

2021 CDI LabID Event (FacWideIN) Validation Tool

Refer to associated 2021 MRAT instructions

1. Patient and Medical Record Identifiers											
Facility (NHSN) OrgID:			Date of Audit:				Reviewer Initials:				
Review Start Time:			End Time:		Time spent reviewing this record (minutes):						
Patient ID	Patient DOB		NHSN Inpatient Admission Date (Date when placed in inpatient location):				Facility Location 1 (Specific first inpatient bedded location name; not ED):				
	Gender F M										
Select one:	<input type="checkbox"/> Sample A: validating "first" inpatient CDI positive specimen					Date of "first" inpatient CDI positive specimen:					
	<input type="checkbox"/> Sample B: validating SELECTED (non-first) inpatient CDI positive specimen					Date of SELECTED (non-first) inpatient CDI positive specimen:					
Table 1 Patient care locations and transfer dates											
Date transfer to Location 2		Facility Location 2		Date transfer to Location 5		Facility Location 5					
Date transfer to Location 3		Facility Location 3		Date transfer to Location 6		Facility Location 6					
Date transfer to Location 4		Facility Location 4		Date transfer to Location 7		Facility Location 7					
Table 2 CDI positive specimen											
A	B	C	D		E			F		G	
Lab list #	Date of specimen collection	Location of specimen collection	Number of days since last CDI positive result		Was last CDI positive specimen from same NHSN location?			Was this a "duplicate specimen", i.e., ≤14 days since last positive CDI positive specimen AND patient in same location (could include a previous episode of care)		Reportable to NHSN	
C1	__/__/__		___ days	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> no prior	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C2	__/__/__		___ days		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
C3	__/__/__		___ days		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Add rows if needed											
2. Outcome Determination: (A) Correctly Reported (B) Overreported Event (C) Underreported Event											
If LABID CDI positive specimen was reported incorrectly (over- or underreported) by facility, what was the reason?											
Lab List #	Outcome	Reason for reporting incorrectly			Reason for incorrect reporting						
C1					<ol style="list-style-type: none"> 1. Lab ID definition misapplication 2. Duplicate reporting (≤14 days since the last CDI positive specimen in same location) 3. Missed case finding/failure to review positive culture 4. Did not review previous inpatient episode 5. Used outdated criteria 						
C2											

C3			6. Other _____
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