



CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

2024 HAI Data External Validation *Instructions to Hospitals*

The validation process will involve one or two HAI Infection Preventionists (IP) for one day with a review of findings at the end of the day. If time does not allow, the review of findings meeting will be scheduled as a virtual session to be held as soon as possible.

Preparing

1. **Designate a quiet room for the HAI staff to work uninterrupted**
2. **Secure access to Electronic Medical Record**
3. **HAI staff will sign any required HIPPA documents on the day of the visit**
4. **Ensure the reports listed below are available on the day of the onsite review**
5. **ICD10 Diagnostic/flag codes by surgery type are listed in Table 1**

Preparing Billing and Laboratory Line Lists for Chart Review

The following reports should be prepared in advance for use during the validation process. The reports that need to be generated must be from the **first two quarters of 2024** (January 1 - June 30). Please note that data mining software programs are not appropriate for generating the type of information needed for this process.

CLABSI, MRSA BSI and VRE BSI Validation:

1. Generate a report from your LIS (Laboratory Information System) containing all final positive blood cultures during the **first and second quarters of 2024** (January 1 - June 30) from all inpatients and Emergency Department patients. This list should include:
 - a. Patient name and/or Medical Record Number (MRN)
 - b. Organism identified
 - c. Date of specimen collection
 - d. Location at the time of collection
 - e. Date of admission
2. Sort the above list by patient name or MRN.
3. Using the National Healthcare Safety Network (NHSN), generate a CLABSI, MRSA BSI and VRE BSI Event line list for each event type for the **first two quarters of 2024** (January 1 - June 30). This list should include:
 - a. Patient name and/or MRN
 - b. Organism identified
 - c. Date of specimen collection
 - d. Location at the time of collection
 - e. Date of admission

CDI Validation:

1. Generate a report from your LIS containing all positive *C. difficile* test results (assays or PCR) during the **first two quarters of 2024** (January 1 - June 30) from all inpatients and Emergency Department patients, including:

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- a. Patient name and/or MRN
 - b. Date of specimen collection
 - c. Location at the time of collection
 - d. Date of admission
2. Sort this list by patient name or MRN.
 3. Using NHSN, generate a CDI Event line list during the **first two quarters of 2024** (January 1 - June 30). This list should include:
 - a. Patient name and/or MRN
 - b. Date of specimen collection
 - c. Location at the time of collection
 - d. Date of admission

SSI Validation:

1. Identify all patients who had any of the three inpatient procedures (COLO, HYST, CSEC,) performed during the **first and second quarters of 2024** (January 1 - June 30). To do this, perform a “look back” using hospital billing data to find all patients with an NSHN defined [ICD10 surgical procedure code](http://www.cdc.gov/nhsn/pdfs/pscmanual/9pscasicurrent.pdf) (PDF) (www.cdc.gov/nhsn/pdfs/pscmanual/9pscasicurrent.pdf).
 - a. **Save this list for your onsite external validation**
2. For each patient identified in step one, use hospital billing data to identify the subset of patients who had one or more ICD10 diagnostic “flag” codes (Table 1) during the specified post-operative period. These flag codes identify patients who **might** have had an SSI and help to determine which medical records to review for validation.
3. Billing or Medical Records Office needs to query the billing data to look for diagnostic flag codes during the index surgical admission and any admission up to:
 - a. 40 days after surgery for Colon, Abdominal Hysterectomy, and Cesarean Section
 - i. Note: This would include a review up to 8/9/2024 if a surgery was performed on the final day of the second quarter (i.e., 6/30/2024).

Table 1: ICD10 Diagnostic “Flag” Codes by Surgery Type

Colon	Abdominal Hysterectomy	Cesarean Section
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,	K65.0, K65.1, 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,	K65.0, K65.1, 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,



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T81.49XA, T81.49XD, T81.49XS, T81.12XA, T81.12XD, T81.12XS	T81.12XA, T81.12XD, T81.12XS	T81.12XA, T81.12XD, T81.12XS
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4. Create a separate line list for each procedure (one list for each procedure type) from the procedures identified in step one.
5. Sort the lists by patient name or MRN. The lists should contain the following:
 - a. Patient name and/or MRN
 - b. The ICD10 code or codes flagging the record
 - c. Original procedure date
 - d. Discharge date after the original procedure
 - e. Date of readmission (if applicable)
6. Using NHSN, generate a SSI Event line list for each procedure type (or a single list sorted by procedure type) for the **first two quarters of 2024** (January 1 - June 30).