Exclude data from Inpatient Rehabilitation Facility (IRF) and Inpatient Psychiatric Facility (IPF) (defined by NHSN) data when reporting hospital HAI data. Report IRF under separate NHSN number. IPF not reportable.

**Step 1: Create Monthly Reporting Plans**

<table>
<thead>
<tr>
<th>CLABSI</th>
<th>CLIP</th>
<th>MRSA BSI, VRE BSI, CDI LabID</th>
<th>SSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICUs</td>
<td>ICUs</td>
<td>FacWideIN – MRSA (blood only)</td>
<td>AAA</td>
</tr>
<tr>
<td>NICUs</td>
<td></td>
<td>FacWideIN – VRE (blood only)</td>
<td>APPY</td>
</tr>
<tr>
<td>Wards</td>
<td></td>
<td>FacWideIN – CDI (all specimens)</td>
<td>BILI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ED/OBS locations (will be added to monthly plan automatically if FacWideIN selected and ED/OBS locations mapped in NHSN)</td>
<td>CARD</td>
</tr>
</tbody>
</table>

**Inpatient procedures (IN)**

**Step 2: Enter Events and Procedures**

<table>
<thead>
<tr>
<th>CLABSI</th>
<th>CLIP</th>
<th>MRSA BSI, VRE BSI, CDI LabID</th>
<th>SSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICUs</td>
<td>ICUs</td>
<td>FacWideIN – MRSA in blood</td>
<td>AAA</td>
</tr>
<tr>
<td>NICUs</td>
<td></td>
<td>FacWideIN – VRE in blood</td>
<td>APPY</td>
</tr>
<tr>
<td>Wards</td>
<td></td>
<td>FacWideIN – <em>C. difficile</em> in stool</td>
<td>BILI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ED/OBS – <em>same as above</em></td>
<td>CARD</td>
</tr>
</tbody>
</table>

Procedure data and SSI for 28 inpatient procedure types (table above)

**Step 3: Enter Summary (Denominator) Data**

- “Device-Associated–Intensive Care Unit/Other Locations” NHSN data entry form
  - Summary record for each inpatient location
    - Total Patient Days
    - Central Line Days
  - Select “Report No Events” for each event type if no events were identified that met NHSN surveillance definition

- “MRSA/VRE and CDI Monthly Denominator – All Locations” NHSN data entry form
  - One summary record per month for FacWideIN
    - Line 1: Total Facility Patient Days & Admissions
    - Line 2: Patient Days & Admissions
      - subtract IRF & IPF from line 1
    - Line 3: Patient Days & Admissions
      - subtract NICU & Well Baby from line 2
    - Indicate CDI test type, 3rd month each quarter
      - *March, June, September, December*
    - Select “Report No Events” for each organism, only if no events were identified that met NHSN surveillance definition

- Summary record for each ED/OBS
  - Total Encounters
  - Select “Report No Events” for each organism, only if no events were identified that met NHSN surveillance definition
Step 4: Resolve NHSN Alerts and Data Issues Identified by CDPH QA/QC Reports (posted on CalHEART)
- Rights Not Conferred to CDPH Group
- Missing from Monthly Reporting Plan
- Incomplete Events
- Missing Events
- Incomplete Summary Data
- Missing Summary Data
- Incomplete Procedures
- Missing Procedures
- Missing Procedure-Associated Events
- Excluded Procedures

- Unusual Susceptibility Profile
- Confirm CDI Test Type
- Central Line Day Outliers
- Patient Day Outliers
- Device Utilization Equal to 100%
- Discrepancy in CLABSI/MRSA Patient Days
- MRSA/CDI Patient Days Same Despite NICU/Well Baby Nursery Locations
- Patient Days Inconsistent with Bed Numbers

Step 5: Generate Datasets and Produce Line Lists to Review Completeness and Accuracy of Reported Data
- Generate new data sets before verifying data

CDPH HAI Reporting Deadlines:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - January-March</td>
<td>April 30</td>
</tr>
<tr>
<td>2 – April-June</td>
<td>July 30</td>
</tr>
<tr>
<td>3- July-September</td>
<td>October 30</td>
</tr>
<tr>
<td>4 – October-December</td>
<td>January 30</td>
</tr>
</tbody>
</table>

SSI for procedures with 3-month surveillance period due 1 month after quarterly deadline (all other SSI data should be reported by deadline)

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Healthcare Personnel (HCP) Influenza Vaccination Reporting to CDPH

Reported via NHSN Healthcare Personnel Safety Component on an annual basis

<table>
<thead>
<tr>
<th>Surveillance Period</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 4 through Quarter 1 – October – March</td>
<td>May 1</td>
</tr>
</tbody>
</table>

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NHSN Resources

- New NHSN Guidance for Acute Care Hospital FacWidelIN MRSA/CDI LabID Denominator Reporting (http://www.cdc.gov/nhsn/PDFs/mrsa-cdi/AcuteCare-MRSA-CDI-LabIDDenominator-Reporting.pdf)