Hospital HAI Data Validation Training

June 2024

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

Thank you for participating!

List of California Hospitals according to county, facility category, and facility participation status in CDPH 2023 Internal HAI data Validation*

- California Hospitals that Participated and Submitted Complete Validation Data for the CDPH 2023 Internal HAI Data Validation (Excel)
- California Hospitals that Participated and Submitted Complete Validation Data for the CDPH 2022 Internal HAI Data Validation (Excel)

  *Please note, facilites that were inactive during 2022 Internal Validation are not included in the list.

🔍 Search table by keyword

Facility Name	County	Facility Category	Participated in the CDPH 2023 Internal HAI Data Validation?
Adventist Health And Rideout	Yuba	Acute Care Hospital	Yes
Adventist Health Bakersfield	Kern	Acute Care Hospital	Yes
Adventist Health Clearlake	Lake	Critical Access Hospital	No

External Validation

- External validation begins September 16, 2024
- Invitations to participate will be sent to the following facilities:
    - Ten randomly selected facilities who have previously participated in external validation in either 2022 or 2023
    - Any facility who has not participated in external validation in either 2022 or 2023
- Data for external validation will review Q1 and Q2 HAI events for 2024

INTERNAL DATA VALIDATION

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
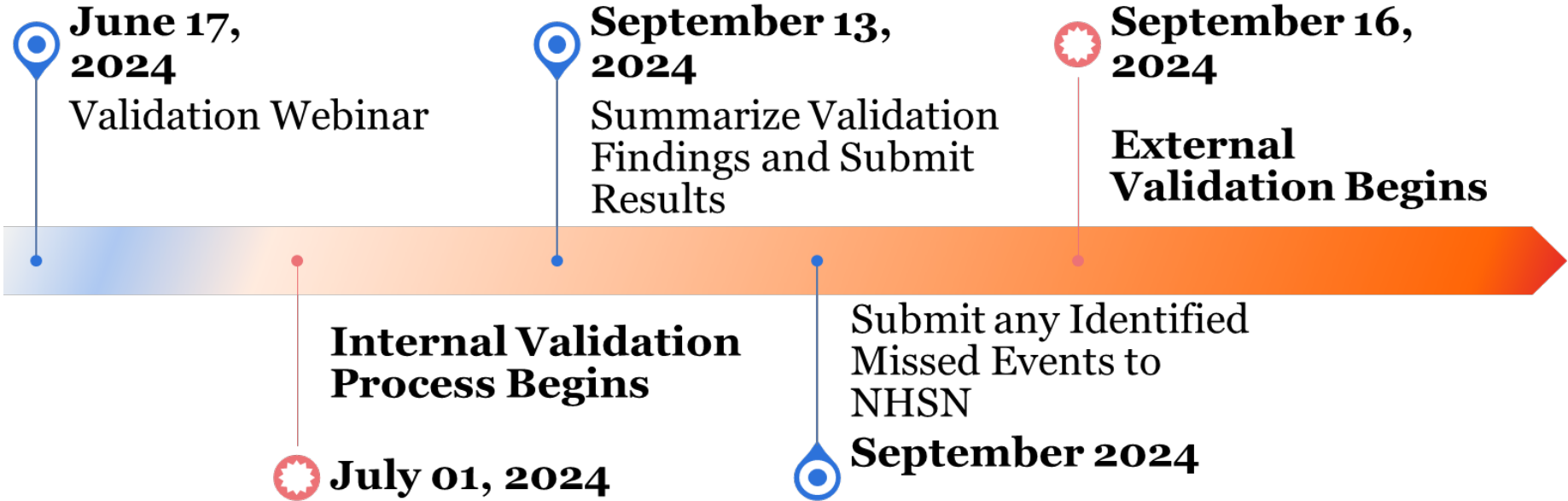
Changes to 2024 Validation Process

What's new?

- Added ASA score to denominator data
- Added FUSN to SSI validation
- Added new flag codes

What's changed?

- Removed BMI from denominator data
- Removed HPRO from SSI validation

Validation Timeline and Webpage

- Webpage for [Acute Care Hospital Data Validation](www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ACH_Internal_Data_Valid ation.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ACH_Internal_Data_Valid ation.aspx)

- Submission of Summary of Findings results due by **9/13/2024**

June 17, 2024
Validation Webinar

September 13, 2024
Summarize Validation Findings and Submit Results

September 16, 2024
External Validation Begins

Internal Validation Process Begins

July 01, 2024

Submit any Identified Missed Events to NHSN
September 2024

2024 Mapping Patient Care Location Validation

- Utilize these instructions to determine the appropriate CDC location for NHSN surveillance, as defined in the [NHSN Manual](#) (PDF) (www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf)

- 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](#)
(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:

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				☐		☐	☐	☐	☐	☐	☐

VALIDATING CLABSI EVENTS

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		ER	2/16/2022
amanala	Alma	667895	F	88	blood	398155	3/12/2022	Blood Culture	Staph Coagulase Neg		Oncology	3/12/2022
amanala	Alma	667895	F	88	blood	398785	3/12/2022	Blood Culture	Klebsiella Pneumonia		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	Staph Coagulase Negative		ER	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

For the specific time period. We chose Q1 and Q2 2022 here

Sample Blood Culture Line List

Number each patient's "cluster" of blood cultures

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	baffnna	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
	amanala	Alma	667895	F	88	blood	398785	3/12/2022	Blood Culture	Klebsiella Pneumoniae	3/16/2022	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
4	amanala	Alma	667895	F	85	blood	599058	3/24/2022	Blood Culture	Enterococcus Avium	3/28/2022	Oncology	3/12/2022
5	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
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
10	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				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	Cornyform gram positive 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	enr Etc	Anna	9432453	F	72	blood	558805	6/12/2022	Blood Culture	Staph Coagulase Negative	6/15/2022	ICU	5/29/2022
	enr Etc	Anna	9432453	F	72	blood	90917	6/15/2022	Blood Culture	Staph Coagulase Negative	6/18/2022	ICU	5/29/2022
19	ggEtc	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

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

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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:						MISSED	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
								Present on admission (and not discharged in previous 2 days)	Contaminant i.e. Common skin commensals		Secondary BSI Primary site of infection	Met CLABSI Exclusion Criteria	Should have been reported:				
				YES	NHSN Event #	NO			Single +bld cx	2 +bld cx w/ in 2d but no S/S							
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:

MRSA VALIDATION

Preparing for MRSA Validation

- Using the lab line list (previously used for CLABSI validation) sort by name and number each positive MRSA blood culture on your list as M1, M2, M3, etc. (number each blood culture individually, not as BSI events or clusters)
    - Refer to the NHSN line list of MRSA BSI Events reported by your hospital for the 3-month validation review period (January – March 2024)
- Randomly select 20 patients to review
    - If the number of positive blood cultures is **≤20**, number all blood cultures 1 through 20 (as appropriate)
- If the number of blood cultures is **>20**, divide the total by 20 (total **BC**/20= n), select every n^{th} event for review, numbering 1 through 20. **Review a maximum of 20 events only**

Example: 80 positive MRSA cultures: 80/20= 4
        Every 4th positive blood culture would be selected

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MRSA Validation Form 2

- Enter each positive blood culture (i.e., M1, M2) on the MRSA BSI Validation Form (**Form 2**) in Appendix B. Make sure to include the date the specimen was collected
  - Indicate the hospital unit where the specimen was collected
- For each selected culture, answer Question 1 (Q1) by referring to your NHSN line list
- Record the NHSN Event number, if reported
- For each event reviewed, determine that <u>the location of attribution</u> has been **appropriately mapped** 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	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				☐		☐	☐	☐	☐	☐	☐

MRSA Validation Form 2 (continued)

- Review each patient's medical record to verify your decision to report each case, or not report it, to NHSN. Carefully follow NHSN MDRO LabID protocols/definitions
  - For each blood culture **NOT** reported to NHSN (i.e., <u>Q1 answer is "No"</u>), indicate the reason why in the appropriate column
  - If it should have been reported but was not, record it as 'missed' and provide a reason

MRSA Validation Form 2 (continued)

- For each blood culture **Reported** to NHSN (e.g., <u>Q1 answer is "Yes"</u>), verify if the case met inpatient LabID criteria. If each case does check the box indicating the case was correctly reported
  - If the case was reported in error, indicate a reason for the error in the appropriate column
- Total the columns and use this form to populate the Summary of Findings.

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

CDI VALIDATION

Preparing for CDI Event Validation

1. Generate a report from your LIS containing all FINAL positive Clostridioides difficile (C. diff.) test results (assay or PCR results) during the first quarter of 2024 (January 1 – March 31) from all inpatients and ED patients

   - NOTE: Please use the final test result if your facility utilizes a multi-step testing approach for CDI LabID reporting in NHSN

   - This list should include patient name and/or MRN, date of specimen collection, patient location at the time of collection, and date of admission

2. Sort this list by patient name or MRN

3. Number each event and randomly select 20 patients to review

4. Follow CDI Validation Instructions on workbook page 10 to complete Form 3

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: 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:			
C1				☐		☐	☐	☐	☐	☐	☐
C2				☐		☐	☐	☐	☐	☐	☐
C3				☐		☐	☐	☐	☐	☐	☐
C16				☐		☐	☐	☐	☐	☐	☐
C17				☐		☐	☐	☐	☐	☐	☐
C18				☐		☐	☐	☐	☐	☐	☐
C19				☐		☐	☐	☐	☐	☐	☐
C20				☐		☐	☐	☐	☐	☐	☐
							Total Missed A:			**Total Correct** B:	D:

SURGICAL SITE INFECTION VALIDATION

SSI Validation

Validation Process

- Identify all patients who had each of the two inpatient procedures (COLO, FUSN) performed in the first quarter of 2024 (January 1 – March 31). To do this, perform a "look back" using hospital billing data to find all patients with an NSHN defined ICD-10 surgical procedure code (ICD-10-PCS) (MS Excel Spreadsheet via https://www.cdc.gov/nhsn/xls/icd10-pcs-pcm-nhsn-opc.xlsx)

- Save these procedure lists for your reference. Ensure every procedure identified has been reported to NHSN
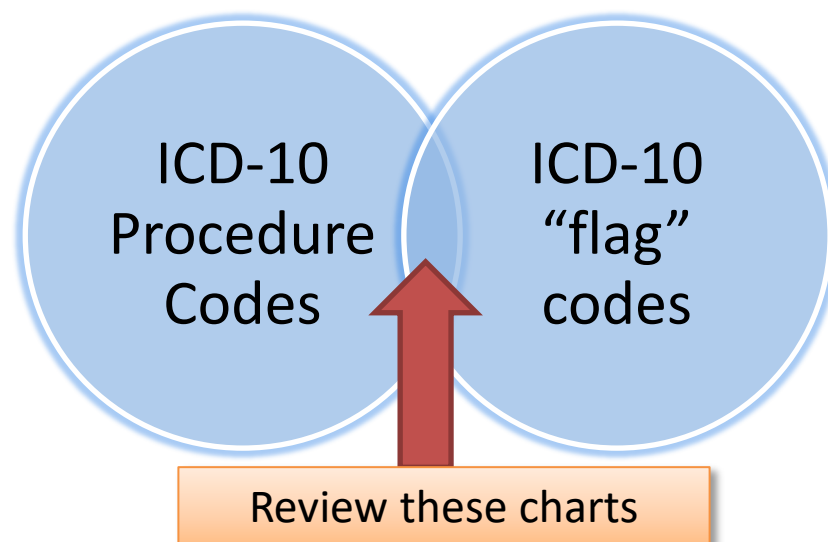
SSI Validation

Validation Process

- Your billing or medical records office needs to query the billing data to look for diagnosis flag codes during the index surgical admission and any admission up to:
  - 40 days after surgical procedure for colon surgery. Note: This would include a review up to 5/10/2024 if a surgery was performed on the final day of the first quarter (i.e., 3/31/2024)
  - 100 days after surgical procedure for spinal fusion. Note: This would include a review up to 7/09/2024 if a surgery was performed on the final day of the (i.e., 3/31/2024

SSI Validation – Instructions Cont.

- Review all records with intersecting procedure and flag codes for evidence of a post-operative infection

ICD-10 Procedure Codes

ICD-10 "flag" codes

Review these charts

SSI Validation (continued)

- Record and report via REDCap to CDPH HAI Program

	Total number of procedure in Q1 2024	Number of procedure identified through ICD-10-CM "Flag" codes	Number of "Flagged" procedures reviewed for validation of given SSI Type
COLO			
FUSN			

- Enter the identified flagged procedures to the corresponding SSI validation form and complete the applicable information (i.e., date of surgery, etc.)
  - COLO SSI on Form 4
  - FUSN SSI on Form 5
- Review each entry (patient's medical records) to determine if the patient meets NHSN SSI reporting criteria

SSI Validation (continued)

- Complete Forms 4-5
- Total the columns indicated at the bottom of each form

Colon Surgery SSI Validation Form 4

SSI Validation (continued)

Denominator Data Supplemental Validation (Form 6)

- If the total number of records flagged for review are <20, complete Denominator Data Supplemental Validation (Form 6)

- Use the list of procedures to randomly select up to 10 procedures

- Look up, record, and compare NHSN data to medical records data

  - ASA Score, Duration, Wound Class

- Criteria for accurate reporting (Table 4)

Data Element	Accurate if
ASA Score	ASA scores agree
Duration	<10 minutes discrepancy
Wound class	Wound classes agree

SSI Validation (continued)

Denominator Data Supplemental Validation (Form 6)

Denominator Data Supplemental Validation – Form 6

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

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

Procedure Type/No.	ASA Score			Duration			Wound class		
	ASA Score as reported to NHSN	ASA Score from validation medical record review	ASA Score agree	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			☐			☐			☐

SUMMARY OF FINDINGS

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 FUSN	A	B	C	T		

Summary of Findings Worksheet

Surgical Denominator Data Elements

Procedure Type	No. of procedures reviewed during validation N	ASA Score		Duration		Wound Class	
		No. where ASA Score agree D	Percent with accurate ASA Score 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	
FUSN	N	D		E		F	
Supplemental Form	N	D		E		F	

2024 Internal Validation Result Submission:

HAI Program's GACH 2024 Internal HAI Data Validation

[**REDCap Results Survey**](redcap.link/CDPH_InternalValidation2024) (redcap.link/CDPH_InternalValidation2024)

CDPH HAI Program Regional Call

Do you have a question or comment?

- Contact information:

  - HAIProgram@cdph.ca.gov

Validation supports accuracy of case findings methods