

Smaller Volume Hospital Data Validation

Overview, Instructions, and Validation Forms

October 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 in designated smaller volume acute care hospitals to ensure identification of healthcare-associated infections that are reported to the National Healthcare Safety Network, and to successfully complete CDPH Validation requirements for 2014.

Important Acronyms and Abbreviations

CBGB	Coronary Artery Bypass Graft
CDI	<i>C. difficile</i> diarrheal infection
CLABSI	Central line-associated bloodstream infection
CDPH	California Department of Public Health
HAI	Healthcare-Associated Infection
IP	Infection Preventionist
LIS	Laboratory Information System
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 allow you to review the completeness of your HAI surveillance practices and present an accurate assessment of HAI incidence. Identifying all infections allows you to focus more on HAI prevention needs, and allows true prevention progress to be measured.

The major goals of the 2014 SVH data validation process are to:

1. Gain a better understanding of SVH surveillance processes for case finding
2. Assess understanding and application of NHSN protocols and definitions
3. Improve quality and consistency of HAI surveillance and reporting

Your validation efforts will be guided by the HAI Program SVH Support Team, a multi-disciplinary group 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 surveillance practices and reporting based on validation findings.

While validation is a voluntary process, hospital participation or non-participation and follow-up will be noted in the annual CDPH HAI public report. Attestation that your hospital has completed the validation and a summary of your 2014 validation results will be requested from each participating SVH via an online survey.

Timeline of Events: Fall 2014

<p>September 25:</p>	<p>SVH Monthly Call</p>
<p>October 17: Date/Time: Friday, October 17th 12:30-1:30pm Meeting Number: 746 386 166 Meeting Password: HAProgram1 Meeting Link: https://cdph.webex.com/cdph/onstage/g.php?d=746386166&t=a Conference Call Number: 1-877-784-6152 Conference Call Attendee Access Code: 914 733 7</p>	<p>Webinar: Validation Instructions and Procedures for CLABSI, MRSA, VRE, CDI, and SSI Presenter: Lynn Janssen, MS, CIC, CPHQ Chief, HAI Program</p>
<p>REPEAT SESSION October 20: Date/Time: Monday, October 20th (repeat of Monday's session) 12:30-1:30pm Meeting Number: 749 160 006 Meeting Password: HAProgram1 Meeting Link: https://cdph.webex.com/cdph/onstage/g.php?d=749160006&t=a Conference Call Number: 1-877-784-6152 Conference Call Attendee Access Code: 914 733 7</p>	<p>Webinar: Validation Instructions and Procedures for CLABSI, MRSA, VRE, CDI, and SSI Presenter: Sue Chen, MPH, RN, CIC Nurse Consultant, HAI Program</p>
<p>November:</p>	<p>Ongoing support of validation processes; Online survey for validation results will be released</p>
<p>December 11:</p>	<p>Deadline for attesting to participation and entry of validation results in the online survey</p>
<p>January 2015</p>	<p>Analysis of survey results and follow up as necessary by CDPH HAI Program</p>

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.)*

For CLABSI, MRSA BSI and VRE BSI validation:

1. Generate a report 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 and/or medical record number
 - b. Organism identified
 - c. Date of specimen collection
 - d. Location at the time of collection
 - e. Date of admission
2. Sorting this list by patient name or medical record number is highly recommended.

For CDI validation:

1. Generate a report 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
2. Sorting this list by patient name or medical record number is highly recommended.

For SSI Validation:

1. First, identify all patients who had the following four inpatient procedures performed in the first and second quarters of 2014. To do this, your hospital should perform a “look back,” using hospital billing data, to ensure each patient with an NHSN-defined ICD9 procedure code have been identified and reported to NHSN.
 - Colon procedures = 17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94
 - Abdominal hysterectomy procedures = 68.31, 68.39, 68.41, 68.49, 68.61, 68.69
 - Hip prosthesis procedures = 00.70-00.73, 00.85-00.87, 81.51-81.53
 - CBGB procedures = 36.10-36.14, 36.19

Before proceeding to Step 3, identify and report to NHSN any missed procedures.

2. For each patient who had one of the four targeted procedures, use hospital billing data to identify each surgical patient that had one of the ICD9 “flag” codes (Table 1). These “flag” codes help identify patients that MIGHT have an SSI, and also help determine which charts to review for validation.

Table 1:

ICD-9 “Flag” Codes by Surgery Type			
Colon	Abdominal Hysterectomy	Hip Prosthesis	CBGB
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.	567.21, 567.22, 567.29, 682.2, 998.31, 998.32, 998.51, 998.59	996.60, 996.66, 996.67, 996.69, 998.51, 998.59	513.1, 682.2, 730.08, 996.61, 996.62, 998.31, 998.32, 998.51, 998.59

3. Your billing or medical records office needs to query the billing data to look for these codes during the index surgical admission and any admission up to:
 - 40 days after surgery for colon and abdominal hysterectomy
 - 100 days after surgery for hip prosthesis and CBGB
4. Produce a separate list of patients for each specific surgery type (e.g., a list for colon surgeries, a list for abdominal hysterectomies, etc.) with one or more of the ICD-9 “flag” codes to include the following information:
 - a. Patient name and/or medical record number
 - b. The ICD-9 code or codes flagging the record
 - c. Original procedure surgery date
 - d. Discharge date of the original surgery
 - e. Date of readmission

For all HAI types:

Generate a line list report of all NHSN Events, including 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: Refer to 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 refer to 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, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record the NHSN Event number.

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.

- 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 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 as it will be used 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 CLABSI?			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	2 +bld cx within 2d but no S/S			√		
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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	__/__/__	__/__/__	<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"/>	<input type="checkbox"/>
12	__/__/__	__/__/__	<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"/>	<input type="checkbox"/>
13	__/__/__	__/__/__	<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"/>	<input type="checkbox"/>
14	__/__/__	__/__/__	<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"/>	<input type="checkbox"/>
15	__/__/__	__/__/__	<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"/>	<input type="checkbox"/>

CLABSI Column totals: ____ (A)

____ (B)

4. MRSA and VRE Validation Instructions

STEP 1: Refer to 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 refer to 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 VRE 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 11)

For VRE-positive blood cultures, enter data in [Form 3](#) (page 12)

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.

- 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 as it will be used 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:
			YES	NHSN Event #	NO	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?		
M1	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M3	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M5	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M7	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M9	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M11	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M13	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
M15	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MRSA Column totals: ____ (A)

____ (B)



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:
			YES	NHSN Event #	NO	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?		
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"/>

VRE Column totals: ____ (A)

____ (B)

5. CDI Validation Instructions

STEP 1: Refer to 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 refer to 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 14)

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.

- 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 as it will be used 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 <i>C. difficile</i> 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:
			YES	NHSN Event #	NO	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?		
C1	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C3	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C5	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C7	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C9	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C11	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C13	__/__/__		<input type="checkbox"/>		<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"/>	<input type="checkbox"/>
C15	__/__/__		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CDI Column totals: ____ (A)

____ (B)

6. SSI Validation Instructions

STEP 1: Refer to the four [reports](#) that list targeted surgical patients that were “flagged” by one of the post-operative ICD9 “flag” codes. Also refer to the SSI Event records for the same time period.

STEP 2: Using the ICD “flag” code line lists sorted by name, number each flagged surgical patient on your line lists as S1, S2, S3, etc.

STEP 3: Indicate the total number of flagged surgical patients _____ [Include in SSI Review]

STEP 4: Add each one to the corresponding SSI validation table, filling in applicable information (such as date of surgery, etc.).

For SSI results:

- Enter COLO SSI data in [Form 5](#) (page 16)
- Enter HYST SSI data in [Form 6](#) (page 17)
- Enter HPRO SSI data in [Form 7](#) (page 18)
- Enter CBGB SSI data in [Form 8](#) (page 19)

STEP 5: Using the patient information on the line list (i.e. name or medical record number), for each numbered result, review each patient’s medical record to verify your decision to report each as an SSI or not an SSI to NHSN. Carefully follow NHSN protocols/definitions.

- For each SSI **NOT** reported to NHSN, 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 SSI **Reported** to NHSN, verify if the case met the appropriate criteria. If each case does meet NHSN criteria, compare the surgery date, admission, and discharge date 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 6: Sum the columns and keep this form on hand as it will be used to populate the [Review of Findings](#) form.



Colon SSI Validation - Form 5

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

ICD9 Flag List No.	Date of Surgery	Discharge date of index surgery	Indicate which post-op ICD-9 code(s) "flagged" this patient record	√ box if re-admitted within NHSN specified number of days of index surgery	√ box if SSI criteria met Indicate: Superficial, Deep, Organ/Space	If SSI, indicate if reported to NHSN and record Event number:			If SSI was NOT reported, complete this section: Does not meet NHSN criteria: √ Reason?	MISSED Should have been reported: √ Reason?	If SSI was Reported Correctly , check box below
						Yes	NHSN Event #	No			
COLO S1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COLO S14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colon S15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COLON SSI Column totals: ____ (A) ____ (B)



Abdominal Hysterectomy SSI Validation - Form 6

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

ICD9 Flag List No.	Date of Surgery	Discharge date of index surgery	Indicate which post-op ICD-9 code(s) "flagged" this patient record	√ box if re-admitted within NHSN specified number of days of index surgery	√ box if SSI criteria met Indicate: Superficial, Deep, Organ/Space	If SSI, indicate if reported to NHSN and record Event number:			If SSI was NOT reported, complete this section: Does not meet NHSN criteria: Reason?	MISSED Should have been reported: Reason?	If SSI was Reported Correctly , check box below
						Yes	NHSN Event #	No			
HYST S1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HYST S15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HYST SSI Column totals: ____ (A) ____ (B)



Hip Prosthesis SSI Validation - Form 7

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

ICD9 Flag List No.	Date of Surgery	Discharge date of index surgery	Indicate which post-op ICD-9 code(s) "flagged" this patient record	√ box if re-admitted within NHSN specified number of days of index surgery	√ box if SSI criteria met Indicate: Superficial, Deep, Organ/Space	If SSI, indicate if reported to NHSN and record Event number:			If SSI was NOT reported, complete this section: Does not meet NHSN criteria: √ Reason?	MISSED Should have been reported: √ Reason?	If SSI was Reported Correctly , check box below
						Yes	NHSN Event #	No			
HPRO S1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPRO S15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HPRO SSI Column totals: ____ (A) ____ (B)



Coronary Artery Bypass Graft (CBGB) SSI Validation - Form 8

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

ICD9 Flag List No.	Date of Surgery	Discharge date of index surgery	Indicate which post-op ICD-9 code(s) "flagged" this patient record	√ box if re-admitted within NHSN specified number of days of index surgery	√ box if SSI criteria met Indicate: Superficial, Deep, Organ/Space	If SSI, indicate if reported to NHSN and record Event number:			If SSI was NOT reported, complete this section: Does not meet NHSN criteria: √ Reason?	MISSED Should have been reported: √ Reason?	If SSI was Reported Correctly , check box below
						Yes	NHSN Event #	No			
CBGB S1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S13				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S14				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBGB S15				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CBGB SSI Column totals: ____ (A) ____ (B)

**Smaller Volume Hospital
2014 Validation – Review of Findings**

Reportable HAI Type	Number of Missed HAIs That Were Identified during Validation (Note: Report to NHSN)	Number of HAIs That had Already Been Correctly Reported to NHSN Prior to Validation	Total Number of HAIs Reviewed During Validation That Meet NHSN Definitions	Case-finding Percentage
	A	B	Sum: A+B = C	(B/C) x 100%
Example	2	16	2 + 16 = 18	16 / 18 x 100% = 89%
	A	B	C	
CLABSI	A	B	C	
MRSA / VRE BSI	A	B	C	
CDI	A	B	C	
SSI: COLO	A	B	C	
SSI: HYST	A	B	C	
SSI: HPRO	A	B	C	
SSI: CBGB	A	B	C	

Save this form; results will be reported to the HAI program via an online survey.

It is expected that the surveillance methods used during validation to identify and verify missed cases of HAIs during the first half of 2014 will be incorporated into ongoing surveillance practices. The validation process may also be used to validate and ensure complete case-finding and reporting in the remainder of 2014 and beyond.