

HEALTHCARE-ASSOCIATED INFECTION (HAI) MODULE

Part Two

Laboratory-identified Event (LabID) Module for Long-Term Care Facilities (LTCFs): MDRO Overview

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Learning Objectives

- Explain multi-drug resistant organism (MDRO) LabID Event definitions and protocols.
- Define required monthly summary data for MDRO LabID Event reporting.
- Describe how to manually enter MDRO LabID event data and monthly summary data into the NHSN application.
- Explain the importance of, and steps for, resolving data quality alerts.

Multi-drug Resistant Organisms (MDROs) Key Terms and Definitions

Multi-drug Resistant Organisms (MDROs) Options

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

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



**Submit ALL MDRO LabID
events for all specimen
sources to NHSN**

Common Terms and Definitions used in LabID Event Module

- **MDRO Positive Isolate:** Any specimen, obtained for clinical decision making, testing positive for a MDRO. **Note:** Excludes positive isolates collected for active surveillance testing.
- **MDRO LabID Event:** MDRO positive isolate from **ANY** specimen source collected while the resident is under the care of the reporting LTCF, which includes residents physically housed and cared for in the reporting LTCF, as well as residents being cared for during a brief outpatient visit (OP) in which the resident returns to the reporting LTCF on the day of the OP visit or the following calendar day.

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

- Negative MDRO lab results.
- Specimens collected as part of active surveillance testing.
- Specimens collected prior to admission to the LTCF or during an inpatient admission in another healthcare facility.

NHSN will Categorize MDRO LabID Events for Analysis

Categorizations are determined by:

1. Reported date of specimen collection (event date),
2. Reported specimen source (specifically blood sources),
3. Reported date of current admission to facility, and
4. Reported date of last transfer from acute care to your facility.

Date of First Admission to Facility *: 12/01/2020	Date of Current Admission to Facility *: 12/01/2020
Event Information	
Event Type *: LABID - Laboratory-identified MDRO or CDI Event	Date Specimen Collected *: 12/04/2020
Specific Organism Type *: MRSA - MRSA	
Specimen Body Site/System *: GU - GenitoUrinary System	
Specimen Source *: URINARSPC - Urinary specimen	
Resident Care Location *: DEMENTIA - 1WESTDEMENTIA	
Primary Resident Service Type *: SKNUR - Skilled nursing/short term rehab	
Has resident been transferred from an acute care facility in the past 4 weeks *? Y - Yes	
If Yes, date of last transfer from acute care to your facility *: 12/01/2020	

NHSN removes duplicate events when.....

- The same organism is subsequently collected from any non-blood source in the same calendar month.

AND

- The same organism is collected from a second blood source in the subsequent 14 calendar days.
 - **Note:** While these events are not further analyzed by NHSN, a facility user may opt to review a NHSN line list to view all submitted MDRO LabID events, including duplicate and non-duplicate events.

NHSN will Categorize Non-duplicate MDRO LabID Events for Analysis

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

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

Example: NHSN Classification of Lab ID Events as Community-onset or LTCF-onset				
Admission date June 4th	June 5th	June 6th	June 7th	June 8th
Day 1	Day 2	Day 3	Day 4	Day 5
Community-onset (CO)			Long-term Care Facility-onset (LO)	

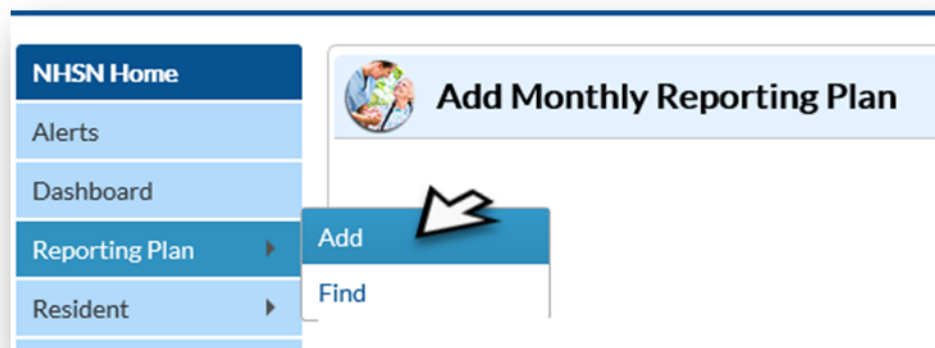
EXAMPLE

Ms. Smith was transferred to your SNF from an acute care facility on July 1st. A urine culture was collected on July 10th that tested positive for VRE. The SNF submitted a VRE LabID event to NHSN for July 10th.

- a. First, NHSN identified the submitted event as a non-duplicate since the application did not detect a prior VRE LabID event submitted for Ms. Smith in the month of July.
- b. Next, NHSN categorized the nonduplicate VRE LabID event as **Acute Care Transfer-Long-term Care Facility-onset (ACT-LO)** since the specimen was collected more than 3 calendar days after her current admission and the submitted event indicated a transfer from an acute care facility to your SNF in the previous 4 weeks.

**Submit MDRO Reporting Plan for Every Month
of Participation to NHSN**

Add Monthly Reporting Plan for MDRO LabID Event Module Participation



Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *: Test TM3033 (ID 71093) v

Month *: v

Year *: v

☐ No Long Term Care Facility Component Modules Followed this Month

- **Red** asterisk = required to save page
- Click **ADD ROW** to add additional organisms for the LabID Event Module
- **SAVE**

LabID Event Module

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

Add Row Clear All Rows Copy from Previous

Click to add additional organisms

- CEPHRKLEB - CephR-Klebsiella
- CRE - CRE (CRE-Ecoli, CRE-Enterobacter, CRE-Klebsiella)
- MRSA/MSSA - MRSA with MSSA
- MRSA - MRSA
- VRE - VRE

**Submit all MDRO Events for ALL Specimen Sources
to NHSN**

Reporting CDI or MDRO LabID Event: Customizable NHSN LabID Event form available for data collection



Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2027
www.cdc.gov/nhsn

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

Laboratory-identified MDRO or CDI Event for LTCF	
*Required for saving	
*Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Sex: F M	*Date of Birth: __/__/__
*Ethnicity (specify): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown	*Race (specify): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown
*Date of First Admission to Facility: __/__/__	*Date of Current Admission to Facility: __/__/__
Event Details	
*Event Type: LabID	*Date Specimen Collected: __/__/__
*Specific Organism Type: (check one) <input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> C. difficile <input type="checkbox"/> CephR-Klebsiella <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Enterobacter <input type="checkbox"/> CRE-Klebsiella <input type="checkbox"/> MDR-Acinetobacter	
*Specimen Body Site/System:	*Specimen Source:
*Resident Care Location:	
*Primary Resident Service Type: (check one) <input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative	
*Has resident been transferred from an acute care facility in the past 4 weeks? Yes No	
If Yes, date of last transfer from acute care to your facility: __/__/__	
If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility? Yes No	


Laboratory-identified MDRO or CDI
Event for LTCF Form [57.138 \(cdc.gov\)](https://www.cdc.gov/nhsn/57.138)

Submitting a MDRO LabID Event to NHSN

NHSN - National Healthcare Safety Network

NHSN Home

- Alerts
- Dashboard
- Reporting Plan
- Resident
- Staff
- Event**
 - Add
 - Find
 - Incomplete
- Summary Data
- Respiratory Pathogens and Vaccination
- RPV Summary
- Import/Export
- Surveys
- Analysis
- Users
- Facility
- Group

**Add Event**

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *:

Resident ID **:

Last Name:

Middle Name:

Sex *:

Ethnicity *:

Race **: ☐ American Indian/Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander
☐ White ☐ Middle Eastern or North African
☐ Declined to respond ☐ Unknown

Resident type *:

Date of First Admission to Facility **:

Medicare number (or comparable railroad insurance number) :

First Name :

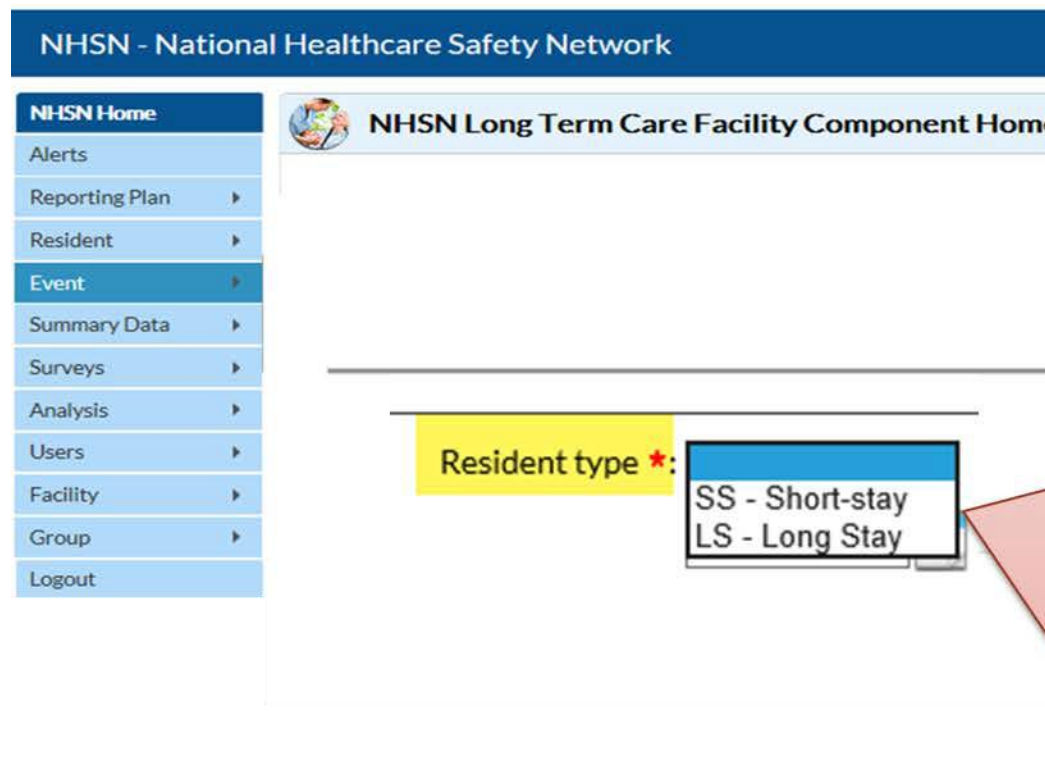
Date of Birth **:

Date of Current Admission to Facility **:

Submitting a MDRO LabID Event to NHSN:

Resident Type

Auto-populated by NHSN as short stay or long-stay after user enters the *Date of First Admission to the Facility* and the *Date Specimen Collected* (specifically for LabID events).



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

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

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

Submitting a MDRO LabID Event to NHSN:

Date of First and Current Admission to Facility

NHSN - National Healthcare Safety Network

AANTILA
Angela LTCF Test Facility

NHSN Home

Alerts

Reporting Plan

Resident

Event

Summary Data

Surveys

Analysis

NHSN Long Term Care Facility Component Home Page

Date of First Admission to Facility *: 03/01/2019 25

Date of Current Admission to Facility *: 04/03/2020 25

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

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

Submitting a MDRO LabID Event to NHSN: *Event Type and Date Specimen Collected*

Date of First Admission
to Facility *: 09/02/2021

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

Date of Current Admission
to Facility *: 09/02/2021

Event Information

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

Date Specimen Collected *:

Also referred to
as *Date of Event*

Submitting a MDRO LabID Event to NHSN: *Specific Organism Type*

Event Information

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

Specific Organism Type *:

- ACINE - MDR-Acinetobacter
- : CDIF - C. difficile
- : CEPHRKLEB - CephR-Klebsiella
- : CREECOLI - CRE-Ecoli
- : CREENTERO - CRE-Enterobacter
- : CREKLEB - CRE-Klebsiella
- MRSA - MRSA
- : MSSA - MSSA
- : VRE - VRE

Submitting a MRSA LabID Event to NHSN: *Specimen Body Site/System*

Event Information

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

Specific Organism Type *: MRSA - MRSA ▼

Specimen Body Site/System *:

CARD - Cardiovascular/ Circulatory/ Lymphatics
CNS - Central Nervous System
DIGEST - Digestive System
EENT - Ear, Eye, Nose, and Throat
ENDCRN - Endocrine System
GU - GenitoUrinary System
MSC - Musculoskeletal System
REPRF - Reproductive Female
REPRM - Reproductive Male
RESP - Respiratory System
SST - Skin / Soft tissue
UNSPECIFD - Unspecified Body Site Specimen

▼

Submitting a MRSA LabID Event to NHSN: *Specimen Source*

Event Information

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

Specific Organism Type *: MRSA - MRSA ▼

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

Specimen Source: *

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

Submitting a MDRO LabID Event to NHSN:

Resident Care Location

Event Information

Event Type *: LABI

Specific Organism Type *: 100 EAST - DEMENTIA UNIT

Specimen Body Site/System *: 2 PSY - PSYCHIATRIC

Specimen Source *: 3 REHAB - SHORT TERM REHAB

Resident Care Location *: 4 GEN - GENERAL UNIT

1 D - DEMENTIA UNIT

1 SOUTH - GENERAL

100 EAST - DEMENTIA UNIT

1B - BARIATRIC UNIT

2 PSY - PSYCHIATRIC

2W - 2 WEST DEMENTIA

3 REHAB - SHORT TERM REHAB

4 GEN - GENERAL UNIT

5 HOS - HOSPICE UNIT

DEMENTIA - LOCKED UNIT

Event

Select location of resident at time of specimen collection. Note: Resident care locations are set-up by the facility after facility enrollment

Submitting a MDRO LabID Event to NHSN:

Primary Service Type

Event Information

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

Specific Organism Type *:

Specimen Body Site/System *: DIGEST - Digestive System

Specimen Source *: BARIA - Bariatric

Resident Care Location *: HOSP - Hospice/Palliative

DEMENT - Long-term dementia

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

PSYCH - Long-term psychiatric

SKNUR - Skilled nursing/short term rehab

VENT - Ventilator

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

Submitting a MDRO LabID Event to NHSN: *Transfer from Acute Care Facility*

Event Information

Spec
Specimen

Resid

Primary Resident Service

WENNOR - Long-term general nursing

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

Y - Yes

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

Submitting a MDRO LabID Event to NHSN: *Transfer from Acute Care Facility, continued*

Event Information

Event Type *: LABID - Laboratory-identified MDRO o

Specific Organism Type *: MRSA - MRSA

Specimen Body Site/System *: GU - GenitoUrinary System

Specimen Source *: URINARSPC - Urinary specimen

Resident Care Location *: 1 SOUTH - GENERAL

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

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

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

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



Submitting a MDRO LabID Event to NHSN: *Transfer from Acute Care Facility, continued*

Event Information

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

Specific Organism Type *: MRSA - MRSA

Specimen Body Site/System *: GU - GenitoUrinary System

Specimen Source *: URINARSPC - Urinary specimen

Resident Care Location *: 1 SOUTH - GENERAL

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

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

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

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



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

Informs burden of MDRO coming into facility

Submitting a MDRO LabID Event to NHSN:

Documented Evidence Previous.....

Event Information

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

Specific Organism Type *: MRSA - MRSA ▼

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

Specimen Source *: URINARSPC - Urinary specimen ▼

Resident Care Location *: 1 SOUTH - GENERAL ▼

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

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

If Yes, *date of last transfer* from acute care to your facility *: 30

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

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

Auto-populated by the NHSN.

Non-editable by users

Entering MDRO-MRSA LabID Event:

Optional: *Custom Fields and Comments*

The screenshot shows a web form for entering MDRO-MRSA LabID events. It features a 'Custom Fields' section with four input boxes for 'PRIOR HX:', 'FLUOROQUINOLONE:', 'CEPHALOSPORINS:', and 'CLINDAMYCIN:'. A yellow callout box points to these fields with the text 'Optional, but must be set-up before reporting event'. Below this is a 'Comments' section with a text area containing 'POST-LEFT HIP REPLACEMENT'. A second yellow callout box points to the text area with the text 'Free text. (Not able to analyze free text)'.

Custom Fields [Help](#)

PRIOR HX: FLUOROQUINOLONE:

CEPHALOSPORINS: CLINDAMYCIN:

Comments

POST-LEFT HIP REPLACEMENT

Optional, but must be set-up before reporting event

Free text. (Not able to analyze free text)



Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Resident Information

Facility ID *:

Resident ID *: 1234

Last Name: BETTY

Middle Name:

Sex *: F - Female

Ethnicity *: HISP - Hispanic or Latino

Race *: ☐ American Indian/Alaska Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander
☒ White ☐ Middle Eastern or North African
☐ Declined to respond ☐ Unknown

Social Security #: 111-11-1111

Medicare number (or comparable railroad insurance number):

First Name: BOOP

Date of Birth *: 01/10/1939

Resident type *: LS - Long Stay

Date of First Admission
to Facility *: 10/19/2017

Date of Current Admission
to Facility *: 01/12/2021

Event Information

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

Specific Organism Type *: MRSA - MRSA

Specimen Body Site/System *: GU - GenitoUrinary System

Specimen Source *: URINARSPC - Urinary specimen

Resident Care Location *: DEMENTIA - LOCKED UNIT

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

Date Specimen Collected *: 01/12/2021

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

If Yes, date of last transfer from acute care to your facility *: 12/24/2020

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

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

Custom Fields [Help](#)

PRIOR HX: FLUOROQUINOLONE:

CEPHALOSPORINS: CLINDAMYCIN:

Comments



Event 109927 created successfully.

Save


Back

**Collect and Submit MDRO Monthly Summary
Data to NHSN**

Monthly Summary Requirements for MDRO LabID Event Module Participation

Each Month of Participation, Facility Must Report the Following:

- Resident Admissions
- Resident Days
- Report No Events, if applicable

 Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Pike Nursing Home (ID 11106) ▼

Month *: November ▼

Year *: 2020 ▼

Denominators for Long Term Care Locations

- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

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

LabID Event (All specimens)

Report No Events

Prevention Process Measures

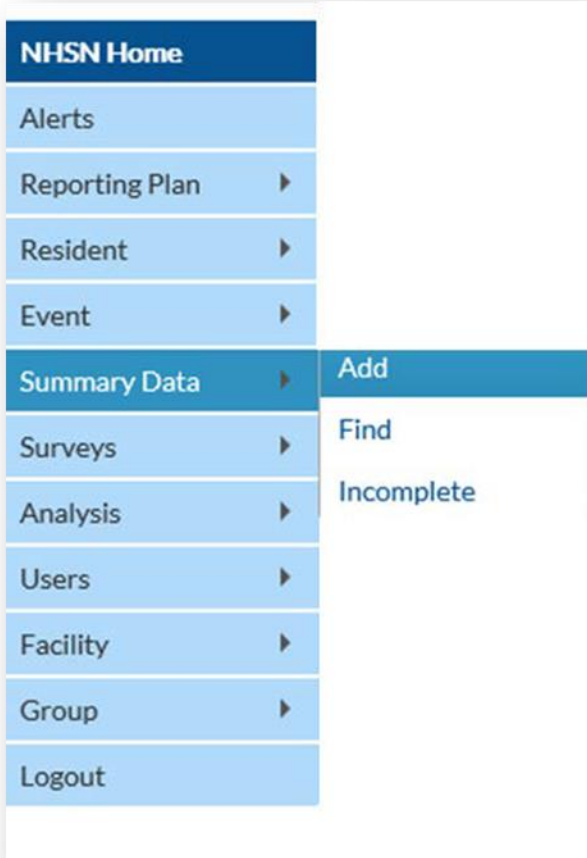
- No long term care locations selected on monthly reporting plan

Save

Back

Submitting Monthly Summary Data in NHSN

- To submit summary data:
 1. Locate 'Summary Data' on left-hand navigation bar, and then 'Add'
 2. Enter the month and year for which summary data will be reported



A screenshot of the 'Add Monthly Summary Data' form. The form has a light blue header with a globe icon and the title 'Add Monthly Summary Data'. Below the header, there is a yellow box with the text 'Mandatory fields marked with *'. Below that, there is a line of text: 'Fields required for record completion marked with **'. The form contains three dropdown menus: 'Facility ID *' with the value 'Pike Nursing Home (ID 11106)', 'Month *' with the value 'November', and 'Year *' with the value '2020'. A mouse cursor is pointing at the 'Year *' dropdown.

Submitting Monthly Summary Data in NHSN



Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Pike Nursing Home (ID 11106) ▼
Month *: November ▼
Year *: 2020 ▼

Denominators for Long Term Care Locations

- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

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

Prevention Process Measures

- No long term care locations selected on monthly reporting plan

Save Back

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

Submitting Monthly Summary Data in NHSN for MDRO LabID Event Reporting

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

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

[illegible]

Submitting Monthly Summary Data in NHSN for MDRO LabID Event Reporting

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


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

[illegible]

Submitting Monthly Summary Data in NHSN for MDRO LabID Event Reporting

LabID Events (All specimens)

A grayed-out check-mark will appear for each organism under surveillance for the month (based on selections in the Monthly Reporting Plan)



Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *: Pike Nursing Home (ID 11106) ▾

Month *: September ▾


Year *: 2020 ▾

Denominators for Long Term Care Locations

- No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

A check box will appear for each organism included in monthly reporting plan for the month.

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

Complete Monthly Summary for MDRO LabID Events

NHSN Home

Alerts

Dashboard

Reporting Plan

Resident

Event

Summary Data

Import/Export

Surveys

Analysis

Users

Facility

Group

Logout

NHSN - National Healthcare Safety Network

AANTILA
Angela LTCF Test Facility

Add Monthly Summary Data

Mandatory fields marked with *

Fields required for record completion marked with **

Print Form

Facility ID *: Pike Nursing Home (ID 11106)

Month *: November

Year *: 2020

Denominators for Long Term Care Locations

No long term care locations selected on monthly reporting plan

MDRO & CDI LabID Event Reporting

Location Code			Specific Organism Type								
			MRSA	VRE	CephR-Klebsiella	CRE-Ecoli	CRE-Enterobacter	CRE-Klebsiella	C. difficile	MDR-Acinetobacter	
Facility-wide Inpatient (FacWIDEIn)	Resident Admissions: 20 *	LabID Event (All specimens)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Custom Fields
	Resident Days: 3122 *	Report No Events	<input type="checkbox"/>	<input checked="" type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Prevention Process Measures

No long term care locations selected on monthly reporting plan

Save

Back

Summary data created successfully.

Common LabID Event Alerts on NHSN

Alerts

- Automatic checks in NHSN that remind users of incomplete or missing data.
- Incomplete monthly data will be excluded from any analysis reports until resolved by user.
- Before using the analysis function, make sure to clear all relevant alerts.
- Found on the Home Page, or by clicking on the 'Alerts' tab on the sidebar.

NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

NHSN Home

- Alerts
- Dashboard ▶
- Reporting Plan ▶
- Resident ▶
- Event ▶
- Summary Data ▶
- COVID-19 ▶
- Vaccination Summary
- Import/Export
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility ▶
- Group ▶
- Tools ▶
- Logout

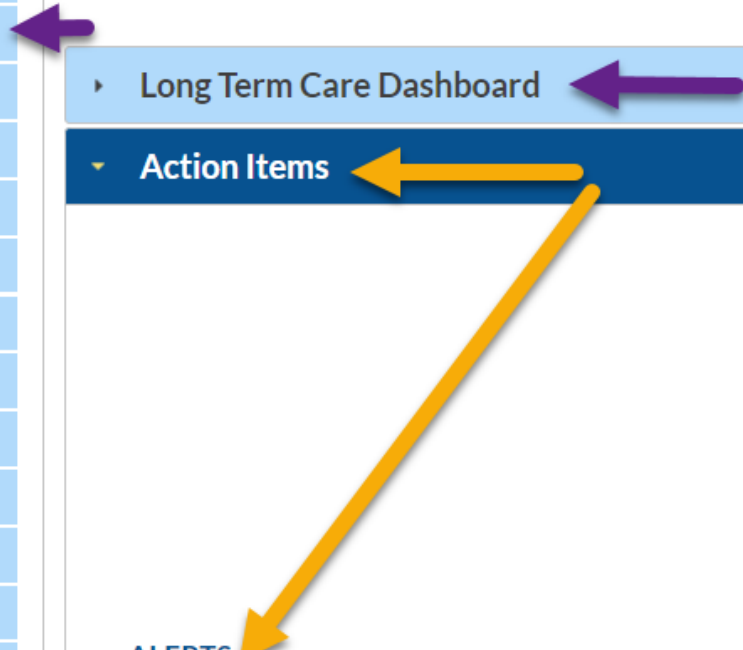
 **NHSN Long Term Care Facility Component Home Page**

- ▶ Long Term Care Dashboard
- ▼ **Action Items**

ALERTS

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Missing Summary Data



Common Alerts for LabID Event Reporting: *Missing Events*

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

To resolve alert:

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

In-plan denominators reported for these locations with no associated events. [Print Form](#)

Month/Year	Alert Type	Event Type/Pathogen	Summary Data Form Type	Report No Events
12/2020	Summary but no events	LABID - MRSA	MDRO	<input type="checkbox"/>
12/2020	Summary but no events	LABID - VRE	MDRO	<input checked="" type="checkbox"/>

[Save](#) [Reset](#)

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

Summary Data has not been completed for the calendar month

To Resolve:

- Click "Add Summary" hyperlink
- Enter Summary Data under "MDRO & CDI LabID Event Reporting"
- Remember to click "SAVE" before exiting

Incomplete/Missing List

Missing Events

Incomplete Events

Missing Summary Data

Incomplete Summary Data

Month/Year

Alert Type

05/2020	No Summary Form	UTI Add Summary
06/2020	No Summary Form	UTI Add Summary
10/2020	No Summary Form	UTI Add Summary
01/2020	Events but no MDRO and CDI Reporting Denominators	LABID Add Summary
10/2020	Events but no MDRO and CDI Reporting Denominators	LABID Add Summary

Mandatory fields marked with *

Fields required for record completion marked with **

Facility ID *

Month *

Year *

MDRO & CDI LabID Event Reporting

Location Code

Resident Admissions:

Resident Days:

Number of Admissions on C. diff Treatment:

Number of residents started on antibiotic treatment for C.diff:

LabID Event (All specimens)

Report No Events

MRSA

MSSA

VRE

CephR-Klebsiella

CRE-Ecoli

CRE-Enterobacter

Save

Back

Common Alerts for LabID Event Reporting:

Incomplete Summary Data

Summary Data page is missing required data for the calendar month

To resolve alert:

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

Incomplete/Missing List

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

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

Page 1 of 1 10 View 1 - 1 of 1			
Summary ID	Summary Data Type	Year	Month
1580	MDRO	2020	December
Page 1 of 1 10 View 1 - 1 of 1			

Save **Back**

MDRO & CDI LabID Event Reporting

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

THANK YOU
Questions?
nhsn@cdc.gov

Add “LabID Reporting”
to the subject line in
order to have your
inquiry routed to the
appropriate subject
matter expert

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: NHSN@cdc.gov

Web: <http://www.cdc.gov/nhsn>

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.