

**conditionally required



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State Health Department Validation Record

Facility Validation Overvie	w			
*Facility ID:				
*Facility Type: ☐ Acute ca	cute care hospital \Box Long term acute care hospital (LTAC/LTCH)			
☐ Oncolog	y hospital \Box Inpatient rehabilita	\square Inpatient rehabilitation facility (IRF)		
*Sampling version: \square CDC	Sampling version: CDC Version 1 (Targeted Sampling)			
*Data for year: \square 201	Data for year:			
*HAI validated at this facility,	, and reason:			
☐ CLABSI (ICU, includes NICUs if applicable)				
☐ CAUTI (ICU, exclud	les NICUs)			
☐ COLO (DI/OS SSI)				
☐ HYST (DI/OS SSI)				
\square MRSA bacteremia L	_abID event			
\square CDI LabID event				
Danasa				
Reason:	vo volidated Tayyotad facility		o focility	
☐ All facilities a	re validated	☐ 5% random sampl	e racility	
Numerator Validation				
*Sampling information for nu	imerator audit at this facility			
		Sampling Frame	Total # events from facility	
Event	 Sampling frame elements	(# elements eligible for review for year)	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"			
I .	^a DI/OS - deep incisional or organ/space SSI			
^b Inpatient includes spec	imens collected on day of admission	from ED or other outpa	tient location	
Assurance of Confidentiality: The volunt	arily provided information obtained in this surveillanc	a system that would normit identi	fication of any individual or institution is	
Assurance of Connactitiality. The Volunt	any provided information obtained in this surveilland	c system that would pennit lucht	nounon of arry murvioual of monitulion is	

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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Audit-CLABSI Yes a c	Audit-CLABSI No b d
a	b
a	b
C	d
Audit-CAUTI Yes	Audit-CAUTI No
a	b
c	d
Audit-DI/OS SSI Yes	Audit-DI/OS SSI No
a	b
c	d
Audit-DI/OS SSI Yes	Audit-DI/OS SSI No
a	b
c	d
Audit-MRSA bacteremia culture reportable LabID event	Audit-MRSA bacteremia culture NOT reportable LabID event
a	b
c	d
Audit-CDI test reportable LabID event	Audit-CDI test NOT reportable LabID event
a	b
c	d
	Audit-DI/OS SSI Yes a c Audit-DI/OS SSI Yes a c Audit-DI/OS SSI Yes a c Audit-MRSA bacteremia culture reportable LabID event a c Audit-CDI test reportable LabID event a c





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Denominator Validation: CLABSI				
**Which method was used this year?	by this facility for ICU CLABSI	denominator (patient d	ays and central lir	ne days) counting for
\square Manual counting	☐ Electronic counting ☐ B	oth manual and electro	nic counting	
**Has this facility complete	d an internal validation of ICU	CLABSI denominator da	ata for this year?	☐ Yes ☐ No
•	nual denominator data countir		,	2.00
 Method A − C 	oncurrent dual counting (with i	nore experienced coun	ter as reference) i	for ≥ three months OR
	oncurrent patient level data (re		counting for \geq three	ee months
	c denominator data counting re Concurrent manual denominato		rs alactronic data	for > three months
• Welliou C – C	oncarrent mandar denominato	r counting (reference) v	3. electronic data	ioi 2 unee monuis
**If yes, provide the foll	owing information for all location	ons and months validate	ed:	
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		
If Method B is chosen,	, Count 1 should be "Usual Co , Count 1 should be "Usual Co , Count 1 should be "Manual C	unt" and Count 2 should	d be "Patient-leve	(Referent) Count";
Denominator Validation:	CAUTI			
**Which method was used year?	by this facility for ICU CAUTI of	lenominator (patient da	ys and catheter d	ays) counting for this
\square Manual counting	☐ Electronic counting ☐ B	oth manual and electro	nic counting	
**Has this facility complete	d an internal validation of ICU	CAUTI denominator dat	ta for this year?	☐ Yes ☐ No
 Method A – C Method B – C Validation of electronic 	nual denominator data countir concurrent dual counting (with I concurrent patient level data (re c denominator data counting re concurrent manual denominato	more experienced count eference) and standard equires:	counting for ≥ thre	ee 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		
If Method B is chosen,	Count 1 should be "Usual Cou Count 1 should be "Usual Cou Count 1 should be "Manual Co	nt" and Count 2 should	be "Patient-level	(Referent) Count";





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Denominator Validation: COLO					
**Document number of COLO procedures from two systems by month:					
	Month	Number of COLO procedu entered into NHSN by facil before validation	lity codes fo	of ICD-9 procedure or COLO identified spital discharge billing	
Donomi	nator Valida	tion, UVCT			
			a	un tha .	
^^Docum	Month	Number of HYST procedures from two sentered into NHSN by facilities before validation	res Number lity codes fo	of ICD-9 procedure or HYST identified spital discharge billing	
		tion: MRSA bacteremia LabII on validation	D event & CDI	LabID event	
	•	ations require mapping or re-n	napping within	NHSN? ☐ Yes ☐ No	
•	•	vhich locations need to be map			
Loc	ation		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 do	**How does this facility obtain inpatient patient days data?				
☐ Electronic from billing ☐ Electronic from vendor system ☐ Electronic from ADT ☐ Other (specify):				n ADT	





Page 5 of 6 Denominator Validation: MRSA bacteremia LabID event & CDI LabID event (continued) **Has this facility completed any internal validation of LabID event denominator data counting? 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 Month of validation Manual count Location of validation Usual count Manual count Usual count CDI LabID event^C Admissions **Patient Days** Location of validation Month of validation Usual count Manual count Usual count Manual count ^CExcludes '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: ☐ Major \Box Graduate ☐ Undergraduate □ N/A (IRF & LTAC) ☐ Non-teaching 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 Validati	on (continued)			
**Patient age (COLO, HYST)				
Number (% of audited) correct for	or COLO:			
Number (% of audited) correct for	or HYST:			
**Facility bed size (all inpatient local			D event, CDI LabID event)	
Facility bed size reported on 202	L3 NHSN annual facility s	survey:		
Validated bed size:				
Custom Fields				
Label	1	Label	, ,	
	/		/	
Comments				
			1	