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*required **conditionally required

Facility Validation Overview

*Facility ID:

*Facility Type: ☐ Acute care hospital ☐ Long term acute care hospital (LTAC/LTCH)
☐ Oncology hospital ☐ Inpatient rehabilitation facility (IRF)

*Sampling version: ☐ CDC Version 1 (Targeted Sampling)

*Data for year: ☐ 2013

*HAI validated at this facility, and reason:

☐ CLABSI (ICU, includes NICUs if applicable)

☐ CAUTI (ICU, excludes NICUs)

☐ COLO (DI/OS SSI)

☐ HYST (DI/OS SSI)

☐ MRSA bacteremia LabID event

☐ CDI LabID event

Reason:

☐ All facilities are validated ☐ Targeted facility ☐ 5% random sample facility

Numerator Validation

*Sampling information for numerator audit at this facility

Event	Sampling frame elements	Sampling Frame (# elements eligible for review for year)	Total # events from facility reported to NHSN for year (before validation)
**ICU (including NICU) CLABSI	Medical records with positive ICU blood culture(s)	_____	_____
**ICU (excluding NICU) CAUTI	Medical records with positive ICU urine culture(s)	_____	_____
**DI/OS[a] COLO SSI	COLO procedures	_____	_____
**DI/OS[a] HYST SSI	HYST procedures	_____	_____
**MRSA bacteremia labID event	Inpatient[b] blood cultures positive for MRSA	_____	_____
**CDI labID event	Inpatient[b] stools toxin-positive for C. difficile, excluding those from "baby locations"	_____	_____

[a]DI/OS - deep incisional or organ/space SSI

[b]Inpatient includes specimens collected on day of admission from ED or other outpatient location

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Numerator Validation (continued)

*Facility audit results, numerators

**CLABSI in ICU (including NICU):

Facility determination	Audit-CLABSI Yes	Audit-CLABSI No
Date-matched CLABSI reported	a. ____	b. ____
Date-matched CLABSI NOT reported	c. ____	d. ____

**CAUTI in ICU (excluding NICU):

Facility determination	Audit-CAUTI Yes	Audit-CAUTI No
Date-matched CAUTI reported	a. ____	b. ____
Date-matched CAUTI NOT reported	c. ____	d. ____

**DI/OS COLO SSI:

Facility determination	Audit-DI/OS SSI Yes	Audit-DI/OS SSI No
Date-matched DI/OS SSI reported	a. ____	b. ____
Date-matched DI/OS SSI NOT reported	c. ____	d. ____

**DI/OS HYST SSI:

Facility determination	Audit-DI/OS SSI Yes	Audit-DI/OS SSI No
Date-matched DI/OS SSI reported	a. ____	b. ____
Date-matched DI/OS SSI NOT reported	c. ____	d. ____

**MRSA bacteremia LabID event:

Facility determination	Audit-MRSA bacteremia culture reportable LabID event	Audit-MRSA bacteremia culture NOT reportable LabID event
Date-matched MRSA blood culture reported as LabID event	a. ____	b. ____
Date-matched MRSA blood culture NOT reported as LabID event	c. ____	d. ____

**CDI LabID event:

Facility determination	Audit-CDI test reportable LabID event	Audit-CDI test NOT reportable LabID event
Date-matched CDI test reported as LabID event	a. ____	b. ____
Date-matched CDI test NOT reported as LabID event	c. ____	d. ____

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Denominator Validation: CLABSI

**Which method was used by this facility for ICU CLABSI denominator (patient days and central line days) counting for this year?

☐ Manual counting ☐ Electronic counting ☐ Both manual and electronic counting

**Has this facility completed an internal validation of ICU CLABSI denominator data for this year? ☐ Yes ☐ No

Note: Validation of manual denominator data counting requires either:

- *Method A – Concurrent dual counting (with more experienced counter as reference) for ≥ three months OR*
- *Method B – Concurrent patient level data (reference) and standard counting for ≥ three months*

Validation of electronic denominator data counting requires:

- *Method C – Concurrent manual denominator counting (reference) vs. electronic data for ≥ three months*

**If yes, provide the following information for all locations and months validated:

Location of validation	Month of validation	Validation method	Count 1	Count 2
		A, B, or C		
		A, B, or C		
		A, B, or C		
		A, B, or C		
		A, B, or C		

Note:
If Method A is chosen, Count 1 should be "Usual Count" and Count 2 should be "Expert (Referent) Count";
If Method B is chosen, Count 1 should be "Usual Count" and Count 2 should be "Patient-level (Referent) Count";
If Method C is chosen, Count 1 should be "Manual Count" and Count 2 should be "Electronic Count."

Denominator Validation: CAUTI

**Which method was used by this facility for ICU CAUTI denominator (patient days and catheter days) counting for this year?

☐ Manual counting ☐ Electronic counting ☐ Both manual and electronic counting

**Has this facility completed an internal validation of ICU CAUTI denominator data for this year? ☐ Yes ☐ No

Note: Validation of manual denominator data counting requires either:

- *Method A – Concurrent dual counting (with more experienced counter as reference) for ≥ three months OR*
- *Method B – Concurrent patient level data (reference) and standard counting for ≥ three months*

Validation of electronic denominator data counting requires:

- *Method C – Concurrent manual denominator counting (reference) vs. electronic data for ≥ three months*

**If yes, provide the following information for all locations and months validated:

Location of validation	Month of validation	Validation method	Count 1	Count 2
		A, B, or C		
		A, B, or C		
		A, B, or C		
		A, B, or C		
		A, B, or C		

Note:
If Method A is chosen, Count 1 should be "Usual Count" and Count 2 should be "Expert (Referent) Count";
If Method B is chosen, Count 1 should be "Usual Count" and Count 2 should be "Patient-level (Referent) Count";
If Method C is chosen, Count 1 should be "Manual Count" and Count 2 should be "Electronic Count."

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Denominator Validation: COLO

**Document number of COLO procedures from two systems by month:

Month	Number of COLO procedures entered into NHSN by facility before validation	Number of ICD-9 procedure codes for COLO identified from hospital discharge billing

Denominator Validation: HYST

**Document number of HYST procedures from two systems by month:

Month	Number of HYST procedures entered into NHSN by facility before validation	Number of ICD-9 procedure codes for HYST identified from hospital discharge billing

Denominator Validation: MRSA bacteremia LabID event & CDI LabID event

NHSN inpatient location validation

**Do any inpatient locations require mapping or re-mapping within NHSN? ☐ Yes ☐ No

**If yes, indicate which locations need to be mapped/re-mapped and recommendations:

Location	Current CDC location code designation	Current bed count	Recommended CDC location code designation	Recommended bed count

**How does this facility obtain inpatient admissions data?

☐ Electronic from billing ☐ Electronic from vendor system ☐ Electronic from ADT

☐ Other (specify): _____

**How does this facility obtain inpatient patient days data?

☐ Electronic from billing ☐ Electronic from vendor system ☐ Electronic from ADT

☐ Other (specify): _____

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Denominator Validation: MRSA bacteremia LabID event & CDI LabID event (continued)

**Has this facility completed any internal validation of LabID event denominator data counting?

☐ Yes ☐ No

Note: Validation of denominator data counting requires concurrent patient level denominator counting (reference) vs. standard electronic data for three specified location types [one ICU, one LDRP if available, and one or more wards where observation patients are frequently housed] for ≥1 month; validated data should fall within 5% of the reference standard (see validation Guidance and Toolkit Appendix 1).

**If yes, provide the following information for all months validated:

MRSA bacteremia LabID event					
		Admissions		Patient Days	
Location of validation	Month of validation	Usual count	Manual count	Usual count	Manual count

CDI LabID event[C]					
		Admissions		Patient Days	
Location of validation	Month of validation	Usual count	Manual count	Usual count	Manual count

[C]Excludes 'baby locations'

Risk Adjustment Variable Validation

**ICU mapping (ICU CLABSI [includes NICUs], ICU CAUTI [excludes NICUs])

Number of ICU locations correctly mapped as ICUs in NHSN (includes NICUs): _____

Number of locations incorrectly mapped as ICUs (includes NICUs): _____

Number of ICUs (includes NICUs) omitted from ICU mapping: _____

Number of ICU mapping errors (ICUs vs. non-ICUs): _____

**Teaching hospital affiliation (ICU CLABSI, ICU CAUTI, MRSA bacteremia LabID event, CDI LabID event)

Facility teaching hospital affiliation reported on 2013 NHSN annual facility survey:

☐ Non-teaching ☐ Major ☐ Graduate ☐ Undergraduate ☐ N/A (IRF & LTAC)

Is facility teaching hospital affiliation correct? ☐ Yes ☐ No

**ASA score (COLO, HYST)

Number (% of audited) correct for COLO: _____

Number (% of audited) correct for HYST: _____

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Risk Adjustment Variable Validation (continued)

**Patient age (COLO, HYST)

Number (% of audited) correct for COLO: _____

Number (% of audited) correct for HYST: _____

**Facility bed size (all inpatient locations, including 'baby locations') (MRSA bacteremia LabID event, CDI LabID event)

Facility bed size reported on 2013 NHSN annual facility survey: _____

Validated bed size: _____

Custom Fields

Label		Label	
_____	____/____/_____	_____	____/____/_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments