Multidrug-Resistant Organism (MDRO) and Clostridium difficile-Associated Disease (CDAD) Module

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

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

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

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

Infect Control Hosp Epidemiol 2008; 29:996-1011

Antimicrobial-resistant pathogens that cause healthcare-associated infections (HAIs) pose an ongoing and increasing threat to patients in acute care hospitals, both in the clinical treatment of resistant infections and in the management of healthcare facilities and resistance var.
HiCPC Guidance On Management of MDROs in Healthcare Settings (8/10/2006)

First Tier: General Recommendations For All Acute Care Settings

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

What Metrics?

Second Tier: Intensified Interventions

e.g., chlorhexidine washes, active surveillance testing for MRSA
SHEA/HICPAC Position Paper (October 2008): Recommendations for MDRO Metrics in Healthcare Settings

- Define reasonable and practical metrics to best measure impact of prevention
- Authors from APIC, CDC, SHEA, HICPAC
- Five Categories of MDRO Outcome Measures
  1. Tracking Patients
  2. Monitoring Susceptibility Patterns
  3. Estimating Infection Burden
  4. Estimating Exposure Burden
  5. Quantifying Healthcare Acquisition (which includes Transmission)
Recommended metrics from the SHEA/HICPAC Position Paper were the basis for the new MDRO and CDAD Module.
Module Overview
Goal of the MDRO and CDAD Module

- Monitoring of MDRO and *C. difficile* infection (CDI) helps to evaluate local trends and changes in the occurrence of these pathogens and related infections.

- This module provides a mechanism for facilities to report and analyze MDRO and CDI data, in order to inform infection control staff of the impact of targeted prevention efforts.
1) Methicillin-Resistant *Staphylococcus aureus* (MRSA) (option w/ Methicillin-Sensitive *S. aureus* (MSSA)

2) Vancomycin-Resistant *Enterococcus* spp. (VRE)

3) Multidrug-Resistant (MDR) *Klebsiella* spp.

4) Multidrug-Resistant (MDR) *Acinetobacter* spp.

5) *Clostridium difficile*-Associated Disease (CDAD)
MDRO and *C. difficile*

**Current Definitions**

- **MRSA**: *S. aureus* testing oxacillin resistant; or positive from molecular testing for mecA and PBP2a
- **MSSA**: *S. aureus* testing oxacillin intermediate or susceptible; or (option) negative from molecular testing for mecA and PBP2a
- **VRE**: Any Enterococcus spp. testing resistant to vancomycin
- **MDR-Klebsiella**: *Klebsiella* spp. testing intermediate or resistant to ceftazidime or ceftriaxone
- **MDR-Acinetobacter**: *Acinetobacter* spp. resistant to all agents tested within at least 3 antimicrobial classes, including β-lactams, carbapenems, aminoglycosides, and fluoroquinolones
- **C. difficile**: Gastrointestinal System Infection-Gastroenteritis or Gastrointestinal System Infection-Gastrointestinal Tract where *C. difficile* is the associated pathogen
MDRO and C. difficile
Definitions for 2011

- **MRSA**: *S. aureus* testing oxacillin resistant; or (positive from molecular testing for mecA and PBP2a)

- **MSSA**: *S. aureus* testing oxacillin intermediate or susceptible; or (negative from molecular testing for mecA and PBP2a)

- **VRE**: Any Enterococcus spp. testing resistant to vancomycin

- **MDR-Klebsiella**: *Klebsiella* spp. testing intermediate or resistant to *ceftazidime or cefotaxime/ceftriaxone* or *cefepime*

- **MDR-Acinetobacter**: *Acinetobacter* spp. testing intermediate or resistant to *at least one agent* within at least 3 antimicrobial classes of 6, including: *penicillins, carbapenems, aminoglycosides, cephalosporins, quinolones, or sulbactam*

- **C. difficile**: *C. difficile* is identified as the associated pathogen for Gastrointestinal System Infection-Gastroenteritis or Gastrointestinal System Infection-Gastrointestinal Tract
Active participants must choose main reporting method

- Infection Surveillance
- LabID Event Reporting

Additional options then become available

Prevention Process Measures:
- Adherence to Hand Hygiene
- Adherence to Gown and Glove Use
- Adherence to Active Surveillance Testing

Outcome Measures:
- AST Prevalence / Incidence
Reporting Methods

**Location Specific:**
- Select only a few locations or full facility coverage.
- Report separately from each selected location in the facility.
- Separate denominators (patient days, admissions, encounters) for both locations.

**Facility-Wide Inpatient or Facility Wide Outpatient:**
- Options available only in the MDRO/CDAD Module and only for LabID Event reporting.
- Report totals from throughout a facility’s inpatient or outpatient locations.
- Single denominators (either patient days and admissions for FacWideIN, or encounters for FacWIDE OUT) for entire facility.
Enter both for inpatient and outpatient facility wide.
Infection Surveillance

**Purpose:** To collect MDRO or CDI data on NHSN-defined healthcare-associated infections (HAIs)

**HAI:** A localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent or its toxin. There must be no evidence that the infection was present or incubating at the time of admission to the location.

- Report for at least three months any time in a calendar year
- Location specific reporting
- Inpatient locations *(where denominator data can be collected)*
Infection Surveillance Analysis

MDRO/CDI Infection Incidence Density Rate

\[
\text{MDRO/CDI Infection Incidence Density Rate} = \frac{\# \text{ of reported MDRO or CDI Infections}}{\# \text{ of Patient-Days}} \times 1000
\]

(stratified by time and location)
LabID Event Reporting

**Purpose:** To calculate proxy measures of MDRO or CDI events, exposures, healthcare acquisitions through monitoring and reporting data from positive clinical cultures.

**LabID Event:** A laboratory-identified event. First positive MDRO/CDI isolate collected for diagnosis/treatment for the patient in a location during a month. Only time a patient will have > 1 LabID Event reported for a location in a month is for bloods (MDRO) or stool (CDI), as these can be reported every 14 days.

- Report for at least three *consecutive* months in a calendar year
- Location specific or Overall facility-wide reporting
- Report all specimens or blood specimens only (for Facility-wide reporting)
- **Inpatient locations** (no NICUs or Well Baby Nurseries for CDI) and **Outpatient locations** (no dialysis centers nor Well Baby Clinics)
Identifying an MDRO LabID Event (if Monitoring All Specimens Only)

Begin Here

1. MDRO isolate from any specimen

2. 1st in calendar month
   - YES: LabID Event (non-duplicate isolate)
   - NO: Not a LabID Event

3. MDRO Source = blood
   - NO: MDRO isolate from any specimen
   - YES: MDRO from blood ≤ 2 wks

4. MDRO from blood ≤ 2 wks
   - YES: LabID Event (unique MDRO blood source)
   - NO: Not a LabID Event
Categorization of LabID Events

NHSN Application Categorizes LabID Events as:

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

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

- **Community-Onset Healthcare Facility Associated (CO-HCFA):** LabID Event collected from a patient who was discharged from the facility < 4 weeks prior to date stool specimen collected. *C diff only*
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<th>Acquisition</th>
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**Infection Surveillance**

### Event Information
- **Event Type**: SST - Skin and Soft Tissue
- **Date of Event**: 02/13/2008
- **Post-procedure**: Yes, this event pathogen/location is in plan for MDRO/CDAD Module
- **Specific Organism Type**: MRSA
- **Location**: INMEDCC - INMEDCC
- **Date Admitted to Facility**: 02/02/2008

### Risk Factors

### Event Details
- **Specific Event**: SKIN - Skin
- **Specific Criteria Used**: (check all that apply)
  - Redness
  - Fever
  - Purulent drainage or material
  - Pain or tenderness
  - Localized swelling
  - Other evidence of infection found on direct exam, during surgery, or by diagnostic tests

### Laboratory & Diagnostic Testing
- Positive blood culture
- Positive culture
- Positive culture of pathogen
- Positive culture of skin contaminant

### Clinical Diagnosis
- Physician diagnosis of this event type
- Physician institutes appropriate antimicrobial therapy

### Pathogens
- **Pathogen 1**: Staphylococcus aureus - SA

### Drug Table

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LabID Event:

**Event Information**

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

- **Date Specimen Collected**: 05/02/2010
- **Specific Organism Type**: MRSA - MRSA
- **Outpatient**: N - No
- **Specimen Body Site/Source**: SST - Skin / Soft tissue
- **Specimen Source**: WOUND - Specimen from wound

**Date Admitted to Facility**: 05/02/2010

- **Location**: 72ORTH - ORTHOPEDIC UNIT

**Documented prior evidence of previous infection or colonization with this specific organism type from a previously reported LabID Event?**: N - No

**Has patient been discharged from your facility in the past 3 months?**: Y - Yes

**Date of last discharge from your facility**: 04/19/2010

**Custom Fields**

**DATE1**: 

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LabID Events versus AST

- **LabID Event reporting** is ONLY for collecting and tracking positive cultures that are taken for “clinical” purposes (i.e., for diagnosis and treatment), which means NO active surveillance testing/cultures (AST/ASC) results are be included in this reporting of individual events.

- **Active Surveillance Testing (AST)** is for collecting and tracking positive cultures that are collected for surveillance purposes (e.g., nasal or rectal swabs) to identify patients that are colonized with a specific organism (i.e., MRSA or VRE) at admission to a location and at discharge or transfer out of the location. The data are NOT collected on an individual basis, but instead are entered as aggregate counts.
Adherence to Prevention Process Measures

- **Required Minimum Reporting - if chosen:**
  
  a) **HH**: at least 30 unannounced observations *after HCW contact* with patient or objects near patient
  
  b) **GG**: at least 30 unannounced observations *during HCW contact* with patient or objects near patient
  
  c) **AST**: conducted on patient Admission or Admission & Discharge for MRSA and/or VRE only on All or those with No History

- Report for at least one month in a calendar year

- Location specific reporting (suggest same location as IS or LabID reporting)

- Inpatient locations and Outpatient (for HH) locations
Process Measures
Adherence Analysis

Adherence Rate to Process Measures

\[
\text{Adherence Rate} = \frac{\text{# Performed or Used}}{\text{# Indicated or Eligible}} \times 100
\]
**Purpose**: To allow facilities to more accurately quantify exposure burden (prevalence) and/or healthcare acquisition (incidence) of MRSA and/or VRE

- Report for at least one month in a calendar year
- Location specific reporting:
  - required same location where AST adherence is performed
  - suggest same location where Infection Surveillance or LabID Event reporting is conducted
- Inpatient locations
AST Outcomes Measures Definitions

• AST at Admission provides Prevalence data
  – Known Positive
    • Patient with documented MRSA or VRE colonization or infection in previous 12 months
  – Admission AST or Clinical Positive
    • Patient with MRSA or VRE isolated from specimen collected on admission (≤ 3 days)

• AST at Discharge/Transfer provides Incidence data
  – Patient with stay > 3 days
  – No documented MRSA or VRE in previous 12 months or on admission (≤ 3 days)
  – MRSA or VRE isolated from specimen collected > 3 days after admission or at time of discharge/transfer
**AST Outcome Measures Analysis**

**AST Admission Prevalence**

\[
\text{AST Admission Prevalence} = \frac{\text{# of Admission AST/Clinical/Known Positives}}{\text{# of Admissions}} \times 100
\]

**AST Incidence / Direct Acquisition**

\[
\text{AST Incidence / Direct Acquisition} = \frac{\text{# of Discharge/Transfer AST and New Clinical Positives}}{\text{# of Patient-Days}} \times 1000
\]
Analysis and Output
1) Generate a Dataset

Generation of a Data Set is specific to User Login.

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

Patient Safety Component
Analysis Output Options

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

Patient Safety Component
Analysis Output Options

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- MDRO/CDAD Module
- Infection Surveillance

- All MRSA HAI
  - CDC Defined Output
    - Line Listing for All MRSA HAI
    - Frequency Table for All MRSA HAI
    - Bar Chart for All MRSA HAI
    - Pie Chart for All MRSA HAI
    - Rate Table for MRSA HAI Data by Location
- All MSSA HAI
- All C. difficile HAI
## 4) Basic Run Options – Line Listing

### Line Listing - All MRSA HAI

As of: March 9, 2009 at 5:09 PM  
Date Range: All MDRO EVENTS

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<td>LCBI</td>
<td>02/28/2008</td>
<td>03/02/2008</td>
<td>INCARDCC</td>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Sorted by orgID, eventID  
Data contained in this report were last generated on March 6, 2009 at 4:30 PM.
5) Basic Run Options – Frequency Tables

Frequency Table - All MRSA HAI
As of: March 9, 2009 at 5:14 PM
Date Range: All MDRO_EVENTS

<table>
<thead>
<tr>
<th>Location</th>
<th>BJ</th>
<th>BSI</th>
<th>ENT</th>
<th>LRI</th>
<th>REPR</th>
<th>SSI</th>
<th>SSI</th>
<th>UTI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>INBATSNC</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>INCARDCC</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INENTWARD</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>INGIWARD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>INHONCSA</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INIFMWARD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INMEDCC</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INMAEDWARD</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INMASC</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INORTWARD</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>INSURGCC</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PEDMEDSURG</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

Frequency Table - All MRSA LabID Events
As of: March 9, 2009 at 5:17 PM
Date Range: All LABID_EVENTS

<table>
<thead>
<tr>
<th>Specimen Source</th>
<th>CO</th>
<th>HO</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLDSPC</td>
<td>6</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>BONESPC</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>PUS</td>
<td>3</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>SKINSORE</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>SPUTUM</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>SRGEXSPC</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>ULCERSPC</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>URINE</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>WOUNDSPC</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>30</td>
<td>49</td>
</tr>
</tbody>
</table>

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.
6) Basic Run Options – Pie or Bar Charts

National Healthcare Safety Network

Pie Chart – All MRSA HAIs
As of: March 9, 2009 at 5:22 PM
Data Range: All MDRO EVENTS
orgID=10312
FREQUENCY of eventType

Bar Chart – All MRSA LabID Events
As of: March 9, 2009 at 5:21 PM
Data Range: All LABID EVENTS
orgID=10312 location=INCARDCIC

Count

<table>
<thead>
<tr>
<th>Specimen Source</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLDSFC SPUTUM URINE</td>
<td>25%</td>
</tr>
<tr>
<td>BLDSFC SPUTUM URINE</td>
<td>25%</td>
</tr>
<tr>
<td>BLDSFC SPUTUM URINE</td>
<td>50%</td>
</tr>
</tbody>
</table>

Data contained in this report were last generated on March 6, 2009 at 4:30 PM.
## 7) Basic Run Options – Rate Tables

### National Healthcare Safety Network

**Rate Table - All MRSA HAI by Location**

As of: March 9, 2009 at 5:28 PM
Date Range: All MDRO_RATES

<table>
<thead>
<tr>
<th>location</th>
<th>summaryYM</th>
<th>MRSACount</th>
<th>numPatDays</th>
<th>MRSARate</th>
</tr>
</thead>
<tbody>
<tr>
<td>INCARDCC</td>
<td>2008M02</td>
<td>0</td>
<td>312</td>
<td>0.0</td>
</tr>
<tr>
<td>INCARDCC</td>
<td>2008M03</td>
<td>1</td>
<td>312</td>
<td>3.2</td>
</tr>
</tbody>
</table>

Source of aggregate data: Not available
Data contained in this report were last generated on March 6, 2009 at 4:30 PM.

### National Healthcare Safety Network

**Rate Table - All MRSA LabID Events by Location**

As of: March 9, 2009 at 5:30 PM
Date Range: All LABID_RATESMRSA

<table>
<thead>
<tr>
<th>summaryYM</th>
<th>location</th>
<th>MRSA_admPrevCount</th>
<th>numAdms</th>
<th>MRSA_admPrevRate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007M01</td>
<td>ALL-IN</td>
<td>0</td>
<td>356</td>
<td>0.0</td>
</tr>
<tr>
<td>2008M06</td>
<td>ALL-IN</td>
<td>0</td>
<td>120</td>
<td>0.0</td>
</tr>
<tr>
<td>2008M11</td>
<td>ALL-IN</td>
<td>1</td>
<td>658</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Source of aggregate data: Not available
Data contained in this report were last generated on March 6, 2009 at 4:30 PM.
Modify - Output Options

Patient Safety Component
Analysis Output Options

- Expand All
- Collapse All

- Device-Associated Module
- Procedure-Associated Module
- Medication-Associated Module
- MDRO/CDAD Module - Infection Surveillance
- MDRO/CDAD Module - LABID Event Reporting
  - All LabID Events
  - All MRSA LabID Events
  - All MSSA LabID Events
  - All C. difficile LabID Events
- CDC Defined Output
  - Line Listing for All CDIF LabID Events
  - Frequency Table for All CDIF LabID Events
  - Bar Chart for All CDIF LabID Events
  - Pie Chart for All CDIF LabID Events
  - Rate Table for CDIF LabID Data by Location

Run
Modify
Run
Modify
Run
Modify
Run
Modify
Run
Modify
Modify – Line Listing

Line Listing

Analysis Data Set: LabID_Events

Modify Attributes of the Output:

Last Modified On: 02/11/2009

Output Type:  Line Listing

Output Name: Line Listing for All CDIF LabID Events

Output Title: Line Listing - All CDIF LabID Events

Select output format:

Output Format:  HTML

Select a time period or Leave Blank for Cumulative Time Period:

Date Variable Beginning Ending
specimenDate 01/01/2008 12/31/2008

Select Variables to include in Line Listing:

Available Variables
mdroIncompleteFlag mdroInfPlan modifyDate modifyUserID mrsa
mssA onsetDesc orgID patDischarge patGName patMName
patRaceAAB patRaceAMIN patRaceASIAN patRaceNHPI patRaceWHITE
patSurname prevDisMons spcOrgType specDateYH specDateYM specDateYQ
specDateYr specimenSource specimenSourceDes ssn
vte

Selected Variables
patID eventID location outpatient prevPos onset
cdiAssay admitDate locationAdmitDate specimenDate

Other Options:
Modify Variables To Display By Clicking:
Specify Sort Variables By Clicking:
Select Page by variable:
FYI: an “or” command works by using diagonal cells
“Export Analysis Data Set”: will export the data from the category through which you have navigated to get to the Modify screen.

“Export Output Data Set”: will export the data from the subset which you have specified on the Modify screen.
“Export Data”: will export all data in all categories ever entered for the facility.
NHSN Reference

Home Page:
http://www.cdc.gov/nhsn
Questions