Session 4:

*C. difficile* LabID Event Reporting for Long-term Care Facilities Using NHSN

QIN-QIO Nursing Home *C. difficile* Reporting and Reduction Project

Presenter: Angela Anttila, PhD, MSN, NP-C, CIC

Presentation Date: 1/28/2016
Updates and Review from Session 3

- Users receive an automated reply from (SAMS-No-Reply) when they submit their proofing documents only if they choose to upload their documents (which is the recommended method). This will be their confirmation so that they won’t have to email or call SAMS afterwards.

- REMEMBER……contact SAMS help desk for questions related to the SAMS (SAMS registration, updating SAMS user profile, SAMS grid card, etc.).
  - Help is available directly from the SAMS Partner Portal Help Desk. You can reach the SAMS Help Desk between the hours of 8:00 AM and 8:00 PM EST Monday through Friday (excepting U.S. Federal holidays) at the following:
    - Toll Free: 877-681-2901
    - Email: samshelp@cdc.gov
Updates and Review from Session 3

- Changing a user e-mail address.
  - Stay tuned for more information......
Objectives

- Define laboratory-identified (LabID) Event surveillance and reporting
- Understand the purpose and advantages of LabID Event surveillance and reporting
- Describe the rationale for monitoring *C. difficile* infection (CDI) in NHSN
- Describe the methodology, protocol, and definitions used for monitoring CDI LabID Events in NHSN
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
LABID EVENT MODULE
LabID Event reporting allows limited resident admission/transfer data and laboratory testing data to be used without clinical evaluation of the resident, allowing for a much less labor intensive method to track infections, such as *C. difficile* and multidrug resistant organisms (MDROs).
Advantages

- Objective laboratory-based metrics that allow the following without clinical evaluation of the resident to:
  - Estimate healthcare acquisition
  - Estimate infection burden
  - Estimate exposure burden
  - Assess need for and effectiveness of interventions
  - Standardized case definitions
Metrics in LabID Event Module align with recommendations from published literature.
Reporting Options for LabID Event

- **I. CDI**
- **II. MDROs**

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

- *Staphylococcus aureus*, methicillin-resistant (MRSA)
- *Staphylococcus aureus*, methicillin-susceptible (MSSA)
- Vancomycin-Resistant *Enterococcus* spp. (VRE)
- Cephalosporin-Resistant *Klebsiella* spp. (CephR-Klebsiella)
- Carbapenem-Resistant *Enterobacteriaceae* (CRE)
  - *Klebsiella* spp. (CRE-Klebsiella)
  - *Ecoli.* (CRE-Ecoli)
  - *Enterobacter* (CRE-Enterobacter)
- Multidrug-Resistant *Acinetobacter* spp. (MDR-Acinetobacter)
Enter the SAMS Portal to access NHSN

- Go to https://sams.cdc.gov
- Log in using your SAMS grid card, username, and password.
Select “NHSN Reporting” to Begin the Set-up Process
On the NHSN Landing page, select the facility and LTCF as the component.

Then, click “Submit”
“LTCF CHECKLIST”
For CDI LabID Event Reporting

- Verify that LTCF locations are mapped in NHSN
- Review Monthly Reporting Plan (MRP) and update as necessary
- Identify and enter all *C. difficile* LabID events into NHSN by location
- Enter denominator data for each month under surveillance
- Resolve “Alerts”, if applicable
Verify Locations have been added in NHSN

- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to the desired record(s).
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form. Changes can be made, and the Save button must be pressed.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box next to the record(s) to delete and click 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**: Active 
- **Bed Size**: A bed size greater than zero is required for most inpatient locations.

Find  Add  Export Location List  Clear

### Location Table

<table>
<thead>
<tr>
<th>Delete</th>
<th>Status</th>
<th>Your Code</th>
<th>Your Label</th>
<th>CDC Description</th>
<th>CDC Code</th>
<th>NHSN HL7 Code</th>
<th>Bed Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Active</td>
<td>1 D</td>
<td>DEMENTIA UNIT</td>
<td>LTFD Dementia Unit</td>
<td>IN:NONACUTE:LTCF:DEM</td>
<td>1255-9</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>2 PSY</td>
<td>PSYCHIATRIC</td>
<td>LTFD Psychiatric Unit</td>
<td>IN:NONACUTE:LTCF:PSY</td>
<td>1256-7</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>3 REHAB</td>
<td>SHORT TERM REHAB</td>
<td>LTFD Skilled Nursing/Short Term</td>
<td>IN:NONACUTE:LTCF:REHAB</td>
<td>1257-5</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>4 GEN</td>
<td>GENERAL UNIT</td>
<td>LTFD General Nursing Unit</td>
<td>IN:NONACUTE:LTCF:GEN</td>
<td>1258-3</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Active</td>
<td>5 HOS</td>
<td>HOSPICE UNIT</td>
<td>LTFD Inpatient Hospice Unit</td>
<td>IN:NONACUTE:LTCF:HSP</td>
<td>1254-2</td>
<td>10</td>
</tr>
</tbody>
</table>
“LTCF CHECKLIST”
For CDI LabID Event Reporting

- Verify that LTCF locations are mapped in NHSN
- Review Monthly Reporting Plan (MRP) and update as necessary
- Identify and enter all *C. difficile* LabID events into NHSN by location
- Enter denominator data for each month under surveillance
- Resolve “Alerts”, if applicable
Monthly Reporting Plan for LTCF

- Add LabID Event for *C. difficile* to monthly reporting plan (MRP) using the “FACWIDEIN” location
- The MRP must be complete before reporting in the application is allowed
“LTCF CHECKLIST”
For CDI LabID Event Reporting

- Verify that LTCF locations are mapped in NHSN
- Review Monthly Reporting Plan (MRP) and update as necessary
- Identify and enter all *C. difficile* LabID events into NHSN by location
- Enter denominator data for each month under surveillance
- Resolve “Alerts”, if applicable
Once MRP is complete, LabID event data can be added to the NHSN application.

- The MDRO/CDI LabID Event Module protocol must be used to identify *C. difficile* LabID events.

- All identified CDI LabID events must be entered into NHSN using the specific location where the resident was assigned at the time of specimen collection.

- Lab results from outside facilities, before a resident’s admission, should **not** be included in LabID event reporting, including specimens collected while the resident was being cared for in a hospital.
Setting for LabID Event Surveillance

LabID Event reporting for LTCFs requires facility-wide inpatient (FacWideIN), which means all residents in all locations in the facility must be monitored for *C. difficile*. 
Definition
CDI Positive Laboratory Assay

- A positive laboratory test result for C. difficile toxin A and/or B, (includes molecular assays [PCR] and/or toxin assays)

  OR

- A toxin-producing C. difficile organism detected by culture or other laboratory means performed on a stool sample

C. difficile testing only on liquid stool samples!!
Stool should conform to shape of container
## CDI LabID Event: Laboratory Testing

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

A *C. difficile* positive laboratory assay obtained while a resident is receiving care in the LTCF and the resident has no prior *C. difficile* positive laboratory assay collected in the previous 14 days while receiving care in the LTCF.

Also referred to as non-duplicate Lab ID Events
Definition
Duplicate CDI LabID Event

Any *C. difficile* positive laboratory test from the *same resident* following a previous *C. difficile* positive test within the past 2 weeks (14-days) while in the facility.
**C. difficile Test Result Algorithm for LabID Events**

1. **Positive C. difficile test result**
2. **Prior Positive \( \leq 2 \) weeks
   - **Yes**: Duplicate – Not a CDI LabID Event
   - **No**: Report as CDI LabID Event
• Lab results from outside facilities, before a resident’s admission, should not be included in Lab ID event reporting
• It may be helpful to keep a log of positive C. difficile laboratory results from residents to keep track of duplicate test results
**Knowledge Check**

Assume these are all of the test results for a resident in the LTCF.

<table>
<thead>
<tr>
<th>Date of Positive <em>C. difficile</em> lab tests for a resident</th>
<th>Duplicate?</th>
<th>Enter as a CDI Lab ID Event?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3/2012</td>
<td>No</td>
<td>YES</td>
</tr>
<tr>
<td>1/9/2012</td>
<td>Yes</td>
<td>No (within 2 weeks of positive test 1/3/2015)</td>
</tr>
<tr>
<td>1/20/2012</td>
<td>Yes</td>
<td>No (within 2 weeks of positive test 1/9/2015)</td>
</tr>
<tr>
<td>1/29/2012</td>
<td>Yes</td>
<td>No (within 2 weeks of positive test 1/20/2015)</td>
</tr>
<tr>
<td>2/23/2012</td>
<td>No</td>
<td>YES</td>
</tr>
</tbody>
</table>
ENTERING C. DIFFICILE LAB ID EVENTS INTO NHSN
Laboratory-identified MDRO or CDI Event for LTCF Form (CDC 56.138)

- Numerator data (one form for each event being recorded)
  - Collect and report each CDI event that meets the Lab ID Event definition. This form is also used for MDRO events, if reporting
- Electronic version: http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.138_LabIDEvent_LTCF_BLANK.pdf
Event
Enter Resident Information

Add Event

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

Resident Information

Facility ID*: Angela7s LTC Test Facility (ID 39455)
Resident ID*: 123456

Last Name: Boat
Middle Name: 
Gender*: F - Female
Ethnicity: 
Race: 
American Indian/Alaska Native
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White

we track the date resident entered facility and stayed without interruption for > 30 consecutive days. If resident leaves facility for >30 days and returns, enter date of return to facility

Resident type*: LS - Long Stay
Date of First Admission to Facility*: 02/01/2015

Most recent date resident entered facility. If resident has not left facility for >2 calendar days, then date of current admission will be same as Date of First Admission

Social Security #: 888-88-8888
Medicare number (or comparable railroad insurance number): 
First Name: MissThe
Date of Birth*: 09/23/1935

Reminder...fields with red asterisk require information

Short stay: <= 100 days from date of first admission
Long stay: >100 days from date of first admission

Date of Current Admission to Facility*: 03/01/2015
A resident in your facility since February 1, 2015 is transferred from your facility to an acute care facility on June 2, 2015 and returns on June 10, 2015, the **current admission date** would be **06/10/2015** since he was in away from the facility for greater than two calendar days. The date of **first admission** remains as **2/1/2015** 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, 2015 and returns on June 16, 2015. The date of current admission stays as **06/10/2015** since he was not away from the LTCF for greater than two calendar days.
**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
- **Date Specimen Collected**: 01/10/2016
- **Has resident been transferred from an acute care facility in the past 4 weeks?**: Yes
- **Date of last transfer from acute care to your facility**: 01/01/2016
- **If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility?**: No
- **Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?**: Leave Blank. NHSN internal use

**Custom Fields**

**Optional. May be used internally by LTCF**
Don’t Forget to SAVE the Event
Custom Fields and Comments

- Additional data entry fields which users can name (labels) and capture text or numeric data.
- Available on each event form.
- User can customize or expand data collected and submitted at LTCF using these optional fields.
- Custom fields must be set-up in NHSN prior to use.
“LTCF CHECKLIST”
For CDI LabID Event Reporting

- Verify that LTCF locations are mapped in NHSN
- Review Monthly Reporting Plan (MRP) and update as necessary
- Identify and enter all *C. difficile* LabID events into NHSN by location
- Enter denominator data for each month under surveillance
- Resolve “Alerts”, if applicable
NHSN Denominator Form

Denominators for LTCF Locations Form (CDC 57.142)

- One form for the entire month to collect both CDI and UTI denominator data
  - Resident-days each month
  - Resident admissions each month
  - Residents admitted on *Clostridium difficile* treatment each month

- Electronic version: [http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.142_DenominatorLTCF_BLANK.pdf](http://www.cdc.gov/nhsn/PDFs/LTC/forms/57.142_DenominatorLTCF_BLANK.pdf)
**NHSN Denominators Form**

- Users may use the NHSN Denominator for LTCh form to collect daily denominators for the facility.
- The monthly totals will be entered into the NHSN application.

### Denominators for LTCh

<table>
<thead>
<tr>
<th>Facility ID:</th>
<th>*Location Code:</th>
<th>*Month:</th>
<th>*Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong></td>
<td>*Number of residents</td>
<td>*Number of residents with a urinary catheter</td>
<td>*New antibiotic starts for UTI indication</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Document daily counts

Document totals for the entire month
Entering Denominator Data into NHSN

- At the end of the month, enter each monthly total denominator for the month into the NHSN application.
- Locate ‘Summary Data’ on left-hand navigation Bar, and then ‘Add’.
- Enter the Facility ID, month, and year for which denominator data will be reported.
Entering Denominator Data in NHSN

Enter denominator data for each module your facility is participating in for the month.

### Denominators for Long Term Care Locations

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Total Resident Days</th>
<th>Urinary Catheter Days</th>
<th>Report No UTI</th>
<th>New Antibiotic Starts for UTI Indication</th>
<th>Custom Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

### MDRO & CDI LabID Event Reporting

<table>
<thead>
<tr>
<th>Location Code</th>
<th>MRSA</th>
<th>VRE</th>
<th>CephR Klebsiella</th>
<th>CRE Ecoll</th>
<th>CRE Enterobacter</th>
<th>CRE Klebsiella</th>
<th>C. difficile</th>
<th>MDR Acinetobacter</th>
<th>Custom Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

### Prevention Process Measures

<table>
<thead>
<tr>
<th>Location Code</th>
<th>Hand Hygiene</th>
<th>Gown and Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Performed</td>
<td>Indicated</td>
</tr>
<tr>
<td>Facility-wide Inpatient (FacWIDEIn)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**Save**  **Back**
**Entering Denominator Data into NHSN CDI LabID Event Reporting**

- Enter the total **Resident Admissions**, **Resident Days**, and **Number of new Admissions on C. difficile Treatment** for the month.

### MDRO & CDI LabID Event Reporting

<table>
<thead>
<tr>
<th>Location Code</th>
<th>MRSA</th>
<th>VRE</th>
<th>CephR-Klebsiella</th>
<th>CRE-Ecoli</th>
<th>CRE-Enterobacter</th>
<th>CRE-Klebsiella</th>
<th>C. difficile</th>
<th>MDR-Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-wide Inpatient (FacWDE)</td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
<td><img src="1" alt="Checkbox" /></td>
</tr>
</tbody>
</table>

- **A check box will appear for each in-plan organism for the month.**

- **Total number of admitted residents who were receiving antibiotic treatment for CDI at the time of admission. Includes new and readmissions.**
Entering Denominator Data into NHSN Report No CDI LabID Events

- If the facility did not identify any *C. difficile* LabID Events for the month (as indicated by red asterisks), the “Report No Events” box must be selected.
“LTCF CHECKLIST”
For CDI LabID Event Reporting

- Verify that LTCF locations are mapped in NHSN
- Review Monthly Reporting Plan (MRP) and update as necessary
- Identify and enter all *C. difficile* LabID events into NHSN by location
- Enter denominator data for each month under surveillance
- Resolve “Alerts”, if applicable
Facilities must resolve Alerts before data is considered complete.

The most common reason for alerts when reporting in the LabID Event module are:

- missing summary (denominator) for the month
- incomplete summary (denominator) when no CDI LabID Events were identified during the month “Report No Events”
Resolve Alerts

“Report No Events”

- On the MDRO and CDI Module summary data form, checkboxes for “Report No Events” are found underneath each organism.

- If LabID events have already been reported during the month for the specific organism, the “Report No Events” box will be disabled, preventing it from being checked.

- **NOTE:** If a LabID event for an organism is identified and entered in NHSN after checking “Report No Events”, the “Report No Events” box will automatically uncheck.
Resolve Alerts

NHSN Long Term Care Facility Component Home Page

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

Action items

You must complete these items.

Alerts

- You have 6 missing events
- You have 3 incomplete events
- You have 6 missing summaries
- You have 2 incomplete summaries

Click blue/underlined hyperlink to see incomplete summaries
Resolve Alerts

Click hyperlink to access the incomplete denominator page for July 2015.
### MDRO & CDI LabID Event Reporting

<table>
<thead>
<tr>
<th>Location Code</th>
<th>MRSA</th>
<th>VRE</th>
<th>CepbR-Klebsiella</th>
<th>CRE-Ecoli</th>
<th>CRE-Enterobacter</th>
<th>CRE-Klebsiella</th>
<th>C. difficile</th>
<th>MDR-Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Admissions: 450</td>
<td>✔</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Days: 1000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Admissions on C. diff Treatment: 150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LabID Event (All specimens): Report No Events</td>
<td>✔ **</td>
<td>✔ **</td>
<td></td>
<td></td>
<td>✔ **</td>
<td>✔ **</td>
<td>✔ **</td>
<td>✔ **</td>
</tr>
</tbody>
</table>

**Put a check mark in box to indicate No CDI events were identified for the month.**
If no CDI LabID Events were identified for the month, and this box is not checked, the facility data will be considered as incomplete and may be excluded from analysis.

Put a check mark in box to indicate No CDI events were identified for the month.
C. DIFFICILE LABID EVENT CATEGORIZATIONS
LabID Event Categorization
NHSN will categorize CDI LabID Events based on current specimen collection date and prior specimen collection date of a previous CDI LabID Event entered into NHSN

- **Incident CDI LabID Event:** Any CDI LabID Event from a specimen collected \(>8\) weeks after the most recent CDI LabID Event entered into the NHSN application or the first LabID Event ever entered for the resident while in the facility.

- **Recurrent CDI LabID Event:** Any LabID Event entered \(>2\) weeks and \(\leq 8\) weeks after the most recent LabID Event reported for an individual resident in the facility.
Let’s Review

**LAB ID EVENT: Complete Form**

- **Laboratory-identified MDRO or CDI Event**
- **for LTCF**

**Incident**
- No previous positive, OR
- Prior positive >8 weeks

**Recurrent**
- Prior positive > 2 and ≤ 8 weeks

- Resident with positive CDI test result
- Prior CDI positive in last 2 weeks?
  - **NO**
  - **YES**

- Duplicate-Not LabID Event
### Let's Practice

<table>
<thead>
<tr>
<th>Resident ID</th>
<th>Current Admit Date</th>
<th>CDI Event Date (i.e., date of specimen collection)</th>
<th>Organism</th>
<th>Categorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234</td>
<td>03/01/2015</td>
<td>03/06/2015</td>
<td>CDI</td>
<td>Incident</td>
</tr>
<tr>
<td>1234</td>
<td>03/01/2015</td>
<td>04/08/2015</td>
<td>CDI</td>
<td>Recurrent</td>
</tr>
<tr>
<td>1234</td>
<td>05/10/2015</td>
<td>05/14/2015</td>
<td>CDI</td>
<td>Recurrent</td>
</tr>
<tr>
<td>1234</td>
<td>05/10/2015</td>
<td>8/10/2015</td>
<td>CDI</td>
<td>Incident</td>
</tr>
<tr>
<td>1234</td>
<td>05/10/2015</td>
<td>11/21/2015</td>
<td>CDI</td>
<td>Incident</td>
</tr>
</tbody>
</table>

Assume these are all of the CDI LabID Events entered into the NHSN for a single resident.
NHSN will further categorize CDI LabID Events based on date of current admission to the facility and date of specimen collection.

- **Community-onset (CO) LabID Event**: Date specimen collected ≤ 3 calendar days after current admission to the facility (i.e., days 1, 2, or 3 of admission).

- **Long-term Care Facility-onset (LO) LabID Event**: Date specimen collected > 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)**: LTCF-onset (LO) LabID event with specimen collection date ≤ 4 weeks following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only).
Let's Review

Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset

<table>
<thead>
<tr>
<th>Current Admission date</th>
<th>June 4th</th>
<th>June 5th</th>
<th>June 6th</th>
<th>June 7th</th>
<th>June 8th</th>
</tr>
</thead>
<tbody>
<tr>
<td>day 1</td>
<td>day 2</td>
<td>day 3</td>
<td>day 4</td>
<td>day 5</td>
<td></td>
</tr>
<tr>
<td>Community-onset (CO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term Care Facility-onset (LO)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case Studies
Case Scenario 1
How is the Date of First Admission to Facility defined?

1. The date the resident first entered the facility, even if the resident leaves the facility for short periods of time and then returns (<30 days)
2. The date the resident first entered the facility, even if the resident left the facility for long periods of time (>30 days)
Case Scenario 1, continued

What if the resident leaves the facility for > 30 days and then returns

1. The date of first admission should be updated to the date of return to the facility admission date.
2. The date of first admission should be kept the same as it was before the patient was discharged from the LTCF
3. I’ll let the resident decide
Date of First Admission to the Facility

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

If the resident leaves the facility and is away for ≥30 consecutive days, the date of first admission should be updated to the date of return to the facility.
Case Scenario 2

What is the *Date of Current Admission* to the Facility?

1. The most recent date the resident entered the LTCF.
2. The earliest date the resident entered the LTCF.

What if the resident leaves the facility for > 2 calendar days (day 1 = the day the resident left the facility) and returns?

1. The date should remain the same as it was before the patient was discharged from the LTCF.
2. The date should be updated to the date the resident was admitted to the hospital.

The date of current admission should be updated to the date of return to the facility.
Case Scenario 2, continued

What is the *Date of Current Admission* if the resident leaves the facility for ≤ 2 calendar days and returns?

1. If the resident has not left the facility for > 2 calendar days, then the date of current admission should not change.
2. The date should be updated to the date the resident was admitted to the hospital.
3. The date of current admission should be updated to the date of return to the facility.
Date of Current Admission

The most recent date the resident entered the facility. If the resident enters the facility for the first time and not left, then the date current admission will be the same as the date of first admission.

If the resident leaves the facility for > 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.
On April 1, 2015, Mrs. G, a 70 year old resident in your facility, had several episodes of diarrhea. The doctor was called and a stool sample was ordered for *C. difficile* testing. The resident does not have a history of *C. difficile* while in your facility, and she does not have a recent history of being in another facility.

The next day, on April 2, a loose stool sample was collected and sent to the lab. The result came back positive for *C. difficile* Toxin A.

Is this a CDI LabID Event?
1. Yes
2. No
3. I’m not sure
Definition

CDI LabID Event

A *C. difficile* positive laboratory assay obtained while a resident is receiving care in the LTCF and the resident has no prior *C. difficile* positive laboratory assay collected in the previous 14 days while in the facility.

Also referred to as non-duplicate Lab ID Events
Case Scenario 3, continued
What is the CDI Event Date?

1. April 1 since this was the date the diarrhea started
2. April 2 since this was the date the specimen was collected

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
- **Date Specimen Collected**: 04/02/2015
- **Has resident been transferred from an acute care facility in the past 3 months**: N - No
- **Documented evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event in any prior month?**
Case Scenario 3, continued
Since the resident has been in your facility for more than 3 calendar days and has not transferred from an acute care facility in the previous 4 weeks, how will the NHSN application categorize this CDI LabID Event?

1. Community-onset (CO) LabID Event

2. Long-term Care Facility-onset (LO) LabID Event

3. Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)
LabID Event Categorization:
NHSN will categorize CDI LabID Events based on date of current admission to the facility and date of specimen collection.

- **Community-onset (CO) LabID Event**: Date specimen collected ≤ 3 calendar days after current admission to the facility (i.e., days 1, 2, or 3 of admission).

- **Long-term Care Facility-onset (LO) LabID Event**: Date specimen collected > 3 calendar days after current admission to the facility (i.e., on or after day 4).
  - LO Events are further sub-classified:
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Case Scenario 3, continued

What if the resident had spent time in an acute care hospital the previous week; how will the NHSN application categorize this CDI LabID Event??

1. Community-onset (CO) LabID Event

2. Long-term Care Facility-onset (LO) LabID Event

3. Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)
LabID Event Categorization:
NHSN will categorize CDI LabID Events based on date of current admission to the facility and date of specimen collection

- **Community-onset (CO) LabID Event**: Date specimen collected ≤ 3 calendar days after current admission to the facility (i.e., days 1, 2, or 3 of admission)
- **Long-term Care Facility-onset (LO) LabID Event**: Date specimen collected > 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)**: LTCF-onset (LO) LabID event with specimen collection date ≤ 4 weeks following date of last transfer from an Acute Care Facility (hospital, long-term acute care hospital, or acute inpatient rehabilitation facility only)
Case Scenario 3, continued

Since the resident does not have prior CDI Lab ID Events that have been entered into NHSN, will this CDI Lab ID Event be categorized as incident, recurrent, or duplicate?

1. Incident
2. Recurrent
3. Duplicate
NHSN will categorize CDI LabID Events based on current specimen collection date and prior specimen collection date of a previous CDI LabID Event entered into NHSN

- **Incident CDI LabID Event**: Any CDI LabID Event from a specimen collected >8 weeks after the most recent CDI LabID Event entered into the NHSN application or the first LabID Event ever entered for the resident while in the facility.

- **Recurrent CDI LabID Event**: Any LabID Event entered > 2 weeks and ≤8 weeks after the most recent LabID Event reported for an individual resident in the facility.

**Remember, duplicate *C. difficile* positive laboratory tests for a resident should NOT be entered as LabID Events.**
Case Scenario 4

- Mr. T, a 95 year old resident in your LTCF, new onset diarrhea.
- A loose stool specimen was collected and positive for *C. difficile* toxin on April 5.
- While reviewing his medical record, you see that he has a history of *C. difficile*, and his most recent *C. difficile* toxin positive laboratory test was collected in the LTCF on March 29.

Should the stool specimen collected on April 5 be reported to the NHSN application?

1. I don’t know
2. Yes. All *C. difficile* results should be reported
3. No. The April 5 lab result is considered a duplicate CDI LabID Event since he had a previous *C. diff* toxin positive result within 2 weeks
Definition
Duplicate CDI LabID Event

Any *C. difficile* positive laboratory test from the same resident following a previous *C. difficile* positive test within the past 2 weeks (14-days) while in the facility.
Case Scenario 4, continued

What if the stool specimen that was collected on March 29 was collected from an outside acute care hospital and there were no other C. difficile lab results collected while receiving care in the LTCF. Would the specimen collected from the LTCF on April 5 still be a duplicate CDI LabID Event for the LTCF?

1. YES. The specimen should not be reported as a CDI LabID Event for the LTCF since it is considered a duplicate for the resident

2. NO. The specimen should be reported as a CDI LabID Event for the LTCF since it is considered a non-duplicate for the resident
When reporting LabID Events for a LTCF, only specimens collected while the resident is receiving care in the LTCF should be considered for LabID Event reporting for the facility. Lab results from outside facilities should not be included in LabID event reporting for the LTCF.
Case Scenario 5

If a resident has a positive *C. difficile* assay and another positive assay 3 weeks later, should the second positive assay be reported as CDI LabID Event?

1. YES
2. NO
Case Scenario 5

Yes, since the second positive assay occurred > 2 weeks after the first, this would be considered a *recurrent* LabID Event and a new CDI LabID Event should be reported.
Case Scenario 6

What monthly denominator data is entered for *C. difficile* LabID Event reporting for LTCFs?

1. Resident admissions by each unit and total resident days by unit.
2. Resident-days each month, only those resident with diarrhea.
3. Facility-wide Resident-dayseach month, Resident admissions each month, number of residents admitted on *C. difficile* treatment each month
Great Job!!!
Available Resources One Stop Shopping

- Long-term Care Facility Component
  - Training
  - Protocols
  - Data collection forms
  - Tables of instructions for completing all forms
  - Key terms

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