

2016 CDPH Validation Online Reporting Tool

1. Facility Contact Information

Validating location types, or location "mapping", within your facility is an important component within NHSN to ensure proper surveillance data collection and analyzation. Risk stratifying, comparing, and identifying trends in healthcare-associated infections (HAI) among California hospitals through the CDPH HAI annual report depends on the accuracy of these mapped locations. In addition, regular review of your reporting locations is necessary for consistency and conformity with any unit/patient population changes and NHSN location definition changes. Completeness of this data is necessary for proper application of infection prevention efforts and essential for overall patient safety.

Please answer the following questions regarding the 2016 NHSN reporting location(s) at your facility. You will need to refer to your completed CDPH HAI Program "Accurately Reporting HAI by Patient Population: How to Review, Map, and Reassign Patient Care Locations in NHSN Workbook" Review of Findings Form (Form 3, page 21). This online validation tool should take approximately 20 minutes to complete.

* 1. Contact Information

Hospital Name

City

Your Name

Title

Email Address

* 2. Hospital NHSN ID:

2016 CDPH Validation Online Reporting Tool

2. 2016 Location Validation Training Materials

Please provide your feedback on the 2016 Location Validation Training Materials.

* 3. What references have you used to complete the 2016 CDPH Location Validation? (Please select one or more of the following options)

- CDPH HAI Program "Accurately Reporting HAI by Patient Population: How to Review, Map and Reassign Patient Care Locations in NHSN" **workbook**
- NHSN's "Instructions for Mapping Patient Care Locations in NHSN" reference
- NHSN's Patient Safety Manual, Chapter 15: Locations
- CDPH HAI Program "Accurately Reporting HAI by Patient Population: How to Review, Map and Reassign Patient Care Locations in NHSN" **teleclass**
- CDPH HAI Program "Accurately Reporting HAI by Patient Population: How to Review, Map and Reassign Patient Care Locations in NHSN" **handout**
- I did not use any of the above references to complete my validation review

2016 CDPH Validation Online Reporting Tool

3. CDPH HAI Program Learning Materials

Please share your feedback on any of the CDPH HAI Program learning materials that you may have used to complete your 2016 Validation Review. If you did not use any of the training materials listed, please choose "Did not use".

4. Did you find the CDPH HAI Program "Accurately Reporting HAI by Patient Population: How to Review, Map and Reassign Patient Care Locations in NHSN" materials (workbook, teleclass, handout) helpful to assist you in reviewing your locations in NHSN?

Extremely helpful Very helpful Moderately helpful Slightly helpful Not at all helpful Did not use

5. In the future, how likely are you to use the workbook to guide your location review in NHSN?

Extremely likely Very likely Moderately likely Slightly likely Not at all likely

Comments:

6. In the future, how likely are you to use the teleclass (recorded) to guide your location review in NHSN?

Extremely likely Very likely Moderately likely Slightly likely Not at all likely

Comments:

7. In the future, how likely are you to use the handout to guide your location review in NHSN?

Extremely likely Very likely Moderately likely Slightly likely Not at all likely

Comments:

2016 CDPH Validation Online Reporting Tool

4. 2016 NHSN Location Validation

* 8. Does your routine CLABSI and MDRO BSI surveillance include a review of all positive blood cultures?

Yes

No

* 9. Does your routine SSI surveillance include applying post-operative diagnosis flag codes (ICD-10) to identify and review records that might indicate a possible SSI?

Yes

No

10. Where did you obtain the information to complete your NHSN location validation? (Check all that apply)

I reviewed the information myself

Multidisciplinary team

Unit managers / unit supervisors

Accounting

Quality management / regulatory services

Administration / senior leadership

Other (please specify)

* 11. Have you validated each of your 2016 facility's locations to ensure they are accurate?

Yes

No

2016 CDPH Validation Online Reporting Tool

5. 2016 NHSN Location Validation Data Questions - Form 3

In this section refer to your answers on Form 3 - Reporting Location Mapping Validation Findings.

- * 12. Indicate the total number of "active" locations at the start of this validation:

- * 13. How many locations were found to be incorrectly mapped in NHSN (i.e. inaccurate CDC Location Description) as a result of validation?

- * 14. How many locations were newly added as a result of re-mapping?

- * 15. For how many locations did you change "Your Code"?

- * 16. For how many locations did you change "Your Label"?

- * 17. For how many locations did you change the status to "inactive"?

- * 18. For how many locations did you correct the bed size?

6. 2016 NHSN Location Validation Data Questions - Form 4

* 19. Did you change the CDC location description for any location as a result of validation (i.e., filled in results on Form 4)?

Yes

No

2016 CDPH Validation Online Reporting Tool

7. 2016 NHSN Location Validation Form 4 (1st row of validation changes)

* 20. Please complete one set of answers for each row you have completed on Form 4:

Previous Location Code
(Column L)

New Location Code
(Column M)

Previous CDC Location
Description (Column N)

New CDC Location
Description (Column O)

* 21. Do you need to report on additional locations changed as listed on Form 4?

Yes

No

28. Inpatient Rehabilitation Facility(IRF)Information

The following questions are directed to those facilities with Inpatient Rehabilitation locations. If you do not have one or more of these locations at your facility, please indicate "No" as your response.

* 61. Does your facility have an inpatient rehabilitation facility (IRF)?

Yes

No

29. Inpatient Rehabilitation Facility (IRF) Information

Please refer to the bottom of "Form 3 - Reporting Location Mapping Validation Findings" in the Location Workbook (page 19) to complete this question.

* 62. If yes, does your IRF have it's own CCN number?

Yes

No

63. If your IRF has a unique CCN number, list the number below:

30. Inpatient Psychiatric Facility Information (IPF)

The following questions are directed to those facilities with Inpatient Psychiatric locations. If you do not have one or more of these locations at your facility, please indicate "No" as your response.

* 64. Does your facility have an inpatient psychiatric facility (IPF)?

Yes

No

31. Inpatient Psychiatric Facility Information (IPF)

Please refer to the bottom of "Form 3 - Reporting Location Mapping Validation Findings" in the Location Workbook (page 19) to complete this question.

* 65. If yes, does your IPF have it's own CCN number?

Yes

No

66. If your IPF has a unique CCN number, list the number below:

2016 CDPH Validation Online Reporting Tool

32. 2016 CDPH HAI Program Location Online Validation Tool

67. Please enter any additional comments you may have.

Press "Submit" to complete online validation tool.