

Smaller Volume Hospital Data Validation DRAFT

**Overview, Instructions,
and Validation Forms**

September 2014

Healthcare-Associated Infections Program
California Department of Public Health



Preface

This manual contains all of the necessary information, instructions, and forms that will be needed by infection preventionists to successfully complete the validation of their hospital's healthcare-associated infection data that is reported to the Nation Healthcare Safety Network.

Important Acronyms and Abbreviations

CDI	<i>C. difficile</i> diarrheal infections
CLABSI	Central line-associated bloodstream infections
CDPH	California Department of Public Health
HAI	Healthcare-Associated Infection
IP	Infection Preventionist
MRSA	Methicillin-resistant <i>S. aureus</i>
NHSN	National Healthcare Safety Network
SVH	Smaller Volume Hospital
SSI	Surgical site infection
VRE	Vancomycin-resistant enterococcus species

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1. Overview

As part of a three-year validation plan endorsed by the California HAI Advisory Committee, the CDPH HAI Program is offering data validation to help hospitals assess completeness of HAI case-finding for CDI, CLABSI, bloodstream infections due to MRSA and VRE, and SSIs. Your hospital will benefit from this process as it will entail review of your HAI surveillance practices, education of key staff, and assurance that your HAI data are complete, and present an accurate assessment of HAI prevention priorities and progress. Your validation efforts will be guided by the HAI SVH Team—a multi-disciplinary group comprised of staff based in our Richmond office with expertise in HAI data, reporting, surveillance, and prevention. After the validation, hospitals will be able to improve surveillance practices and make any necessary changes to HAI reporting based on validation findings.

While validation is a voluntary process, hospital participation/non-participation and follow-up will be noted in the annual HAI public report. Results from the validation will be requested from each participating SVH via a brief, online survey.

The major goals of the SVH data validation process are to:

1. Gain a better understanding of SVH surveillance processes for case finding
2. Assess the understanding and application of NHSN protocols and definitions
3. Provide feedback of findings, education and coaching to SVHs with the aim of improving surveillance processes
4. Improve quality and consistency of HAI surveillance and reporting

The HAI Program will provide ongoing evaluation and assistance for ensuring continuity in HAI reporting, as well as expert assistance and education for ensuring effective infection prevention practices.

Timeline of Events: Fall 2014

September 25: TIME	SVH Call; Overview of data validation webpage and process
October 6: TIME	Webinar: Validation Instructions and Procedures for CLABSI, MRSA, VRE, CDI, and SSI Presenter: Sue Chen, MPH, RN, CIC CDPH HAI Program
October 10: TIME	Webinar: Validation Instructions and Procedures for CLABSI, MRSA, VRE, CDI, and SSI Presenter: Sue Chen, MPH, RN, CIC CDPH HAI Program
November:	Ongoing support of validation processes; Online survey for validation results will be released
December 11:	Deadline for participation and entry of validation results in the online survey
January 2015	Analysis of survey results and follow up by CDPH HAI Program

2. Preparing for Validation

The following reports should be prepared in advance for use during the validation process. Please note that data mining software programs are not appropriate for generating the type of information needed for this process.

1. A report generated from your laboratory information system (LIS) containing all final positive blood cultures during the first and second quarters of 2014 (January 1-June 30) from all inpatients and emergency department patients. This list should include:
 - a. Patient name or medical record number
 - b. Organism identified
 - c. Date of specimen collection
 - d. Location at the time of collection
 - e. Date of admission

This list will be used for CLABSI, MRSA and VRE validation. Sorting this list by patient name or medical record number is highly recommended.

2. A report generated from your LIS containing all positive *C. difficile* test results (assays or PCR) during the first and second quarters of 2014 (January 1-June 30) from all inpatients and emergency department patients, including:
 - a. Patient name or medical record number
 - b. Date of specimen collection
 - c. Location at the time of collection
 - d. Date of admission

This list will only be used for CDI validation. Sorting this list by patient name or medical record number is highly recommended.

3. A report generated by your hospital billing department, which includes only those inpatient **colon** procedures performed and reported to NHSN in the first and second quarters of 2014 that have been screened for one or more of the **following ICD9 "flag" codes** during the initial colon surgery hospital admission or in the 45 days following colon surgery:

54.0, 54.11, 54.19, 86.04, 86.22, 86.28, 567.21, 567.22, 567.29, 567.38, 569.5, 569.61, 569.81, 682.2, 879.9, 998.31, 998.32, 998.51, 998.59, 998.6.

Validation of **colon** procedures performed only requires a list of those **colon** procedures with the additional ICD-9 codes listed above. This list should include:

- a. Patient name or medical record number
- b. The ICD-9 code or codes flagging the record
- c. Original colon procedure surgery date
- d. Discharge date of the original colon surgery



e. Date of admission

Sorting this list by patient name or medical record number is highly recommended.

4. A line listed report of NHSN events for CLABSI, MRSA BSI, VRE BSI, CDI, and SSI reported during the first and second quarters of 2014 (January 1-June 30)

3. CLABSI Validation Instructions

STEP 1: Obtain the [report](#) generated from your laboratory information system containing all final positive blood cultures during the first and second quarters of 2014 (January 1-June 30) from all inpatients and emergency department patients. Also obtain the NHSN line list of CLABSI Events reported by your hospital for the 6-month validation review period (January-June 2014).

STEP 2: Using the lab line list sorted by name, number each positive blood culture on your lab line list as 1, 2, etc. (number each one individually, not as BSI events or clusters)

STEP 3: Indicate the total number of positive blood cultures _____

Indicate the number of positive, separate BSI events* _____ [Include in CLABSI Review]

***Event** = “Cluster” of positive blood cultures near same date for same patient counts as 1 event; single positive blood cultures also count as 1 event

STEP 4: Add each positive culture (e.g., 1, 2) to the corresponding CLABSI Validation table, and also include the date the specimen was collected;

For CLABSI validation, enter data in [Form 1](#) (page 10)

STEP 5: From your lab line list, for **each** positive blood culture, fill in the hospital unit of the patient when the test was sent

STEP 6: For each numbered blood culture below, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record the NHSN Event number. If cases on your NHSN list are not included (i.e. were not on lab line list), add them to the bottom of the appropriate table (MRSA or VRE).

STEP 7: Using the patient information on the lab line list (i.e. name or medical record number), for each numbered blood culture, review each patient’s medical record to verify your decision to report each case, or not report it, to NHSN. Carefully follow NHSN CLABSI protocols/definitions; [Visit this link for helpful reminders: link to PPT slides on SVH site](#)

- For each blood culture **NOT** reported to NHSN (i.e., Q1 answer is No), indicate the reason why in the appropriate column. [Use form 7](#) if needed. If the case should have been reported but was not, record it as missed and provide a reason.
- For each blood culture **Reported** to NHSN (i.e., Q1 answer is Yes), verify if the case met inpatient CLABSI criteria. If each case does meet the criteria, compare the specimen date, admission, and location as reported on the NHSN



line list in order to verify accuracy. Next, check the box indicating the case was correctly reported. If the case was **reported in error**, indicate a reason for the error in the appropriate column.

STEP 8: Sum the columns and keep this form on hand; it will be used use to populate the [Review of Findings](#) form



CLABSI Validation - Form 1

When the review is complete, please make all necessary corrections to your data in NHSN

Lab List No.	First positive blood culture of BSI Event:	Admission Date:	Q1. Was Event reported to NHSN as a CLABS?			If Q1 answer is NO , complete this section:							If Q1 answer is YES but event was reported in ERROR: Not a CLABSI	If Q1 answer is YES and event was reported Correctly , check box below:
						NO central line >2d or line not in place day of event or previous day	Present on admission (and not discharged in previous 2 days)	Contaminant i.e. Common skin commensals*		Secondary BSI Primary site of infection	MISSED Should have been reported:			
			YES	NHSN Event #	NO			Single +bld cx	w/ in 2 day +bld cx but no S/S		√ Reason?	√ Why?		
CL1	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL2	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL3	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL4	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL5	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL6	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL7	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL8	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL9	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL10	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL11	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL12	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL13	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL14	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CL15	__/__/__	__/__/__	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Column totals: _____

*within 2 days that (?) NHSN definition

4. MRSA and VRE Validation Instructions

STEP 1: Obtain the [report](#) generated from your laboratory information system containing all final positive blood cultures during the first and second quarters of 2014 (previously used for CLABSI validation). Also obtain the NHSN line list of MRSA & VRE BSI Events reported by your hospital for the 6-month validation review period (January-June 2014).

STEP 2: Using the lab line list sorted by name, number each positive MRSA blood culture on your lab line list as M1, M2, M3, etc. (number each one individually, not as BSI events or clusters)

STEP 3: Using the lab line list sorted by name, number each positive VRE blood culture on your lab line list as V1, V2, V3, etc. (number each one individually, not as BSI events or clusters)

STEP 4: From the positive **blood cultures**, indicate:

the total number of MRSA-positive blood cultures _____ [Include in MRSA BSI Review]

the total number of VRE-positive blood cultures _____ [Include in MRSA BSI Review]

STEP 5: Add each positive culture (e.g., M1, M2; V1, V2) to the corresponding MRSA BSI and VRE BSI validation tables, and also include the date the specimen was collected:

For MRSA-positive blood cultures, enter data in [Form 2](#) (page 13)

For VRE-positive blood cultures, enter data in [Form 3](#) (page 14)

STEP 6: From your lab line list, for **each** MRSA and VRE positive blood culture, fill in the hospital unit of patient when the test was sent

STEP 7: For each numbered blood culture below, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record the NHSN Event number. If cases on your NHSN list are not included (i.e. were not on lab line list), add them to the bottom of the appropriate table (MRSA or VRE).

STEP 8: Using the patient information on the lab line list (i.e. name or medical record number), for each numbered blood culture, review each patient's medical record to verify your decision to report each case, or not report it, to NHSN. Carefully follow NHSN MDRO LabID protocols/definitions; **Visit this link for helpful reminders: link to PPT slides on SVH site**



- For each blood culture **NOT** reported to NHSN (i.e., Q1 answer is No), indicate the reason why in the appropriate column. If the case should have been reported but was not, record it as missed and provide a reason.
- For each blood culture **Reported** to NHSN (i.e., Q1 answer is Yes), verify if the case met inpatient LabID criteria. If each case does meet the MDRO LabID criteria, compare the specimen date, admission, and location as reported on the NHSN line list in order to verify accuracy. Next, check the box indicating the case was correctly reported. If the case was reported in error, indicate a reason for the error in the appropriate column.

STEP 9: Sum the columns and keep this form on hand; it will be used use to populate the [Review of Findings](#) form.



MRSA Validation - Form 2

When the review is complete, please make all necessary corrections to your data in NHSN

Lab List No.	MRSA-positive blood specimen date:	Hospital Unit of patient when test was sent:	Q1. Was MRSA Event reported to NHSN?			If Q1 answer is NO , complete this section:			If Q1 answer is YES but event was reported in ERROR , complete this section: Does not meet inpatient Lab ID criteria: √ Reason?	If Q1 answer is YES and event was reported Correctly , check box below:
						Outpatient or ED specimen from patient <u>not</u> admitted to hospital same calendar day:	Duplicate <14 days since last positive:	MISSED Should have been reported: √ Reason?		
			YES	NHSN Event #	NO					
M1	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M2	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M3	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M4	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M5	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M6	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M7	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M8	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M9	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M10	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M11	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M12	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M13	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M14	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M15	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Column totals: _____



VRE Validation - Form 3

When the review is complete, please make all necessary corrections to your data in NHSN

Lab List No.	MRSA-positive blood specimen date:	Hospital Unit of patient when test was sent:	Q1. Was MRSA Event reported to NHSN?			If Q1 answer is NO , complete this section:			If Q1 answer is YES but event was reported in ERROR , complete this section: Does not meet inpatient Lab ID criteria: √ Reason?	If Q1 answer is YES and event was reported Correctly , check box below:
						Outpatient or ED specimen from patient <u>not</u> admitted to hospital same calendar day:	Duplicate <14 days since last positive:	MISSED Should have been reported: √ Reason?		
			YES	NHSN Event #	NO					
V1	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V2	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V3	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V4	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V5	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V6	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V7	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V8	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V9	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V10	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V11	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V12	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V13	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V14	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V15	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Column totals: _____

5. CDI Validation Instructions

STEP 1: Obtain the [report](#) generated from your laboratory information system containing all positive *C. difficile* test results (assays or PCR) during the first and second quarters of 2014 (January 1-June 30) from all inpatients and emergency department patients. Also obtain the NHSN line list of CDI Events reported by your hospital for the 6-month validation review period (January-June 2014).

STEP 2: Using the lab line list sorted by name, number each positive *C. difficile* test result on your lab line list as C1, C2, C3, etc. (number each one individually, not as BSI events or clusters)

STEP 3: Indicate the total number of positive *C. difficile* test results _____ [Include in CDI Review]

STEP 4: Add each positive result (e.g., C1, C2) to the corresponding CDI validation table, and also include the date the specimen was collected:

For CDI results, enter data in [Form 4](#) (page 16)

STEP 5: From your lab line list, for **each** CDI test result, fill in the hospital unit of patient when the test was sent

STEP 6: For each numbered test result below, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record the NHSN Event number. If cases on your NHSN list are not included (i.e. were not on lab line list), add them to the bottom of the table.

STEP 7: Using the patient information on the lab line list (i.e. name or medical record number), for each numbered test result, review each patient's medical record to verify your decision to report each case, or not report it, to NHSN. Carefully follow NHSN protocols/definitions; [Visit this link for helpful reminders: link to PPT slides on SVH site](#)

- For each blood culture **NOT** reported to NHSN (i.e., Q1 answer is No), indicate the reason why in the appropriate column. If the case should have been reported but was not, record it as missed and provide a reason.
- For each blood culture **Reported** to NHSN (i.e., Q1 answer is Yes), verify if the case met inpatient LabID criteria. If each case does meet the LabID criteria, compare the specimen date, admission, and location as reported on the NHSN line list in order to verify accuracy. Next, check the box indicating the case was correctly reported. If the case was reported in error, indicate a reason for the error in the appropriate column.

STEP 8: Sum the columns and keep this form on hand it will be used use to populate the [Review of Findings](#) form.



CDI Validation - Form 4

When the review is complete, please make all necessary corrections to your data in NHSN

Lab List No.	Positive C. difficile specimen date:	Hospital Unit of patient when test was sent:	Q1. Was CDI Event reported to NHSN?			If Q1 answer is NO , complete this section:			If Q1 answer is YES but event was reported in ERROR , complete this section: Does not meet inpatient Lab ID criteria: √ Reason?	If Q1 answer is YES and event was reported Correctly , check box below:
						Outpatient or ED specimen from patient <u>not</u> admitted to hospital same calendar day:	Duplicate <14 days since last positive:	MISSED Should have been reported: √ Reason?		
			YES	NHSN Event #	NO					
C1	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C2	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C3	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C4	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C5	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C6	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C8	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C9	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C10	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C11	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C12	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C13	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C14	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C15	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Column totals: _____

6. SSI Validation Instructions

STEP 1: Obtain the report generated by your hospital billing department, which includes only those inpatient **colon** procedures performed and reported to NHSN in the first and second quarters of 2014 that have been screened for one or more of the **following ICD9 "flag" codes** during the initial **colon** surgery hospital admission or in the **45** days following **colon** surgery:

54.0, 54.11, 54.19, 86.04, 86.22, 86.28, 567.21, 567.22, 567.29, 567.38, 569.5, 569.61, 569.81, 682.2, 879.9, 998.31, 998.32, 998.51, 998.59, 998.6.

Validation of **colon** procedures performed only requires a list of those **colon** procedures with the additional ICD-9 codes listed above. This list should include:

- a. Patient name or medical record number
- b. The ICD-9 code or codes flagging the record
- c. Original colon procedure surgery date
- d. Discharge date of the original colon surgery
- e. Date of admission

Sort this list by patient name or medical record number.

1. Generate the list of patients who had the targeted surgical procedure(s) using NHSN-defined ICD9 procedures codes for the 2nd and/or 3rd quarter 2012.

2. Generate lists for flagging patients to evaluate for SSI.

2a. For initial surgical hospitalization, generate a report that includes each ICD9 procedure code with patient name, MR#, admission, discharge dates.

2b. For each surgical patient, generate a list of those with targeted post-operative ICD9 procedure & diagnosis codes from the time of surgery until 90 days post-op, including all hospital re-admission and discharge dates. -

2a. Generate report of antibiotic use post-operative surgical patients to identify COLO patients with ≥ 8 days antibiotics and HYST patients with ≥ 4 days antibiotics.

When onsite, Liaison IPs will

3. Ask the hospital to generate reports from NHSN for targeted procedure and SSI event records for the same time period.

4. Review that all procedures from the newly generated hospital procedure list were entered into NHSN, and for a sample for procedure records, verify the accuracy of specific denominator data fields.

5. Review medical records of patients with an SSI event reported to NHSN to confirm that the SSI meets NHSN criteria and to confirm specific data fields reported with the SSI event.

6. Review medical records of patients flagged by one of the ICD9 diagnosis codes or post-op procedure codes to identify additional SSI events.

....it will be used use to populate the [Review of Findings](#) form



SSI Validation - Form 5

When the review is complete, please make all necessary corrections to your data in NHSN

	Date of Surgery	Discharge date of index surgery	Indicate which post-op ICD-9 code(s) "flagged" this patient record						If SSI, indicate if reported to NHSN and record Event number:		
									Yes	NHSN Event #	No
S1	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S2	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S3	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S4	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S5	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S6	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S7	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S8	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S9	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S10	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S11	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S12	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S13	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S14	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					
S15	__/__/__	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>					

Column totals: _____ _____ _____ _____



2014 Validation – Review of Findings

Reportable HAI Type			
SSI			
CDI			
CLABSI			
MRSA / VRE BSI			