

**St. Elsewhere Hospital
Positive C. difficile Line List, 1/1/14-6/30/14**

	Patient Last Name	Patient First Name	MRL	Sex	Age	Location	Admit Date	Collect Date	Result
C1	APPLE	Irma	L222611442	F	78	ER	5/30/14	5/30/14	POSITIVE
C2	BANANA	Cindy	L222132415	F	88	ER	1/4/14	1/3/14	POSITIVE
C3	BANANA	Cindy	L222132415	F	88	Oncology	1/4/14	1/12/14	POSITIVE
C4	BANANA	Cindy	L222132415	F	88	Med-Surg	1/4/14	1/16/14	POSITIVE
C5	BLITZEN	Robert	L22234135342	M	39	Out patient	4/4/14	4/3/14	POSITIVE
C6	BLITZEN	Robert	L223262656	M	67	Med-Surg	4/4/14	4/19/14	POSITIVE
C7	BROCCOLI	Beth	L222665482	F	49	ER	1/2/14	1/1/14	POSITIVE
C8	BROCCOLI	Beth	L22234124442	F	63	Med-Surg	1/2/14	1/10/14	POSITIVE
C9	BROCCOLI	Beth	L22234124442	F	63	Oncology	1/2/14	1/15/14	POSITIVE
C10	CAMEL	Mary	L22234133232	F	68	ER	2/21/14	2/20/14	POSITIVE
C11	COCONUT	Mary	L221153444	F	95	Oncology	3/25/14	3/25/14	POSITIVE
C12	DONNER	Ben	L22234136124	M	31	Out patient	2/11/14	2/11/14	POSITIVE
C13	PRANCER	Susan	L22234131424	F	73	Med-Surg	6/19/14	6/19/14	POSITIVE
C14	PRANCER	Susan	L22234131424	F	73	Oncology	6/19/14	6/22/14	POSITIVE
C15	PRANCER	Susan	L223285153	F	73	ICU	6/19/14	6/27/14	POSITIVE

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 15 [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:	Admit 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	5/30/14	5/30/14	ER	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> present on admit; need to report	<input type="checkbox"/>	<input type="checkbox"/>
C2	1/3/14	1/4/14	ER	<input checked="" type="checkbox"/>	123485	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C3	1/12/14	1/4/14	Onc	<input checked="" type="checkbox"/>	123486	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C4	1/16/14	1/4/14	M/S	<input checked="" type="checkbox"/>	123487	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C5	4/3/14	4/4/14	OP	<input checked="" type="checkbox"/>	123488	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> specimen date 4/4	<input type="checkbox"/>
C6	4/19/14	4/4/14	M/S	<input checked="" type="checkbox"/>	123489	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C7	1/1/14	1/2/14	ER	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C8	1/10/14	1/2/14	M/S	<input checked="" type="checkbox"/>	123491	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C9	1/15/14	1/2/14	Onc	<input checked="" type="checkbox"/>	123492	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C10	2/20/14	2/21/14	ER	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C11	3/25/14	3/25/14	Onc	<input checked="" type="checkbox"/>	123494	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C12	2/11/14	2/11/14	OP	<input checked="" type="checkbox"/>	123495	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C13	6/19/14	6/19/14	M/S	<input checked="" type="checkbox"/>	123496	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C14	6/22/14	6/19/14	Onc	<input checked="" type="checkbox"/>	123497	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C15	6/27/14	6/19/14	ICU	<input checked="" type="checkbox"/>	123498	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CDI Total Missed: (A) 1

Total Correct: (B) 11