DEPARTMENT OF
HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL
AND PREVENTION
ATLANTA, GA 30333

HACO MRSA Study: Long-term Care Facility (LTCF) Medical Record Review Form (MRRF)

(This form will be filled out only for residence who are residing at a LTCF after discharge from the hospitalization of interest)

CENTERS FOR DISEASE CONTROL AND PREVENTION

Study ID: _____

Section 1: Personal Identifiers – NOT transmitted to CDC, Remove from MRRF and keep for site records

LTCF Medical Record Number: _____ **Phone Number:** ( )_____

Last Name: _____ **First Name:** _____

LTCF Name: _____

LTCF Address: _____

City: _____ **State:** _____ **Zip Code:** _____

- IMPORTANT - PLEASE COMPLETE THE BACK OF THIS FORM -

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(This form will be filled out only for residence who are residing at a LTCF after discharge from the hospitalization of interest)

Section 2: Study Identifiers (Completed by EIP site and transmitted to CDC)

1. Study ID: _____
(if a case, please list STATE ID. For a control, please list the matched case's STATE ID-#)

1A. Date of Discharge from Hospitalization of Interest: ____ / ____ / ____ (MM / DD / YYYY)

1B. Date of initial HACO MRSA culture for case or control's matched-case: ____ / ____ / ____ (MM / DD / YYYY)

2. Date of Birth: ____ / ____ / ____ (MM / DD / YYYY)

3. Gender:
☐ Female
☐ Male
☐ Unknown

4. Date of admission to LTCF after hospitalization of interest: ____ / ____ / ____ (MM / DD / YYYY)
(Refer to MDS 3.0 Section A1600)

5. LTCF ID where data was abstracted: _____

6. Date of data abstraction : ____ / ____ / ____ (MM / DD / YYYY)

7. Person who completed the form: ☐ EIP SO ☐ Facility nurse Initials of Abstractor: _____

Section 3: Screening Questions

Case Eligibility:

8. Did this LTCF resident stay > 3 calendar days in an alternate acute care facility between discharge from hospitalization of interest on ____ / ____ / ____ (MM / DD / YYYY) **and date of initial HACO MRSA culture (Date:** ____ / ____ / ____ (MM / DD / YYYY) **)?**

☐ Yes (Go to Q.8A) ☐ No (Go to Q.12) ☐ Unknown **(STOP ABSTRACTION and EXCLUDE RESIDENT!)**

8A. What is the hospital ID of the acute care facility where resident stayed for 3 or more nights between discharge from hospitalization of interest and initial HACO MRSA positive culture?

_____

8A.i. Is the acute care facility participating in this study?

☐ Yes (Go to Q.8B)

☐ No **(STOP ABSTRACTION and EXCLUDE RESIDENT!)**

8B. Was the resident admitted back to this *same* LTCF after discharge from the above acute care facility where he/she stayed for 3 or more nights?

☐ Yes (Go to Q8.B.i) ☐ No ☐ Unknown

If No or Unknown, STOP abstraction here and go back to new HOI to determine where the resident was discharged.

8B.i. *If yes*, what was the date of LTCF admission?

____ / ____ / ____ (mm/dd/yyyy) (Go to Q12)

[Please NOTE: you should use this date as the date of admission to LTCF from hospitalization of interest. A new MRRF will need to be filled out for this resident]

Control Eligibility:

9. Did this resident die between LTCF admission [Date: ____ / ____ / ____ **] and date of initial HACO MRSA culture [Date:** ____ / ____ / ____ **]?** (MM / DD / YYYY)

☐ Yes, Date of death ____ / ____ / ____ (MM / DD / YYYY) **(EXCLUDE THIS RESIDENT FROM STUDY)**

☐ No (Go to Q.10)

10. Did the resident have an invasive MRSA infection within the 12 weeks after being discharged from the hospitalization of interest on ____ / ____ / ____ **?** (MM / DD / YYYY)

☐ Yes (List sterile site: _____ AND **EXCLUDE THIS RESIDENT AS CONTROL**)

☐ No (Go to Q.11)

11. Did this LTCF resident stay > 3 calendar days in an acute care facility between discharge from hospitalization of interest on ____ / ____ / ____ **and date of matched-case's initial HACO MRSA culture (Date:** ____ / ____ / ____ **)?** (MM / DD / YYYY)

☐ Yes (Exclude this resident) ☐ No (Go to Q.12)

☐ Unknown **(STOP ABSTRACTION and EXCLUDE RESIDENT!)**

Complete remaining sections for all residents

Section 4: Demographics

Please fill out according to MDS 3.0 even though this information may be available in the MRRF

Race/Ethnicity should be available under Section A1000 of MDS 3.0 Assessment

12. Race
☐ White/Caucasian ☐ Asian
☐ Black/African American ☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaskan Native ☐ Unknown

13. Ethnicity:
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Height and Weight should be available under Section K0200 of the MDS 3.0 completed closest to admission.

14. Weight at admission to LTCF: _____ (circle): lbs ☐ Unknown

15. Height at admission to LTCF: _____ in ☐ Unknown

Section 5: LTFC Stay

Information may be found in Sections A2000/2100 of MDS 3.0 completed closest to date of initial HACO MRSA Culture.

16. Was this resident discharged from LTCF before the date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____ **]** (MM / DD / YYYY)

☐ Yes (Go to Q.16A.i) ☐ No (Go to Q.17)

☐ Unknown (Go to Q.17)

16A.i. If yes, Date of Discharge from LTCF: ____ / ____ / ____ (MM / DD / YYYY) (Go to Q.16A.ii)

16A.ii. Where was the resident discharged to?

☐ Home ☐ Other LTCF ☐ Acute Care Hospital

☐ Unknown ☐ Other *specify*: _____

☐ Long Term Acute Care Hospital (LTACH)

Study ID: _____

Section 6: Clinical Characteristics

17. Did this resident have a central venous catheter (CVC) in place on the date of admission to LTCF [Date: ____ / ____ / ____]?
(MM / DD / YYYY)

☐ Yes (Go to Q.17B) ☐ No (Go to Q.17A) ☐ Unknown (Go to Q.17A)

17A. If no or unknown, did this resident have a CVC inserted after admission to LTCF [Date: ____ / ____ / ____] and date of matched-case's/ case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.17B) ☐ No (Go to Q.18) ☐ Unknown (Go to Q.18)

17B. Indicate CVC type:

☐ Hemodialysis CVC
☐ Hickman/Broviac
☐ Non-tunneled short-term catheter
☐ PICC
☐ Port-a-cath
☐ Unknown
☐ Other *specify*: _____

17C. Indicate location of CVC insertion:

☐ Femoral (Fem)
☐ Internal Jugular (IJ)
☐ Subclavian vein (SC)
☐ Unknown
☐ Other *specify*: _____

17D. Reasons for CVC insertion: ***(Check all that apply)***

☐ Blood Transfusion
☐ Chemotherapy
☐ Dialysis
☐ IV antibiotics
☐ IV Fluids
☐ Parenteral nutrition
☐ Unknown
☐ Other *specify*: _____

17E. Was this CVC still in place on date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.18)
☐ No (Go to Q.17E.i)
☐ Unknown (Go to Q.18)

17E.i. *If no*, date of CVC removal?
____ / ____ / ____
(MM / DD / YYYY)

☐ Unable to Determine/Unknown
(Go to Q.17E.ii)

17E.ii. Check the reason(s) for which CVC was removed? (Check all that apply):

☐ End of intravenous therapies
☐ Exit site infection
☐ Fever
☐ Unknown ☐ Other *specify*: _____

17E.iii. After this CVC was removed, did the resident have another CVC placed before date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.17E.i.v.) ☐ No (Go to Q.18) ☐ Unknown (Go to Q.18)

17E.vi. *If yes*, what date was this second CVC inserted?
____ / ____ / ____ (Go to Q.17E.v.)
(MM / DD / YYYY)

☐ Unknown (Go to Q.18)

17E.v. How long was the second CVC in place up to date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)?
(MM / DD / YYYY)

_____ days or _____ week ☐ Unknown ☐ Still with the CVC

18. Did this resident have any wounds at admission to LTCF [Date: ____ / ____ / ____] or develop any wound(s) between admission and date of case's/ matched-case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge/transfer from LTCF (whichever is earliest)?
(MM / DD / YYYY)

(Use MDS 3.0 Sections M0210, M1030, and M1040 completed closest to admission AND closest to date of initial HACO MRSA culture or discharge/transfer from LTCF (whichever is earliest).

☐ Yes (Go to Q.18A) ☐ No (Go to Q.19) ☐ Unknown (Go to Q.19)

18A. *If Yes,* complete the following table using the Key by filling in corresponding # in the table:

Time	Type	Location	Debridement Performed prior to case's/matched-case's initial HACO MRSA culture?	Did the wound heal prior to case's/matched-case's initial HACO MRSA culture?

Key:

Time:
1-On admission
2-After admission

Type:
1-Decubitus/Pressure Ulcer
2-Diabetic Ulcer
3-Surgical Wound
4-Traumatic Wound
5-Skin Abscess/Boil
6-Other, specify
7-Unknown

Location:
1-Arm/Hand
2-Belly
3-Chest
4-Forefoot
5-Head/neck
6-Heel
8-Sacral/buttock
9-Shoulder
11-Leg
12-Hip
10-Other, specify
7-Unknown

Debridement:
1-Yes
0-No
7-Unknown

Healed:
1-Yes
0-No
7-Unknown

- IMPORTANT - PLEASE COMPLETE THE BACK OF THIS FORM -

Study ID: _____

18B. List the date the resident last received wound care on any wound between admission to LTCF [Date: ____ / ____ / ____] and date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is earliest)? (Please use the resident's LTCF medical record) Date: ____ / ____ / ____ ☐ Unknown / not documented
(MM / DD / YYYY)

Section 7: Antimicrobial Exposures

19. Was the resident admitted to LTCF on ANY (PO or IV) antimicrobial therapy? ☐ Yes (Go to Q.19A) ☐ No (Go to Q.20) ☐ Unknown (Go to Q.20)

19A. If yes, check all antimicrobials the resident was admitted with?

- ☐ Amikacin
- ☐ Amoxicillin
- ☐ Amox/clav
- ☐ Amp/sulb
- ☐ Azithromycin
- ☐ Aztreonam
- ☐ Cefazolin
- ☐ Cefepime
- ☐ Cefotaxime
- ☐ Cefoxitin
- ☐ Ceftazidime
- ☐ Ceftriaxone
- ☐ Cefuroxim
- ☐ Cephalexin
- ☐ Cefpodoxime
- ☐ Ciprofloxacin
- ☐ Clindamycin
- ☐ Clarithromycin
- ☐ Daptomycin
- ☐ Dicloxacillin
- ☐ Ertapenem
- ☐ Gentamicin
- ☐ Imipenem
- ☐ Levofloxacin
- ☐ Linezolid
- ☐ Metronidazole
- ☐ Meropenem
- ☐ Moxifloxacin
- ☐ Nafcillin
- ☐ Nitrofurantoin
- ☐ Norfloxacin
- ☐ Penicillin
- ☐ Piperacillin/tazo
- ☐ Rifampin
- ☐ Tobramycin
- ☐ Tigecyclin
- ☐ TMP/SMZ
- ☐ Vancomycin
- ☐ Other *specify*: _____

20. Did the resident receive antimicrobial therapy in the 4 weeks prior to date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____]
(MM / DD / YYYY)

☐ Yes (Go to Q.20A) ☐ No (Go to Q.21) ☐ Unknown (Go to Q.21)

20A. *If yes,* please fill out table below:

Antimicrobial Name	Route (PO/IV)	Start date (mm/dd/yyyy)	Was active by the time of case's/matched-case's invasive HACO MRSA culture ?	If no, end date (mm/dd/yyyy)	Indication
			☐ Yes ☐ No ☐ Unknown		
			☐ Yes ☐ No ☐ Unknown		
			☐ Yes ☐ No ☐ Unknown		
			☐ Yes ☐ No ☐ Unknown		
			☐ Yes ☐ No ☐ Unknown		
			☐ Yes ☐ No ☐ Unknown		
			☐ Yes ☐ No ☐ Unknown		

Study ID: _____

Section 8: Functional Status

21. What was the resident's functional status at LTCF admission; *as reported in Section G of MDS 3.0 on Admission, 'self performed'?*:

You will use the number as reported in MDS 3.0. The coding is provided here just for your reference

0. Independent
1. Supervision
2. Limited assistance
3. Extensive assistance
4. Total dependence

Bed mobility *(Section G0110 A on MDS 3.0):* _____

Transfer *(Section G0110 B on MDS 3.0):* _____

Locomotion on unit *(Section G0110 E on MDS 3.0):* _____

Dressing *(Section G0110 G on MDS 3.0):* _____

Eating *(Section G0110 H on MDS 3.0):* _____

Bathing *(Section G0120 A on MDS 3.0):* _____

Section 9: Additional Healthcare Exposures

22. Did this resident have any ED visit between LTCF admission [Date: ____ / ____ / ____] and date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (which ever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.22A) ☐ No (Go to Q.23)

☐ Unknown (Go to Q.23)

22A. If yes, how many ED visits did this resident have during this time period: _____

23. Did this resident have any surgery performed in an operating room between LTCF admission [Date: ____ / ____ / ____] and date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.23A) ☐ No (Go to Q.24)

☐ Unknown (Go to Q.24)

23A. If yes, what was the surgical procedure?

Type: _____

23A.i. On what date did this occur?

Date: ____ / ____ / ____
(MM / DD / YYYY)

Use MDS 3.0 Section O0100 Letter J Column "While a Resident" to answer the following question

24. Did this resident receive dialysis between LTCF admission [Date: ____ / ____ / ____] and date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge whichever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.24A) ☐ No (Go to Q.25)

24A. What type of dialysis did this resident receive?

☐ Peritoneal (PD) ☐ Hemodialysis (HD)

☐ Unknown

Use MDS 3.0 Section O0100 Letter E and F Column "While a Resident" to answer the following question.

25. Did this resident receive tracheostomy, ventilator, or respirator care between LTCF admission [Date: ____ / ____ / ____] and date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)? ☐ Yes ☐ No
(MM / DD / YYYY)

Section 10: History of MRSA Infection

26. Did this resident have a positive MRSA culture from a *non-sterile* site between LTCF admission [Date: ____ / ____ / ____] and date of matched-case's/case's initial HACO MRSA culture [Date: ____ / ____ / ____] or discharge (whichever is the earliest)?
(MM / DD / YYYY)

☐ Yes (Go to Q.26A) ☐ No ☐ Unknown

26A. *If yes,* list the date and site of most recent positive MRSA Culture *(please note that this resident is eligible for the sub-study)*:

____ / ____ / ____ Culture Site: _____
(MM / DD / YYYY)

Comments: _____