

January 8, 2013

To: Hospital Infection Preventionists and/or NHSN Administrators

SUBJECT: Quality Assurance/Quality Control Reports (CLABSI)

The purpose of this letter is to notify California general acute care hospitals that the California Department of Public Health (CDPH) Healthcare Associated Infections (HAI) Program is providing Central Line-associated Bloodstream Infection (CLABSI) Quality Assurance/Quality Control (QA/QC) reports for data reported via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) beginning January 2012 through November 2012.

The purpose of providing this data is to inform you of what we see when we perform the analysis functions that will be necessary to produce our annual report as required by Senate Bill 1058. If you identify data that is missing or incorrect, please make the necessary modifications in NHSN.

This QA/QC report reflects a close relationship to our annual report. This report will also help your facility see how your locations are categorized in NHSN. To view the definitions of patient care locations, see [Patient Care Location Definitions](#).

We appreciate and share your position that public reporting of facility-specific infection information be as accurate and complete as possible. We look forward to continuing to work with you on this shared goal. If you have any data-related questions, please email CDPH at HAI_DATA@cdph.ca.gov

IMPORTANT: *If you have created a new location after July 2011, you must confer rights to that location by clicking on the corresponding check box in the confer rights page so that CDPH can access that location's data.*

The following are steps you can take to ensure your data will be posted as accurately and completely as possible:

Use the 'Analysis' tools in NHSN

- Review your QA/QC reports provided by CDPH
 - Shaded cells represent areas of concern which require your attention
- Review your 'Monthly Reporting Plan' for accuracy and completeness
- Review your "Incomplete/Missing List" (see Appendix A)
 - These alerts are created for **in-plan** data only
 - Record **will not** show missing, if **both** numerator & denominator are missing
 - Record **will only** show if one of the two variables is missing
 - Missing Events: denominator entered but not numerator, e.g. 'Report No Events' box not checked
 - Missing Summary Data: numerator entered but not denominator
- Review your rate tables for complete reporting (see Appendix B)
- Review your Data Quality Reports for potential data entry errors (see Appendix C)

Appendix A

NHSN Home

- Alerts**
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

NHSN Patient Safety Component Home Page

Use the Navigation bar on the left to access the features of the application.

Action items

You must complete these items.

Alerts

- You have **14** missing events
- You have **2** incomplete summary items
- You have **1** missing summary item
- You have **105** missing procedures
- You have **11** missing Procedure-associated events

Incomplete/Missing List

Incomplete Events	Missing Events	Incomplete Summary Data	Missing Summary Data	Incomplete Procedures	Missing Procedures	Missing Procedure-associated Events
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In-plan denominators reported for these locations with no associated events

[Print this report](#)
[Display All](#)

First | Previous | [Next](#) | Last

Location	CDC Location	Month/Year	Alert Type	Event Type/Pathogen	Summary Data Form Type <input type="checkbox"/>	Report No Events
1 SICU	IN:ACUTE:CC:S	02/2012	Summary but no events	CLABSI	DA-ICU/Other	<input type="checkbox"/>
7 WEST	IN:ACUTE:CC:B	07/2012	Summary but no events	CLABSI	DA-ICU/Other	<input type="checkbox"/>
1 SICU	IN:ACUTE:CC:S	09/2012	Summary but no events	CLABSI	DA-ICU/Other	<input type="checkbox"/>

Incomplete/Missing List

Incomplete Events	Missing Events	Incomplete Summary Data	Missing Summary Data	Incomplete Procedures	Missing Procedures	Missing Procedure-associated Events
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In-plan events reported for these locations with no associated summary data

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First | Previous | [Next](#) | Last

Module	Location	CDC Location	Month/Year	Alert Type	Event Type
DA	1 SICU	IN:ACUTE:CC:S	06/2012	Events but no summary form Add summary	CLABSI

Appendix B

Using NHSN Analysis to Verify Complete CLABSI Data Entry by Month

An easy way to check to see if your monthly denominator and infection data for CLABSI have been entered each month is to run a rate table. A CLABSI rate table will include all your locations, line days, and patient days entered.

Start by entering the NHSN portal as if you are entering data

1. From the left navigation bar, click on Analysis
2. Generate Data Set (this takes a few minutes)
3. Click Output Options
4. Click Device-Associated Module
5. Click Central Line-Associated BSI
6. Click CDC Defined Output
7. Click Rate Table – CLAB Data for ICU-Other ('Modify' button)
 - o Note, this will not include NICU or SCA, you must run separate rate tables for those locations if applicable.

See screen shot below

Patient Safety Component
Analysis Output Options

Expand All Collapse All

- Device-Associated Module 4
 - All Device-Associated Events
 - Central Line-Associated BSI 5
 - CDC Defined Output 6
 - Line Listing - All CLAB Events Run Modify
 - Frequency Table - All CLAB Events Run Modify
 - Bar Chart - All CLAB Events Run Modify
 - Pie Chart - All CLAB Events Run Modify
 - Rate Table - CLAB Data for ICU-Other Run Modify 7
 - Run Chart - CLAB Data for ICU-Other Run Modify
 - Rate Table - CLAB Data for NICU Run Modify 7
 - Run Chart - CLAB Data for NICU Run Modify
 - Rate Table - CLAB Data for SCA Run Modify 7

After clicking 'Modify'

- Choose your time period
 - Date Variable: summaryYr
 - Beginning: 2012
 - Group by: summaryYM or summaryYr
 - summaryYM will separate locations into individual months
 - summaryYr will group all months into one record per location

Analysis Rate Table

Analysis Data Set: CLAB_RatesICU [Export Analysis Data Set](#)

Modify Attributes of the Output:

Last Modified On: 11/28/2012

Output Type: Rate Table

Output Name:

Output Title:

Select output format:

Output Format:

Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period:

Date Variable	Beginning	Ending	
<input type="text" value="summaryYr"/>	<input type="text" value="2012"/>	<input type="text"/>	<input type="button" value="Clear Time Period"/>

Enter Date variable/Time period at the time you click the Run button

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Options: [Print Variable Reference List](#)

Group by:

Show Histogram

Appendix C

Using NHSN Data Quality Reports to Verify Complete CLABSI Data Entry

1. From the left navigation bar, click on Analysis
2. Generate a data set if you have not done so (this takes a few minutes)
3. Click Output Options
4. Click Advanced
5. Click Data Quality
6. Click CDC Defined Output
7. Two reports are designated for CLABSI (**These reports should be blank**)
 - o Line Listing - Duplicate BSI/PNEU/UTI Events
 - o Line Listing - Events Reported with 0 Device Days

Reporting Plan

Patient

Event

Procedure

Summary Data

Import/Export

Analysis 1

▣ Generate Data Sets 2

▣ Output Options 3

▣ Statistics Calculator

Surveys

Users

Facility

Group

Log Out

Patient Safety Component

Analysis Output Options

Expand All Collapse All

- ▣ Device-Associated Module
- ▣ Procedure-Associated Module
- 2 ▣ MDRO/CDI Module - Infection Surveillance
- ▣ MDRO/CDI Module - LABID Event Reporting
- ▣ MDRO/CDI Module - Process Measures
- ▣ MDRO/CDI Module - Outcome Measures
- ▣ Vaccination Module
- ▣ Antimicrobial Use and Resistance Module
- 4 ▣ **Advanced**
- [Create New custom Option](#)
- ▣ CMS Reports
- ▣ Patient-level Data
- ▣ Event-level Data
- ▣ Procedure-level Data
- ▣ Summary-level Data
- ▣ Plan Data
- ▣ Pathogen-level Data
- ▣ Facility-level Data
- 5 ▣ **Data Quality**
- 6 ▣ **CDC Defined Output**
- ▣ Line Listing - Duplicate Procedures Run Modify
- ▣ Line Listing - Procedures on Patient DOB Run Modify
- ▣ Line Listing - Procedures with 0 Duration Run Modify
- 7 ▣ Line Listing - Duplicate BSI/PNEU/UTI Events Run Modify
- ▣ Line Listing - Duplicate SSI Events Run Modify
- ▣ Line Listing - SSIs On Procedure Date Run Modify
- ▣ Line Listing - Extremely High Incidence of SSI Run Modify
- 7 ▣ Line Listing - Events Reported with 0 Device Days Run Modify