CLABSI Validation Form 1

Instructions

1. Fill in the date of first positive blood culture in table below. Numbers should correspond to laboratory line list.

2. Produce CLABSI line list for January 1-June 30,2022 review period using NHSN Analysis.

3. For each numbered event, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record NHSN Event #.

4. For each event **NOT** reported to NHSN, indicate reason why in the appropriate column. If case should have been reported but was not, record as missed. Review the reason for the missed event.

5. For each event reported to NHSN as a CLABSI indicate if the event was recorded in error or if the event was recorded correctly in the appropriate column.

6. Sum the columns and calculate your percentage of CLABSI validation on the summary of findings table.

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

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 of patient when test was sent:	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	Present on admission (and not discharged in previous 2 days)	Contaminant i.e. Common skin commensals Single +bld cx	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:
1				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
14				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15				☐		☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
												Total Missed	A:	Tot. Correct	B:

MRSA BSI Validation Form 2

Instructions

1. From lab line list, for each MRSA positive blood culture, fill in the specimen date and hospital unit of patient when test was sent.

2. Using NHSN Analysis, produce a line list of MRSA BSI Events reported by your hospital from January 1-June 30, 2022, validation review period.

3. For each numbered blood culture below, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record NHSN Event #.

4. For each blood culture **NOT** reported to NHSN, indicate reason why in the appropriate column. If case should have been reported but was not, record as missed. Review the reason for the missed event.

5. For each blood culture **Reported** to NHSN, verify if case met the LabID reporting criteria.

    i. If no, review the reason why it was incorrectly reported.

    ii. If yes, compare specimen date, admission, and location as reported on NHSN line list to the same info in the medical record. Verify accuracy.

6. Sum the columns and calculate your percentage of MRSA validation on the summary of findings table.

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

MRSA BSI Validation Form 2
When the review is complete, please make all necessary corrections to your data in NHSN!

Lab List No.	MRSA positive blood specimen date:	Admit Date	Hospital Unit of patient when test was sent:	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:
							Duplicate <14 days since last positive:	**MISSED** Should have been reported:		
				YES	NHSN Event #	**NO**				
M1				☐		☐	☐	☐	☐	☐
M2				☐		☐	☐	☐	☐	☐
M3				☐		☐	☐	☐	☐	☐
M4				☐		☐	☐	☐	☐	☐
M5				☐		☐	☐	☐	☐	☐
M6				☐		☐	☐	☐	☐	☐
M7				☐		☐	☐	☐	☐	☐
M8				☐		☐	☐	☐	☐	☐
M9				☐		☐	☐	☐	☐	☐
M10				☐		☐	☐	☐	☐	☐
M11				☐		☐	☐	☐	☐	☐
M12				☐		☐	☐	☐	☐	☐
M13				☐		☐	☐	☐	☐	☐
M14				☐		☐	☐	☐	☐	☐
M15				☐		☐	☐	☐	☐	☐
							Total Missed	A:	Total Correct	B:

VRE BSI Validation Form 3

Instructions

1. From lab line list, for each VRE positive blood culture, fill in the specimen date and hospital unit of patient when test was sent.

2. Using NHSN Analysis, produce a line list of VRE BSI Events reported by your hospital from January 1-June 30, 2022, validation review period.

3. For each numbered blood culture below, answer Q1 by referring to your NHSN line list. For cases reported to NHSN, record NHSN Event #.

4. For each blood culture **NOT** reported to NHSN, indicate reason why in the appropriate column. If case should have been reported but was not, record as missed. Review the reason for the missed event.

5. For each blood culture **Reported** to NHSN, verify if case met the LabID reporting criteria.

    i. If no, review the reason why it was incorrectly reported.

    ii. If yes, compare specimen date, admission, and location as reported on NHSN line list to the same info in the medical record. Verify accuracy.

6. Sum the columns and calculate your percentage of VRE validation on the summary of findings table.

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

VRE BSI BSI Validation Form 3
When the review is complete, please make all necessary corrections to your data in NHSN!

Lab List No.	VRE positive blood specimen date:	Admit Date	Hospital Unit of patient when test was sent:	Q1. Was VRE 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:
				YES	NHSN Event #	**NO**	Duplicate <14 days since last positive:	**MISSED** Should have been reported:		
V1				☐		☐	☐	☐	☐	☐
V2				☐		☐	☐	☐	☐	☐
V3				☐		☐	☐	☐	☐	☐
V4				☐		☐	☐	☐	☐	☐
V5				☐		☐	☐	☐	☐	☐
V6				☐		☐	☐	☐	☐	☐
V7				☐		☐	☐	☐	☐	☐
V8				☐		☐	☐	☐	☐	☐
V9				☐		☐	☐	☐	☐	☐
V10				☐		☐	☐	☐	☐	☐
V11				☐		☐	☐	☐	☐	☐
V12				☐		☐	☐	☐	☐	☐
V13				☐		☐	☐	☐	☐	☐
V14				☐		☐	☐	☐	☐	☐
V15				☐		☐	☐	☐	☐	☐
							Total Missed A:		Total Correct B:	

CDI Validation Form 4: *C difficile* Review

Instructions

1. From lab line list, for each toxin-positive *C difficle* test, fill in the specimen date and hospital unit of patient when test was sent.

2. Using NHSN Analysis, produce a line list of CDI LabID Events reported by your hospital from January 1-June 30, 2022, validation review period.

3. For each numbered specimen, answer Q1 by referring to your NHSN line list. For CDI cases reported to NHSN, record NHSN Event #.

4. For each specimen **NOT** reported to NHSN, indicate reason why in the appropriate column. If case should have been reported but was not, record as missed. Review the reason for the missed event.

5. For each specimen **Reported** to NHSN, verify if case met the LabID reporting criteria. If no, review the reason why it was incorrectly reported. If yes, CDI LabID criteria met, compare specimen date, admission, and location as reported on NHSN line list to the same info in the medical record. Verify accuracy.

6. Sum the columns and calculate your percentage of CDI validation on the summary of findings table.

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

CDI Validation Form 4
When the review is complete, please make all necessary corrections to your data in NHSN!

Lab List No.	Positive *C. difficile* 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:	If Q1 answer is YES and event was **Reported Correctly**, check box below:
							Duplicate <14 days since last positive:	**MISSED** Should have been reported:		
				YES	NHSN Event #	NO				
C1				☐		☐	☐	☐	☐	☐
C2				☐		☐	☐	☐	☐	☐
C3				☐		☐	☐	☐	☐	☐
C4				☐		☐	☐	☐	☐	☐
C5				☐		☐	☐	☐	☐	☐
C6				☐		☐	☐	☐	☐	☐
C7				☐		☐	☐	☐	☐	☐
C8				☐		☐	☐	☐	☐	☐
C9				☐		☐	☐	☐	☐	☐
C10				☐		☐	☐	☐	☐	☐
C11				☐		☐	☐	☐	☐	☐
C12				☐		☐	☐	☐	☐	☐
C13				☐		☐	☐	☐	☐	☐
C14				☐		☐	☐	☐	☐	☐
C15				☐		☐	☐	☐	☐	☐
							Total Missed	A:	Total Correct	B:

COLON SSI Validation Form 5

Instructions

1. Request from Coding/Billing department list of ICD10 codes for colorectal procedures and then also request related diagnosis ('Flag') codes for those patients up to 40 days after their initial surgery date.

2. Using NHSN Analysis, produce a line list COLO SSI Events reported by your hospital from January 1-June 30, 2022, validation review period.

3. Create a separate line list for each procedure (one list for each procedure type) from the procedures identified in step 3. Sort the lists by patient name or medical record number. The lists should contain the following:

    a) Patient name and/or medical record number
    b) The ICD code or codes flagging the record
    c) Original procedure date
    d) Discharge date of the original procedure
    e) Date of readmission (if applicable)

4. For each procedure review each patient's medical record to verify your decision to report or not report an SSI to NHSN. Carefully follow NHSN protocols/definitions as defined in Chapter 9 of the Patient Safety Component Manual. Refer to the SSI Event line list and NHSN procedure data where necessary.

5. Complete the following sections:

    a) Was NHSN SSI criteria met? (If yes, indicate superficial, deep or organ/space SSI)
    b) Was SSI reported to NHSN? (If yes, indicate NHSN Event #)
    c) Was an SSI **Reported Correctly**? (i.e., the event met NHSN SSI criteria and was reported as an SSI prior to validation.)
    d) For those records where NO SSI was reported to NHSN, indicate if:
        o Event **did not meet NHSN criteria**
           OR
        o SSI was **MISSED** (i.e. did meet NHSN SSI criteria but was not reported)

6. Record selected denominator data elements for each procedure type using both patient medical records and NHSN procedure data.
        o Note: To locate denominator data in NHSN you may choose to look up individual procedure records directly in NHSN. Another option is to produce an NHSN procedure line list with all necessary elements. Detailed instructions for doing this are available in Appendix C.

7. 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.

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

Colon SSI Validation Form 5
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	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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				☐	☐	☐	☐	☐	☐			☐			☐			☐
COLO Total:						A:		B:	C:			D:			E:			F:

Abdominal Hysterectomy SSI Validation Form 6

Instructions

1. Request from Coding/Billing department list of ICD10 codes for colorectal procedures and then also request related diagnosis ('Flag') codes for those patients up to 40 days after their initial surgery date.

2. Using NHSN Analysis, produce a line list COLO SSI Events reported by your hospital from January 1-June 30, 2022, validation review period.

3. Create a separate line list for each procedure (one list for each procedure type) from the procedures identified in step 3. Sort the lists by patient name or medical record number. The lists should contain the following:

   a) Patient name and/or medical record number
   b) The ICD code or codes flagging the record
   c) Original procedure date
   d) Discharge date of the original procedure
   e) Date of readmission (if applicable)

4. For each procedure review each patient's medical record to verify your decision to report or not report an SSI to NHSN. Carefully follow NHSN protocols/definitions as defined in Chapter 9 of the Patient Safety Component Manual. Refer to the SSI Event line list and NHSN procedure data where necessary.

5. Complete the following sections:

   a) Was NHSN SSI criteria met? (If yes, indicate superficial, deep or organ/space SSI)
   b) Was SSI reported to NHSN? (If yes, indicate NHSN Event #)
   c) Was an SSI **Reported Correctly**? (i.e., the event met NHSN SSI criteria and was reported as an SSI prior to validation.)
   d) For those records where NO SSI was reported to NHSN, indicate if:
      o Event **did not meet NHSN criteria**
        OR

      o SSI was **MISSED** (i.e. did meet NHSN SSI criteria but was not reported)

6. Record selected denominator data elements for each procedure type using both patient medical records and NHSN procedure data.

   o Note: To locate denominator data in NHSN you may choose to look up individual procedure records directly in NHSN. Another option is to produce an NHSN procedure line list with all necessary elements. Detailed instructions for doing this are available in Appendix C.

7. 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.

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

Abdominal Hysterectomy SSI Validation Form 6
When the review is complete, please make all necessary corrections to your data in NHSN!

HYST 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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				☐	☐	☐	☐	☐	☐			☐			☐			☐
HYST Total:						A:		B:	C:			D:			E:			F:

Cesarean Section SSI Validation Form 7

Instructions

1. Request from Coding/Billing department list of ICD10 codes for colorectal procedures and then also request related diagnosis ('Flag') codes for those patients up to 40 days after their initial surgery date.

2. Using NHSN Analysis, produce a line list COLO SSI Events reported by your hospital from January 1-June 30, 2022, validation review period.

3. Create a separate line list for each procedure (one list for each procedure type) from the procedures identified in step 3. Sort the lists by patient name or medical record number. The lists should contain the following:

   a) Patient name and/or medical record number
   b) The ICD code or codes flagging the record
   c) Original procedure date
   d) Discharge date of the original procedure
   e) Date of readmission (if applicable)

4. For each procedure review each patient's medical record to verify your decision to report or not report an SSI to NHSN. Carefully follow NHSN protocols/definitions as defined in Chapter 9 of the Patient Safety Component Manual. Refer to the SSI Event line list and NHSN procedure data where necessary.

5. Complete the following sections:

   a) Was NHSN SSI criteria met? (If yes, indicate superficial, deep or organ/space SSI)
   b) Was SSI reported to NHSN? (If yes, indicate NHSN Event #)
   c) Was an SSI **Reported Correctly**? (i.e., the event met NHSN SSI criteria and was reported as an SSI prior to validation.)
   d) For those records where NO SSI was reported to NHSN, indicate if:
      o Event **did not meet NHSN criteria**
        OR
      o SSI was **MISSED** (i.e. did meet NHSN SSI criteria but was not reported)

6. Record selected denominator data elements for each procedure type using both patient medical records and NHSN procedure data.

      o Note: To locate denominator data in NHSN you may choose to look up individual procedure records directly in NHSN. Another option is to produce an NHSN procedure line list with all necessary elements. Detailed instructions for doing this are available in Appendix C.

7. 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.

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

Cesarean Section SSI Validation Form 7
When the review is complete, please make all necessary corrections to your data in NHSN!

CSEC 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 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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CSEC Total:						A:		B:	C:			D:			E:			F:

Denominator Data Supplemental Validation Form 8
When the review is complete, please make all necessary corrections to your data in NHSN!

If you have validated less than 20 total records, or if you desire, 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.
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			Wound class			Duration		
	BMI as reported to <u>NHSN</u>	BMI from validation <u>medical record review</u>	BMI **agree** (Discrepancy < 10 min.)	Wound class as reported to <u>NHSN</u>	Wound class from validation <u>medical record review</u>	Wound classes **agree**	Duration as reported to <u>NHSN</u>	Duration from validation <u>medical record review</u>	Duration **agree** (Discrepancy <1.0 BMI
1			☐			☐			☐
2			☐			☐			☐
3			☐			☐			☐
4			☐			☐			☐
5			☐			☐			☐
6			☐			☐			☐
7			☐			☐			☐
8			☐			☐			☐
9			☐			☐			☐
10			☐			☐			☐
N:		D:			E:			F:	

Updated 10/03/2022