HAI Data Validation for Acute Care Hospitals June 20, 2023

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

Overview

- The CDPH HAI Program is offering data validation in 2023 to help hospitals assess completeness of HAI case finding
- Past validation projects have shown incomplete case finding in many California hospitals
- Hospital infection prevention program staff will be able to review and refine their surveillance practices

Program Objectives

- Recognize elements necessary for completeness of case finding including location mapping
- Identify the steps involved in conducting CDPH HAI internal validation process
- Demonstrate how the validation workbook can be utilized to complete the validation process
- Review the process for submitting the summary of findings

Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
  - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at Project Implicit (implicit.harvard.edu/implicit/)

How to Find the Validation Webpage

Data Validation for Acute Care Hospitals webpage

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ACH_Internal_Data_Validation.aspx)

- Submission of Summary of Finding results due by 9.14.2023

Location mapping

- NHSN requirement
  - Map each patient care area in the facility to a NHSN defined location in order to report surveillance data collected from these areas
- Utilize these instructions (PDF)
  (www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf)
  to determine the appropriate CDC location for NHSN surveillance, as defined in the NHSN Manual.
- Remember to review location mapping
  - any time you make any unit change
  - when there has been a significant change in patient mix

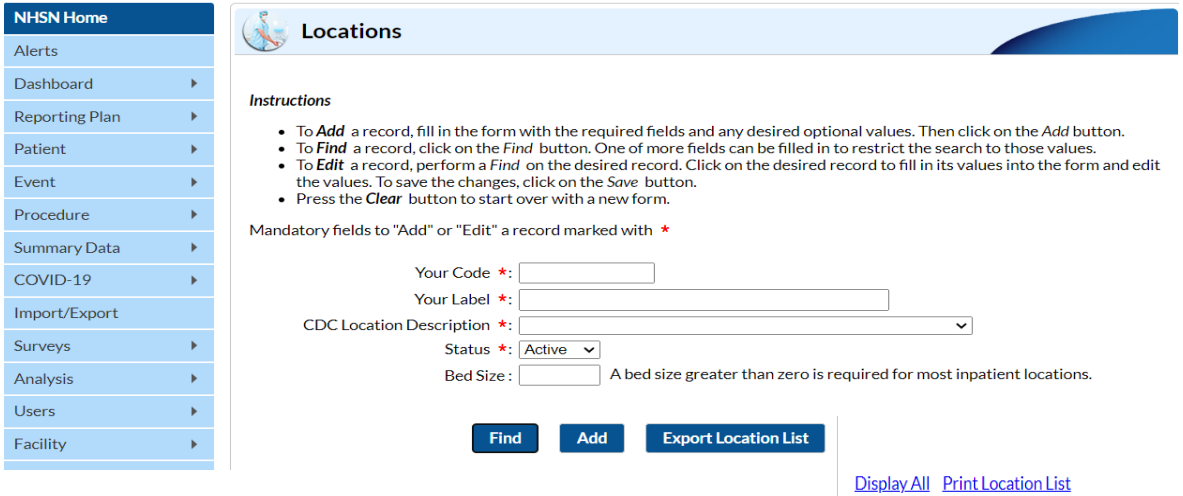
2023 Location Mapping Validation

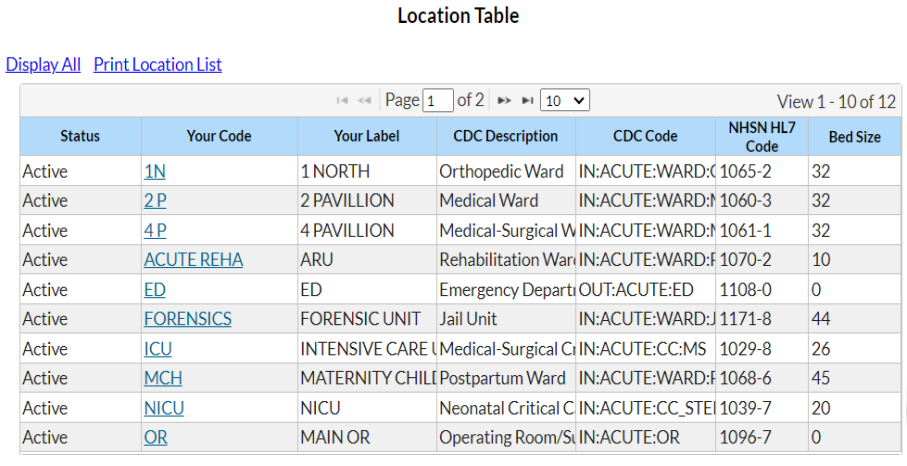
- For each BSI and LABID event reviewed, determine that the location of attribution has been appropriately mapped in NHSN
- Example :
  - An ICU that is 55% medical and 45% Surgical CDC Location: Medical/Surgical Critical Care (IN:ACUTE:CC:MS)
    - Why? Meets 80% rule for critical care acuity level and does not meet the 60% rule for designation as either medical or surgical service level alone, therefore, use combined medical/surgical designation

CDC Locations and Descriptions and Instructions for Mapping Patient Care Locations (PDF)
(www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf)

Manage Existing Locations

- Ensure locations with an “active” status in NHSN are those that are operational units within the facility and reflected on the reporting plan
- Information can be updated as shown below:





Status	Your Code	Your Label	CDC Description	CDC Code	NHSN HL7 Code	Bed Size
Active	1N	1 NORTH	Orthopedic Ward	IN:ACUTE:WARD:C	1065-2	32
Active	2 P	2 PAVILLION	Medical Ward	IN:ACUTE:WARD:M	1060-3	32
Active	4 P	4 PAVILLION	Medical-Surgical W	IN:ACUTE:WARD:M	1061-1	32
Active	ACUTE REHA	ARU	Rehabilitation War	IN:ACUTE:WARD:R	1070-2	10
Active	ED	ED	Emergency Departi	OUT:ACUTE:ED	1108-0	0
Active	FORENSICS	FORENSIC UNIT	Jail Unit	IN:ACUTE:WARD:J	1171-8	44
Active	ICU	INTENSIVE CARE U	Medical-Surgical Ci	IN:ACUTE:CC:MS	1029-8	26
Active	MCH	MATERNITY CHILI	Postpartum Ward	IN:ACUTE:WARD:P	1068-6	45
Active	NICU	NICU	Neonatal Critical C	IN:ACUTE:CC_STE	1039-7	20
Active	OR	MAIN OR	Operating Room/Su	IN:ACUTE:OR	1096-7	0

Location Mapping Validation

- Check the box if you validated that the location where each event occurred is accurately mapped in NHSN

Lab List No.	MRSA positive blood specimen date	Admit Date	Hosp. Unit where specimen was collected?	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 section: Does not meet inpatient Lab ID criteria:	If Q1 answer is **YES** and event was **Reported Correctly**, check box below:	Unit where event occurred is **Accurately Mapped in NHSN,** check box below
				YES	NHSN Event #	NO	Duplicate <14 days since last positive:	**MISSED** Should have been reported:			
M1				☐		☐	☐	☐	☐	☐	☐
M2				☐		☐	☐	☐	☐	☐	☐
M3				☐		☐	☐	☐	☐	☐	☐
M4				☐		☐	☐	☐	☐	☐	☐
M5				☐		☐	☐	☐	☐	☐	☐
M6				☐		☐	☐	☐	☐	☐	☐

CDC/NHSN Surveillance Definitions

- Know the CLABSI definition AND other HAI surveillance definitions
- Apply definition with confidence the same way every time
- Surveillance and clinical definitions may not always align
  - Surveillance definitions must be adhered to strictly and consistently
- Seek assistance for ambiguity

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

January 2022

CDC/NHSN Surveillance Definitions for Specific Types of Infections

Introduction

This chapter contains the CDC/NHSN surveillance definitions and criteria for all specific types of infections. This chapter also provides additional required criteria for the specific infection types that constitute organ space surgical site infections (Refer to Chapter 9 Appendix for specific event types available for organ space SSI attribution for each NHSN operative procedure category). **Comments and reporting instructions that follow the site-specific criteria provide further explanation and are integral to the correct application of the criteria.** Refer to Chapter 2 (Identifying HAIs in NHSN) for specific guidance for making HAI determinations.

Infection criteria contained in this chapter may be necessary for determining whether a positive blood specimen represents a primary bloodstream infection (BSI) or is secondary to a different type of infection (see Appendix B Secondary Bloodstream Infection (BSI) Guide). A BSI that is identified as secondary to ...other site of infection must meet one of the infection criteria detailed in this chapter and meet other ...rements. Secondary BSIs are not reported as Laboratory Confirmed Bloodstream Infections in NHSN, ...hey be associated with the use of a central line.

CDC Surveillance Definitions (PDF)
(www.cdc.gov/nhsn/pdfs/pscmanual/17pscnosinfdef_current.pdf)
CDC CLABSI Definition with Case Studies (PDF)
(www.cdc.gov/nhsn/pdfs/training/2022/BSI-CLABSI-Exclusions-508.pdf)

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Consistency

- Complete case-finding requires a consistent, complete evaluation of a minimum set of clinical data

	Always Step 1	**Step 2**
To identify CLABSI	Review every positive blood culture	Review for presence of central line

Validating CLABSIs

Quick Review of NHSN CLABSI Protocol

- Central Line-Associated Bloodstream Infection (CLABSI)
  - A Laboratory Confirmed Bloodstream Infection (LCBI) where an eligible BSI organism is identified, and an eligible central line is present on the LCBI Date Of Event (DOE) or the day before

LCBI 1 If LCBI 1 criterion is met, consider MBI-LCBI 1	Patient of any age has a recognized bacterial or fungal pathogen, not included on the common commensal list: 1. Identified from one or more blood specimens obtained by a culture OR 2. Identified to the genus or species level by non-culture based microbiologic testing (NCT)* methods (for example, T2 Magnetic Resonance [T2MR] or Karius Test). ***Note:*** *If blood is collected for culture within 2 days before, or 1 day after the NCT, disregard the result of the NCT and use only the result of the CULTURE to make an LCBI surveillance determination. If no blood is collected for culture within this time period, use the result of the NCT for LCBI surveillance determination.* **AND** Organism(s) identified in blood is not related to an infection at another site (See Appendix B: Secondary BSI Guide). *For the purposes of meeting LCBI-1, NCT is defined as a methodology that identifies an organism directly from a blood specimen without inoculation of the blood specimen to any culture media. For instance, NCT does not include identification by PCR of an organism grown in a blood culture bottle or any other culture media.

CDC CLABSI Event (PDF)
(www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf)

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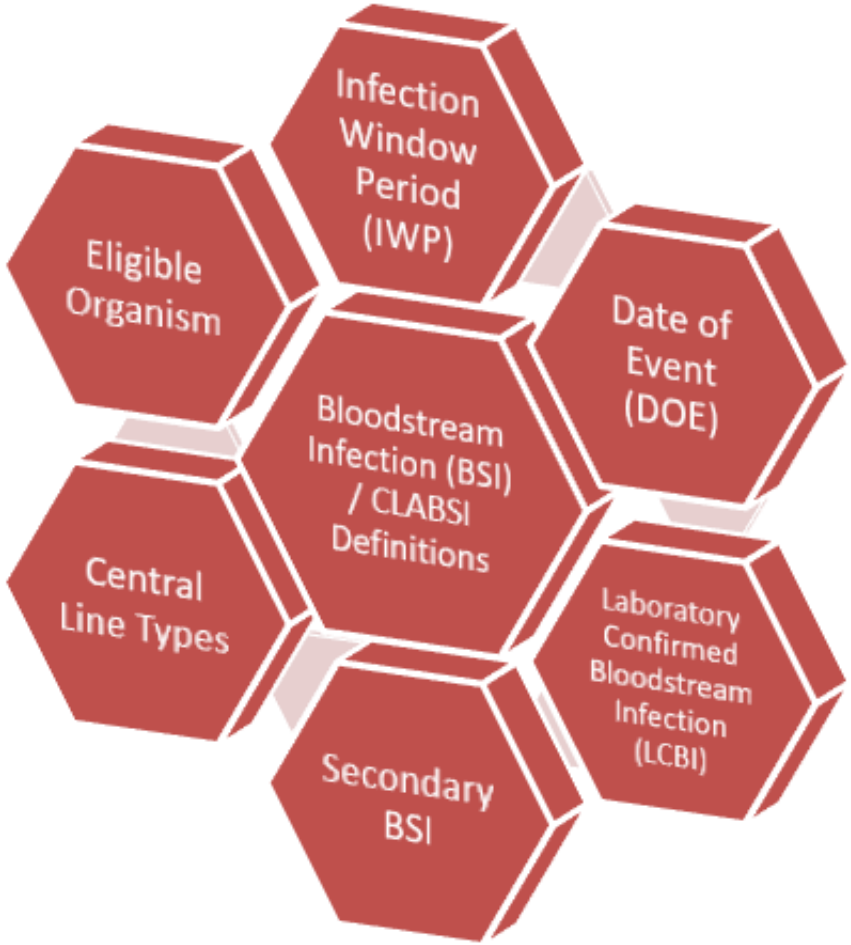
Quick Review of NHSN CLABSI Protocol Cont.

- Clinical review to determine
  - If infection was present on admission
  - If BSI secondary to infection at another site
  - If lab findings represent contamination during blood draw
  - If 2 positive blood cultures of a common commensal bacteria



Simplified View of CLABSI Definition

LCBI 1

Patient of any age

- ❑ Has a recognized pathogen cultured from one or more blood cultures

AND

- ❑ Organism cultured from blood is not related to an infection at another site

- If LCBI 1 criterion is met, consider MBI-LCBI 1

LCBI 2

Patient of any age

- ❑ Has a common commensal cultured from 2 or more blood cultures drawn on separate occasions

AND

Has at least one of the following signs or symptoms:

- ❑ Fever (>38 Celsius)
- ❑ Chills
- ❑ Hypotension

AND

Signs & symptoms and positive lab result are not related to an infection at another site.

- If LCBI 2criterion is met, consider MBI-LCBI 2

LCBI 3

Patient ≤1 year of age

- ❑ has commensals cultures from 2 or more blood cultures drawn on separate occasions

AND

At least one of the following signs or symptoms

- ❑ Fever (38 Celsius core)
- ❑ Hypothermia (<36 Celsius core)
- ❑ Apnea
- ❑ Bradycardia

AND

- ❑ Signs and symptoms and positive lab results are not related to an infections at another site.

- If LCBI 3 criterion is met, consider MBI-LCBI 3

Criterion elements must occur within the 7-day IWP (as defined in Chapter 2) which includes the collection date of the positive blood specimen, the 3 calendar days before and the 3 calendar days after.

Review of Blood Cultures

- Using a laboratory printout (not 'filtered' by a data-mining or other program)
  - Sort each positive blood culture by patient
    - If these cultures are taken multiple days in a row and would be reported as the same infection, that is one "event"
  - If a patient has BC x1 and only one bottle is positive, that is an "event"
- Number each event and randomly select 20 to review
- Enter those events, numbers corresponding, on CLABSI Validation Form 1

Sample Blood Culture Line List

Patient	Patient	MR#	Sex	Age	Specimen	Acct#	Collection	Culture	Organism Translation	Final Date	Location	Admit date
Abcdefg	Mark	1234000	M	87	blood	89721	1/10/2022	Blood Culture	MRSA	1/15/2022	ER	1/10/2022
aaffnna	Rena	12345111	F	58	blood	429288	2/16/2022	Blood Culture	Staph hemolyticus	2/19/2022	ER	2/16/2022
aaffnna	Rena	12345111	F	58	blood	429285	2/16/2022	Blood Culture	Staph hemolyticus	2/19/2022	ER	2/16/2022
amanala	Alma	667895	F	88	blood	398155	3/12/2022	Blood Culture	Staph Coagulase Neg	3/15/2022	Oncology	3/12/2022
amanala	Alma	667895	F	88	blood	398785	3/12/2022	Blood Culture	Klebsiella Pneumoniae	3/15/2022	Outpatient	3/12/2022
amanala	Alma	667895	F	88	blood	398782	3/12/2022	Blood Culture	Klebsiella Pneumoniae	3/28/2022	Outpatient	3/12/2022
amanala	Alma	667895	F	85	blood	599058	3/24/2022	Blood Culture	Enterococcus Avium	3/28/2022	Oncology	3/12/2022
affasa	Betty	765432	F	66	blood	570588	3/26/2022	Blood Culture	Escherichia Coli	4/1/2022	Med-Surg	3/27/2022
affasa	Betty	765432	F	66	blood	570589	3/26/2022	Blood Culture	Escherichia Coli	3/29/2022	Med-Surg	3/27/2022
affasa	Betty	765432	F	66	blood	570980	3/26/2022	Blood Culture	Escherichia Coli	4/1/2022	Med-Surg	3/27/2022
akaysass	Hal	345678	M	75	blood	781918	4/5/2022	Blood Culture	MRSA	4/8/2022	ER	4/5/2022
akaysass	Hal	345678	M	75	blood	781919	4/5/2022	Blood Culture				4/5/2022
bbbmmss	Robert	8976987	M	69	blood	755928	4/19/2022	Blood Culture				4/19/2022
bbbmmss	Robert	8976987	M	69	blood	755928	4/19/2022	Blood Culture				4/19/2022
bbbmmss	Robert	8976987	M	69	blood	755928	4/19/2022	Blood Culture	Cornyform gram positive	4/25/2022	ER	4/19/2022
bbcmaa	Bobby	67678768	M	73	blood	559992	4/20/2022	Blood Culture	Strep Pneumoniae	4/25/2022	Outpatient	4/19/2022
bafaba	Henry	5678675	M	55	blood	320595	4/22/2022	Blood Culture	Staph Coagulase Negative	4/25/2022	ER	4/22/2022
bbbcdafa	Butch	4567546	M	89	blood	311595	5/8/2022	Blood Culture	MRSA		ER	5/9/2022
bbbcdafa	Butch	4567546	M	89	blood	311595	5/8/2022	Blood Culture	MRSA	5/11/2022	ER	5/9/2022
bbbcdafa	Butch	4567546	M	89	blood	318590	5/15/2022	Blood Culture	MRSA	5/11/2022	ICU	5/9/2022
bbbcdafa	Butch	4567546	M	89	blood	251915	5/18/2022	Blood Culture	MRSA	5/21/2022	ICU	5/9/2022
carpapu	Darla	4356436	F	59	blood	21577	5/7/2022	Blood Culture	Staph Caprae	5/9/2022	ER	5/7/2022
carpapu	Darla	4356436	F	59	blood	21578	5/7/2022	Blood Culture	Staph Caprae	5/9/2022	ER	5/7/2022
carrppm	Anna	3453545	F	64	blood	55259	5/4/2022	Blood Culture	Staph Coagulase Negative	5/6/2022	ER	5/3/2022
carrppm	Anna	3453545	F	64	blood	55259	5/4/2022	Blood Culture	Cornyform gram positive	5/6/2022	ER	5/3/2022
cbdbg	Harry	9453576	F	45	blood	290919	6/1/2022	Blood Culture	Staph Coagulase Negative	6/4/2022	ER	6/1/2022
cbddfg	Christina	8234543	F	79	blood	82199	6/7/2022	Blood Culture	Candida Glabrata	6/8/2022	ICU	6/5/2022
cbddfg	Christina	8234543	F	79	blood	82702	6/7/2022	Blood Culture	Candida Glabrata	6/8/2022	ICU	6/5/2022
cddggff	Doug	8345623	M	83	blood	787889	6/12/2022	Blood Culture	Streptococcus Mitis	6/15/2022	ER	6/12/2022
cddggff	Doug	8345623	M	83	blood	787885	6/12/2022	Blood Culture	Streptococcus Mitis	6/15/2022	ER	6/12/2022
cddggff	Doug	8345623	M	83	blood	19789	6/24/2022	Blood Culture	Staph Coagulase Negative	6/28/2022	ICU	6/12/2022
eeffmma	Bobby	8723434	M	62	blood	58215	6/15/2022	Blood Culture	Staph Coagulase Negative	6/18/2022	ER	6/15/2022
emaffa	Anna	9432453	F	72	blood	558805	6/12/2022	Blood Culture	Staph Coagulase Negative	6/15/2022	ICU	5/29/2022
emaffa	Anna	9432453	F	72	blood	90917	6/15/2022	Blood Culture	Staph Coagulase Negative	6/18/2022	ICU	5/29/2022
gghhmma	Donna	9564735	F	70	blood	555578	6/22/2022	Blood Culture	Probable Contamination	6/25/2022	ICU	5/18/2022
gghhmma	Donna	9564735	F	70	blood	555578	6/22/2022	Blood Culture	Staph Coagulase Negative	6/25/2022	ICU	5/18/2022
mmaann	Cynthia	976345	F	54	blood	519970	6/30/2022	Blood Culture	Staph Hominis	7/2/2022	Outpatient	6/29/2022

Sorted by name

AND LOCATION

1st Quarter 2023

California Department of PublicHealth

Number each patient's "cluster" of blood cultures

Sample Blood Culture Line List

Episode	Patient Last Name	Patient First Name	MR#	Sex	Age	Specimen Descrip	Acct#	Collection date	Culture	Organism Translation	Final Date	Location	Admit date
1	Abcdefg	Mark	1234000	M	87	blood	89721	1/10/2022	Blood Culture	MRSA	1/15/2022	ER	1/10/2022
2	aaffnna	Rena	12345111	F	58	blood	429288	2/16/2022	Blood Culture	Staph hemolyticus	2/19/2022	ER	2/16/2022
	aaffnna	Rena	12345111	F	58	blood	429285	2/16/2022	Blood Culture	Staph hemolyticus	2/19/2022	ER	2/16/2022
3	amanala	Alma	667895	F	88	blood	398155	3/12/2022	Blood Culture	Staph Coagulase Negative	3/19/2022	Oncology	3/12/2022
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	affasa	Betty	765432	F	66	blood	570589	3/26/2022	Blood Culture	Escherichia Coli	3/29/2022	Med-Surg	3/27/2022
	affasa	Betty	765432	F	66	blood	570980	3/26/2022	Blood Culture	Escherichia Coli	4/1/2022	Med-Surg	3/27/2022
6	akaysass	Hal	345678	M	75	blood	781918	4/5/2022	Blood Culture	MRSA	4/8/2022	ER	4/5/2022
	akaysass	Hal	345678	M	75	blood	781919	4/5/2022	Blood Culture	MRSA	4/8/2022	ER	4/5/2022
7	bbbmmss	Robert	8976987	M	69	blood	755928	4/19/2022	Blood Culture	Probable Contamination	4/25/2022	ER	4/19/2022
	bbbmmss	Robert	8976987	M	69	blood	755928	4/19/2022	Blood Culture	Staph Coagulase Negative	4/25/2022	ER	4/19/2022
	bbbmmss	Robert	8976987	M	69	blood	755928	4/19/2022	Blood Culture	Cornyform gram positive Bacilli	4/25/2022	ER	4/19/2022
8	bbcmaa	Bobby	67678768	M	73	blood	559992	4/20/2022	Blood Culture	Strep Pneumoniae	4/25/2022	Outpatient	4/19/2022
9	bafaba	Henry	5678675	M	55	blood	320595	4/22/2022	Blood Culture	Staph Coagulase Negative	4/25/2022	ER	4/22/2022
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	bbbcdafa	Butch	4567546	M	89	blood	311595	5/8/2022	Blood Culture	MRSA	5/11/2022	ER	5/9/2022
	bbbcdafa	Butch	4567546	M	89	blood	318590	5/15/2022	Blood Culture	MRSA	5/11/2022	ICU	5/9/2022
	bbbcdafa	Butch	4567546	M	89	blood	251915	5/18/2022	Blood Culture				5/9/2022
11	carpapu	Darla	4356436	F	59	blood	21577	5/7/2022	Blood Culture				5/7/2022
	carpapu	Darla	4356436	F	59	blood	21578	5/7/2022	Blood Culture				5/7/2022
12	carrppm	Anna	3453545	F	64	blood	55259	5/4/2022	Blood Culture				5/3/2022
	carrppm	Anna	3453545	F	64	blood	55259	5/4/2022	Blood Culture	Bacilli			5/3/2022
13	cbdbg	Harry	9453576	F	45	blood	290919	6/1/2022	Blood Culture	Staph Coagulase Negative	6/4/2022	ER	6/1/2022
14	cbddfg	Christina	8234543	F	79	blood	82199	6/7/2022	Blood Culture	Candida Glabrata	6/8/2022	ICU	6/5/2022
	cbddfg	Christina	8234543	F	79	blood	82702	6/7/2022	Blood Culture	Candida Glabrata	6/8/2022	ICU	6/5/2022
15	cddggff	Doug	8345623	M	83	blood	787889	6/12/2022	Blood Culture	Streptococcus Mitis	6/15/2022	ER	6/12/2022
	cddggff	Doug	8345623	M	83	blood	787885	6/12/2022	Blood Culture	Streptococcus Mitis	6/15/2022	ER	6/12/2022
16	cddggff	Doug	8345623	M	83	blood	19789	6/24/2022	Blood Culture	Staph Coagulase Negative	6/28/2022	ICU	6/12/2022
17	ee	Bobby	8723434	M	62	blood	58215	6/15/2022	Blood Culture	Staph Coagulase Negative	6/18/2022	ER	6/15/2022
18	en	Anna	9432453	F	72	blood	558805	6/12/2022	Blood Culture	Staph Coagulase Negative	6/15/2022	ICU	5/29/2022
	en	Anna	9432453	F	72	blood	90917	6/15/2022	Blood Culture	Staph Coagulase Negative	6/18/2022	ICU	5/29/2022
19	gg	Donna	9564735	F	70	blood	555578	6/22/2022	Blood Culture	Probable Contamination	6/25/2022	ICU	5/18/2022
	gghhmma	Donna	9564735	F	70	blood	555578	6/22/2022	Blood Culture	Staph Coagulase Negative	6/25/2022	ICU	5/18/2022
20	mmaann	Cynthia	976345	F	54	blood	519970	6/30/2022	Blood Culture	Staph Hominis	7/2/2022	Outpatient	6/29/2022

Etc
Etc
Etc

Some patients may have more than one culture drawn within the time frame

CLABSI Validation Form 1

Lab List No.	Date of first positive blood culture of BSI Event	Admit Date	Hosp. Unit where specimen was collected?	Q1. Was Event reported to NHSN as a CLABSI?			NO central line >2d *Or* line not in place day of event or previous day	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	Unit where event occurred is **Accurately Mapped in NHSN**, check box below
				YES	NHSN Event #	NO		Present on admission (and not discharged in previous 2 days)	Contaminant i.e. Common skin commensals: Single +bld cx	Contaminant i.e. Common skin commensals: 2 +bld cx w/ in 2d but no S/S	Secondary BSI Primary site of infection	Met CLABSI Exclusion Criteria	**MISSED** Should have been reported:			
1				☐		☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12				☐		☐	☐	☐	☑	☐	☐	☐	☐	☐	☐	☐
13				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20																☐
													Total Missed	**A:**	**Total Correct**	**B:**	**D:**

Narrowing Charts to Review

- Print out a CLABSI line list from NHSN
- Check 'yes' or 'no' in the "Q1" column
- Per instructions on the form
- If 'no', fill out the next gray section. If listing falls in the "Missed" section, the medical record should be reviewed
  - If "Yes NHSN Event", the record should be reviewed to confirm the CLABSI event
  - For complex patients, there is a worksheet on the website to assist achieving clarity on the case

CDC Primary Bloodstream Infection (PDF)
(www.cdc.gov/nhsn/forms/57.108_PrimaryBSI_BLANK.pdf)

Primary BSI (CLABSI) or Secondary BSI?

- Rule out a CLABSI if patient has a bloodstream infection (BSI), and another site is suspected as being the primary site of infection
  - Review medical record for other primary sites of infection, especially for patients with complex co-morbidities
- **Important:** To classify a BSI as secondary to another site, you must ensure the primary site of infection meets the NHSN surveillance definition

Comparison to Your Own Data

- Print out NHSN CLABSI line list from January 1st through March 31st
- Re-verify discrepancies
- Correct NHSN data as needed

Remember

- When MRSA or VRE is the pathogen causing CLABSI, you must report the event twice both in the Device-Associated and MDRO & CDI Modules

Validating LabID Events

Quick Review of NHSN Reporting Rules for CDI, MRSA BSI,

- FacWideIN LabID event reporting is based on patient and location
  - All inpatient units and ED/24-hour observation locations are included.
- The 'date admitted to facility' is the calendar day the patient locates to an inpatient location
- LabID event reporting includes a '14-day' rule which prohibits a 'new' LabID event to be submitted for the patient in the SAME location

NHSN MRSA Bacteremia & CDI LabID Event Reporting (PDF)
(www.cdc.gov/nhsn/pdfs/training/2022/MRSA-CDI-LabID-Event-Reporting-508.pdf)

Consistency

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

	Always Step 1	Step 2
CDI	Identify all C. difficile toxin positive test (PCR, assay, Culture)	Identify CDI event for specific locations (ED/OBS/ inpatient locations)
MRSA BSI	Identify all final S. *aureus* – positive blood cultures resistant to oxacillin methicillin, or cefoxitin and/or other MRSA+ blood tests	Identify MRSA BSI event for specific locations (ED/OBS/ inpatient locations)

CDI LabID Surveillance

Community Onset (CO):

A) Collected in an outpatient location in which the patient was not previously discharged from an inpatient location within the same facility less than or equal to 28 days prior to current date of specimen collection

B) Collected in an inpatient location on HD 1 [day of admission], HD 2 or HD 3

Healthcare Facility-Onset (HO): Collected from an inpatient location on or after HD 4 where HD 1 is day of admission.

Community-Onset Healthcare Facility-Associated (COHCFA):
Collected from an inpatient or an outpatient location from a patient who was discharged from the facility less than or equal to 28 days prior to current date of stool specimen collection. The previous discharge must have been from an inpatient location within the same facility.

MRSA Blood Cultures

- Review again the list of positive blood cultures (BC)
  - Highlight all positive BC for MRSA
  - If the number of BC is > 20 **randomly select 20** by dividing total number of BC by 20 (total BC/20 = n)
  - Select every nth BC and transcribe these onto MRSA Form 2; review maximum of 20 events
  - Run line listings from the MDRO Analysis module in NHSN
  - Compare the results and adjust NHSN data accordingly

MRSA Validation Form 2

Lab List No.	MRSA positive blood specimen date	Admit Date	Hosp. Unit where specimen was collected?	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 section: Does not meet	If Q1 answer is **YES** and event was **Reported Correctly**, check box below:	Unit where event occurred is **Accurately Mapped in NHSN**, check box below
				YES	NHSN Event #	**NO**	Duplicate <14 days since last positive:	**MISSED** Should have been reported:			
M1				☐		☐	☐	☐	☐	☐	☐
M2				☐		☐	☐	☐	☐	☐	☐
M3				☐		☐	☐	☐	☐	☐	☐
M4				☐		☐	☐	☐	☐	☐	☐
M5				☐		☐	☐	☐	☐	☐	☐
M6				☐		☐	☐	☐	☐	☐	☐
M7				☐		☐	☐	☐	☐	☐	☐
M8				☐		☐	☐	☐	☐	☐	☐
M9				☐		☐	☐	☐	☐	☐	☐
M10				☐		☐	☐	☐	☐	☐	☐
M11				☐		☐	☐	☐	☐	☐	☐
M12				☐		☐	☐	☐	☐	☐	☐
M13				☐		☐	☐	☐	☐	☐	☐
M14				☐		☐	☐	☐	☐	☐	☐
M15				☐		☐	☐	☐	☐	☐	☐
M16				☐		☐	☐	☐	☐	☐	☐
M17				☐		☐	☐	☐	☐	☐	☐
M18				☐		☐	☐	☐	☐	☐	☐
M19				☐		☐	☐	☐	☐	☐	☐
M20				☐		☐	☐	☐	☐	☐	☐
								Total Missed	**A:**	**Total Correct**	**B:**	**D:**

Validating CDI

Improving Completeness of CDI Reporting

- Ensure you have identified and reported all CDI events
  - Ask your lab to run a retrospective list of positive *C. difficile* for January 1 thru March 31, 2023
- Sort by patient name or medical record number
- Using NHSN Analysis, run a line list of all CDI LabID events reported in the same time period
  - Compare the lists and correct as needed

CDI Validation Form 3

Lab List No.	Positive *C. difficile* specimen date	Admit Date	Hosp. Unit where specimen was collected?	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 section:	If Q1 answer is **YES** and event was **Reported Correctly**, check box below:	Unit where event occurred is **Accurately Mapped in NHSN**, check box below
				YES	NHSN Event #	**NO**	Duplicate <14 days since last positive:	**MISSED** Should have been reported:	Does not meet inpatient Lab ID criteria:		
C1				☐		☐	☐	☐	☐	☐	☐
C2				☐		☐	☐	☐	☐	☐	☐
C3				☐		☐	☐	☐	☐	☐	☐
C4				☐		☐	☐	☐	☐	☐	☐
C5				☐		☐	☐	☐	☐	☐	☐
C6				☐		☐	☐	☐	☐	☐	☐
C7				☐		☐	☐	☐	☐	☐	☐
C8				☐		☐	☐	☐	☐	☐	☐
C9				☐		☐	☐	☐	☐	☐	☐
C10				☐		☐	☐	☐	☐	☐	☐
C11				☐		☐	☐	☐	☐	☐	☐
C12				☐		☐	☐	☐	☐	☐	☐
C13				☐		☐	☐	☐	☐	☐	☐
C14				☐		☐	☐	☐	☐	☐	☐
C15				☐		☐	☐	☐	☐	☐	☐
C16				☐		☐	☐	☐	☐	☐	☐
C17				☐		☐	☐	☐	☐	☐	☐
C18				☐		☐	☐	☐	☐	☐	☐
C19				☐		☐	☐	☐	☐	☐	☐
C20				☐		☐	☐	☐	☐	☐	☐
							Total Missed	**A:**	**Total Correct**	**B:**	**D:**

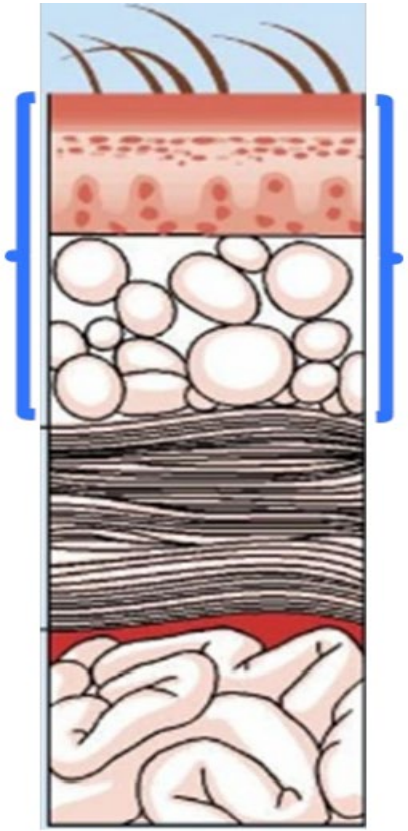
Validating SSI

Consistency with SSI Case Finding

- Complete SSI case finding requires a comprehensive evaluation of a minimal data set.

	Always Step 1	Step 2
SSI	Identify and Review • All returns to OR • All post-op hospital re-admissions (30d or 90d) and visit to ED • Lab, imaging, other diagnostic test reports	• ICD 10 post-op diagnosis and procedure "flag" codes • Review medical records for documentation within the SSI surveillance period

Superficial Incisional SSI NHSN Surveillance Definition



[The Ins and Outs of SSI Surveillance](www.cdc.gov/nhsn/pdfs/training/2022/SSI-Surveillance-508.pdf) (PDF) (www.cdc.gov/nhsn/pdfs/training/2022/SSI-Surveillance-508.pdf)

Surgical Site Infection (SSI)

Superficial incisional SSI

Must meet the following criteria:

Date of event occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date)

AND

involves only skin and subcutaneous tissue of the incision

AND

patient has at least ***one*** of the following:

a. purulent drainage from the superficial incision.
b. organism(s) identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)).
c. superficial incision that is deliberately opened by a surgeon, physician* or physician designee and culture or non-culture based testing of the superficial incision or subcutaneous tissue is not performed

   AND

   patient has at least one of the following signs or symptoms: localized pain or tenderness; localized swelling; erythema; or heat.
d. diagnosis of a superficial incisional SSI by a physician* or physician designee.

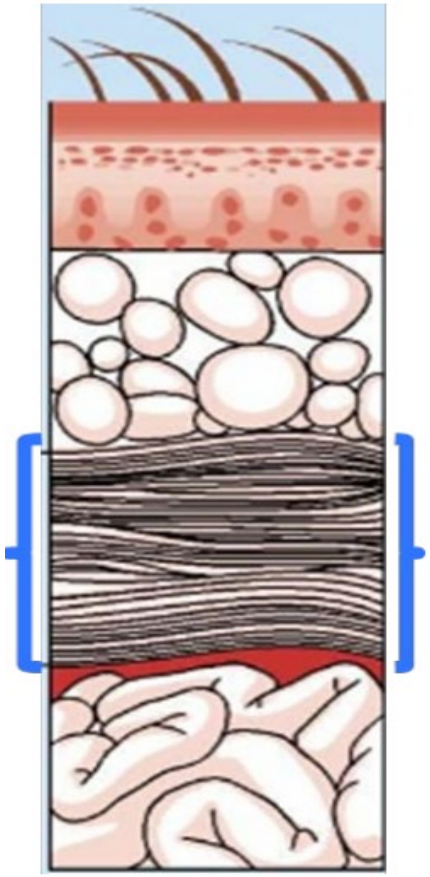
* The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).

Superficial SSI – Additional Reporting Instructions

The following do not qualify as criteria for meeting the NHSN definition of superficial incisional SSI:

- Diagnosis/treatment of cellulitis (redness/warmth/swelling), by itself, does not meet superficial incisional SSI criterion ‘d’
- A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration)
- A localized stab wound or pin site infection; depending on the depth, these infections might be considered either a skin (SKIN) or soft tissue (ST) infection

Deep Incisional SSI - NHSN Surveillance Definition



[The Ins and Outs of SSI Surveillance](www.cdc.gov/nhsn/pdfs/training/2022/SSI-Surveillance-508.pdf) (PDF) (www.cdc.gov/nhsn/pdfs/training/2022/SSI-Surveillance-508.pdf)

Deep incisional SSI

Must meet the following criteria:

The date of event occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 2

AND

involves deep soft tissues of the incision (for example, fascial and muscle layers)

AND

patient has at least ***one*** of the following:

a. purulent drainage from the deep incision.

b. a deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, physician* or physician designee

AND

organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)) or culture or non-culture based microbiologic testing method is not performed. A culture or non-culture based test from the deep soft tissues of the incision that has a negative finding does not meet this criterion.

AND

patient has at least ***one*** of the following signs or symptoms: fever (>38°C); localized pain or tenderness.

c. an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

* The term physician for the purpose of application of the NHSN SSI criteria may be interpreted to mean a surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).

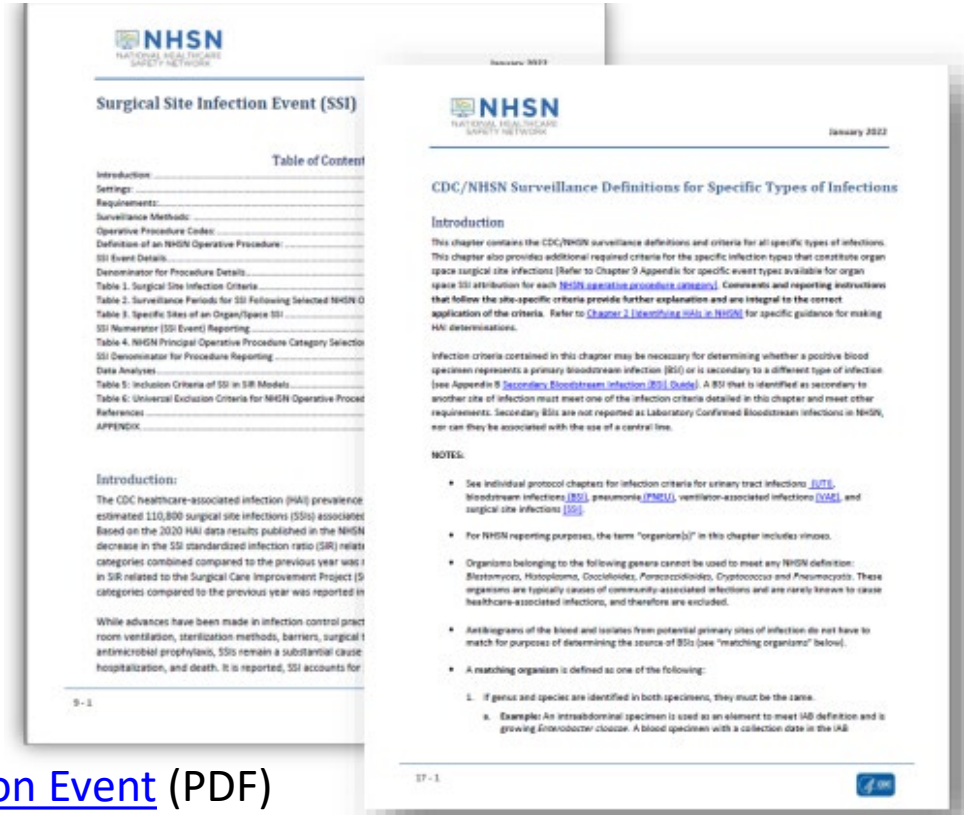
Organ/Space SSI Criteria - Chapter 9 and 17

Must meet:

1. Organ/Space criteria [Chapter 9]

AND

2. At least one criterion for a specific organ/space infection site [Chapter 17]



Surgical Site Infection Event (PDF)
(www.cdc.gov/nhsn/pdfs/pscmanual/9pscssicurrent.pdf)

Organ/Space SSI Criteria-Site Specific

Table 3. Specific Sites of an Organ/Space SSI

Category	Specific Site	Category	Specific Site
BONE	Osteomyelitis	MED	Mediastinitis
BRST	Breast abscess or mastitis	MEN	Meningitis or ventriculitis
CARD	Myocarditis or pericarditis	ORAL	Oral cavity infection (mouth, tongue, or gums)
DISC	Disc space infection	OREP	Deep pelvic tissue infection or other infection of the male or female reproductive tract
EAR	Ear, mastoid infection	PJI	Periprosthetic joint infection
EMET	Endometritis	SA	Spinal abscess/infection
ENDO	Endocarditis	SINU	Sinusitis
GIT	Gastrointestinal (GI) tract infection	UR	Upper respiratory tract, pharyngitis, laryngitis, epiglottitis
IAB	Intraabdominal infection, not specified elsewhere	USI	Urinary System Infection
IC	Intracranial infection	VASC	Arterial or venous infection
JNT	Joint or bursa infection	VCUF	Vaginal cuff infection
LUNG	Other infection of the lower respiratory tract		

(Criteria for these sites can be found in Chapter 17 (Surveillance Definitions for Specific Types of Infections)

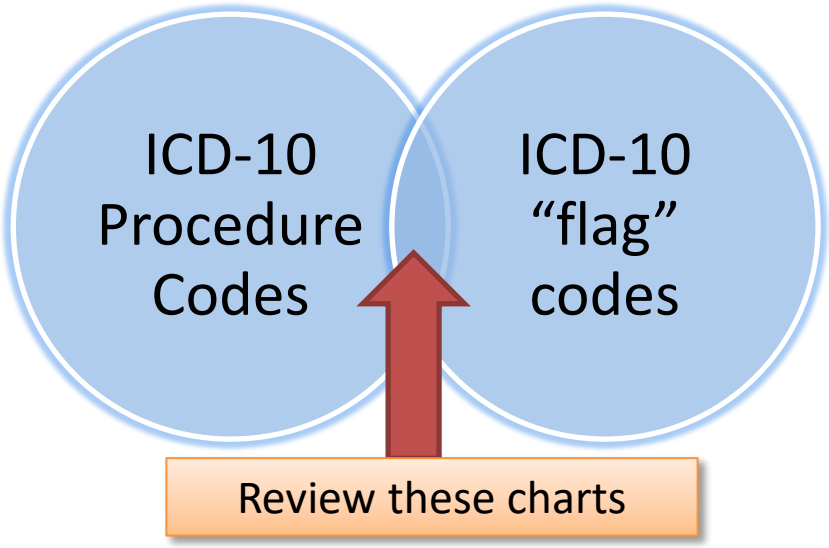
Most Common with COLO & HYST

SSI Validation – Instructions

- Validate two procedures if performed in your facility:
  - COLO
  - HPRO
- The ICD-10 Procedure Codes for COLO, need to be generated by your billing/coding office. The time should include readmissions and up to 40 days from the index procedure discharge date for COLO and 100 days for HPRO.

SSI Validation – Instructions Cont.

- Request from the billing/coding office to provide the generated list by ICD-10 diagnosis "flag" Codes
- Review all records with intersecting procedure and flag codes for evidence of a post-operative infection



Post-Operative ICD-10 Diagnosis "Flag" Code

Colon Surgery	K63.0, K63.2, K65.0, K65.1, K68.19, K94.02, K94.12, L03.319, T81.31XA, T81.31XD, T81.31XS, T81.32XA, T81.32XD, T81.32XS, T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS, T81.12XA, T81.12XD, T81.12XS
Hip Prosthesis	T84.50XA, T84.50XD, T84.50XS, T84.60XA, T84.60XD, T84.60XS, T84.7XXA, T84.7XXD, T84.7XXS, T85.79XA, T85.79XD, T85.79XS, T81.40XA, T81.40XD, T81.40XS, T81.41XA, T81.41XD, T81.41XS, T81.42XA, T81.42XD, T81.42XS, T81.43XA, T81.43XD, T81.43XS, T81.44XA, T81.44XD, T81.44XS, T81.49XA, T81.49XD, T81.49XS T81.12XA, T81.12XD, T81.12XS

Use of ICD Diagnosis Flag Codes for SSI Surveillance updated 110421 (PDF)
(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/UsingICD_DiagnosisFlagCodesforSSI_Surveillance110421_July2022.pdf)

California Department of PublicHealth

Comments on SSI Validation

- Many of the diagnosis "flag" Codes on **slide 42** were trialed specifically for these surgeries
- Evidence of abscesses are often found by reading CT scan results
- Many infections are noted during the initial hospitalization
- Ensure you have a post-discharge surveillance process in place for complete case-finding
- Reporting accurate denominator (BMI, Duration and Wound Class) data elements allows NHSN to calculate more accurate SIR for your hospital

Comparison to Your Own Data

- Review all records with intersecting procedure and “flag” diagnosis Codes
- Print out a line listing from NHSN of SSI events from January 1 through March 31st
- Re-verify for discrepancy
- Correct NHSN data as needed

COLO SSI Validation Form 4

COLON Procedure List No.	Date of Surgery (MM/DD)	Discharge date of index surgery (MM/DD)	Indicate which postop ICD code(s) "flagged" this patient record	Readmitted within NHSN specified number of days of index surgery	Was NHSN SSI criteria met?	SSI was **Reported Correctly** (SSI met criteria & reported to NHSN)		If NO SSI reported, complete this section		BMI			Duration			Wound Class		
						Yes	No	Event **did not meet NHSN criteria:**	SSI was **MISSED** (SSI met criteria & should have been reported)	BMI as reported to NHSN (to the nearest tenth xx.x)	BMI from validation medical record review (to the nearest tenth XX.X)	BMI **agree** (Discrepancy < 1.0 unit)	Duration as reported to NHSN	Duration from validation medical record review	Duration **agree**	Wound class as reported to NHSN	Wound class from validation medical record review	Wound class **agree**
				☐	☐	☐	☐	☐	☐			☐			☐			☐
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				☐	☐	☐	☐	☐	☐			☐			☐			☐
					COLO Total:	A:		B:	C:		D:			E:			F:	

California Department of PublicHealth

HPRO SSI Validation Form 5

HPRO Procedure List No.	Date of Surgery (MM/DD)	Discharge date of index surgery (MM/DD)	Indicate which postop ICD code(s) " flagged" this patient record	Readmitted within NHSN specified number of days of index surgery	Was NHSN SSI criteria met?	SSI was **Reported Correctly** (SSI met criteria & reported to NHSN) Yes	No	If NO SSI reported, complete this section: Event **did not meet NHSN criteria**:	SSI was **MISSED** (SSI met criteria & should have been reported)	BMI: BMI as reported to NHSN (to the nearest tenth xx.x)	BMI from validation medical record review (to the nearest tenth XX.X)	BMI **agree** (Discrepancy < 1.0 unit)	Duration: Duration as reported to NHSN	Duration from validation medical record review	Duration **agree**	Wound Class: Wound class as reported to NHSN	Wound class from validation medical record review	Wound class **agree**
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
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				☐	☐	☐	☐	☐	☐			☐			☐			☐
					HPRO Total:	A:		B:	C:		D:			E:			F:	

Suppl. Denominator Data Validation Form 6

If you have validated less than 20 total flagged surgical procedure records, please complete this **Supplemental** validation form.

Instructions

1. Use the lists of procedures produced in STEP 1 of "Preparing for Validation.
2. Randomly select up to 10 procedures (across the 2 procedure types).
3. Look up and record all three denominator data elements as reported to NHSN.
4. Look up and record corresponding data from medical records.
5. Indicate where data agree.
6. Total the number of validated procedures and the number that agree for each data element.
7. Report totals in "Review of Findings."

Procedure Type/No.	BMI			Duration			Wound class		
	BMI as reported to NHSN	BMI from validation medical record review	BMI **agree** (Discrepancy < 1.0 unit)	Duration as reported to NHSN	Duration from validation medical record review	Duration **agree** (Discrepancy <10 mins.)	Wound class as reported to NHSN	Wound class from validation medical record review	Wound classes **agree**
1			☐			☐			☐
2			☐			☐			☐
3			☐			☐			☐
4			☐			☐			☐
5			☐			☐			☐
6			☐			☐			☐
7			☐			☐			☐
8			☐			☐			☐
9			☐			☐			☐
10			☐			☐			☐
N:		D:			E:			F:	

California Department of PublicHealth

Validation Process Summary

- Total the columns indicated at the bottom of each form. Keep this form on hand as it will be used to populate the Summary of Findings section in the workbook
- Follow instructions in the Summary of Findings section to fill in the tables
- Populate each row in its entirety to ensure data are reported for the correct event type
- Calculations can be rounded to the nearest whole number

Summary of Findings Worksheet

- CLABSI/ LabID Data

Type of Event	Number of Missed Events That Were Identified during Validation (Note: Report to NHSN) A	Number of Events Correctly Reported to NHSN Prior to Validation B	Total Number of Events Reviewed During Validation That Meet NHSN Definitions Sum: A+B = C	Case-finding Percentage (B/C) x 100%	Total Number of Events Reviewed Where Unit Identified as Accurately Mapped in NHSN Prior to validation D
Example	2 A	16 B	2 + 16 = 18 C	16 /18 x 100% = 89%	14 D
CLABSI	A	B	C		D
MRSA BSI	A	B	C		D
CDI	A	B	C		D

Summary of Findings Worksheet

- SSI HAI Data

Procedure Type	No. Of Flagged Procedures REPORTED Correctly as SSI event into NHSN prior to validation A	No. of Flagged Procedures that did NOT meet NHSN criteria as SSI event B	No. of MISSED SSIs identified during validation C	Total SSIs reviewed during validation that meet NHSN criteria Sum: A+C=T	Case-finding Percentage (A/T)) x 100%
Example	3 A	5 B	1 C	3 + 1 = 4 T	3 /4 x 100% = 75%
SSI COLO	 A	 B	 C	 T	
SSI HPRO	 A	 B	 C	 T	

Summary of Surgical Denominator Data Elements

		BMI		Duration		Wound Class	
Procedure Type	No. of procedures reviewed during validation N	No. where BMI agree D	**Percent with accurate BMI** D/N x 100%	No. where duration agree (Discrepancy <10 min.) E	**Percent with accurate duration** E/N x 100%	No. where wound class agree F	**Percent with accurate wound class** F/N x 100%
Example:	9	7	7/9 x 100% = 78%	8	8/9 x 100% = 89%	5	5/9 x 100%=56%
COLO	N	D		E		F	
HPRO	N	D		E		F	
Supplemental Form	N	D		E		F	

Internal Validation Helpful Tips

Identifying **CLABSI/LabID data elements** to enter into Summary 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.	Date of first positive blood culture of BSI Event	Admit Date	Hosp. Unit where specimen was collected?	Q1. Was Event reported to NHSN as a CLABSI? YES	NHSN Event #	NO	NO central line >2d *Or* line not in place day of event or previous day	If Q1 answer is NO, complete this section: Present on admission (and not discharged in previous 2 days)	Contaminant i.e. Common skin commensals: Single +bld cx	Contaminant: 2 +bld cx w/ in 2d but no S/S	Secondary BSI Primary site of infection	Met CLABSI Exclusion Criteria	MISSED Should have been reported:	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	Unit where event occurred is **Accurately Mapped in NHSN**, check box below
1				☐		☑	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20																☐
												Total Missed	A:	Total Correct	B:	D:

Type of Event	Number of Missed Events That Were Identified during Validation (Note: Report to NHSN) A	Number of Events Correctly Reported to NHSN Prior to Validation B	Total Number of Events Reviewed During Validation That Meet NHSN Definitions Sum: A+B = C	Case-finding Percentage (B/C) x 100%	Total Number of Events Reviewed Where Unit Identified as Accurately Mapped in NHSN Prior to validation D
Example	2 A	16 B	2 + 16 = 18 C	16 /18 x 100% = 89%	14 D
CLABSI	A	B	C		D
MRSA BSI	A	B	C		D
CDI	A	B	C		D

California Department of PublicHealth

Identifying **SSI data elements** to enter into Summary of Findings Form:

Colon Surgery SSI Validation Form 4

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

COLON Procedure List No.	Date of Surgery (MM//DD)	Discharge date of index surgery (MM/DD)	Indicate which postop ICD code(s) " flagged" this patient record	Readmitted within NHSN specified number of days of index surgery	Was NHSN SSI criteria met?	SSI was **Reported Correctly** (SSI met criteria & reported to NHSN) Yes	SSI was **Reported Correctly** (SSI met criteria & reported to NHSN) No	If NO SSI reported, complete this section: Event **did not meet NHSN criteria:**	If NO SSI reported, complete this section: SSI was **MISSED** (SSI met criteria & should have been reported)	BMI: BMI as reported to NHSN (to the nearest tenth xx.x)	BMI: BMI from validation medical record review (to the nearest tenth XX.X)	BMI: BMI **agree** (Discrepancy < 1.0 unit)	Duration: Duration as reported to NHSN	Duration: Duration from validation medical record review	Duration: Duration **agree**	Wound Class: Wound class as reported to NHSN	Wound Class: Wound class from validation medical record review	Wound Class: Wound class **agree**
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
COLO Total:						A:		B:	C:			D:			E:			F:

Procedure Type	No. Of Flagged Procedures REPORTED Correctly as SSI event into NHSN prior to validation A	No. of Flagged Procedures that did NOT meet NHSN criteria as SSI event B	No. of MISSED SSIs identified during validation C	Total SSIs reviewed during validation that meet NHSN criteria Sum: A+C=T	Case-finding Percentage (A/T)) x 100%
Example	3 A	5 B	1 C	3 + 1 = 4 T	3 /4 x 100% = 75%
SSI COLO	A	B	C	T	
SSI HPRO	A	B	C	T	

California Department of PublicHealth

Identifying **SSI data elements** to enter into Summary of Findings Form (cont.):

Colon Surgery SSI Validation Form 4

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

COLON Procedure List No.	Date of Surgery (MM//DD)	Discharge date of index surgery (MM/DD)	Indicate which postop ICD code(s) " flagged" this patient record	Readmitted within NHSN specified number of days of index surgery	Was NHSN SSI criteria met?	SSI was **Reported Correctly** (SSI met criteria & reported to NHSN) Yes	SSI was **Reported Correctly** (SSI met criteria & reported to NHSN) No	If NO SSI reported, complete this section: Event **did not meet NHSN criteria:**	If NO SSI reported, complete this section: SSI was **MISSED** (SSI met criteria & should have been reported)	BMI: BMI as reported to NHSN (to the nearest tenth xx.x)	BMI: BMI from validation medical record review (to the nearest tenth XX.X)	BMI: BMI **agree** (Discrepancy < 1.0 unit)	Duration: Duration as reported to NHSN	Duration: Duration from validation medical record review	Duration: Duration **agree**	Wound Class: Wound class as reported to NHSN	Wound Class: Wound class from validation medical record review	Wound Class: Wound class **agree**
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
				☐	☐	☐	☐	☐	☐			☐			☐			☐
					COLO Total:	A:		B:	C:			D:		E:			F:	

		BMI		Duration		Wound Class	
Procedure Type	No. of procedures reviewed during validation N	No. where BMI agree D	**Percent with accurate BMI** D/N x 100%	No. where duration agree (Discrepancy <10 min.) E	**Percent with accurate duration** E/N x 100%	No. where wound class agree F	**Percent with accurate wound class** F/N x 100%
Example:	9	7	7/9 x 100% = 78%	8	8/9 x 100% = 89%	5	5/9 x 100%=56%
COLO	N	D		E		F	
HPRO	N	D		E		F	
Supplemental Form	N	D		E		F	

California Department of PublicHealth

Entering Summary of Finding Results into online results submission tool **when Reportable CLABSI/LabID events events identified** (i.e., positive blood culture met NHSN reporting criteria):

Type of Event	Number of Missed Events That Were Identified during Validation (Note: Report to NHSN) A	Number of Events Correctly Reported to NHSN Prior to Validation B	Total Number of Events Reviewed During Validation That Meet NHSN Definitions Sum: A+B = C	Case-finding Percentage (B/C) x 100%	Total Number of Events Reviewed Where Unit Identified as Accurately Mapped in NHSN Prior to validation D
Example	2 A	16 B	2 + 16 = 18 C	16 /18 x 100% = 89%	14 D
CLABSI	**3** A	**17** B	**20** C	17/20 x 100= **85.0%**	**15** D

* 6. CLABSI Validation Results:

Number of Missed Events That Were Identified during Validation (A):	3
Number of Events Correctly Reported to NHSN Prior to Validation (B):	17
Total Number of Events Reviewed During Validation That Meet NHSN Definitions (C):	20
Case-finding Percentage:	85
Total Number of Events Reviewed Where Unit Identified as Accurately Mapped in NHSN Prior to validation (D):	15

California Department of PublicHealth

Entering Summary of Finding Results into online results submission tool **when Reportable reportable SSI events identified** (i.e., *"Flagged"* procedure met NHSN reporting criteria):

Procedure Type	No. Of Flagged Procedures REPORTED Correctly as SSI event into NHSN prior to validation A	No. of Flagged Procedures that did NOT meet NHSN criteria as SSI event B	No. of MISSED SSIs identified during validation C	Total SSIs reviewed during validation that meet NHSN criteria Sum: A+C=T	Case-finding Percentage (A/T)) x 100%
Example	3 A	5 B	1 C	3 + 1 = 4 T	3 /4 x 100% = 75%
SSI COLO	**7** A	**2** B	**1** C	**8** T	7/8 x 100= 87.5= **= 88%**

**Round to nearest whole no.

* 15. [SSI] COLO Validation Results:

No. Of Flagged Procedures REPORTED Correctly as SSI event into NHSN prior to validation (A):	7
No. of Flagged Procedures that did NOT meet NHSN criteria as SSI event (B):	2
No. of MISSED SSIs identified during validation (C):	1
Case-finding Percentage:	88

* 16. [SSI] COLO Denominator Results: (*please only enter results from Flagged procedures*)

No. where BMI agree (D):	10
No. where Durations agree (E):	8
No. where Wound Class agree (F):	10

Entering Summary of Finding Results into online results submission tool when **NO reportable CLABSI/LabID events identified** (i.e., positive blood culture did NOT meet NHSN reporting criteria):

Type of Event	Number of Missed Events That Were Identified during Validation (Note: Report to NHSN) A	Number of Events Correctly Reported to NHSN Prior to Validation B	Total Number of Events Reviewed During Validation That Meet NHSN Definitions Sum: A+B = C	Case-finding Percentage (B/C) x 100%	Total Number of Events Reviewed Where Unit Identified as Accurately Mapped in NHSN Prior to validation D
Example	2 A	16 B	2 + 16 = 18 C	16 /18 x 100% = 89%	14 D
CLABSI	**0** A	**0** B	**0** C	Default Percent= **100.0%**	**0** D

* 6. CLABSI Validation Results:

Number of Missed Events That Were Identified during Validation (A):	0
Number of Events Correctly Reported to NHSN Prior to Validation (B):	0
Total Number of Events Reviewed During Validation That Meet NHSN Definitions (C):	0
Case-finding Percentage:	100
Total Number of Events Reviewed Where Unit Identified as Accurately Mapped in NHSN Prior to validation (D):	0

California Department of PublicHealth

Entering Summary of Finding Results into online results submission tool when **NO reportable SSI events identified** (i.e., *"Flagged"* procedure did NOT meet NHSN reporting criteria):

Procedure Type	No. Of Flagged Procedures REPORTED Correctly as SSI event into NHSN prior to validation A	No. of Flagged Procedures that did NOT meet NHSN criteria as SSI event B	No. of MISSED SSIs identified during validation C	Total SSIs reviewed during validation that meet NHSN criteria Sum: A+C=T	Case-finding Percentage (A/T)) x 100%
Example	3 A	5 B	1 C	3 + 1 = 4 T	3 /4 x 100% = 75%
SSI COLO	**0** A	**10** B	**0** C	**0** T	Default percent **= 100%**

* 15. [SSI] COLO Validation Results:

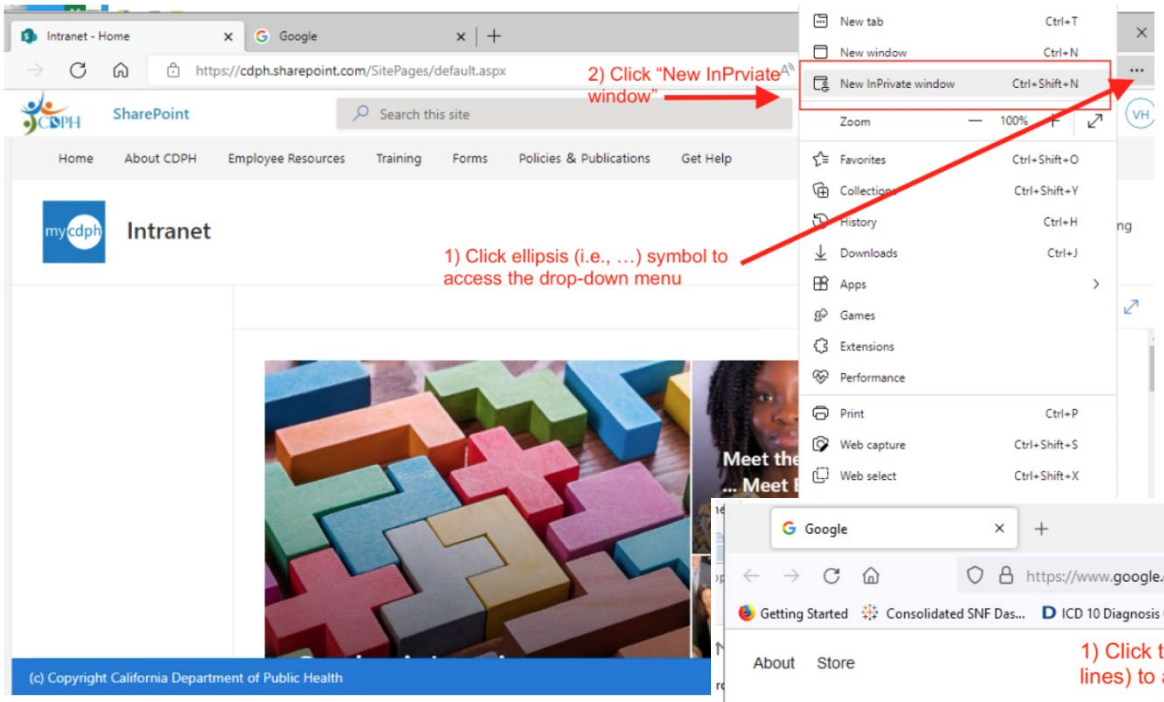
No. Of Flagged Procedures REPORTED Correctly as SSI event into NHSN prior to validation (A):	0
No. of Flagged Procedures that did NOT meet NHSN criteria as SSI event (B):	10
No. of MISSED SSIs identified during validation (C):	0
Case-finding Percentage:	100

* 16. [SSI] COLO Denominator Results: (*please only enter results from Flagged procedures*)

No. where BMI agree (D):	9
No. where Durations agree (E):	10
No. where Wound Class agree (F):	7

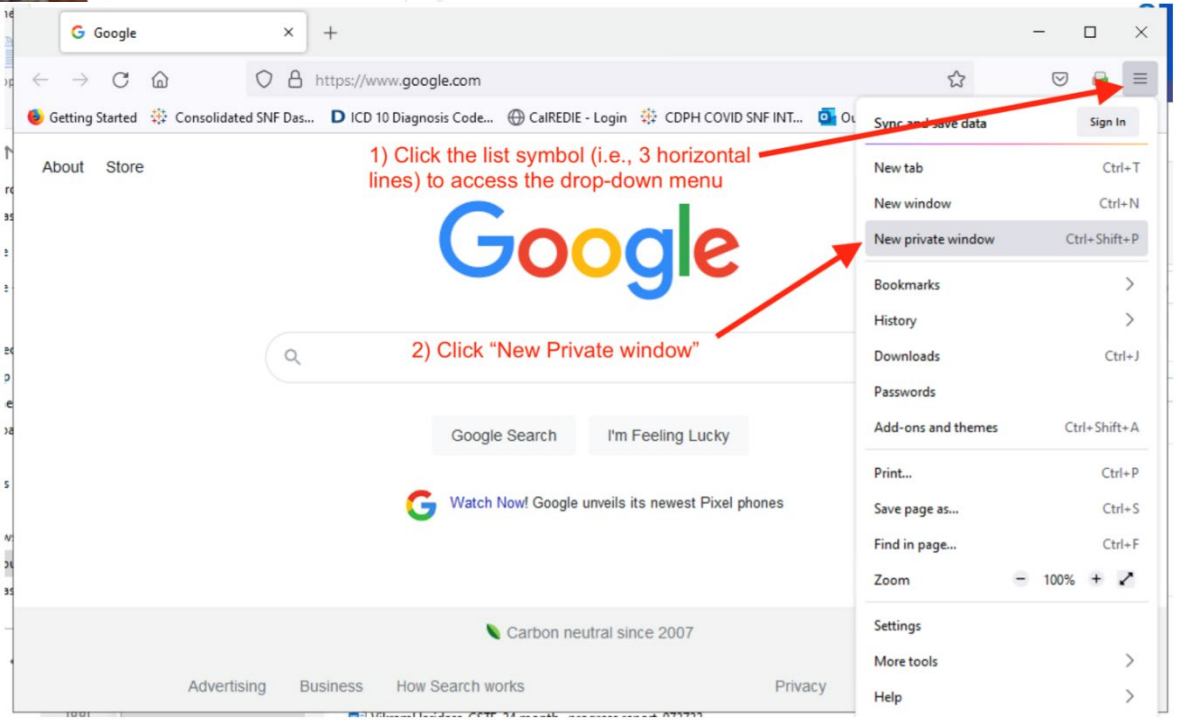
California Department of PublicHealth

Completing internal validation results submissions for **multiple facilities**



Private browser in MS Edge

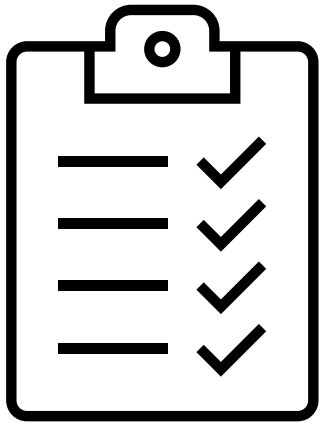
Private browser in Firefox



Submitting the Summary of Findings

- Ensure all the data points on the Summary of Findings worksheet is completed.
- Enter your summary of findings into the online survey by **September 14.**

SurveyMonkey online survey
(www.surveymonkey.com/r/CDPH_InternalValidation2023)



Data Validation Office Hours

Validation training office hours
Tuesday June 27, 10-11
And July 5, 10-11

Zoom Meeting
(us06web.zoom.us/j/88387216383?pwd=eHRrVDVzb1pOaVhpcHY1dWhtVS93dz09)
Meeting ID: 883 8721 6383 / Passcode: 634519 One tap mobile:
+14086380968,,88387216383# US (San Jose) +16694449171,,88387216383# US

Questions?

For more information,
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or email
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