Table X. Instructions for Completion of State Health Department Validation Record form (CDC 57.600)

Data Field	Instructions for Data Collection
FACILITY VALIDATION OVERVIEW	
Facility ID #	Required. Enter the assigned NHSN facility ID ("orgID").
Facility Type	Required. Check Acute Care Hospital, Long-term Care Hospital, Inpatient Rehabilitation Facility, or Oncology Hospital to indicate the type of facility.
Sampling Version	Required. Select CDC Version 1 (Targeted Sampling) to indicate that validation has been conducted using CDC Version 1 sampling methods.
Data for Year	Required. Select year of data being validated.
HAI(s) Validated	Required. Select type of healthcare-associated infection validated at this facility for the year in question.
Reason Validated	Required. For type of healthcare-associated infection validated at this facility, select reason for validation of specified HAI at this facility.
NUMERATOR VALIDATION	
Sampling Information for Numerator Audit: ICU CLABSI Sampling Frame	Conditionally Required. Complete if ICU CLABSI was validated at this facility. Enter number of medical records with one or more positive ICU blood culture
Sampling Information for Numerator Audit: ICU CAUTI Sampling Frame	Conditionally Required. Complete if ICU CAUTI was validated at this facility. Enter number of medical records with one or more positive ICU urine culture, that grows $\geq 10^3$ CFU/ml of no more than 2 organisms.
Sampling Information for Numerator Audit: COLO SSI Sampling Frame	Conditionally Required. Complete if COLO SSI was validated at this facility. Enter number of colon (COLO) surgical procedures performed in this facility's inpatient operating rooms and meeting the NHSN procedure definition
Sampling Information for Numerator Audit: HYST SSI Sampling Frame	Conditionally Required. Complete if HYST SSI was validated at this facility. Enter number of abdominal hysterectomy (HYST) surgical procedures performed in this facility's inpatient operating rooms and meeting the NHSN procedure definition
Sampling Information for Numerator Audit: MRSA Bacteremia LabID Event Sampling Frame	Conditionally Required. Complete if MRSA Bacteremia LabID Event was validated at this facility. Enter the number of blood cultures positive for methicillin-resistant *Staphylococcus aureus* (MRSA) AND collected among inpatients or collected in facility outpatient settings from patients who are admitted to the facility the same day.
Sampling Information for Numerator Audit: CDI LabID Event Sampling Frame	Conditionally Required. Complete if CDI LabID Event was validated at this facility. Enter the number of positive laboratory assays for *Clostridium difficile* toxin A and/or B and collected among facility inpatients or collected in facility outpatient settings from patients who are admitted to the facility the same day.
Reported Events: ICU CLABSI	Conditionally Required. Complete if ICU CLABSI was validated at this facility. Enter the number of ICU CLABSIs reported to NHSN before external validation
Reported Events: ICU CAUTI	Conditionally Required. Complete if ICU CAUTI was validated at this facility. Enter the number of ICU CAUTIs reported to NHSN before external validation
Reported Events: COLO SSI	Conditionally Required. Complete if COLO SSI was validated at this facility. Enter the number of COLO SSIs reported to NHSN before external validation
Reported Events: HYST SSI	Conditionally Required. Complete if HYST SSI was validated at this facility. Enter the number of HYST SSIs reported to NHSN before external validation
Reported Events: MRSA Bacteremia LabID	Conditionally Required. Complete if MRSA Bacteremia LabID Event was validated at this facility. Enter the number of MRSA Bacteremia LabID Events reported to

Event	NHSN before external validation
Reported Events: CDI LabID Event	Conditionally Required. Complete if CDI LabID Event was validated at this facility. Enter the number of CDI LabID Events reported to NHSN before external validation
Facility Audit Numerators: ICU CLABSI	Conditionally Required. Complete if ICU CLABSI was validated at this facility. In cell a, enter the number of audited medical records where at least one ICU CLABSI was found and a date-matched ICU CLABSI was reported to NHSN. If an ICU CLABSI was reported to NHSN but the date of the event does not match the date of ICU CLABSI found on audit, report this event in cell c. In cell b, enter the number of audited medical records where no ICU CLABSI was found but an ICU CLABSI was reported to NHSN. In cell c, enter the number of audited medical records where at least one ICU CLABSI was found and a date-matched ICU CLABSI was NOT reported to NHSN. In cell d, enter the number of audited medical records where no ICU CLABSI was found and no ICU CLABSI was reported to NHSN.
Facility Audit Numerators: ICU CAUTI	Conditionally Required. Complete if ICU CAUTI was validated at this facility. In cell a, enter the number of audited medical records where at least one ICU CAUTI was found and a date-matched ICU CAUTI was reported to NHSN. If an ICU CAUTI was reported to NHSN but the date of the event does not match the date of ICU CAUTI found on audit, report this event in cell c. In cell b, enter the number of audited medical records where no ICU CAUTI was found but an ICU CAUTI was reported to NHSN. In cell c, enter the number of audited medical records where at least one ICU CAUTI was found and a date-matched ICU CAUTI was NOT reported to NHSN. In cell d, enter the number of audited medical records where no ICU CAUTI was found and no ICU CAUTI was reported to NHSN.
Facility Audit Numerators: COLO SSI	Conditionally Required. Complete if COLO SSI was validated at this facility. In cell a, enter the number of audited COLO medical records where a deep incisional or organ/space (DI/OS) SSI was found within the appropriate NHSN timeframe and a (DI/OS) SSI was reported to NHSN. In cell b, enter the number of audited medical records where no (DI/OS) SSI was found within the appropriate NHSN timeframe but a (DI/OS) SSI was reported to NHSN. In cell c, enter the number of audited medical records where at least one (DI/OS) SSI was found within the appropriate NHSN timeframe and a (DI/OS) SSI was NOT reported to NHSN. In cell d, enter the number of audited medical records where no (DI/OS) SSI was found within the appropriate NHSN timeframe and no (DI/OS) SSI was reported to NHSN.
Facility Audit Numerators: HYST SSI	Conditionally Required. Complete if HYST SSI was validated at this facility. In cell a, enter the number of audited HYST medical records where a deep incisional or organ/space (DI/OS) SSI was found within the appropriate NHSN timeframe and a (DI/OS) SSI was reported to NHSN. In cell b, enter the number of audited medical records where no (DI/OS) SSI was found within the appropriate NHSN timeframe but a (DI/OS) SSI was reported to NHSN. In cell c, enter the number of audited medical records where at least one (DI/OS) SSI was found within the appropriate NHSN timeframe and a (DI/OS) SSI was NOT reported to NHSN.

	In cell d, enter the number of audited medical records where no (DI/OS) SSI was found within the appropriate NHSN timeframe and no (DI/OS) SSI was reported to NHSN
Facility Audit Numerators: MRSA Bacteremia LabID Event	Conditionally Required. Complete if MRSA Bacteremia LabID Event was validated at this facility. In cell a, enter the number of audited positive MRSA blood cultures where a reportable MRSA Bacteremia LabID Event was found and a date-matched MRSA Bacteremia LabID Event was reported to NHSN, including the correct admission date. If a labID Event was reported to NHSN but the date of specimen collection OR the date of hospital admission does not match the reportable positive MRSA Bacteremia culture event, report this event in cell c. In cell b, enter the number of audited positive MRSA blood cultures where no reportable MRSA Bacteremia LabID Event was found and a MRSA Bacteremia LabID Event was reported to NHSN. In cell c, enter the number of audited positive MRSA blood cultures where a reportable MRSA Bacteremia LabID Event was found and a date-matched MRSA Bacteremia LabID Event was NOT reported to NHSN. In cell d, enter the number of audited medical records where no MRSA Bacteremia LabID Event was found and no MRSA Bacteremia LabID Event was reported to NHSN.
Facility Audit Numerators: CDI LabID Event	Conditionally Required. Complete if CDI LabID Event was validated at this facility. In cell a, enter the number of audited positive CDI toxin assays where a reportable CDI LabID Event was found and a date-matched CDI LabID Event was reported to NHSN, including the correct admission date. If a labID Event was reported to NHSN but the date of specimen collection OR the date of hospital admission does not match the reportable positive CDI culture event, report this event in cell c. In cell b, enter the number of audited positive CDI cultures where no reportable CDI LabID Event was found and a CDI LabID Event was reported to NHSN. In cell c, enter the number of audited positive CDI cultures where a reportable CDI LabID Event was found and a date-matched CDI LabID Event was NOT reported to NHSN. In cell d, enter the number of audited medical records where no CDI LabID Event was found and no CDI LabID Event was reported to NHSN.
DENOMINATOR VALIDATION: CLABSI	
Facility Audit Denominators: ICU CLABSI: Counting Methods	Conditionally Required. Complete if ICU CLABSI was validated at this facility. Select manual counting, electronic counting, or both manual and electronic counting, to indicate methods for central line and patient day counting.
Facility Audit Denominators: ICU CLABSI: Internal Validation	Conditionally Required. Complete if ICU CLABSI was validated at this facility. Select No or Yes to indicate whether any internal validation of ICU CLABSI denominator data was conducted using a recommended method.
Facility Audit Denominators: ICU CLABSI: Internal Validation Documentation	Conditionally Required. Complete if ICU CLABSI was validated at this facility and Internal validation was conducted in one or more ICUs using a recommended method. For each ICU where internal validation was conducted, the following cells should be completed: Column 1: name of ICU Column 2: select month of validation Column 3: select method A (concurrent dual manual counting by two observers),

	method B (concurrent dual manual counting by two observers, with one observer collecting specific patient-level data), or method C (concurrent manual counting and electronic counting) Columns 4 and 5: If method A was used, Count 1 should be the usual manual count, and Count 2 should be the referent count by an expert counter. If method B was used, Count 1 should be the usual manual count and Count 2 should be the referent count by specific patient-level counting. If method C is used, Count 1 should be the manual count and Count 2 should be the electronic count. Additional rows should be added as needed.
DENOMINATOR VALIDATION: CAUTI	
Facility Audit Denominators: ICU CAUTI: Counting Methods	Conditionally Required. Complete if ICU CAUTI was validated at this facility. Select manual counting, electronic counting, or both manual and electronic counting, to indicate methods for indwelling (Foley) catheter and patient day counting.
Facility Audit Denominators: ICU CAUTI: Internal Validation	Conditionally Required. Complete if ICU CAUTI was validated at this facility. Select No or Yes to indicate whether any internal validation of ICU CAUTI denominator data was conducted using a recommended method.
Facility Audit Denominators: ICU CAUTI: Internal Validation Documentation	Conditionally Required. Complete if ICU CAUTI was validated at this facility and Internal validation was conducted in one or more ICUs using a recommended method. For each ICU where internal validation was conducted, the following cells should be completed: Column 1: name of ICU Column 2: select month of validation Column 3: select method A (concurrent dual manual counting by two observers), method B (concurrent dual manual counting by two observers, with one observer collecting specific patient-level data), or method C (concurrent manual counting and electronic counting) Columns 4 and 5: If method A was used, Count 1 should be the usual manual count, and Count 2 should be the referent count by an expert counter. If method B was used, Count 1 should be the usual manual count and Count 2 should be the referent count by specific patient-level counting. If method C is used, Count 1 should be the manual count and Count 2 should be the electronic count. Additional rows should be added as needed.
DENOMINATOR VALIDATION: COLO	
Facility Audit Denominators: COLO : Internal Validation Documentation	Conditionally Required: Complete if COLO SSI was validated at this facility. Column 1: Month – enter month validated Column 2: List the monthly count of COLO procedures in NHSN before external validation Column 3: Request that facility generate list of surgical procedures with any of the ICD-9-CM Codes for COLO, as listed in the NHSN Manual Chapter 9, for specified month(s) in the year. The list should include only patients undergoing COLO procedures in the hospital inpatient operating room.
DENOMINATOR VALIDATION: HYST	
Facility Audit Denominators: HYST : Internal Validation	Conditionally Required: Complete if HYST SSI was validated at this facility. Column 1: Month – enter month validated Column 2: List the monthly count of HYST procedures in NHSN before external

Documentation	validation
	Column 3: Request that facility generate list of surgical procedures with any of the ICD-9-CM Codes for HYST, as listed in the NHSN Manual Chapter 9, for the specified month(s) in the year. The list should include only patients undergoing HYST procedures in the hospital inpatient operating room.

DENOMINATOR VALIDATION: MRSA Bacteremia LabID Event & CDI LabID Event	
Facility Audit Denominators: LabID Event for MRSA Bacteremia and CDI: Inpatient locations that require mapping or re-mapping in NHSN	Conditionally Required: Complete if LabID Event validation for MRSA Bacteremia or CDI was validated at this facility and any inpatient location(s) was identified that required mapping or re-mapping. For each inpatient location requiring changes to mapping information: Column 1: Enter the facility inpatient location name Column 2: If location is currently mapped, specify location type. If location is currently not mapped, enter "not mapped" Column 3: Enter current bed count Column 4: Enter recommended mapping location type Column 5: Enter recommended bed count Add rows as needed
Facility Audit Denominators: LabID Event for MRSA Bacteremia and CDI: Admissions source	Conditionally Required: Select Billing System, Admissions/Discharges/Transfers (ADT) System, Vendor System, or Other (explain). If Other is selected, provide detail about how admissions are counted.
Facility Audit Denominators: LabID Event for MRSA Bacteremia and CDI: Patient Days source	Conditionally Required: Select Billing System, Admissions/Discharges/Transfers (ADT) System, Vendor System, or Other (explain). If Other is selected, provide detail about how patient days are counted.
Facility Audit Denominators: LabID Event for MRSA Bacteremia and CDI: Internal Validation	Conditionally Required: Select No or Yes to indicate whether any internal validation of LabID Event denominator data for the specified year was conducted using the recommended method.
Facility Audit Denominators: LabID Event for MRSA Bacteremia and CDI: Internal Validation Documentation	Conditionally Required: Complete if LabID Event validation for MRSA Bacteremia and/or CDI was validated at this facility. Internal validation guidelines for labID event denominators recommend concurrent manual counting for at least one month, along with normal "system" counting, in three different settings where errors are common; ICUs, labor/delivery/recovery/postpartum (LDRP) locations, and inpatient wards where "observation" or "obs" patients are commonly housed. **MRSA Bacteremia LabID event** Column 1: Enter location name and type Additional rows can be added if needed. Column 2: Select the month(s) when validation was conducted in this location Column 3: Enter admissions to this location for the month as determined by the usual system that counts for MRSA Bacteremia denominators Column 4: Enter admissions to this location for the month as determined by manual counting for MRSA Bacteremia denominators Column 5: Enter patient days in this location for the month as determined by the usual system that counts for MRSA Bacteremia denominators

	Column 6: Enter patient days in this location for the month as determined by manual counting <u>for MRSA Bacteremia denominators</u>
	CDI LabID event Column 1: Enter location name and type Additional rows can be added if needed. Column 2: Select the month(s) when validation was conducted in this location Column 3: Enter admissions to this location for the month as determined by the usual system that counts for <u>CDI denominators</u> Column 4: Enter admissions to this location for the month as determined by manual counting for <u>CDI denominators</u> Column 5: Enter patient days in this location for the month as determined by the usual system that counts for <u>CDI denominators</u> Column 6: Enter patient days in this location for the month as determined by manual counting for <u>CDI denominators</u>
**RISK ADJUSTMENT VARIABLE VALIDATION**
Correctly mapped ICUs #	Conditionally Required: Complete if ICU CLABSI or ICU CAUTI was validated at this facility. Enter number of locations correctly mapped as ICUs (including NICUs)
Non-ICUs mapped as ICUs #	Conditionally Required: Complete if ICU CLABSI or ICU CAUTI was validated at this facility. Enter number of non-ICU locations mapped as ICUs or NICUs
ICUs mapped as non-ICUs #	Conditionally Required: Complete if ICU CLABSI or ICU CAUTI was validated at this facility. Enter number of ICU (or NICU) locations not mapped as ICUs or NICUs
ICU mapping errors	(Autofill from above)
Reported Teaching Hospital Affiliation (before validation)	Conditionally Required: Complete if ICU CLABSI, ICU CAUTI, LabID Event for MRSA Bacteremia or CDI was validated at this facility. Enter from NHSN Annual Survey before audit; Major, Graduate, Undergraduate, or N/A (if IRF or LTAC facility)
Correct teaching hospital affiliation	Conditionally Required: Complete if Complete if ICU CLABSI, ICU CAUTI, LabID Event for MRSA Bacteremia or CDI was validated at this facility. Select Major, Graduate, or Undergraduate
Correct COLO ASA #	Conditionally Required: Complete if COLO was validated at this facility. Enter number of times ASA score was correctly reported into NHSN as determined during COLO validation
Correct HYST ASA #	Conditionally Required: Complete if HYST was validated at this facility. Enter number of times ASA score was correctly reported into NHSN as determined during HYST validation
Correct COLO Patient Age #	Conditionally Required: Complete if COLO was validated at this facility. Enter number of times patient age was correctly reported into NHSN as determined during COLO validation
Correct HYST Patient Age #	Conditionally Required: Complete if HYST was validated at this facility. Enter number of times patient age was correctly reported into NHSN as determined during HYST validation
Reported Facility Bed Size (before validation)	Conditionally Required: Complete if LabID Event validation for MRSA Bacteremia or CDI was validated at this facility. Enter from NHSN Annual Survey before audit
Validated Facility Bed Size	Conditionally Required: Complete if LabID Event for MRSA Bacteremia or CDI

	was validated at this facility. Enter number of staffed inpatient beds from all inpatient locations, including "baby" locations. This number should exclude outpatient locations such as ED, and "observation".
Facility Validation Comments	(Optional): Consider additional comments regarding this facility's validation