

2023 MRSA Bacteremia LabID Event (FacWideIN) Validation Tool

Refer to associated 2023 MRAT instructions.

Section 1. Patient Information and Sampling Type											
1a. Patient Information and Medical Identifiers											
Facility (NHSN) OrgID:	Date of Audit: ___/___/___	Review Start Time:	Reviewer Initials:	Ethnicity (select one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown	Race (select all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown						
		End Time:									
Patient ID:	Patient DOB: ___/___/___	Sex at Birth: M F Unknown	Current Gender: M F Other Unknown								
1b. Sampling Type: Select sample type and enter the respective PBS date.											
<input type="checkbox"/> Sample A: validating first positive MRSA blood specimen (PBS) specimen from episode of care (EOC) Date of first MRSA PBS from EOC: ___/___/___						<input type="checkbox"/> Sample B: validating selected, non-first MRSA PBS from EOC Date of selected MRSA PBS from EOC: ___/___/___					
Section 2. Positive MRSA Blood Specimens: Enter the first (sample A) or selected (sample B) MRSA PBS in the first row. Review the prior 14 days and enter any additional MRSA PBS identified in the same location in subsequent rows. If additional MRSA PBS are identified, continue reviewing prior 14 days from earliest collection date until no additional PBS are found in the same location.											
Lab list #	Date of specimen collection	Location of specimen collection	Number of days since last positive MRSA blood specimen	Was last positive MRSA blood specimen from same NHSN location?			Was this a duplicate specimen?		Reportable to NHSN		
S1	___/___/___		___ 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	
S2	___/___/___		___ 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	
S3	___/___/___		___ 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											
Section 3. Case Classification: Determine the correct classification for the first/selected MRSA PBS.											
<input type="checkbox"/> Correctly Reported or Correctly Not Reported HAI <input type="checkbox"/> Over Reported HAI <input type="checkbox"/> Under Reported HAI											
Section 4. Misclassification Reason: If PBS was misclassified by the facility, select the most applicable reason for misclassification.											
1. Lab ID definition misapplication (Specimen not a unique blood event) 2. Duplicate reporting (≤14 days since the last positive MRSA blood specimen in same location) 3. Missed case finding/failure to review positive specimen 4. Did not review previous inpatient episode 5. Used outdated criteria 6. Other (specify): _____											

Don't forget to record the abstraction end time above.

