

## Instructions for Completion of Laboratory-identified MDRO or CDI Event form (CDC 57.128)

| Data Field        | Instructions for Form Completion                                                                                                                                                                                                                                                                       |
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| Facility ID       | The NHSN-assigned facility ID number will be auto-entered by the NHSN application.                                                                                                                                                                                                                     |
| Event #           | Event ID number will be assigned by NHSN.                                                                                                                                                                                                                                                              |
| Patient ID        | Required. Enter the alphanumeric patient ID. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters. This should be an ID that remains the same for the patient across all visits and admissions.                                        |
| Social Security # | Optional. Enter the 9-digit numeric patient Social Security Number.                                                                                                                                                                                                                                    |
| Secondary ID      | Optional. Enter any other patient ID assigned by the facility.                                                                                                                                                                                                                                         |
| Medicare #        | Optional Enter the patient's Medicare number.                                                                                                                                                                                                                                                          |
| Patient Name      | Optional. Enter the last, first and middle name of the patient. Data may be auto-entered from Patient Form.                                                                                                                                                                                            |
| Sex               | Required. Select "F-Female," "M-Male," or "N-Missing."<br><br><b>NOTE:</b> Select "N-Missing" only if a value of F or M is not available in the medical record.                                                                                                                                        |
| Date of Birth     | Required. Record the date of the patient birth using this format: MM/DD/YYYY.                                                                                                                                                                                                                          |
| Ethnicity         | Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino; otherwise, select Declined to Respond<br>Unknown<br><br><b>NOTE:</b> Select "Unknown" in the rare circumstance when the patient is non-communicative and/or access to this information is not available. |
| Race              | Optional. Specify one or more of the choices below to identify the patient's race:<br>American Indian or Alaska Native (1002-5)<br>Asian (2028-9)<br>Black or African American (2054-5)<br>Middle Eastern or North African (2118-8)<br>Native Hawaiian or Other Pacific Islander (2076-8)              |

| Data Field                  | Instructions for Form Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Race                        | <p>White (2106-3)</p> <p>Declined to respond</p> <p>Unknown</p> <p><b>NOTE:</b> Select “Unknown” in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Event Details</b>        | <b>Event Details</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Event Type                  | Required. Event type = LabID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date Specimen Collected     | Required. Enter the date the specimen was collected for this event using format: MM/DD/YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Specific Organism Type      | <p>Required. Check the pathogen identified for this specimen from one of the following laboratory-identified organism types: MRSA, MSSA (if tracking MRSA &amp; MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (CRE-<i>E. coli</i>, CRE-<i>Klebsiella pneumoniae</i>, CRE-<i>Klebsiella oxytoca</i>, CRE-<i>Klebsiella aerogenes</i> or CRE-<i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>. Use one form per LabID event (1 form for each pathogen). See MDRO and CDI protocol for MDRO definitions. <b>Reminder:</b> if conducting surveillance for CRE, the facility must include all three CRE organisms (<i>E. coli</i>, <i>Klebsiella</i>, and <i>Enterobacter</i>) in the monthly reporting plan and conduct surveillance for all three organisms.</p> |
| Tested for carbapenemase?   | Conditionally Required. If the specific organism type is CRE, select “Yes” if the bacterial isolate was tested for carbapenemase. Otherwise, select “No” or “Unknown”. If “Yes”, select which test(s) was performed (may select more than one tests). Users may need to seek additional guidance from the facility laboratory to answer this question.                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Positive for carbapenemase? | Conditionally Required. If the bacterial isolate was tested for carbapenemase, select “Yes” if the isolate tested positive for carbapenemase. Otherwise, select “No” or “Unknown”.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Outpatient                  | Required. Select “Yes” if the LabID Event is being reported from an outpatient location where there are no admissions (for example: emergency department, observation unit, wound care clinic, etc.). If the patient was an outpatient, Date Admitted to Facility and Date Admitted to Location are not required.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Data Field                | Instructions for Form Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Specimen Body Site        | Required. Enter the main body site from which the specimen was taken using the description that is most specific. (For example, digestive system, central nervous system, etc.).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Specimen Source           | Required. Enter the specific anatomic site from which the specimen was taken using the source description that is most accurate from the available choices (examples: bile specimen, specimen from brain, blood specimen, etc.).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Date Admitted to Facility | Conditionally required. <ul style="list-style-type: none"> <li>For inpatient events, enter the date the patient moves into an inpatient unit in the facility using this format: MM/DD/YYYY.</li> <li>An inpatient is defined as a patient who is housed in an inpatient location of the healthcare facility.</li> <li>The date admitted to facility is the calendar day the patient first locates to an inpatient location for the facility. The local patient status assigned (such as observation) is not considered. This means that the facility admission date must reflect the first day spent in the inpatient location regardless of the patients' status as inpatient or status such as observation.</li> <li>Non-bedded inpatient locations such as Operating Room or Interventional Radiology are eligible inpatient locations for determining date of admission to the facility.</li> </ul>                                                                                                 |
| Location                  | Required. Enter the bedded inpatient location, emergency department, or 24-hour observation care unit/location where the patient was assigned when the laboratory-identified MDRO or <i>C. difficile</i> event specimen was collected. <b>Note:</b> the NHSN "transfer rule" does not apply for LabID events. <b>Special Case:</b> If a specimen collected in an affiliated outpatient clinic is positive for an MDRO or CDI, and the patient it is collected from is admitted to the facility on the <b>SAME</b> calendar date into an inpatient location that is monitoring LabID Events for the identified MDRO or CDI, the positive specimen can be reported as the first specimen for the patient in that admitting inpatient location for the month. If the facility is also monitoring outpatient LabID Events for the same MDRO or CDI in affiliated outpatient clinics (FacWideOUT), then the same specimen for the patient would also be reported a second time for that outpatient location. |

| Data Field                                                                               | Instructions for Form Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Date Admitted to Location                                                                | Conditionally required. Enter the <u>most recent</u> date the patient was admitted to the inpatient care unit/location where laboratory-identified monitoring is being performed and where the specimen was collected from the patient. <b>Note:</b> Due to existing business rules for edit checks in NHSN, the date of specimen collection must be the same calendar date or later than the location admission date.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Last physical overnight location of patient immediately prior to arriving into facility. | Optional for specimens collected from the emergency department, observation location(s), or less than four days after admission into an inpatient unit. Using the available variables, select the location in which the patient spent the night immediately prior to arrival into the facility. Selections include: (1) Nursing Home/Skilled Nursing Facility; (2) Other Inpatient Healthcare Setting (for example, acute care hospital, inpatient rehabilitation facility/IRF, long term acute care facility/LTAC, etc.); or (3) Personal Residence/Residential Care (includes personal homes or assisted living environments in which 24/7 care is <b>not</b> provided in a group setting).<br><br><b>NOTE:</b> If the patient's personal residence is a nursing home or skilled nursing facility, select Nursing Home/Skilled Nursing Facility. |
| Has patient been discharged from your facility in the past 4 weeks?                      | Required. Circle "Yes" if the patient has been discharged, after an <b>inpatient</b> stay, from your facility <u>in the past 28 days from current positive specimen</u> , otherwise circle "No". The 28-day count is a backward count using day of current positive specimen as day 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Date of last discharge from your facility                                                | Conditionally Required. If the patient was an inpatient and discharged from your facility in the past 28 days (previous question is circled "Yes"), enter the most recent date of discharge prior to the current admission. Use format: MM/DD/YYYY. <b>Note:</b> <u>This question is specific to discharge from a facility after inpatient stay.</u> It is not applicable to a discharge from an outpatient encounter/visit such as an emergency department or other outpatient location visit.                                                                                                                                                                                                                                                                                                                                                    |
| Has the patient been discharged from another facility in the past 4 weeks?               | Optional. Circle "Yes" if the patient has been discharged, after an inpatient stay, from another facility in the past 28 days. Select "No" if the patient has not been discharged, after an inpatient stay, from another facility in the past 28 days. Select "Unknown" if previous inpatient history is not known.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Data Field                                                                                                                      | Instructions for Form Completion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Last discharging facility                                                                                                       | Optional. If the patient was discharged from an inpatient stay from another facility in the past 28 days, (previous question is circled “Yes”), select all that apply from the provided list, which includes: (1) Nursing Home/Skilled Nursing Facility; or (2) Other Inpatient Healthcare Setting (acute care hospital, inpatient rehabilitation facility/IRF, long term acute care facility/LTAC, etc.).                                                                                                                                                                                                                                                                     |
| Documented prior evidence of infection or colonization with this specific organism type from a previously reported LabID Event? | <p><b>Non-editable. This is a system auto-populated field and is based on prior months LabID Events.</b> “Yes” or “No” will be auto-filled by the system only, depending on whether there is prior LabID Event entered for the same organism and same patient in a <b>prior completed month (current reporting month events are excluded)</b>. <u>Cannot</u> be edited by user. If there is a previous LabID event for this organism type entered in NHSN in a <b>prior month</b>, the system will auto-populate with a “Yes.”</p> <p><b>Note:</b> This question is not used in the categorization of <i>C. difficile</i> or MRSA <i>blood specimen only</i> LabID Events.</p> |
| <b>Custom Fields</b>                                                                                                            | <b>Custom Fields</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Custom Fields                                                                                                                   | <p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.</p> <p><b>Note:</b> Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>                                                                                                                                                                                                                                                                                                                                                   |
| Comments                                                                                                                        | Optional. Enter any information on the Event. This information may not be analyzed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |