboratory-identified event. A toxin-positive / toxin-producing *C. diff* stool specimen for a patient in a location with no prior *C. diff* LabID Event reported within 14 days for the patient and location, and having a full 14-day interval with no toxin-positive *C. diff* stool specimen identified by the lab since the prior *C. diff* LabID Event.

- ❑ LabID Events (numerators) are reported by specific location where the specimen was collected
- ❑ Monthly Monitoring Summary Data (denominators) for Patient Days and Admissions (minus all NICU and Well Baby Nursery counts) are reported for the overall inpatient facility (FacWideIN)

Identifying a *C. difficile* LabID Event



Creating a Monthly Reporting Plan

Choose: Reporting Plan > Add Select: Month and Year



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NHSN Home

NHSN Home

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Reporting Plan

Add Monthly Reporting Plan

Add

Find

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

Mandatory fields marked with *

Facility ID*: Pleasant Valley Hospital (ID 10312) ▼

Month*: January ▼

Year*: 2012 ▼

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)

Locations

CLA BSI DE VAP CAUTI CLIP



For MRSA Mandated Reporting: FacWideIN – MRSA – LabID Blood Only

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

Locations

FACWIDEIN - FacWideIN

Specific Organism Type

MRSA - MRSA

Process and Outcome Measures

Infection
Surveillance

AST-Timing

AST-Eligible

Incidence Prevalence

Lab ID Event
All Specimens

Lab ID Event
Blood Specimens Only

For C. diff Mandated Reporting: FacWideIN – CDIF – LabID All Specs

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

Locations



FACWIDEIN - FacWideIN

Specific Organism Type

CDIF - C. difficile

Process and Outcome Measures

Infection
Surveillance

AST-Timing

AST-Eligible

Incidence Prevalence

Lab ID Event
All Specimens

Lab ID Event
Blood Specimens Only

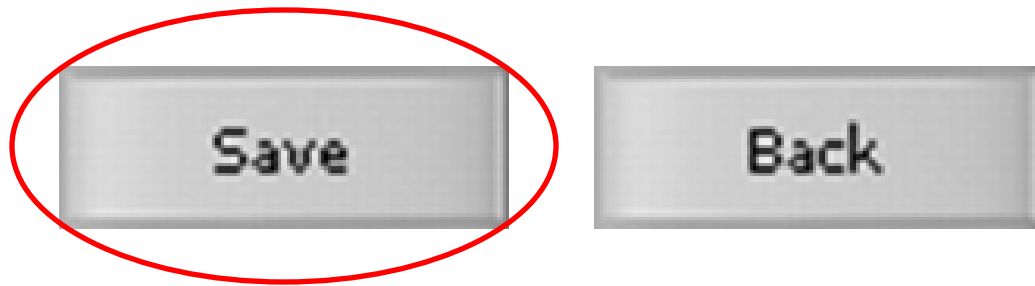
HH GG

Add Rows

Clear All Rows

Copy from Previous Month

Don't forget to click "Save" for
Monthly Reporting Plan to be active



For Months After January 2012: Use "Copy from Previous Month" for All Sections



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NHSN Home

NHSN Home

Reporting Plan

Add

Find

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Surveys

Users

Facility

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

Add Monthly Reporting Plan

No data found for February, 2012

Mandatory fields marked with *

Facility ID*: Pleasant Valley Hospital (ID 10312) ▼

Month*: February ▼

Year*: 2012

No NHSN Patient Safety Modules Followed this Month

Copy from Previous Month

Entry of MRSA Blood Specimen LabID Events

Rules for Entering MRSA Blood Specimen LabID Events FacWideIN

- MRSA-positive blood specimens MUST be monitored throughout all inpatient locations within a facility for FacWideIN reporting
- An MRSA blood specimen LabID Event MUST be entered whether it is community-onset (CO) or healthcare facility-onset (HO)
- An MRSA blood specimen qualifies as a LabID Event if it is the first for the patient in the location for the month or after 14 days or greater from a prior one
 - Remember the 14-day rule means there must be a full 14-days with no MRSA-positive lab result before another LabID Event gets reported for the patient in the specific location
- LabID Events never include results from Active Surveillance Testing

Add Event - Patient Information



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

Add Event

[Print PDF Form](#)

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

Patient Information [?HELP](#)

Facility ID*: Pleasant Valley Hospital (ID 10312) ▼

Event #: 24941

Patient ID*: DS3636

Find

Find Events for Patient

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*: F - Female ▼

Date of Birth*: 05/16/1943

Ethnicity: ▼

Race: American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Other Pacific Islander

White

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- [Patient](#)
- [Event](#)
- [Add](#)
- [Find](#)
- [Incomplete](#)
- [Procedure](#)
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Add Event Information

Event Information HELP

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

Date Specimen Collected*: 01/14/2012

Specific Organism Type*: MRSA - MRSA

Outpatient*: N - No

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

Specimen Source*: BLDSPC - Blood specimen

Date Admitted to Facility*: 01/09/2012

Location*: INMSWARD - IN:ACUTE:WARD:MS

Date Admitted to Location*: 01/09/2012

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

N - No

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

Entries for Blood LabID Events

Patient Location when Specimen Collected

Auto-filled

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

Community-Onset (CO): LabID Event specimen collected as an inpatient ≤ 3 days after admission to the facility (i.e., days 1, 2, or 3 of admission to the facility).

- Prevalence metrics will include the CO blood LabID Events

Healthcare Facility-Onset (HO): LabID Event specimen collected > 3 days after admission to the facility (i.e., on or after day 4 of admission to the facility).

- Incidence metrics will include the HO blood LabID Events

Entry of C. diff Stool Specimen LabID Events

Rules for Entering C. diff Stool Specimen LabID Events FacWideIN

- C. diff toxin-positive specimens MUST be monitored throughout all inpatient locations within a facility, except for NICUs and Well Baby Nurseries for FacWideIN reporting
- A C. diff stool specimen LabID Event MUST be entered whether it is community-onset (CO) or healthcare facility-onset (HO)
- A C. diff stool specimen qualifies as a LabID Event if there has not been a previous one reported for the patient and location within the previous 14 days
 - Remember the 14-day rule means there must be a full 14-days with no C. diff toxin-positive lab result before another LabID Event gets reported for the patient in the specific location

Add Event Information

Event Information [?HELP](#)

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

Date Specimen Collected*: 01/13/2012

Specific Organism Type*: CDIF - C. difficile

Outpatient*: N - No

Specimen Body Site/Source*: DIGEST - Digestive System

Specimen Source*: STOOL - Stool specimen

Date Admitted to Facility*: 01/11/2012

Location*: INGI(WARD) - IN:ACUTE:WARD(GI)

Date Admitted to Location*: 01/11/2012

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

N - No

Has patient been discharged from your facility in the past 3 months?*

Y - Yes

Date of last discharge from your facility*: 12/19/2011

Entries for
C. diff Stool
LabID Events

Patient Location when
Specimen Collected

Auto-filled

NHSN will Categorize your C. diff Stool Specimen LabID Events as CO, CO-HCFA, or HO

Community-Onset (CO): LabID Event specimen collected as an inpatient ≤ 3 days after admission to the facility (i.e., days 1, 2, or 3 of admission to the facility).

Community-Onset Healthcare Facility-Associated (CO-HCFA): CO LabID Event collected from a patient who was discharged from the facility ≤ 4 weeks prior to the date current stool specimen was collected

Healthcare Facility-Onset (HO): LabID Event specimen collected > 3 days after admission to the facility (i.e., on or after day 4 of admission to the facility).

NHSN will also Categorize your C. diff Stool Specimen LabID Events as Incident or Recurrent

Incident CDI Assay: Any CDI LabID Event from a specimen obtained > 8 weeks after the most recent CDI LabID Event (or with no previous CDI LabID Event documented) for that patient.

Recurrent CDI Assay: Any CDI LabID Event from a specimen obtained > 2 weeks and ≤ 8 weeks after the most recent CDI LabID Event for that patient.

Infections versus LabID Events

NHSN 6.2.0.1 NHSN Event - Windows Internet Explorer provided by ITSO

http://isd-clft-nhsn1:8081/nhsn/eventaction.do?method=showpage&mode=add&clear=Y&subaction=event&navReset=true

File Edit View Favorites Tools Help

NHSN 6.2.0.1 NHSN Event

NHSN Home
Reporting Plan
Patient
Event
Add
Find
Incomplete
Procedure
Summary Data
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Analysis
Surveys
Users
Facility
Group
Log Out

Logged into DHQP Sievert Memorial (ID 10471) as DSIEVERT.
Facility DHQP Sievert Memorial (ID 10471) is following the PS component.

Add Event

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

[Print PDF Form](#)

Patient Information ?HELP

Facility ID*: BJ - Bone and Joint Infection
Patient ID*: BSI - Bloodstream Infection
CLIP - Central Line Insertion Practices
Social Security #: CNS - Central Nervous System
CVS - Cardiovascular
Last Name: DE - Dialysis Event
EENT - Eye, Ear, Nose and Throat
Middle Name: FLUVX - Influenza Vaccination
GI - Gastrointestinal
Gender: **LABID - Laboratory-identified MDRO or CDAD Event**
Ethnicity: LRI - Lower Respiratory Infection
PNEU - Pneumonia
Race: REPR - Reproductive Tract
SSI - Surgical Site Infection
SST - Skin and Soft Tissue
SYS - Systemic
UTI - Urinary Tract Infection
HAFLU - HEALTHCARE-ASSOCIATED INFLUENZA A

Event #: 21168

Secondary ID:

First Name:

Date of Birth*:

American Indian or Alaska Native
 Asian or Pacific Islander
 Black or African American
 White

Event Information

Event Type*:

Post-procedure:

Location*:

Date Admitted to Facility*:

Date of Event*:

Local intranet 100%

**Entry of
Monthly Denominator Data
for FacWideIN
LabID Event Reporting**

Choose Summary Data and Add Select Summary Data Type > Continue



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

Add Patient Safety Summary Data

Summary Data Type: MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring ▾

Continue

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Procedure

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Add

Find

Incomplete

Import/Export

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Surveys

Users

Facility

Group

Log Out

Enter Location Code = FacWideIN plus Month and Year



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

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

✔ Save of Summary Data successful.

[HELP](#)

Mandatory fields marked with *

Facility ID*: 10312 (Pleasant Valley Hospital)

Location Code*: FACWIDEIN - FacWideIN

Month*: January

Year*: 2012

[Print PDF Form](#)

General

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Enter All Required Facility-Wide Inpatient Counts



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

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

Save of Summary Data successful.

HELP

Mandatory fields marked with *

[Print PDF For](#)

Facility ID*: 10312 (Pleasant Valley Hospital)

Location Code*: FACWIDEIN - FacWideIN

Month*: January

Year*: 2012

General

Setting: Inpatient Total Patient Days*: 680 Total Admissions*: 135

Setting: Outpatient (or Emergency Room) Total Encounters:

If monitoring *C. difficile* in a FACWIDE location, then subtract NICU and Well Baby counts from Totals:

Patient Days*: 478 Admissions*: 98 Encounters:

MDRO & CDI Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Klebsiella	MDR-Acinetobacter	C. difficile
Infection Surveillance							
LabID Event (All specimens)							* X
LabID Event (Blood specimens only)	* X						

Auto-filled

Analysis and Output

LabID Event Reporting Analysis

Specific Metrics	Exposure	Infection	Acquisition
Facility Bloodstream Infection Admission Prevalence Rate	√	√	
Facility Bloodstream Infection Overall Patient Prevalence Rate	√	√	
Facility Bloodstream Infection Incidence or Incidence Density Rate		√	√
Facility CDI Admission Prevalence Rate	√	√	
Facility CDI Overall Patient Prevalence Rate	√	√	
Facility CDI Healthcare Facility-Onset Incidence Density Rate		√	√
Facility CDI Combined Incidence Density Rate		√	√

Generating a Dataset



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Logged into DHQP Sievert Memorial (ID 10471) as DSIEVERT.
Facility DHQP Sievert Memorial (ID 10471) is following the PS component.

Generate Data Sets

[HELP](#)

Generate Patient Safety Analysis Data Sets

Date Last Generated	Action
---------------------	--------

Mar 10 2010 2:51PM	Generate New
--------------------	------------------------------

The data set generation process will take several minutes. Do not logoff or close this window while the process is running. You may minimize the browser window and work in other applications while you wait.

[Back](#)

Generation of a Data Set is specific to User Login and at Discretion of User

Choosing Output Options



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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
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Patient Safety Component

Analysis Output Options

[Expand All](#)

[Collapse All](#)

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- MDRO/CDAD Module - Infection Surveillance
- MDRO/CDAD Module - LABID Event Reporting
- MDRO/CDAD Module - Process Measures
- MDRO/CDAD Module - Outcome Measures
- High Risk Inpatient Influenza Vaccination Module
- Advanced
- My Custom Output
- Published Output

Choosing Reporting Option and Organism



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Logged into Pleasant Valley Hospital (ID 10312) as DSIEVERT.
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Patient Safety Component Analysis Output Options

Expand All

Collapse All

- Device-Associated Module
- Procedure-Associated Module
- MDRO/CDAD Module - Infection Surveillance
- MDRO/CDAD Module - LABID Event Reporting

All LabID Events

All MRSA LabID Events

All MSSA LabID Events

All C. difficile LabID Events

CDC Defined Output

Line Listing for All CDIF LabID Events

Frequency Table for All CDIF LabID Events

Bar Chart for All CDIF LabID Events

Pie Chart for All CDIF LabID Events

Rate Tables for CDIF LabID Data

Run Modify

Run Modify

Run Modify

Run Modify

Run Modify

All VRE LabID Events

All Klebsiella LabID Events

All Acinetobacter LabID Events

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NHSN Reference

MDRO/CDI Module Home Page:

http://www.cdc.gov/nhsn/mdro_cdad.html

Need Help?

E-mail:

NHSN@cdc.gov

Questions?

Thank You!

For more information, please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion

