

Accurately Reporting HAI by Patient Population: How to Review, Map, and Reassign Patient Care Locations in the National Healthcare Safety Network (NHSN)

Workbook

Overview, Instructions and Validation Forms

June 3, 2016

California Department of Public Health
Healthcare-Associated Infections Program



Preface

This workbook contains the necessary information, instructions, and forms needed by hospital infection prevention program staff to successfully complete the CDPH HAI Program location mapping validation process for 2016.

For 2016 validation, you will be asked to

1. Evaluate, update (as needed), and verify the accuracy of your location mapping
2. Verify that your routine CLABSI and MDRO BSI surveillance includes a review of all positive blood cultures
3. Verify that your routine SSI surveillance includes applying post-operative diagnosis flag codes (ICD-10) to identify and review of records that might indicate a possible SSI
4. Indicate if your hospital has an inpatient rehabilitation (IRF) and/or an inpatient psychiatric (IPF) facility. We will send you an additional workbook to validate accuracy of reporting IRF and IPF data via NHSN.

Acronyms and Abbreviations	
24-Hr Obs	24-hour observation unit
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
CDI	<i>Clostridium difficile</i> infection
CLABSI	Central line-associated bloodstream infection
ER	Emergency room
FACWideln	Facility wide inpatient
ICU	Intensive care unit
IP	Infection preventionist
IPF	Inpatient psychiatric facility
IRF	Inpatient rehabilitation facility
LTAC	Long-term acute care hospital
MDRO	Multi-drug resistant organism
Med/Surg	Combined medical-surgical unit
NHSN	National Healthcare Safety Network
NICU	Neonatal intensive care unit
SCU	Special care unit
SIR	Standardized infection ratio
SSI	Surgical site infection

Note: While validation is a voluntary process, hospital participation will be noted in the 2016 CDPH HAI in California hospitals annual report.



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Overview

A key component for accurate HAI surveillance and reporting relies on you assigning each of your hospital inpatient locations to the correct National Health Safety Network (NHSN) locations. This “location mapping” is critical to ensure your hospital data are being compared to the right patient populations when the NHSN system risk adjusts and calculates your SIRs.

When your hospital initially set up NHSN patient care locations and began reporting in 2010, you mapped your locations by selecting the descriptions and characteristics that best represented the use of each patient care unit and ward at the time. As hospitals grew or changed, location mapping should have been modified to reflect changes to the ward/unit patient populations. The purpose of this exercise is to assist you in reviewing your hospital’s location mapping; you will be expected to make any necessary changes and verify the accuracy of your mapping.

You should consider checking your NHSN location information **at least** once per year. Periodic review will capture patient population changes and allow you to make necessary corrections for accurately reporting to NHSN. Unit-level changes may affect the patient population mix and require modifications to your location descriptions. Consider these examples:

- Due to a renovation, your ICU location will be moved to another floor.
- Labor and Delivery is now managed at your sister hospital and your unit will close.
- A cardiac surgery unit is opening at your facility next month.
- Medical ICU at your facility functions as a telemetry unit 90 percent of the time.
- Your medical unit has opened five new beds this month.

In addition to assessing ongoing changes over time, you should plan to review your NHSN location data any time your facility experiences a significant change such as:

- Renovations
- Opening or closing hospital units
- Environmental damage requiring relocation
- Moving to a new facility

This validation workbook is a guide to help you review your facility's NHSN patient care location information. In addition to this workbook, you need to also refer to two NHSN documents:

- "Instructions for Mapping Patient Care Locations in NHSN"
<http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf>
- NHSN Patient Safety Manual , Chapter 15: Locations
http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Validation Support

The 2016 validation exercise is self-directed. Assistance is available from the HAI Program validation team, a multi-disciplinary group based in the Richmond office with expertise in HAI data, reporting, surveillance and prevention. The validation support team may be reached at HAIProgram@cdph.ca.gov.

Summary of Validation Steps

- Print a summary of all your hospital locations as set up in NHSN.
- List each individual location on Forms 1 and 2 (workbook pages 20 and 21), as noted on the NHSN summary.
- Identify the current name your hospital uses for each individual location.
- Compare the location data fields noted in NHSN to the current names and characteristics of the locations and note any discrepancies on Forms 1 & 2.
- Complete validation Forms 1 and 2 for all locations.
 - Each form lists up to 10 locations; print enough forms to validate **all** locations at the facility (i.e. If a facility has 22 locations, print 3 sets of forms to list data for 2 pages of 10 locations, and list the remaining 2 locations on a third form).
 - If more than one form is used, change numbering on each form (i.e. page 2 would be numbered 11 - 20, page 3 would be numbered 21-30, etc.)
- Record final results and perform calculations in the Review of Findings section.
- **Submit data from Review of Findings to the CDPH HAI Program via online submission form.**



Timeline

- April 5 and 7** Webinar: “Accurately Reporting HAI by Patient Population: How to Review, Map and Reassign Patient Care Locations” (available as an audio file on the 2016 validation webpage)
- June 3** Validation begins
2016 validation web page launched at www.cdph.ca.gov/HAI
Detailed instructions and materials included in a location mapping validation workbook
HAI Program staff available for support
- June-July** Complete location mapping exercise and make corrections in NHSN based on validation findings
- August 1** Deadline to submit location validation results, attest to BSI and SSI surveillance processes, and indicate IRF/RPF locations via and online submission form
- September-November** Analysis of results and follow-up as necessary by CDPH HAI Program

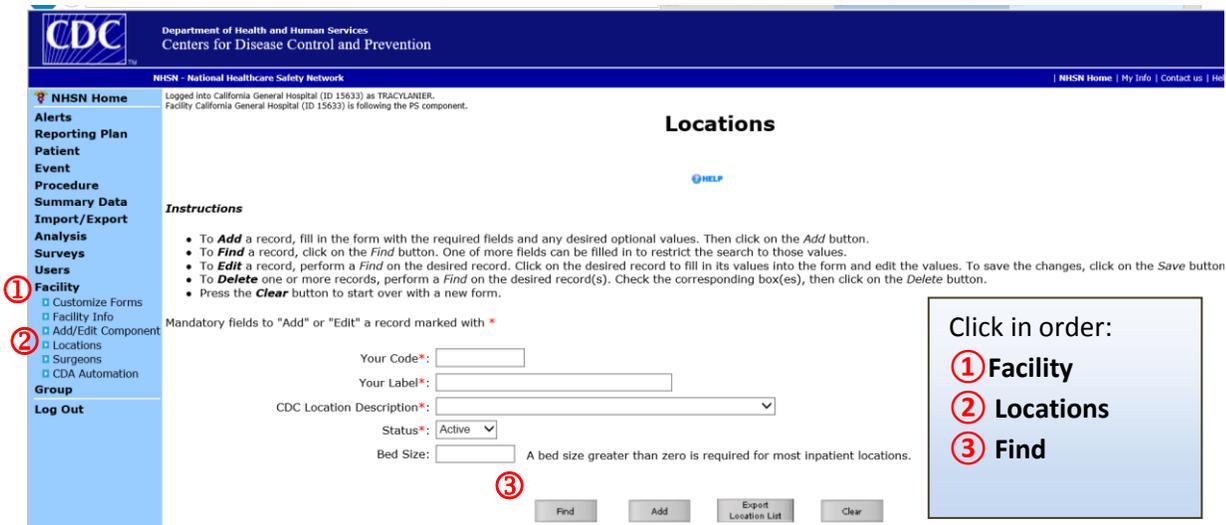
Preparing for Validation

Step 1: Print or use link to NHSN online reference materials for use with workbook:

- "Instructions for Mapping Patient Care Locations in NHSN":
<http://www.cdc.gov/nhsn/PDFs/psc/MappingPatientCareLocations.pdf>
- NHSN Patient Safety Manual , Chapter 15: Locations:
http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Step 2: Create a line list of current location mapping for your facility

In the NHSN blue left navigation column, click **Facility** → **Locations** → **Find**



Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the **Add** button.
- To **Find** a record, click on the **Find** button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a **Find** on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the changes, click on the **Save** button.
- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient locations.

Buttons: Find, Add, Export Location List, Clear

Click in order:

① Facility

② Locations

③ Find

Note: This NHSN **Facility-Locations** screen is used to manage all location set-up functions.

- The **Find** button (lowest line on screen) provides a list of your facility's registered NHSN locations.
- The **Add** button sets up a blank screen for adding a new location.
- The **Export Location List** button provides an option to export your location data from NHSN into another program. This option is helpful if you want to capture all of your location data on a spreadsheet (e.g. Excel) or to see all NHSN locations on a single screen. (May be useful if your hospital has more than 10 locations.)

After clicking **Find**, your facility's list of locations will populate at the bottom of the screen.

Click on **Print Location List** to generate the list of your locations as they are currently characterized in NHSN.

Facility

- Customize Forms
- Facility Info
- Add/Edit Component
- Locations
- Surgeons
- CDA Automation

Group

Log Out

- To **Delete** one or more records, perform a **Find** on the desired record(s). Check the corresponding box(es), then click on the **Delete** button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient locations.

Delete	Status	Your Code	IUC-SURG/MED	Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
<input type="checkbox"/>	Active	.A7W.W	IUC-SURG/MED	IUC-SURG/MED	Medical/Surgical Critical Care	IN:ACUTE:CC:MS	1029-8	20
<input type="checkbox"/>	Active	.AMH13		MENTAL HEALTH 13	Behavioral Health/Psych Ward	IN:ACUTE:WARD:BHV	1051-2	70
<input type="checkbox"/>	Active	.ATA		BURN ICU	Burn Ward	IN:ACUTE:WARD:B	1052-0	25
<input type="checkbox"/>	Active	.ATESTICU		BURN ICU	Burn Critical Care	IN:ACUTE:CC:B	1026-4	25
<input type="checkbox"/>	Active	.ZTESTICU		BURN ICU	Burn Critical Care	IN:ACUTE:CC:B	1026-4	25
<input type="checkbox"/>	Active	1	1		Long-Term Acute Care (LTAC)	IN:ACUTE:SCA:LTAC	1090-0	11
<input type="checkbox"/>	Active	1_MICU		1ST FLOOR, NORTH WING, MEDICAL	Medical Critical Care	IN:ACUTE:CC:M	1027-2	10
<input type="checkbox"/>	Active	1_SICU		1ST FLOOR, SOUTH WING, SURGI	Surgical Critical Care	IN:ACUTE:CC:S	1030-6	10
<input type="checkbox"/>	Active	22ICU		PEDIATRIC ICU	Pediatric Cardiothoracic Critical Car	IN:ACUTE:CC:CT_PED	1043-9	10
<input type="checkbox"/>	Active	24-HR OB		24-HOUR OBSERVATION	24-Hour Observation Area	OUT:ACUTE:WARD	1162-7	16

Select "Display All" to view all locations.

Note: Up to ten locations can be viewed on one screen; you may need to scroll through multiple screens to see all of your locations

Note: You can also click on **Export Location List** if you wish to export the data outside of NHSN. In the example below, the data were exported to Excel.

Import/Export Data

Export Location List

Please choose an export type and click Submit. Location data for the facility you have chosen will be exported.

Note: All export types will result in a compressed zip download file.

Save as type:

- delimited file (comma-separated values) (*.csv)
- delimited file (tab-delimited values) (*.txt)
- Excel 97-2003 spreadsheet (*.xls)
- Microsoft Access table (*.mdb)
- dBASE 5.0, IV, III+, III, and II files (*.dbf)
- SAS for Windows V7/8/9 (*.sas7bdat)

Do you want to open or save nhsn_export.zip from nhsn2.cdc.gov?

Performing Validation

Step 1: Complete the gray-blue columns on Forms 1 and 2 using the printed copy of your location list from NHSN. The purpose of this step is to document your locations as currently mapped in NHSN. (More than one set of forms will be required if your facility has over 10 locations.)

Columns B and L – “Your Code”

The abbreviation of your unit name as assigned by your hospital when setting up NHSN indicated (e.g., 1 SICU)

Column C – “Your Label”

The name and/or description as assigned by your hospital when setting up NHSN (e.g., 1st Floor, South Wing, Surgical Intensive Care Unit).

Column D – “Status”

Indicates whether the location is currently “Active” and functioning as an inpatient care unit, or “Inactive.”

Column E – “Bed Size”

The number of beds open for care on the unit. The number of patient days (your denominator) should not be greater than your bed size multiplied by the number of days in a month.

Note: A location with a bed size of 10 beds for a 30-day month can have a maximum number of 300 patient days if all beds were filled every day. If a denominator of 350 patient days is listed for this location in a 30 day month, this would indicate an error as a bed can only be counted once per day.

Column N – “CDC Location Description”

The description that matched the location type as assigned by your hospital when setting up NHSN. This should describe the attributes that are met by *most* of the patients cared for on that unit.



Location Mapping Validation - Form 1

A	From NHSN Location List				F Current location name used by hospital staff	G			H			I			J		
	B "Your Code"	C "Your Label"	D "Status"	E "Bed Size"		Is "Your Code" an accurate abbreviation for your current location name?			Does "Your Label"(C) represent the current name for this location?			Does "Status" correctly indicate if the location is active?			Does "Bed size" correctly indicate the locations licensed number of patient beds?		
						Yes	No	If no, list a more accurate "Your Code"	Yes	No	If no, list a more accurate "Your Label"	Yes	No	If no, indicate correct "Status"	Yes	No	If no, list a correct bed size for location
1						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
10						<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	



Location Mapping Validation - Form 2

K	L	M			N		O	
	From NHSN Location List	Copy Information from "G" on Form 1			From NHSN Location List	Is your current "CDC Location Description" an accurate description of most of the patients in this unit?		If NO After reviewing CDC guidance, list the <i>BEST</i> NHSN Location description matching the location type and unit attributes that are met by <i>most</i> of the patients cared for on that unit.
	"Your Code" (B)	Is "Your Code" an accurate abbreviation for your current location?		Current "CDC Location Description" listed in NHSN				
		Yes	No				If no, identify a more accurate "Your Code"	
1		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Step 2: Work through the columns on **Form 1** to determine and document if the mapping information is still accurate for each location.

Column F – Common name used currently by hospital staff

Indicate the common name of the location as currently used by hospital staff.

Column G – Current accuracy of “Your Code”

Check "Yes" if Your Code (column B) is an accurate abbreviation for the current commonly used location name (column F). Check "No" if Your Code is not an accurate abbreviation. You will have the opportunity to write in a more accurate alternative for Your Code on Form 2 (column M).

Column H – Current accuracy of “Your Label”

Check "Yes" if Your Label (column C) is the current commonly used location name as indicated in column F. Check "No" if columns C and F are different and consider changing to a new, more accurate location name.

Column I – Current Status

Indicate if the status, active or inactive, is correct for the location currently. For "No" responses, indicate the correct status for the location.

Column J – Current Bed Size

Indicate if the bed size listed for the location is currently correct. For "No" responses, indicate the current correct number of beds.

Example

A	B "Your Code"	C From NHSN Location List "Your Label"		D "Status"	E "Bed Size"	F Current location name used by hospital staff	G Is "Your Code"(B) an accurate abbreviation for your current location?			H Does "Your Label"(C) represent the current name for this location?			I Does "Status" (D) correctly indicate if the location is active?			J Does "Bed size" (E) correctly indicate the locations licensed number of patient beds?		
		Yes	No				If no, list a more accurate "Your Code"	Yes	No	If no, list a more accurate "Your Label"	Yes	No	If no, indicate if "Status" should be	Yes	No	If no, list a correct bed size for		
1	A7W. W	ICU-Surg/Medical Unit		A	20	Medical Ward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7WMed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Ward	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	AMH1 3	Mental Health Unit		A	70	Mental Health Unit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	60
3	ATA	Burn ICU		A	25	Burn ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inactive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Step 3: Work through the columns on **Form 2** to determine and document if the mapping information is accurate for each location. You will need to use the two NHSN reference documents (referred to on page 4 of this workbook.)

Column M – Creating a more accurate “Your Code”

Refer to column G on form 1. If you checked "No," Your Code is not an accurate abbreviation for the current commonly used location name, write in a more accurate alternative for Your Code on in column M.

Column N – Current accuracy of CDC Location Description

Refer to the description assigned by your hospital when setting up NHSN (column N). Using the guidelines below and “NHSN Patient Safety Manual Chapter 15-Locations,” determine if each of your current CDC location descriptions (Column N) is accurate. Indicate Yes or No.

Column O – Selecting an accurate CDC Location Description

If you answered "No" in column N, you need to change the CDC location description. Refer to the document, “Instructions for Mapping Patient Care Locations in NHSN” (page 2, Step B), to confirm the type of service that best describes the location.

Example

K	L	M			N		O		
	From NHSN Location List "Your Code" (A)	Copy Information from "G" on Form 1 " Is "Your Code" an accurate abbreviation for your current location? Yes No If no, list a more accurate "Your Code"			From NHSN Location List Current "CDC Location Description" (C) listed in NHSN		Is your current "CDC Location Description" an accurate description of most of the patients in this unit? Yes No		If NO After reviewing CDC guidance, list the BEST NHSN Location description matching the location type and unit attributes that are met by <i>most</i> of the patients cared for on that unit.
1	A7W.W	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7WMed	Medical/Surgical Critical Care		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Ward
2	ATA	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Burn Ward		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	AMH13	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Behavioral Health Unit		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

General Guidelines to Evaluate and Determine the Most Accurate CDC Location Description

You must know the following characteristics about each unit/ward:

Admission status:

- Is this an inpatient unit/ward, outpatient (i.e. ER or 24-hr Obs) or a mix of both?

Population age:

- Does the unit house adult, pediatric, neonatal, or a mixed patient population?

Acuity type:

- Is the location an ICU, general ward, step-down, LTAC, etc?

Predominant patient population type:

- Does the unit care for patients of a specific service type, e.g., burns, neurology, orthopedic, cardiac, etc.?
- Or is it a general medical, surgical, or medical/surgical unit or ward?

For medical, surgical, and, medical/surgical units:

- If more than **60%** of the patient population is *either* medical or surgical, map the location to the majority type (i.e. **medical or surgical**)
- If less than **60%** of the patient population are either medical or surgical, map a **combined medical/surgical** location

For specific service unit types (other than medical, surgical, med/surg):

- Map to the specific service type if **80%** or more of the patient population meets the CDC location description (NHSN **80%** rule for location).
- If the **80% rule** cannot be met, for surveillance purposes consider splitting the unit into two or more smaller units ("virtual locations") that meet the CDC **80%** rule

Note: This is only partial guidance. You must refer to the NHSN Patient Safety Manual, Chapter 15, Locations, to ensure that each of the units you have reviewed is correctly mapped per NHSN descriptions and definitions.

Step 4: Correct the location information for “Your Code”, “Your Label”, “Status” and “Bed Size”.

Enter location corrections in NHSN via the blue left navigation bar under Facility→Locations.

You may edit current location information in one of two ways:

- Enter your current location name in either the box for "Your Code" or "Your Label," then pressing the Find button; or
- Scroll to the line list of locations at the bottom of the page, and click on the "Your Code" for the location you wish to edit.

"Your Code", "Your Label", "Status" and "Bed size" may be changed as needed. Don't forget to press "Save" to keep your changes.

Mandatory fields to "Add" or "Edit" a record marked with *

② {

Your Code*:

Your Label*:

CDC Location Description*:

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient location

Location Table

[Display All](#) [Print Location List](#)

Page 1 of 21 10					
Delete	Status	Your Code	Your Label	CDC Description	
<input type="checkbox"/>	Active	.A7W.W ①	IUC-SURG/MED	Medical/Surgical Critical Care	II
<input type="checkbox"/>	Active	.AMH13	MENTAL HEALTH 13	Behavioral Health/Psych Ward	II

From your Location List in NHSN, click the blue "Your Code" (①) to populate the location information in the five boxes above (②)

Step 5: Create new locations if "CDC Location Descriptions" have changed.

"CDC Location Descriptions" **cannot be changed** once the location has been used in NHSN. If a CDC location description no longer adequately describes a unit, the location status will need to be changed to inactive. Then a new location will need to be created that characterizes the unit as it functions currently.

❶ This location cannot be updated. Location Identifier not found.

Locations



Instructions

- To **Add** a record, fill in the form with the required fields and any desired optional values. Then click on the *Add* button.
- To **Find** a record, click on the *Find* button. One or more fields can be filled in to restrict the search to those values.
- To **Edit** a record, perform a *Find* on the desired record. Click on the desired record to fill in its values into the form and edit the values. To save the record, click on the *Save* button.
- To **Delete** one or more records, perform a *Find* on the desired record(s). Check the corresponding box(es), then click on the *Delete* button.
- Press the **Clear** button to start over with a new form.

Mandatory fields to "Add" or "Edit" a record marked with *

Your Code*:

Your Label*:

❷ CDC Location Description*:

Status*:

Bed Size*: A bed size greater than zero is required for most inpatient locations.

Location Table

[Display All](#) [Print Location List](#)

Page 1 of 21						
Delete	Status	Your Code	Your Label	CDC Description	CDC Code	
<input type="checkbox"/>	Active	.A7W.W	IUC-SURG/MED	Medical/Surgical Critical Care	IN:ACUTE:CC:MS	
<input type="checkbox"/>	Active	.AMH13	MENTAL HEALTH 13	Behavioral Health/Psych Ward	IN:ACUTE:WARD:BHV	1051-2 70
<input type="checkbox"/>	Active	.ATA	BURN ICU	Burn Ward	IN:ACUTE:WARD:B	1052-0 25
<input type="checkbox"/>	Active	.ATECHU	BURN ICU	Burn Ward	IN:ACUTE:WARD:B	1052-0 25

❶ Do not try to save a new CDC Location Description for an established location. The request will be rejected and you will receive the message "This location cannot be updated. Location Identifier not found." Rather, you need to make the inaccurate location "inactive." Add a new "active" location with the correct CDC Location Description.

❷ You may change location data except for the CDC Location Description.

❸ After you have created the new location, it will be added to your Location list.

Note: Once a location has been used in any part of NHSN, including a monthly reporting plan, the CDC Location Description cannot be deleted. The status of the location needs to be changed to inactive.

Inpatient Rehabilitation (IRF) and/or Inpatient Psychiatric (IPF) Review

NHSN defines an inpatient rehabilitation facility (IRF) as a hospital area for the evaluation, treatment, and restoration of function to patients have lost function due to acute or chronic pain, musculoskeletal problems, stroke, brain or spinal cord dysfunction, or catastrophic events resulting in complete or partial paralysis.

NHSN defines an inpatient behavioral health/ psychiatric ward as an area for the evaluation and treatment of patients with acute psychiatric or behavioral disorders, including chemical dependency units. NHSN has a broader definition for an inpatient psychiatric facility (IPF) that can be consistent with a number of other NHSN locations.

Beginning in 2015, all facilities with IRF or IPF locations were required to identify if their units had a unique CMS certification number (CCN) and be set up separately from their other general acute care hospital locations. When an IRF or IPF is identified with its own affiliated CCN, the unit must be established as its own virtual facility, even when the IRF/IPF is a unit located within a hospital.

Step 1: Determine if your hospital has in IRF or IPF. Ask your hospital administration or the billing department to help you locate if your rehabilitation and/or psychiatric units have their own CCN. The IRF/IPF has a different CCN than your hospital CCN.

Step 2: You will be asked to indicate on the validation findings Form 3 if your hospital has an IRF and/or IPF. If yes, we will contact you and provide additional instructions to complete validation for ensuring accurate set up and reporting from these locations.

Completing Validation and Summarizing Findings

To complete validation, all location modifications noted on Forms 1 and 2 in columns G, H, I, J, and O should have been updated in NHSN. You will be required to report the corrections you have made as a result of this validation review on **Forms 3 and 4**.

Complete **Form 3** by referring to information from Forms 1 and 2.

Example - Forms 1 and 2

A	B "Your Code"	C From NHSN Location List "Your Label"		D "Status"	E "Bed Size"	F Current location name used by hospital staff	G Is "Your Code" an accurate abbreviation for your current location?			H Does "Your Label"(C) represent the current name for this location?			I Does "Status" correctly indicate if the location is active?			J Does "bed size" correctly indicate the locations licensed number of patient beds?		
		Yes	No				If no, list a more accurate "Your Code"	Yes	No	If no, list a more accurate "Your Label"	Yes	No	If no, indicate if "Status" should be active or inactive	Yes	No	If no, list a correct bed size for location		
1	A7W.W	ICU-Surg/Medical Unit		A	20	Medical Ward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7WMed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Ward	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
↓ Complete all data fields on Form 1 for all locations. If your facility has more than 10 locations, use copies of additional forms, as needed.																		
10	ATA	Burn ICU		A	2.5	Burn ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Inactive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

K	L From NHSN Location List "Your Code" (A)	M Copy Information from "G" on Form 1 "Is "Your Code" an accurate abbreviation for your current location?"			N From NHSN Location List Current "CDC Location Description" (C) listed in NHSN	O Is your current "CDC Location Description" an accurate description of most of the patients in this unit?		If NO After reviewing CDC guidance, list the BEST NHSN Location description matching the location type and unit attributes that are met by most of the patients cared for on that unit.
		Yes	No	If no, list a more accurate "Your Code"		Yes	No	
1	A7W.W	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7WMed	Medical/Surgical Critical Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical Ward
2	ATA	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Burn Ward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Complete **Form 4** (example below) by referring to Form 2. List **ONLY** the locations where the CDC location descriptions required the creation of a new location. For the locations changed, transfer the information from column L, M, N, and O onto Form 4.

Previous Location Code	New Location Code	Previous CDC Location Description	New CDC Location Description
A7W.W	7WMed	Medical/Surgical Critical Care	Medical Ward
L	M	N	O
L	M	N	O

You will be directed to report your findings recorded on Forms 3 and 4 via a 2016 Locations Validation Survey Monkey. See www.cdph.ca.gov/HAI for details.

Reporting Location Mapping Validation Findings – Form 3

Fill in the table below with data from Forms 1 and 2 and after completing the IPF/IRF review.

Indicate the total number of “active” locations at the start of this validation (D)		IRF/IPF Review		
How many locations were found to be incorrectly mapped in NHSN (i.e. inaccurate CDC Location Description) as a result of validation (N)?		Does your facility have an inpatient rehabilitation unit with its own CCN number?	No Yes	If yes, enter the CCN number for your IRF unit below:
How many locations were newly added as a result of re-mapping?		Does your facility have an inpatient psychiatric unit with its own CCN number?	No Yes	If yes, enter the CCN number for your IPF unit below:
For how many locations did you change “Your Code” (G)?				
For how many locations did you change “Your Label” (H)?				
For how many locations did you change the status to “inactive” (I)?				
For how many locations did you correct the bed size (J)?				

Save this form. Results will be submitted to the CDPH HAI Program via an online form.

