

Welcome to *California*

Using NHSN Data Validation for Improved **SSI/Overall HAI** Surveillance and Prevention

Distance-learning Course
Part 3 of 3



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California Department of Public Health

Today's Presentation

1. Describe the attributes of quality HAI surveillance as they apply to SSI
2. Identify best practices for SSI case-finding
3. Review NHSN SSI surveillance protocols, targeting highlighted issues
4. Apply NHSN surveillance skills using case scenarios
 - for CLABSI, MRSA BSI, VRE BSI, CDI, SSI, general issues



Quality Surveillance for Healthcare-Acquired Infections (HAI)

Requires

CONSISTENCY

COORDINATION

CONFIDENCE

COMPASSION



Consistency

Complete case-finding requires a comprehensive evaluation of a minimum clinical data set*

	Always Step 1	Step 2
SSI	<p>Identify and review all post-operative hospital re-admissions (minimum 30d or 1y for implant)*</p> <p>Review all returns-to-OR*</p>	<p>Review wound cultures but realize that culture-based surveillance alone <u>misses</u> 50-60% of SSI</p> <p>Perform post-discharge surveillance</p>

*NHSN protocols currently silent on expectations; revisions being discussed by HICPAC Surveillance Working Group



Coordination

- IP and Quality departments can't do it alone!
- SSI surveillance needs to be a shared responsibility across hospital surgical units, the OR, and surgical services
- The more connection of relevant clinical and administrative data points, the better the surveillance
 - Examples:
 - new antimicrobial starts in post-op patients
 - review of ICD code set to flag potential SSI (e.g. "disruption of wound")
- Ongoing collection of surgical patient risk factors (i.e. denominator data) requires data system solutions



Confidence

- ✓ Know the SSI surveillance definitions
- ✓ Apply definitions with confidence the same way every time
- ✓ Seek assistance for ambiguity*

Infection Definitions Worksheets

Instructions: 1) Use when reviewing positive blood cultures for determining and documenting whether the bacteremia is a primary bloodstream infection (or CLABSI), secondary to another site of infection, or contaminant. 2) Use for surgical site infection (SSI) surveillance. 3) DO NOT use for LabID C. difficile infection (CDI) or MRSA-VRE bloodstream infection surveillance. 4) Refer to often when performing surveillance. Make notes on individual infection pages as you are reviewing medical records. 5) For official (up-to-date) definitions, refer to NHSN at www.cdc.gov/nhsn.

Page		Page	
2	Urinary tract infections	14	Cardiovascular system infections
	SUTI Symptomatic urinary tract infection		VASC Arterial or venous infection
	• Catheter in place at time of specimen-2		ENDO Endocarditis
	• Catheter recently removed, past 48h-3		CARD Myocarditis or pericarditis
	• NOT catheter-associated - 4		MED Mediastinitis
	• In infants and babies ≤ 1 year old - 5		
6	ABUTI Asymptomatic UTI with Bacteremia	16	Eye, ear, nose, throat, mouth, and URI infections
7	Surgical site infections		CONJ Conjunctivitis
	SIP Superficial incisional primary SSI		EYE Eye, other than conjunctivitis
	SIS Superficial incision, secondary SSI		EAR Ear, mastoid
	DIP Deep incisional primary SSI		ORAL Oral cavity (mouth, tongue, or gums)
	DIS Deep incisional secondary SSI		SINU Sinusitis
	SSI-xxx Organ/space specific types		UR Upper respiratory tract, pharyngitis
	• BONE - 11 • JNT - 11		laryngitis, epiglottitis
	• BRST - 25 • LUNG - 21	19	Gastrointestinal system infection
	• CARD - 15 • MED - 15		GE Gastroenteritis
	• DISC - 11 • MEN - 13		GIT Gastrointestinal (GI) Tract
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	• EMET - 22 • OREP - 22		IAB Intraabdominal not specified elsewhere
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	• IC - 12 • VCUF - 22		tracheitis, without evidence of pneu
			Other infections of lower resp tract
8	Bloodstream infection		LUNG
	LCBI Lab-confirmed BSI	22	Reproductive tract infections
9	Pneumonia		EMET Endometritis
	PNUI Clinically defined pneumonia		EPIS Episiotomy
	PNUI2 Pneu with specific lab findings		VCUF Vaginal cuff
			OREP Other infections of male or female

AJIC major articles

CDC/NHSN surveillance definition of health care-associated infection and criteria for specific types of infections in the acute care setting

Teresa C. Horan, MPH, Mary Andrus, RN, BA, CIC, and Margaret A. Dudeck, MPH
Atlanta, Georgia

BACKGROUND

Since 1988, the Centers for Disease Control and Prevention (CDC) has published 2 articles in which nosocomial infection and criteria for specific types of nosocomial infection for surveillance purposes for use in acute care settings have been defined.^{1,2} This document

population for which clinical sepsis is used has been restricted to patients ≤ 1 year old. Another example is that incisional SSI descriptions have been expanded to specify whether an SSI affects the primary or a secondary incision following operative procedures in which more than 1 incision is made. For additional information about how these criteria are used for NHSN surveillance, refer



*Contact your CDPH Liaison IP or NHSN@cdc.gov



Compassion

- Patients want to feel safe
- Patient advocates want to be assured that providers are doing everything possible to prevent infections
- Identifying every SSI is necessary to understand what is happening in your OR and what your patients are experiencing

The image shows two overlapping website screenshots. The top screenshot is for the 'Safe Patient Project.org' website, which features a navigation menu with links like 'ACT NOW', 'BLOG', 'TOPICS', 'SHARE YOUR STORY', 'TWITTER', 'VIDEO', 'ACTIVISTS', 'DONATE', and 'ABOUT US'. A featured article titled 'Real People, Real Stories' includes a photo of an elderly couple and a testimonial from Ken Caputo about his wife's hip surgery. The bottom screenshot is for the 'ASAP Alliance for Safety Awareness for Patients' website, featuring a large 'INFECTIONS' banner with a quote about healthcare-associated infections, a 'HOME' button, and sections for 'About ASAP', 'ASAP FOUNDER', 'VOLUNTEERING', and 'Our Mission'.

ConsumersUnion POLICY & ACTION FROM CONSUMER REPORTS

Safe Patient Project.org

ACT NOW BLOG TOPICS SHARE YOUR STORY TWITTER VIDEO ACTIVISTS DONATE ABOUT US

1 Real People, Real Stories

Real People, Real Stories

"My wife, Lin, had a metal-on-metal hip implanted in spring of 2010. It never felt totally "right" but she was told it would wear in if she gave it time. After bad pains and many symptoms of failure, it took at least 5 visits to her orthopedic surgeon for him to refer her to the "do-over" specialist who immediately determined that it was not only out of alignment but the metal shaving were starting to wear and enter her blood stream. She suffered greatly for too long. Unfair!"

—Ken Caputo, Fort Mill, SC

2 Take Action
3 Get Involved

What's up in your state?
Choose a state...

Don't miss a thing!

Email:

ZIP Code:

Yes, I would like to receive free periodic consumer updates from Consumers Union Advocacy. (Si me gustaría recibir boletines con información del consumidor de Consumers Union.)

ABOUT ASAP
THE FOUNDER
CALENDAR
CONTACT US
SITEMAP

ASAP
ALLIANCE FOR SAFETY
AWARENESS FOR PATIENTS

BE COMFORTED
BE CONNECTED
BE PROACTIVE
BE INVOLVED
BE KNOWLEDGEABLE

INFECTIONS

“ In American hospitals alone, healthcare-associated infections account for for an estimated 2 million infections and 100,000 associated deaths each year. ”

HOME

ASAP FOUNDER
Meet the unique individual and survivor who started this organization.
[MEET THE FOUNDER](#)

VOLUNTEERING

About ASAP

PatientSafetyASAP.org, the official website of the **Alliance for Safety Awareness for Patients (ASAP)**, is a non-profit organization formed by Necrotizing Fasciitis Survivor Alicia Cole and her parents Ron & Betty Cole.

Our Mission

To educate and protect patients through awareness of hospital acquired infections such as Necrotizing Fasciitis, MRSA, VRE,



HAI Liaison Program and Quality Surveillance

Conditions of CDC funding, 2010-2011

- Enhance participation in the **National Healthcare Safety Network** (NHSN) for HAI surveillance and reporting
- Support the **use of NHSN data** for local HAI prevention efforts
- Develop and implement protocols for **NHSN data validation**



Improving SSI Surveillance



Protocol Review for SSI Surveillance

- SSI surveillance was not part of 2011 data validation
- Areas to highlight determined by HAI Liaison Program IPs based on common questions and observed issues



Primary and Secondary Incisional SSI

- SSI infections involving the incision can be
 - Superficial Incisional Primary or Secondary (SIP or SIS)
 - Deep Incisional Primary or Secondary (DIP or DIS)
- Simply stated, an SSI is “Primary” if the infection involves incision made for the primary surgical procedure
 - e.g. chest incision for a CABG, abdominal incision for COLO
- SSI is “Secondary” if infection involves another incision made during a procedure other than the primary incision
 - e.g. leg incision for CABG donor graft

Most surgeries have only 1 incision

Vast majority of superficial or deep incisional SSI are Primary and reported as SIP or DIP



Superficial Incisional SSI

Surveillance Definition

- Infection occurs within 30 days after surgical procedure
- AND**
- Involve only skin and subcutaneous tissue of the incision
- AND**

Patient has at least **1**:

- Purulent drainage from incision
 - Organism isolated from incision culture or fluid (obtained aseptically)
 - Pain or tenderness
 - Localized swelling, redness, or heat
 - Diagnosis of superficial SSI by surgeon or attending physician
- AND** { Incision opened by surgeon and found to be culture positive or was not cultured



Superficial SSI – additional reporting instructions

- Do not report stitch abscess as an SSI
 - “Minimal inflammation and discharge confined to points of suture penetration”
- Do not report a localized stab wound infection as an SSI
- Cellulitis by itself is not an SSI



Deep Incisional SSI

Surveillance Definition

Infection occurs within 30 days after surgical procedure if no implant or within 1 year if implant

AND

Involves deep soft tissues of the incision, e.g. fascial & muscle layers

AND

Patient has at least **1**:

Purulent drainage from deep incision but not from the organ/space of the surgical site

Deep incision spontaneously dehisces **or** opened by surgeon **AND** is culture positive or not cultured **AND** fever $>38^{\circ}\text{C}$, localized pain, or tenderness

Abscess or evidence of deep infection found on direct exam, during reoperation, by histopathologic or radiologic exam

Diagnosis of deep SSI by surgeon or attending physician



Organ Space SSI

Surveillance Definition

Infection occurs within 30 after surgical procedure if no implant or within 1 year if implant

AND

Involves any part of body that is opened or manipulated during the surgical procedure; excludes skin, fascia, or muscle layers, and subcutaneous tissue of the incision

AND

Patient has at least **1**:

Purulent drainage from drain placed through stab wound into organ/space

Organism isolated from incision culture or fluid (obtained aseptically)

Abscess or evidence of organ/space infection found on direct exam, during reoperation, by histopathologic or radiologic exam



Organ Space SSI

Surveillance Definition

Infection occurs within 30 after surgical procedure if no implant or within 1 year if implant

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Purulent drainage from drain placed through stab wound into organ/space

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Instructions:

- 1) Use when reviewing positive blood cultures for determining and documenting whether a positive blood culture is a primary BSI (CLABSI), secondary BSI to another site of infection, or a contaminant.
- 2) Use for surgical site infection (SSI) surveillance.
- 3) DO NOT use for **LabID** CDI or MRSA-VRE BSI surveillance. Use LabID methods in the MDRO/CDI Module protocol.
- 4) Refer to often when performing surveillance. Make notes on individual infection pages as you are reviewing medical records.

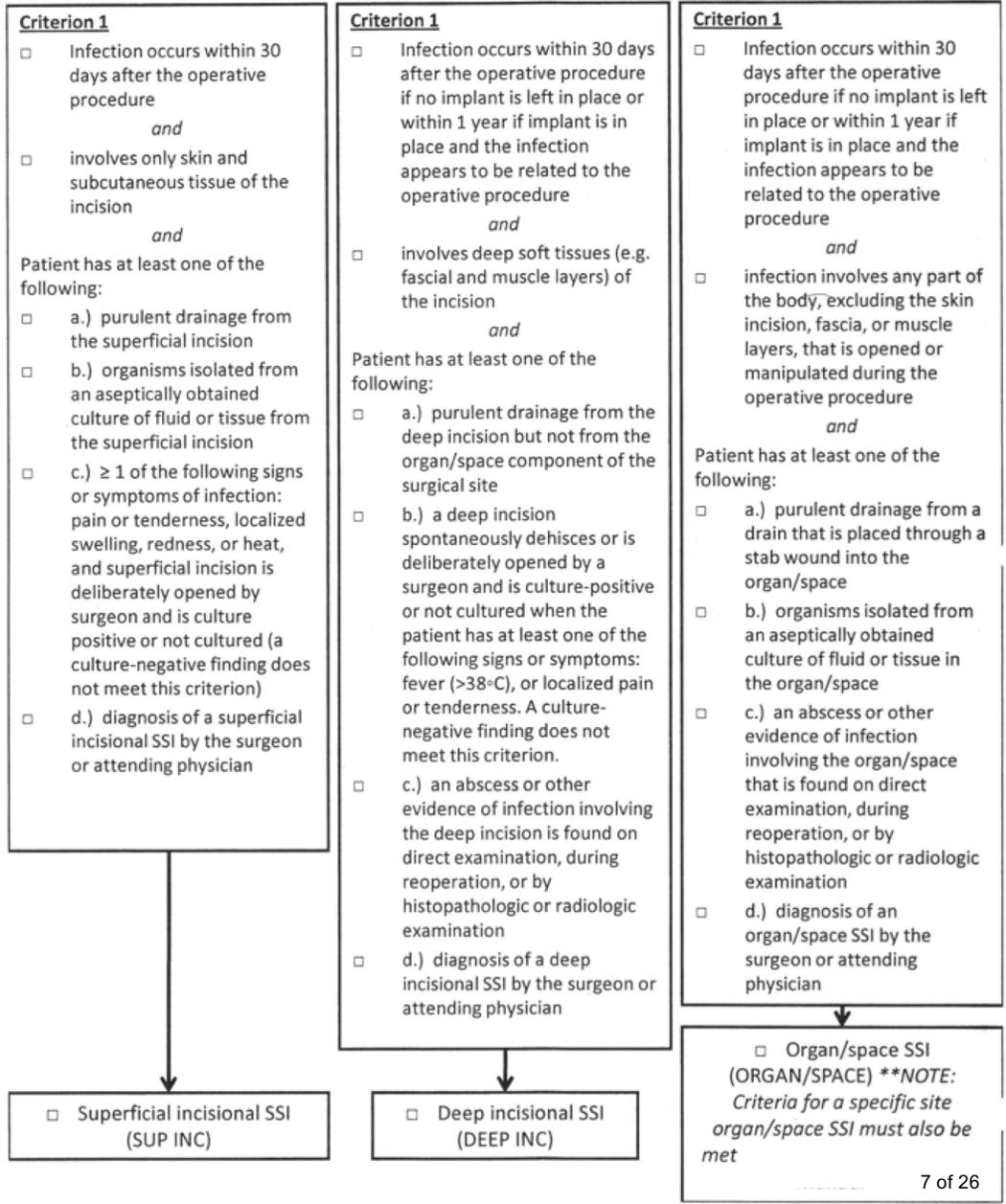
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PNU2 Pneu with specific lab findings	EPIS Episiotomy
PNU3 Pneu in immunocompromised	VCUF Vaginal cuff
	OREP Other infections of male or female reproductive tract
10 PNU1 Alternate clinical definition, ≤1yo	23 Skin and soft tissue infection
	SKIN Skin
11 Bone and joint infections	ST Soft tissue
BONE Osteomyelitis	DECU Decubitus ulcer
JNT Joint or bursa	BURN Burn
DISC Disc space	BRST Breast abscess or mastitis
	UMB Omphalitis
12 Central nervous system infections	PUST Pustulosis
IC Intracranial infection	CIRC Newborn circumcision
MEN Meningitis or ventriculitis	
SA Spinal abscess without meningitis	26 Systemic Infection
	DI Disseminated infection





Refer to CDC/NHSN for official version of definitions

SURGICAL SITE INFECTION



NHSN Requirements for Surgical Procedure Denominator Data



Denominator for Procedure

OMB No. 0920-0686
Exp. Date: 09-30-2012

* required for saving

Facility ID:	Procedure #:		
*Patient ID:	Social Security #:		
Secondary ID:			
Patient Name, Last:		First:	Middle:
*Gender: F M	*Date of Birth:		
Ethnicity (specify):		Race (specify):	
Event Type: PROC		*NHSN Procedure Code:	
*Date of Procedure:	ICD-9-CM Procedure Code:		
Procedure Details			
*Outpatient: Yes No	*Duration: ____ Hours ____ Minutes		
*Wound Class: C CC CO D U	*General Anesthesia: Yes No		
*SA Score: 1 2 3 4 5	*Emergency: Yes No		
*Trauma: Yes No	*Endoscope: Yes No		
Surgeon Code: _____			
*Implant: Yes No	*Non-autologous Transplant: Yes No		
CSEC:			
*Height: ____ feet ____ inches (choose one) ____ meters	*Weight: ____ lbs / kg (circle one)	*Duration of Labor: ____ hours	*Estimated Blood Loss: ____ ml
Circle one: FUSN RFUSN		*Diabetes Mellitus: Yes No	
*Spinal Level: (check one)		*Approach/Technique: (check one)	
<input type="checkbox"/> Atlas-axis <input type="checkbox"/> Atlas-axis/Cervical <input type="checkbox"/> Cervical <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar <input type="checkbox"/> Dorsal/Dorsolumbar <input type="checkbox"/> Lumbar/Lumbosacral <input type="checkbox"/> Not specified		<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior and Posterior <input type="checkbox"/> Lateral transverse <input type="checkbox"/> Not specified	
*HPRO: (check one)	Total Primary	Partial Primary	Total Revision Partial Revision
*KPRO: (check one)	____ Primary (Total)	____ Revision (Total or Partial)	



Wound Class

- Must be assessed at the time of the operation by a person present during the surgical procedure
 - e.g., surgeon, circulating nurse, etc.
- If the wound class is always assigned prior to surgery will lead to both inaccurate reporting and inaccurate risk adjustment!



NHSN Manual Ch16, p 11 & 12



Wound Class

Clean

Operation where no inflammation encountered
Respiratory, alimentary, genital, urinary tracts **not** entered
Operation following non-penetrating (blunt) trauma
Primarily closed with no open drainage

Clean - Contaminated

Operation entering respiratory, alimentary, genital, or urinary tracts
No evidence of infection, no major break in technique, no unusual contamination encountered
Operation involving biliary tract, appendix, vagina, and oropharynx

Contaminated

Operation following open, fresh, accidental wounds
Operation with major breaks in sterile technique (e.g., open cardiac massage) or gross spillage from GI tract
Includes operation where acute, non-purulent inflammation encountered

Dirty

Operation involving old traumatic wounds with retained devitalized tissue, **or** existing clinical infection **or** perforated viscera
Definition suggests the organisms causing post-op infection were present before the operation

Defining an Implant

- A nonhuman-derived object, material, or tissue that is placed in a patient during an operative procedure
- Requires 1 year post-op follow-up for SSI

- Includes

- Porcine or synthetic heart valves
- Mechanical heart
- Metal rods
- **Mesh**
- Sternal wires
- Screws
- **Cements**
- Internal **staples**
- Hemoclips
- **Other devices**

- Excludes

- Non-absorbable sutures

Rationale: IPs “may not easily identify and/or differentiate the soluble nature of suture material used”



NHSN Newsletter v6.6 (Feb. 2012)
NHSN Manual Ch16, pg 4-5.
NHSN Manual, Ch 17 pg 313-314



Data Correction

- Remember, if you note any errors or omissions, you can always go back and edit surgical procedure records or SSI events. Correct your data!
- Keep records of system issues or changes in surveillance practices that may change your SSI data to help understand variation over time
- If you find errors that require you to make numerous changes to your data after it has been entered into NHSN, record date when changes made



Correcting Data in Multiple NHSN Procedure Records

See www.cdph.ca.gov/HAI

Information for Infection Prevention Programs

- ...» [AFLs, Legislation, and Regulations](#)
- !New [Using NHSN Data Validation for Improved HAI Surveillance and Prevention](#)
- !New [Using NHSN Analysis for Prevention Guidance Series](#)
- ...» [Basics of Infection Prevention 2 Day Mini Course](#)
- ...» [NHSN Guidance Specific to California Hospitals](#)

NHSN Guidance Specific to California Hospitals

Information for IPs

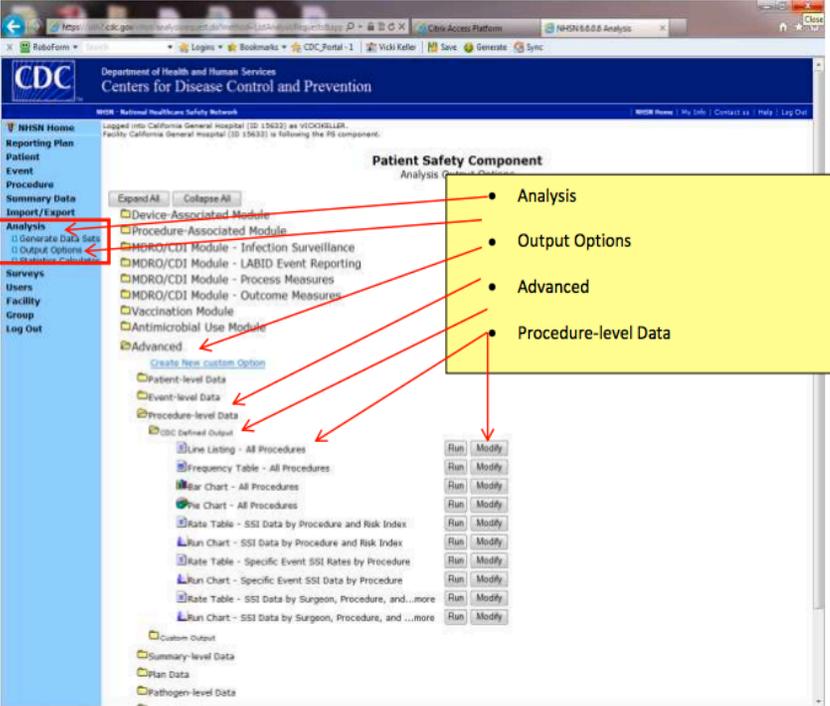
- !New [Changing Data Fields for Multiple Procedures in NHSN Analysis - March 2012 \(PDF, 1M\)](#)
- !New [California Monthly NHSN Reporting Requirements \(PDF, New Window\)](#)
- ...» [Procedure Import WORKBOOK Feb. 2012 \(Excel, New Window\)](#)
- ...» [SSI Surveillance and Reporting_July 2011.pdf](#)
- ...» [Using NHSN Analysis and SIR_July 2011 .pdf 8MB](#)
- ...» [SSI Procedure Data Entry GUIDE \(PDF, 5.8MB, New Window\)](#)
- ...» [How to Reassign Your NHSN Facility Administrator \(PDF\)](#)



Instructions for Correcting Surgical Procedure Data Fields in NHSN

This guidance document demonstrates how to use NHSN Analysis to run a line list of your hospital's previously entered surgical procedure data, make changes to multiple records, and re-upload corrected data to NHSN as a single file. These instructions are tailored to guide you through the process of correcting inaccurately entered surgical wound class; specifically, how to change data fields from a designation of "Clean"(C) to "Clean Contaminated" (CC). This same process can be adapted and used to correct other surgical procedure data.

1. Log in to the NHSN portal to access your hospital's data. From the blue navigation bar on the left, click on the following (in the order of the screen shots) and follow instructions.
2. Analysis → Generate Data Set
3. Analysis → Output Options → Advanced → Procedure-level Data → CDC Defined Output → Line Listing- All Procedures → then click "Modify"



Using SSI Surveillance Data

Remember that the "power of surveillance is in sharing findings with those who need to know and who can act on the findings to improve patient safety"

*"Recommended Practices for Surveillance"
AJIC Am J Infect Control 2007; 35:427-40*

- Plan ahead for distribution of SSI data and findings
- Report surgeon-specific SSI incidence internally
 - an evidence-based prevention practice!
- Report to others most able to impact patient care, including
 - Operating room staff
 - Anesthesia services
 - Surgical services
 - PACU
 - Surgical ICUs and other post-op care units



Use NHSN Analysis to Interpret Your SSI Surveillance Data

See www.CDPH.ca.gov/HAI

!New Using NHSN Analysis for Prevention Guidance Series



Using NHSN Analysis Features for Prevention: SSI

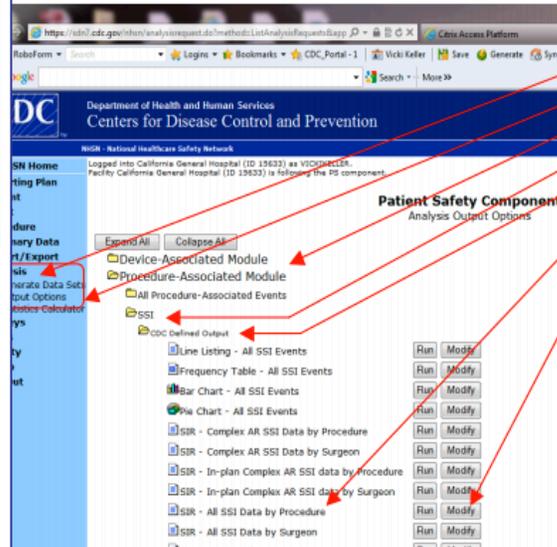
ures allows you to easily view and work with your SSI surveillance data. You can verify that ve been entered each month, and can analyze SSI findings using the standardized infection ratio (SIR). In this document, we will demonstrate how to run reports to calculate SIR by procedure, by procedure and surgeon, and how to compare SIRs using the Statistics Calculator. We will also demonstrate how to enter surgeon codes manually or upload a list of surgeon codes by creating a csv file.

Using the SIR Output Option to Review SSI Data by Procedure Type

begin by generating a data set prior to using the Analysis features to be sure all data are current.

In the NHSN Portal click Analysis → Output Options → Procedure-Associated Module → SSI → CDC Defined Output → SIR – SSI Data by Procedure → Modify.

- Click in order:
- Analysis
 - Output Options
 - Procedure-Associated Module
 - SSI
 - CDC Defined Output
 - SIR – All SSI Data By Procedure
 - Modify



April 20, 2012



HAI Liaison Program
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

en Español

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- [Job Opportunities](#)
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Related Links

- [California Health and Human Services Agency](#)
- [Department of Health Care Services \(includes Medi-Cal\)](#)
- [State Agencies Directory](#)

[Home](#) > [Programs](#) > **Healthcare Associated Infections Program**

Healthcare Associated Infections (HAI) Program

The Healthcare Associated Infections (HAI) Program is one of three programs in the [Center for Health Care Quality](#) of the [California Department of Public Health](#). The Program is responsible for the surveillance, reporting, and prevention of infections in California's general acute care hospitals as mandated by Senate Bills 739, 1058, and 158. The Program was authorized in December 2009.

HAIs are the most common complication of hospital care and are listed among the top ten leading causes of death in the United States. It is estimated that each year there are more than 1.7 million infections, 99,000 deaths, and \$3.1 billion dollars in excess healthcare costs in acute care hospitals alone. Based on this data it is estimated that approximately 200,000 infections occur in California each year with an annual cost of about \$600 million - \$1.6 billion. The vision of the HAI Program is to eliminate HAIs for California patients.

Healthcare Associated Infections

[HAI Information and Reports](#)
 Links to All Pages on HAIs and Mandatory Public Reporting

Healthcare Associated Infections - Advisory Committee

[HAI-AC Recruitment Page](#)
 → [HAI Advisory Committee](#)

Information for Infection Prevention Programs

- [AFLs, Legislation, and Regulations](#)
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- [California Infection Control and Prevention Guidelines](#)
- [HAI Liaison Program - IP Assignments by County \(PDF, New Window\)](#)

Influenza Information

- [Healthcare Personnel Influenza Vaccination](#)
- [Influenza Vaccination Information for Consumers](#)

Resources

- [Selected links to the Association of Professionals in Infection Control and Hospital Epidemiology \(APIC\)](#)
- [Selected links to the Centers for Disease Control and Prevention \(CDC\)](#)
- [Selected links to the Society for Healthcare Epidemiology of America \(SHEA\)](#)

Public Reporting - Healthcare Associated Infections

- [My Hospital - Healthcare Associated Infections Interactive Map](#)
- [Central Line associated Bloodstream Infection \(CLABSI\) 2011](#)
- [Methicillin-resistant Staphylococcus aureus \(MRSA\) and Vancomycin-resistant Enterococcus \(VRE\) 2011](#)
- [Surgical Site Infections 2011](#)
- [Clostridium difficile Infection \(CDI\) 2011 data will be published soon](#)

Public Reporting – Prevention Measures

- [Central Line Insertion Practices \(CLIP\)](#)
- [Surgical Site Infection Prevention Measures Mandatory Reporting](#)

Antimicrobial Resistance

- [California Antibiogram Project](#)
- [The California Antimicrobial Stewardship Program Initiative](#)

Contact

- [HAI Program](#)

Questions?

Email

InfectionControl@cdph.ca.gov

or

Your designated HAI Liaison IP
FirstName.LastName@cdph.ca.gov

Lynn.Janssen@cdph.ca.gov

