Alabama Healthcare-associated Infections Reporting and Prevention Program Module 3: CLABSI, CAUTI, and SSI NHSN Review Training

Satellite Conference and Live Webcast
Thursday, August 19, 2010
1:00 - 3:00 p.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

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Objectives

- At the end of this module the learner will be able to:
  - Identify and define the required National Healthcare Associated Infection Targets to be reported by healthcare facilities in Alabama
    - CLABSI
    - CAUTI
    - SSI

Objectives

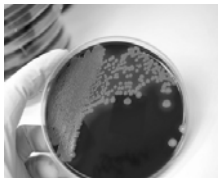
- Discuss collection of denominator and numerator data employed by NHSN mentors
  - NHSN forms
  - Hospital facility specific data collection plan strategies
  - Provide examples of data collection tools and plans

Objectives

- Discuss entry of denominator and numerator data into NHSN
- Discuss the Implications of the Centers for Medicare & Medicaid
- Services (CMS) HAI reporting mandates for January 2011

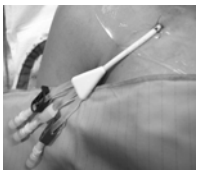
CLABSI Definition

- A Central Line Blood Stream Infection is a primary BSI in a patient that had a Central Line within the 48 hour period before the development of the BSI



What is a Central Line?

- An intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring



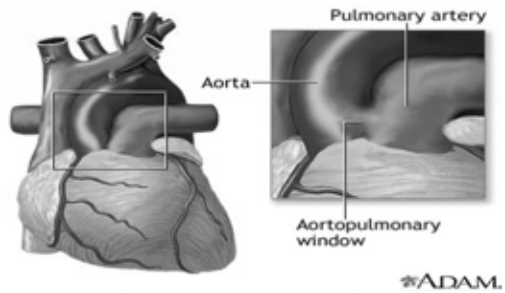
The Great Vessels as Noted by NHSN

- Aorta
- Superior Vena Cava
- Pulmonary Artery
- Brachiocephalic Veins
- Internal Jugular Veins
- Subclavian Veins

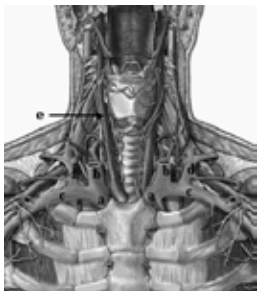
The Great Vessels as Noted by NHSN

- Inferior Vena Cava
- External Iliac Veins
- Common Femoral Veins

The Great Vessels as Noted by NHSN

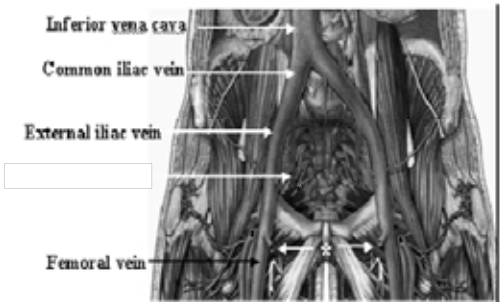


The Great Vessels as Noted by NHSN



a. Brachiocephalic vein
b. Internal jugular vein
c. Subclavian vein

The Great Vessels as Noted by NHSN



NHSN Location Types Where CLABSI Events Can be Monitored

1. Intensive Care Unit (ICU)
2. Specialty Care Area (SCA)
   a) Hematology/Oncology Unit
   b) Bone Marrow/Stem Cell Transplant Unit
   c) Solid Organ Transplant Unit

NHSN Location Types Where CLABSI Events Can be Monitored

d) Acute Inpatient Dialysis Unit
e) Long-Term Acute Care
f) Neonatal Intensive Care Unit
g) Any other inpatient care location in which central line days and patient days can be collected
   • Surgical ward

Alabama Location Types Where CLABSI Events Will be Monitored

- Central Line-associated Bloodstream Infections (CLABSI) from the following critical care units within a healthcare facility
  1. Medical Critical Care Units
  2. Surgical Critical Care Units

Alabama Location Types Where CLABSI Events Will be Monitored

3. Medical/Surgical Critical Care Units
4. Pediatric Critical Care Units

Alabama Location Types Where CLABSI Events Will be Monitored

- "Critical Care Unit" means a care area that provides intensive observation, diagnosis, and therapeutic procedures for adults or children or both who are critically ill

Alabama Location Types Where CLABSI Events Will be Monitored

- Care areas that provide step-down, intermediate care, or telemetry only, and specialty care areas are excluded

Steps to Determining if a Patient has a CLABSI

- ❑1a. Did the patient have a Central Line or umbilical catheter at the time of or within 48 hours before the onset of the event?
- ❑1b. Does the patient's S/S meet criterion 1, 2, or 3 of the NHSN CLABSI protocol?

To Which Location Should the CLABSI be Attributed?

- ❑2a. Where was the patient located on the date the first clinical evidence appeared or the date the specimen used to meet the BSI criteria was collected, whichever came first?_____

To Which Location Should the CLABSI be Attributed?

- ❑2b. Is this location different from the client's present location?

If yes, proceed to 2c. If no, skip to 2e.

To Which Location Should the CLABSI be Attributed?

- ❑2c. Was the patient transferred with the CL/UC or after the CL/UC was removed, to the present location in the same facility within 48 hours?

If yes, the transferring unit will be attributed with the CLABSI proceed to 2e. If no, proceed to 2d.

To Which Location Should the CLABSI be Attributed?

- ❑2d. Was the patient transferred with the CL/UC or after a CL/UC was removed to the present location from an external facility within 48 hours?

*If yes, the transferring hospital should report the CLABSI; if a healthcare facility in AL, the transferring facility should proceed to 2e if no, STOP***

To Which Location Should the CLABSI be Attributed?

- 2e. Is the location noted in items 2a, 2c or 2d, a *critical care unit?

If yes, this data is required for CLABSI reporting by ADPH.

****If no, not required to report for ADPH.***

Key Points for CLABSI

- All criterion require that the signs or symptoms are not related to an infection in another part of the body
- Criterion 1 and 2 both require positive culture results
  - Positive for recognized pathogen for criterion 1 versus common skin contaminant as with criterion 2

KEY Points for CLABSI

- Criterion 2 requires positive culture and symptoms
  - Blood cultures should be drawn using acceptable techniques
- Criterion 3 only for patient's < 1 year of age

Reference

- Common skin contaminants: diphtheroids [Corynebacterium spp.], Bacillus [not B. anthracis] spp., Propionibacterium spp., coagulase-negative staphylococci [including S. epidermidis], viridans group streptococci, Aerococcus spp., Micrococcus spp.

Reference

- Recognized pathogens: S. aureus, Enterococous spp., E. coli, Pseudomonas spp., Kebsiella spp., Candida spp., etc.
- Refer to Patient Protocol Manual Section 4

CENTRAL LINE - ASSOCIATED BLOODSTREAM INFECTION (CLABSI) EVENT

ADPH REPORTING ALGORITHM

1. Does the patient have an infection?

The Patient has a [ ] Central Line or Umbilical Catheter in place at the time of, or within 48 hours before onset of the event.

___insertion date/time _____date clinical evidence noted of BSI or + specimen collect date event noted (earliest date)

AND the patient meets the criterion for:

Criterion 1

[ ] One or more cultures with recognized pathogen(not common skin contaminant) that is not related to infection at another site for patient at any age OR

Criterion 2

[ ] Fever (> 38 °C, 100.4 °F), or chills or hypotension; AND [ ]S/S and positive lab results are not related to another infection at another site for patient at any age;

AND [ ]common skin contaminant is cultured from two or more cultures drawn within 2 days of each other;

AND [ ] at least one bottle from each lab draw is reported as the same common skin contaminant

OR

Criterion 3

[ ] Fever (> 38 °C, 100.4 °F core), or hypothermia(< 36° C, 96 °F core), or apnea, or bradycardia;

AND [ ] S/S and positive lab results are not related to an infection at another site; AND [ ] the patient is ≤ 1yrs

AND [ ] common skin contaminant is cultured from two or more blood cultures drawn within 2 days of each other; AND [ ] at least one bottle from each lab draw is reported as the same common skin contaminant

If you checked one of the above criterion items, proceed to step 2

If not, [redacted] does not meet criteria for CLABSI reportina"

2a. Where was the patient located on the date the first clinical evidence appeared or the date the specimen used to meet the BSI criteria was collected, whichever came first?

2b. Is this location different from the client's present location? If yes, proceed to 2c. [redacted] skip to 2d

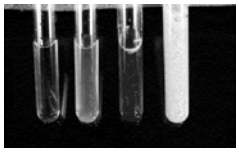
2c. Was the patient transferred with the CL/UC or after the CL/UC was removed, to the present location in the same facility within 48 hours? If yes, the transferring unit will be attributed with the CLABSI proceed to 2d. [redacted] proceed to 2d.

2d. Was the patient transferred with the CL/UC or after a CL/UC was removed to the present location from an external facility within 48 hours? If yes, the transferring hospital should report the CLABSI. If a healthcare facility in Al, the transferring facility should proceed to 2e. [redacted]

2e. Is the location noted in items 2a, 2c or 2d, a *critical care unit? If yes, this data is required for CLABSI reporting by ADPH. [redacted] not required to report for ADPH

CAUTI Definition

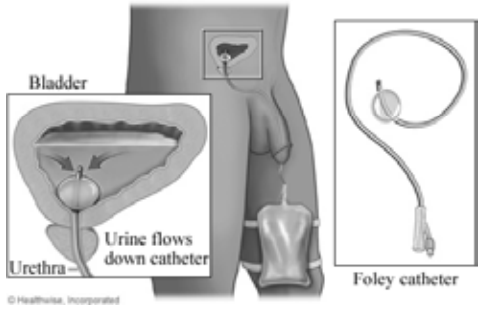
- A catheter-associated urinary tract infection is a UTI that occurs in a patient who had an indwelling urethral urinary catheter in place within the ____ period before the onset of the UTI



What is a Urethral Urinary Catheter?

- An indwelling catheter is a drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system
  - Also called a Foley catheter

What is a Urethral Urinary Catheter?



NHSN Location Types Where CAUTI Events Can Be Monitored

1. Intensive Care Unit (ICU)
2. Specialty Care Area (SCA)
   a) Hematology/Oncology Unit
   b) Bone Marrow/Stem Cell Transplant Unit
   c) Solid Organ Transplant Unit

NHSN Location Types Where CAUTI Events Can Be Monitored

   d) Acute Inpatient Dialysis Unit
   e) Long-Term Acute Care
   f) Neonatal Intensive Care Unit
3. Any other inpatient care location in which catheter days and patient days can be collected
   - Surgical ward

Alabama Location Types Where CAUTI Events Will be Monitored

- Catheter-associated Urinary Tract Infections (CAUTI) from the following general care wards within a healthcare facility
  1. General Medical Wards
  2. General Surgical Wards
  3. General Medical/Surgical Wards

Alabama Location Types Where CAUTI Events Will be Monitored

- "General Care Ward" means a multidisciplinary care area that provides moderate observation, diagnosis, and therapeutic procedures for adults or children or both who are ill

Steps to Determining if a Patient Has a CAUTI

- ❑1a. Did the patient have an urinary catheter in place at the time of the specimen collection or was an urinary catheter removed within 48 hours prior to the specimen collection?

Steps to Determining if a Patient Has a CAUTI

- ❑1b. Does the patient's S/S meet criterion 1a, 2a, or the ABUTI criterion of the NHSN CAUTI protocol?

To Which Location Should the CAUTI be Attributed?

- The location where the patient was assigned on the date of the UTI event, which is further defined as the date when the first clinical evidence appeared or the date the specimen used to meet the criterion was collected, whichever came first

Key Points About CAUTI

- The criteria numbered 1 and 3 have a urinary culture positive for ≥ 10^5 CFU/ml
  - The criteria numbered 2 and 4 have a urinary culture positive for ≥ 10^3 and <10^5 CFU of organism/ml
  - Because of this lower colony count, supportive urinalysis is required

Key Points About CAUTI

- S/S differ if a catheter is in place versus removed
  - Example: A patient will not have difficulty voiding if catheter in place
- There are age parameters for each of the criteria
  - Any age patient can meet criteria 1-2, but only children ≤ 1 year of age can meet criteria 3 or 4

Key Points About CAUTI

- **Also, the urine cultures can have no more than 2 microorganisms present**
- **Criteria 3 and 4 are for children 1 year of age or less and may or may not be associated with a catheter**
- **The ADPH Algorithms for CAUTI are age specific**
  - **There are two, one for >1 years of age, and one for <1 year old**

CAUTI EVENT: ADPH REPORTING ALGORITHM FOR PATIENT'S >1 y/o

1. Does the patient have an infection?

The patient has an [ ] **indwelling urinary catheter** in place at the time of specimen collection **or had an indwelling urinary catheter removed within 48 hours** prior to specimen collection;

And at least one of the following S/S: [ ] Fever (> 38 °C, 100.4 °F); [ ] suprapubic tenderness; [ ] costovetebral pain or tenderness [ ] frequency* [ ] dysuria* [ ] urgency*
*S/S may be seen if catheter removed

And the patient meets the criterion for:

Criteria 1a
[ ] A positive **urine culture** of ≥ 10^5 CFU/ml with no more than **2 species of microorganism; OR**
Criteria 2a
[ ] A positive **urinalysis** with a positive dipstick for leukocyte esterase and/or nitrite **or** pyuria (urine with >10 wbc/mm^3 or > 3 WBC/high power field of unspun urine) **or** microorganisms seen on Gram stain of unspun urine **AND** [ ] **a positive urine culture** of ≥ 10^5 and ≥ 10^5 CFU/ml with no more than 2 species of **microorganism OR**
Asymptomatic Bacteremic Urinary Tract Infection (ABUTI) Criterion > 1y/o
[ ] No S/S of infection as listed above; **AND** [ ] **a positive urine culture** of ≥ 10^5 CFU/ml with no more than 2 species of **uropathogen microorganisms**; **AND** [ ] **a positive blood culture** with at least 1 matching **uropathogen microorganism** to the urine culture

If the criterion for 1a, 2a, or ABUTI as described above is met , proceed to step 2

If not, [redacted] the patient does not meet criteria for CAUTI > 1y/o reporting

2a. Where was the patient located on the date the **first clinical evidence** appeared or the date the specimen used to meet the UTI criteria was collected, whichever came first?____
2b. Is this location different from the client's present location? **If yes,** proceed to 2c **If no,** skip to 2e
2c. Was the patient transferred to the present location in the **same facility** within **48 hours** with the indwelling catheter or after the indwelling catheter was removed? **If yes, the CAUTI is attributed to the transferring unit** proceed to 2e **If no,** proceed to 2d
2d. Was the patient transferred with the indwelling cath or after an indwelling cath was removed to the present location from an **external facility** within **48 hours**? **If yes,** the transferring hospital should report the CAUTI; if a healthcare facility in AL the transferring facility should proceed to 3e
2e. Is the location noted in items 2a, 2c or 2d, a "general medical /surgical wards"? **If yes, this data is required for CAUTI reporting by ADPH** * see definitions for locations that must report CAUTI

CAUTI EVENT: ADPH REPORTING ALGORITHM FOR PATIENT'S <1 y/o

1. Does the INFANT have an infection?

The patient has an [ ] **indwelling urinary catheter** in place at the time of specimen collection **or had an indwelling urinary catheter removed within 48 hours** prior to specimen collection;

And at least one of the following S/S: [ ] Fever (> 38 °C, 100.4 °F); [ ] Hypothermia (< 36 ° C, 96.8° F), [ ] Apnea, [ ] Bradycardia , [ ] Dysuria, [ ] Lethargy, [ ]vomiting

And the patient meets the criterion for:

Criteria 3
[ ] A positive **urine culture** of ≥ 10^5 CFU/ml with no more than **2 species of microorganism; OR**
Criteria 4
[ ] A positive **urinalysis** with a positive dipstick for leukocyte esterase and/or nitrite or pyuria (urine with >10 wbc/mm^3 or > 3 WBC/high power field of unspun urine) **or** microorganisms seen on Gram stain of unspun urine **AND** [ ] **a positive urine culture** of ≥ 10^5 and ≥ 10^5 CFU/ml with no more than 2 species of **microorganism OR**
ABUTI Criterion ≤ 1y/o
[ ] No S/S of infection as listed above; **AND** [ ] **a positive urine culture** of ≥ 10^5 CFU/ml with no more than 2 species of **uropathogen microorganisms**; **AND** [ ] **a positive blood culture** with at least 1 matching **uropathogen microorganism** to the urine culture

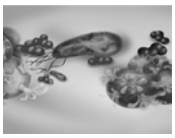
If the criterion for 1a, 2a, or ABUTI as described above is met , proceed to step 2

If not, [redacted] the patient does not meet criteria for CAUTI > 1y/o reporting

2a. Where was the patient located on the date the **first clinical evidence** appeared or the date the specimen used to meet the UTI criteria was collected, whichever came first?____
2b. Is this location different from the client's present location? **If yes,** proceed to 2c **If no,** skip to 2e
2c. Was the patient transferred to the present location in the **same facility** within **48 hours** with the indwelling catheter or after the indwelling catheter was removed? **If yes, the CAUTI is attributed to the transferring unit** proceed to 2e **If no,** proceed to 2d
2d. Was the patient transferred with the indwelling cath or after an indwelling cath was removed to the present location from an **external facility** within **48 hours**? **If yes,** the transferring hospital should report the CAUTI; if a healthcare facility in AL the transferring facility should proceed to 3e
2e. Is the location noted in items 2a, 2c or 2d, a "general medical /surgical wards"? **If yes, this data is required for CAUTI reporting by ADPH** * see definitions for locations that must report CAUTI

SSI Definitions

- **A Surgical Site Infection occurs following an operation as listed in table 1 (pg. 9-2 of protocol)**
- **The operation may include inpatient or outpatient procedures**



SSI Definitions

- **An operation is defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR**

What is an Operation?

- **A Surgical Site Infection occurs following an operation as listed in table 1**
- **The operation may include inpatient or outpatient procedures**

What is an Operation?

- An operation is defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR

Alabama Surgery Types to be Monitored for SSIs

- Will be monitored
  - Colon surgery (COLO)
    - Incision, resection, or anastomosis of the large intestine
    - Includes large-to-small and small-to-large bowel anastomosis

Alabama Surgery Types to be Monitored for SSIs

- Does not include rectal operations
- ICD-9 codes: 17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71- 45.76, 45.79, 45.81- 45.83, 45.92- 45.95, 46.03, 46.04, 46.10 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94

Alabama Surgery Types to be Monitored for SSIs

- Abdominal Hysterectomy
  - Removal of uterus through an abdominal incision
  - ICD-9 codes: 68.31, 68.39, 68.41, 68.49, 68.61, 68.69

NHSN Location Types Where SSI Events Can Be Monitored

- Surveillance will occur with surgical patients in any inpatient/outpatient setting where the selected NHSN operative procedure(s) are performed

Steps to Determining if a Patient has a SSI

- ❑1a. Did the patient have an infection within 30 days after the surgery if no implant in place or within one year if implant is in place?
- ❑1b. Does the infection appear to be related to the operative procedure?

Steps to Determining if a Patient has a SSI

- **1c. Does the patient's S/S meet criterion for a Superficial incisional infection (primary or secondary), Deep incisional infection (primary or secondary), Organ/space SSI infection, or some combination of these?**

Steps to Determining if a Patient has a SSI

- **1d. How is the wound classified? Clean, clean contaminated, contaminated, dirty/infected**

SSI EVENT: ADPH REPORTING ALGORITHM

1. Does the patient have an infection?

The Patient has [ ] an infection that occurs within 30 days after the colon or Ab. hysterectomy.

AND The patient meets the criterion for:

Superficial Incisional SSI: Superficial Incisional Primary(SIP) or Superficial Incisional Secondary (SIS)

[ ] only the skin and subcutaneous tissue of the primary or secondary incision are involved **And**

The patient has at least one of the following: [ ] purulent drainage from the superficial incision; Or

[ ] organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision; Or [ ] at least one of the following Sr/I of infection: [ ] pain or tenderness,

or [ ] localized swelling, or [ ] redness, or [ ] heat, or [ ] the superficial incision is deliberately opened by surgeon, and [ ] is culture-positive or not cultured

OR [ ] diagnosis of superficial incisional SSI by the surgeon or attending physician.

Deep Incisional SSI: Deep Incisional Primary(DIP) or Deep Incisional Secondary (DIS)

[ ] involves deep soft tissues (fascial and muscle layers) of the primary or secondary incision;

AND

[ ] no implant is left in place or with one year if implant is in place and the infection appears to be related to the operative procedure

AND

Patient has at least one of the following: [ ] purulent drainage from the deep incision but not from the organ/space; **OR**

[ ] a deep incision spontaneously dehisces or is deliberately opened by a surgeon and is culture-positive or not cultured when the patient has at least one of the following sx:

[ ] fever (> 38) , **or** localized pain or tenderness **OR** [ ] an abcess or

[ ] other evidence of infection involving the deep incision is found on direct examination, during reoperation, **or** [ ] by histopathologic or radiologic examination. Or

[ ] diagnosis of a deep incisional SSI by a surgeon or attending physician

Organ/Space SSI

[ ] infection involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure; AND

Patient has at least one of the following: [ ] purulent drainage from a drain that is placed through a skin wound into the organ/space; **or**

[ ] Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space; **or**

[ ] An abscess or other evidence of infection involving the organ space that is found on direct examination , during reoperation, or by histopathologic or radiologic examination **or**

[ ] Diagnosis of an organ/space SSI by a surgeon or attending physician.

To Which Location Should the SSI Attributed?

- **Do you attribute a SSI to a specific location?**
  - **Yes or No**
- **Can you monitor SSIs per Surgeon?**
  - **Yes or No**

Key Points Related to SSIs

- **Do not include a stitch abscess**
- **Do not include a localized stab wound infection as SSI**
- **"Cellulitis" alone does not meet criteria for SSI**
- **If infection includes both superficial and deep incision sites, classify as deep incisional**

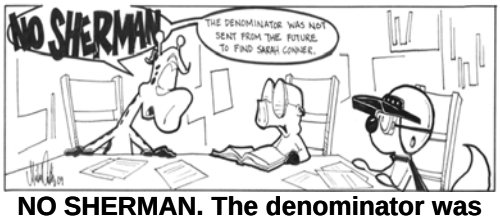
Key Points Related to SSIs

- **Circumcision or infected burn not included as SSI**
- **Colonization's (presence of microorganisms on skin, mucous membranes, in open wounds, or in excretions or secretions, but are not causing adverse clinical S/S) <u>are not</u> an infection**

Key Points Related to SSIs

- **Inflammation that results from tissue response to injury or stimulation of noninfectious agents such as chemicals are not considered an infection**

Numerator and Denominator Data



NO SHERMAN. The denominator was not sent from the future to find Sarah Conner.

Denominators for CLABSI

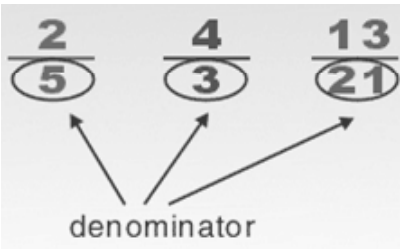
- **Device days and patient days are used for denominators**
- **Device-day denominator data that are collected differ according to the location of the patients being monitored**

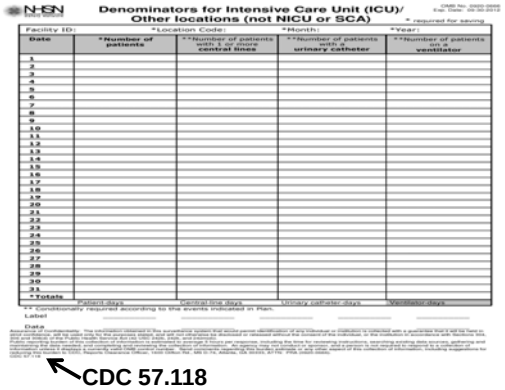
Denominators for CLABSI

- **For ICUs and locations other than specialty care areas (SCAs) and NICUs, the number of patients with one or more central lines of any type is collected daily, at the same time each day, during the month and recorded on the *Denominators for Intensive Care Unit (ICU)/Other Locations (Not NICU or Specialty Care Area (SCA)) (CDC 57.118).***

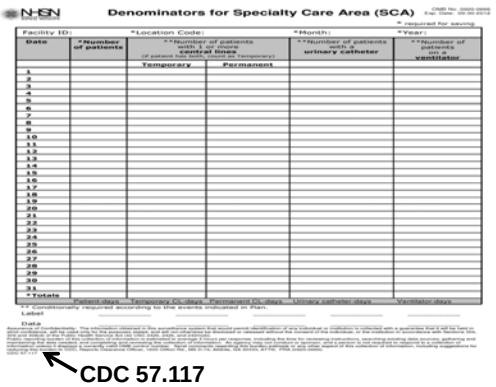
Denominators for CLABSI

- **Only the totals for the month are entered into NHSN**




Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

CDC 57.118

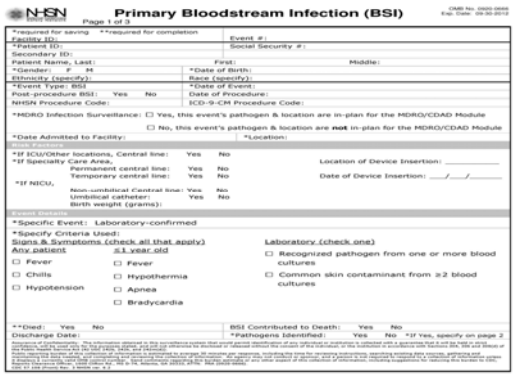

Denominators for Specialty Care Area (SCA)

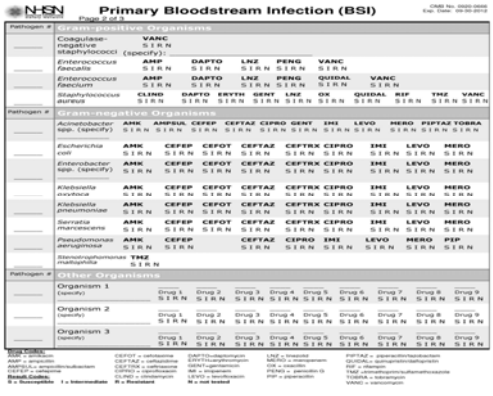
CDC 57.117

Numerators for CLABSI

- **Numerator Data is the *Primary Bloodstream Infection (BSI) form (CDC 57.108) is used to collect and report each CLABSI that is identified during the month selected for surveillance***

$$\frac{\text{numerator}\ 2}{3}$$


Primary Bloodstream Infection (BSI)


Primary Bloodstream Infection (BSI)

Denominators for CAUTI

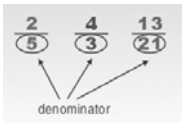
- **Device days and patient days are used for denominators**

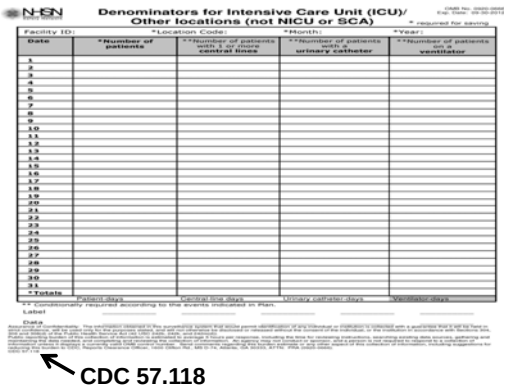
Denominators for CAUTI

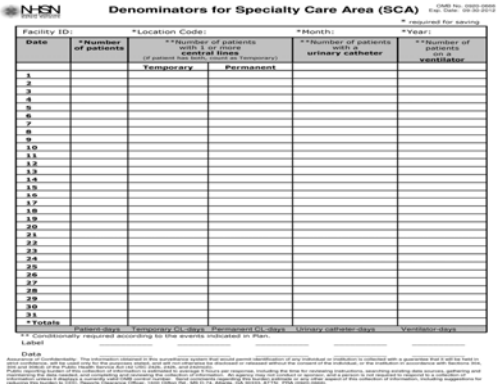
- **Indwelling urinary catheter days, which are the number of patients with an indwelling urinary catheter device, are collected daily, at the same time each day, according to the chosen location using the appropriate form (CDC 57.116, March, 2009 7-3 *Device-associated Events CAUTI* 57.117, and 57.118)**

Denominators for CAUTI

- **These daily counts are summed and only the total for the month is entered into NHSN**
- **Indwelling urinary catheter days and patient days are collected separately for each of the locations monitored**

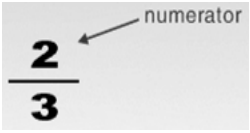


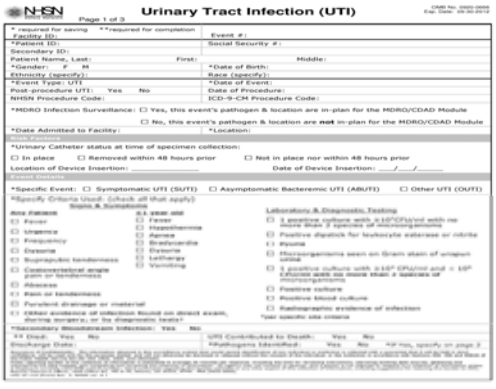


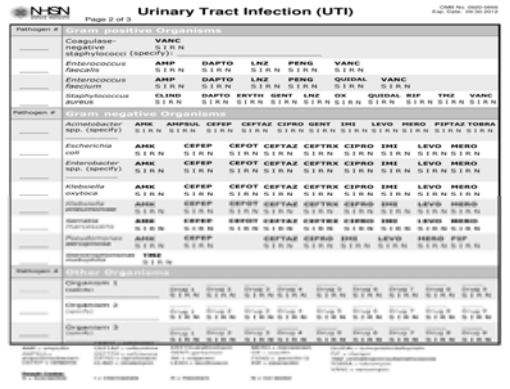


Numerators for CAUTI

- **Numerator Data is the *Urinary Tract Infection (UTI) Form (CDC 57.114) is used to collect and report each CAUTI that is identified during the month selected for surveillance***



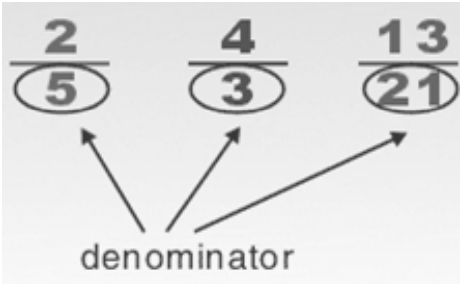


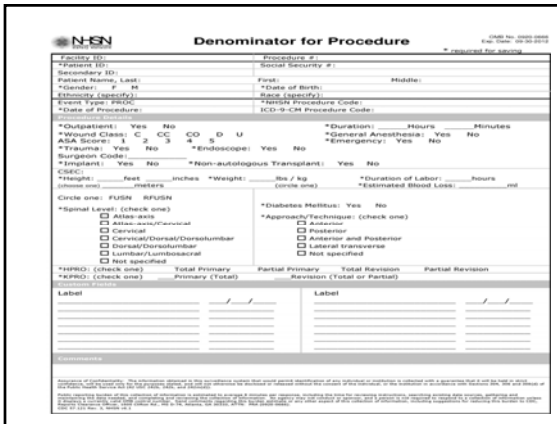


Denominators for SSI

- **For all patients having a procedure selected for surveillance during the month(Colon and Abdominal Hysterectomies), complete the *Denominator for Procedure form (CDC 57.121). The data are collected individually for each operative procedure performed during the month specified on the Patient Safety Monthly Surveillance Plan (CDC 57.106)***

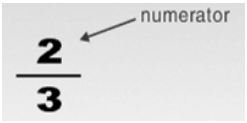
Denominators for SSI

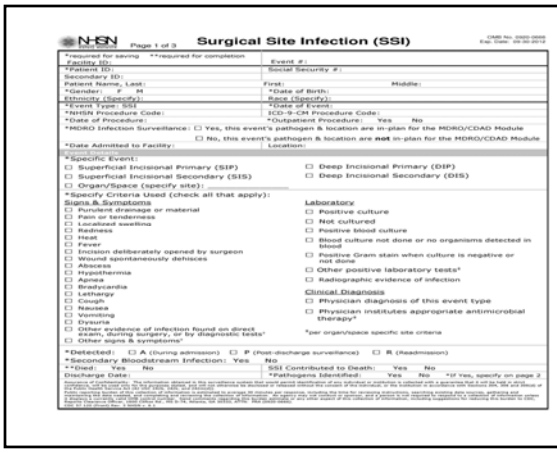


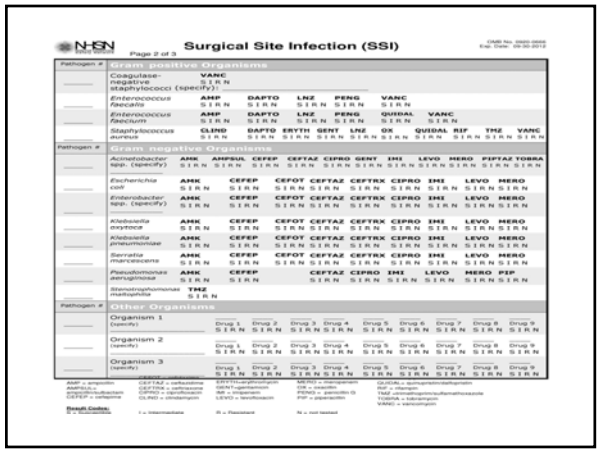


Numerators for SSI

- **Numerator Data: The *Surgical Site Infection (SSI) Form (CDC 57.120) is used to collect and report each SSI that is identified during the month selected for surveillance***







Data Entry

General Information About Data Entry

- Data entered into NHSN is available to both CDC and to the facility as soon as it is saved
  - No "transmission"
- Data can be edited after it is saved
  - Exceptions Patient ID and Linked records

General Information About Data Entry

- Records can be deleted
  - Reference: Andrus, M. (2006), Monthly reporting plan data entry linking other features. Retrieved at http://www.cdc.gov/nhsn/wc_dataEntery_imprt_cost.html#3

Data Entered in NHSN

- Patient demographics
- Denominators
  - Summary data (device-associated)
  - Denominators for procedures
- Events
  - CLABSI, VAP, SSI, etc.
- Custom data

Requirements for Data Fields

- Required
  - Must be completed on every data field
  - A red asterisk (*) appears next to the field label

Requirements for Data Fields

- Conditionally required
  - When the requirement depends on one of these conditions
  - Response given in another field
  - Events identified in your Monthly Reporting Plan

Requirements for Data Fields

- Optional
  - NHSN does not require the data and the information will not be used
    - e.g., surgeon code

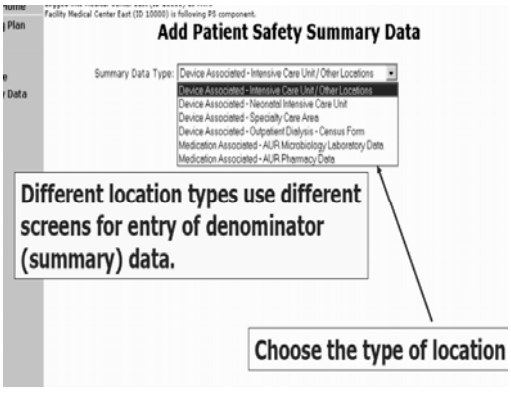
Entering Denominator and Numerator Data

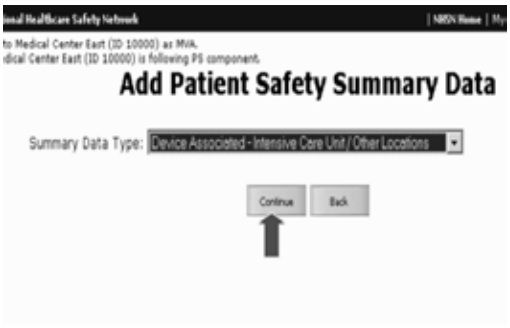
- Entering Denominators for Device-Associated Events
- Adding summary data
- Finding summary data
- Editing/deleting summary data

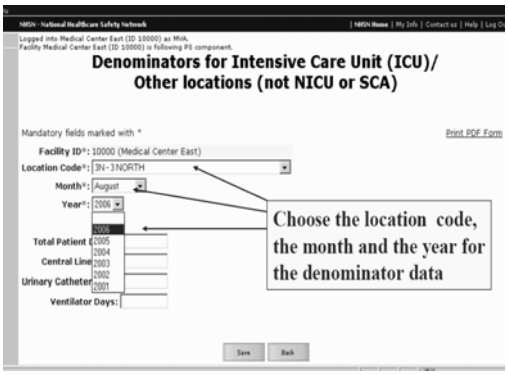
Device-associated Denominators

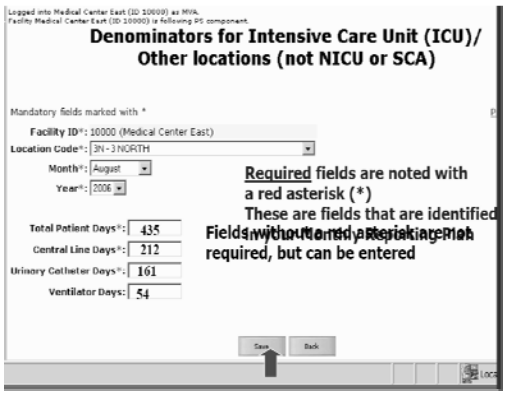
- Patient days
- Device days by type of unit

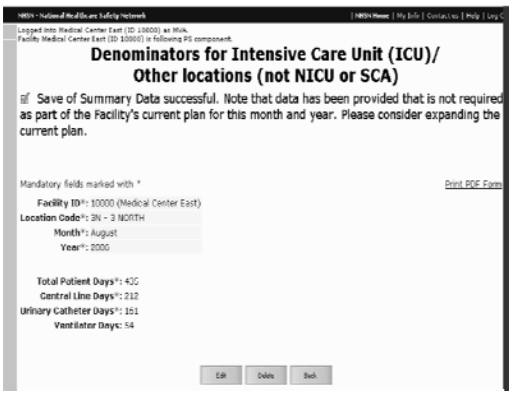
- http:www.cdc.gov/nhsn/PDFs/slides/NHSN_trainingDec12DataEntry.pdf

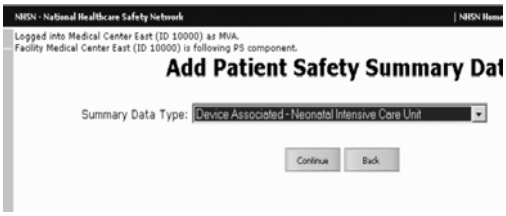


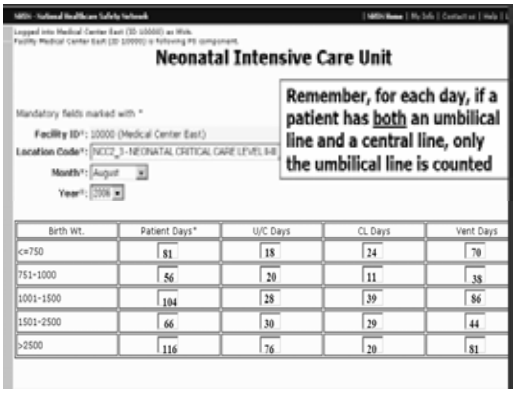

Add Patient Safety Summary Data
Summary Data Type: Device Associated - Intensive Care Unit / Other Locations
Continue
Back


Denominators for Intensive Care Unit (ICU)/
Other locations (not NICU or SCA)
Mandatory fields marked with *
Print PDF Form
Facility ID*: 10000 (Medical Center East)
Location Code*: 3N - 3 NORTH
Month*: August
Year*: 2006
Total Patient Days*:
Central Line Days*:
Urinary Catheter Days*:
Ventilator Days:
Choose the location code, the month and the year for the denominator data
Save
Back

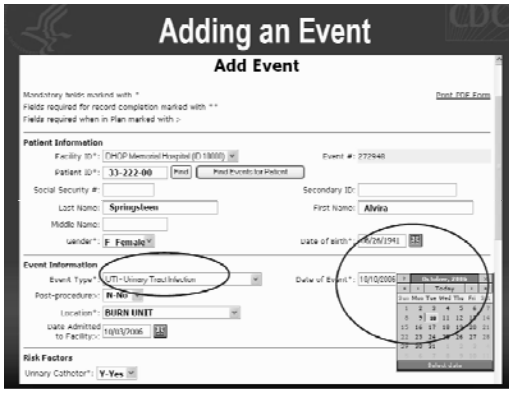

Denominators for Intensive Care Unit (ICU)/
Other locations (not NICU or SCA)
Mandatory fields marked with *
Facility ID*: 10000 (Medical Center East)
Location Code*: 3N - 3 NORTH
Month*: August
Year*: 2006
Required fields are noted with a red asterisk (*)
These are fields that are identified
Total Patient Days*: 435
Central Line Days*: 212
Urinary Catheter Days*: 161
Ventilator Days: 54
Save
Back

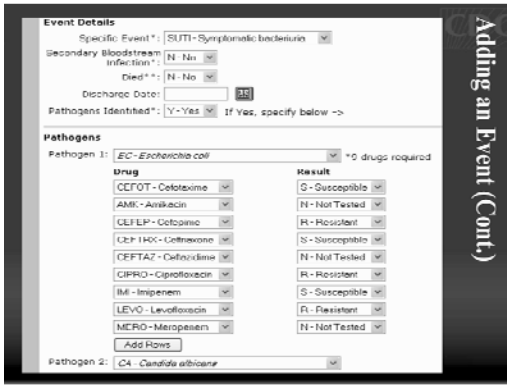

Denominators for Intensive Care Unit (ICU)/
Other locations (not NICU or SCA)
Save of Summary Data successful. Note that data has been provided that is not required as part of the Facility's current plan for this month and year. Please consider expanding the current plan.
Mandatory fields marked with *
Print PDF Form
Facility ID*: 10000 (Medical Center East)
Location Code*: 3N - 3 NORTH
Month*: August
Year*: 2006
Total Patient Days*: 435
Central Line Days*: 212
Urinary Catheter Days*: 161
Ventilator Days: 54
Edit
Delete
Back


Add Patient Safety Summary Dat
Summary Data Type: Device Associated - Neonatal Intensive Care Unit
Continue
Back

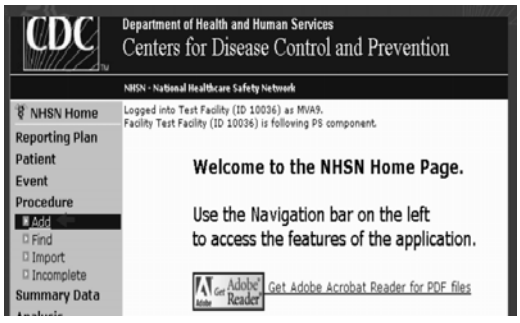

Neonatal Intensive Care Unit
Remember, for each day, if a patient has both an umbilical line and a central line, only the umbilical line is counted
Mandatory fields marked with *
Facility ID*: 10000 (Medical Center East)
Location Code*: NICU_3 - NEONATAL CRITICAL CARE LEVEL III
Month*: August
Year*: 2006
Birth Wt. | Patient Days* | U/C Days | CL Days | Vent Days
<=750 | 81 | 18 | 24 | 70
751-1000 | 56 | 20 | 11 | 38
1001-1500 | 104 | 28 | 39 | 86
1501-2500 | 66 | 30 | 29 | 44
>2500 | 116 | 76 | 20 | 51

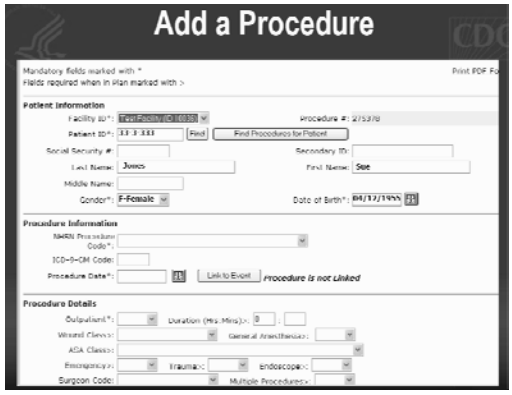

NHSN - National Healthcare Safety Network
Logged into DHQP Memorial Hospital (ID 10000) as MVA
Facility: DHQP Memorial Hospital (ID 10000) is following PS component
Add Patient Safety Summary Data
Summary Data Type: Device Associated - Specialty Care Area
Continue
Back

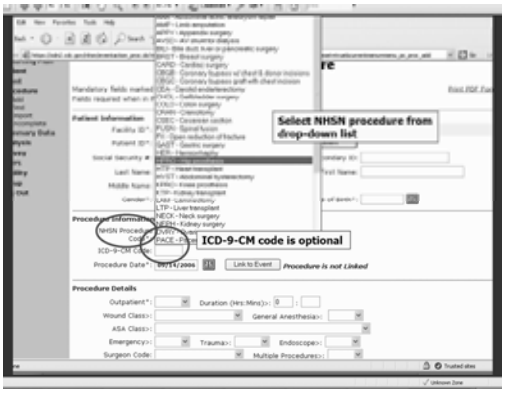

Adding an Event
Add Event

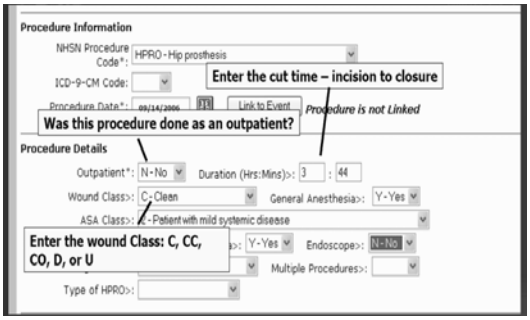

Adding an Event (Cont.)
Event Details
Specific Event*: SUTI - Symptomatic bacteriuria
Secondary Bloodstream Infection*: N - No
Died**: N - No
Discharge Date:
Pathogens Identified*: Y - Yes
If Yes, specify below -->
Pathogens
Pathogen 1: EC - Escherichia coli
*0 drugs required
Drug
Result
CEFOT - Cefotaxime
S - Susceptible
AMK - Amikacin
N - Not Tested
CEFEP - Cefepime
R - Resistant
CEFTRX - Ceftriaxone
S - Susceptible
CEFTAZ - Ceftazidime
N - Not Tested
CIPRO - Ciprofloxacin
R - Resistant
IMI - Imipenem
S - Susceptible
LEVO - Levofloxacin
R - Resistant
MERO - Meropenem
N - Not Tested
Add Rows
Pathogen 2: C4 - Candida albicans

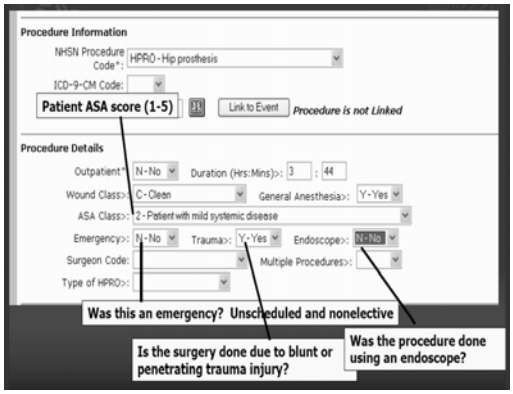

View Event
All events entered into NHSN are available for review after being saved

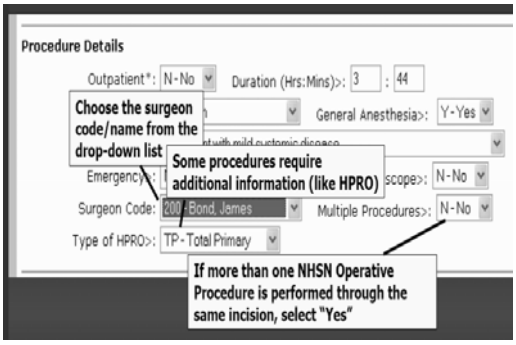

CDC
Department of Health and Human Services
Centers for Disease Control and Prevention
NHSN - National Healthcare Safety Network
NHSN Home
Reporting Plan
Patient
Event
Procedure
Add
Find
Import
Incomplete
Summary Data
Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.
Welcome to the NHSN Home Page.
Use the Navigation bar on the left to access the features of the application.
Get Adobe Reader
Get Adobe Acrobat Reader for PDF files


Add a Procedure
Mandatory fields marked with *
Fields required when in plan marked with >
Print PDF Form
Patient Information
Facility ID*:
Procedure #:
Patient ID*:
Find
Find Procedures for Patient
Social Security #:
Secondary ID:
Last Name:
First Name:
Middle Name:
Gender*:
Date of Birth*:
Procedure Information
NHSN Procedure Code*:
ICD-9-CM Code:
Procedure Date*:
Link to Event
Procedure is not Linked
Procedure Details
Outpatient*:
Duration (Hrs:Mins):>:
Wound Class>:
General Anesthesia>:
ASA Class>:
Emergency>:
Trauma>:
Endoscopic>:
Surgeon Code:
Multiple Procedures>:







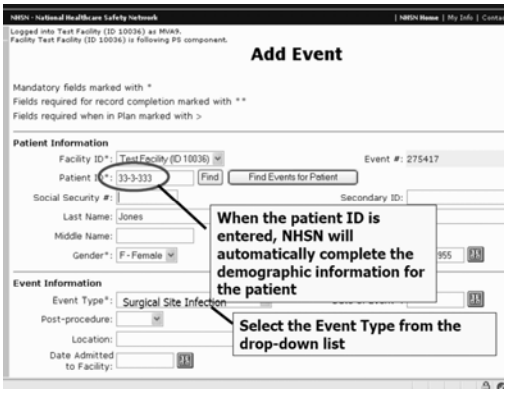


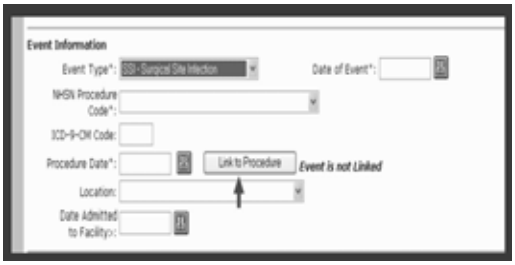
Linking an Event to a Procedure

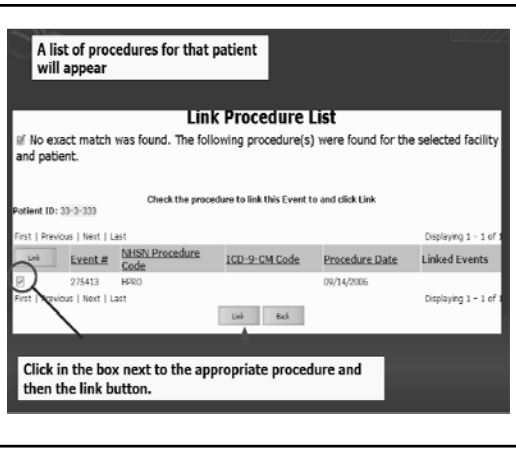
- **The procedure must be entered in the system before an event can be linked to it**
- **When an event is linked to a procedure, the data from the procedure will be automatically associated with the event**

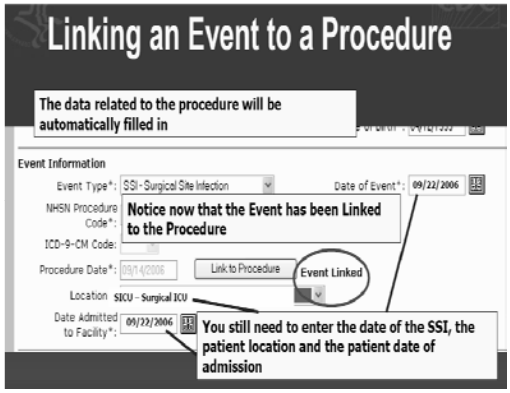
Linking an Event to a Procedure

- **Used primarily with SSI and PPP, but can be used with Device-Associated events also**


Add Event
When the patient ID is entered, NHSN will automatically complete the demographic information for the patient
Select the Event Type from the drop-down list


Event Information
Event Type*:
Date of Event*:
NHSN Procedure Code*:
ICD-9-CM Code:
Procedure Date*:
Link to Procedure
Event is not Linked
Location:
Date Admitted to Facility:


A list of procedures for that patient will appear
Link Procedure List
No exact match was found. The following procedure(s) were found for the selected facility and patient.
Check the procedure to link this Event to and click Link
Click in the box next to the appropriate procedure and then the link button.


Linking an Event to a Procedure
The data related to the procedure will be automatically filled in
Notice now that the Event has been Linked to the Procedure
Event Linked
You still need to enter the date of the SSI, the patient location and the patient date of admission