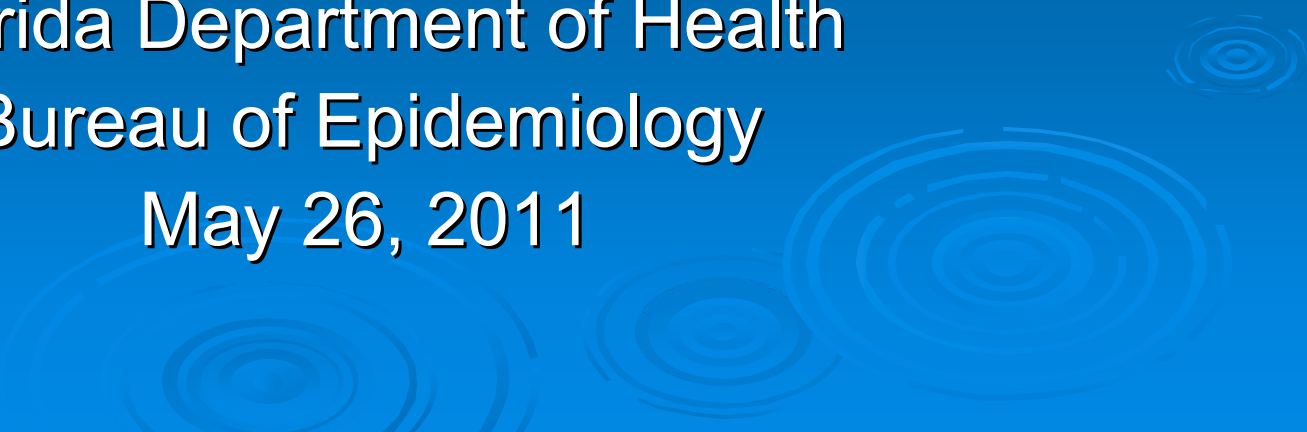


NHSN: Common Errors and Other Modules

Healthcare Associated Infections
Prevention Program

Florida Department of Health
Bureau of Epidemiology
May 26, 2011


The background of the slide is a solid blue color. In the lower right quadrant, there are several faint, concentric circular patterns that resemble ripples in water, centered around a point that is slightly to the right of the center of the slide.

Outline

- Discuss common errors when using NHSN to monitor CLABSI
- Define HAI other than CLABSI that may be reported in NHSN
- Describe the other modules in NHSN for reporting non-CLABSI HAI



NHSN Workflow

- Make sure you have a monthly reporting plan in place
 - Enter events
 - After the end of the month, enter all summary data
 - Generate datasets
 - Analyze output
- 



The Importance of your Monthly Reporting Plan

- If you forget to complete a monthly reporting plan:
 - NHSN will not include your data in national estimates
 - NHSN will not calculate rates for that location
 - Your CLABSI data will not be sent to CMS and you will not be considered compliant with the Inpatient Quality Reporting Program requirements

Adding your 1st Monthly Reporting Plan

CDC Department of Health and Human Services
Centers for Disease Control and Prevention

National Healthcare Safety Network

Logged into State Users of NHSN Memorial (ID 15634) as KATIEFL.
Facility State Users of NHSN Memorial (ID 15634) is following the PS component.

1 NHSN Home

2 Reporting Plan
Add
Find

Patient
Event
Procedure
Summary Data
Import/Export
Analysis
Surveys
Users
Facility
Group
Log Out

Mandatory fields marked with *

Facility ID*: State Users of NHSN Memorial (ID 15634) **3**

Month*: **3**

Year*: **3**

No NHSN Patient Safety Modules Followed this Month

4 Device-Associated Module [HELP](#)

Locations CLA BSI DE VAP CAUTI CLIP

5

Add Row Clear All Rows Copy from Previous Month

Procedure-Associated Module [HELP](#)

Procedures SSI Post-procedure PNEU

Add Row Clear All Rows Copy from Previous Month

Adding Additional Monthly Reporting Plans

The screenshot shows the NHSN reporting interface. On the left is a navigation menu with items: NHSN Home, Reporting Plan, Patient, Event, Procedure, Summary Data, Import/Export, Analysis, Surveys, Users, Facility, Group, and Log Out. The 'Reporting Plan' menu item has a sub-menu with 'Add' and 'Find'. Three red callouts are present: '1' points to the 'Reporting Plan' menu item, '2' points to the 'Add' sub-menu item, and '3' points to the 'Facility ID*' dropdown menu. The main content area is titled 'Add Monthly Reporting Plan' and contains the following elements:

- Header: Department of Health and Human Services, Centers for Disease Control and Prevention, National Healthcare Safety Network.
- User information: Logged into State Users of NHSN Memorial (ID 15634) as KATIEFL. Facility State Users of NHSN Memorial (ID 15634) is following the PS component.
- Form fields: Facility ID* (dropdown), Month* (dropdown), Year* (dropdown). A checkbox for 'No NHSN Patient Safety Modules Followed this Month' is present.
- Section: Device-Associated Module (HELP). Includes a table with columns: Locations, CLA, BSI, DE, VAP, CAUTI, CLIP. Below the table are buttons: Add Row, Clear All Rows, and Copy from Previous Month (circled in red).
- Section: Procedure-Associated Module (HELP). Includes a table with columns: Procedures, SSI, Post-procedure PNEU. Below the table are buttons: Add Row, Clear All Rows, and Copy from Previous Month.

Check your Monthly Reporting Plan

The screenshot shows the NHSN reporting plan interface. The left sidebar contains a navigation menu with the following items: NHSN Home, Reporting Plan, Patient, Event, Procedure, Summary Data, Import/Export, Analysis, Surveys, Users, Facility, Group, and Log Out. The main content area displays the reporting plan structure, including expand/collapse buttons, a list of modules (e.g., MDRO/CDAD Module - Infection Surveillance), and a 'Line Listing - Patient Safety Plans' entry with 'Run' and 'Modify' buttons. Four red callouts with numbers 1-4 point to specific elements: 1 points to 'Summary Data' in the sidebar, 2 points to the 'Expand All' button, 3 points to the 'Analysis' section in the sidebar, and 4 points to the 'Modify' button.


1 Summary Data

2 Expand All

3 Analysis

4 Modify

Modifying the Monthly Reporting Plan Report

 Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Logged into State Users of NHSN Memorial (ID 15634) as KATIEFL.
Facility State Users of NHSN Memorial (ID 15634) is following the PS component.

Analysis Data Set: Plan

Modify Attributes of the Output:

Last Modified On: **04/27/2011**

Output Type: **Line Listing**

Output Name:

Output Title:

Select output format:

Output Format:

Use Variable Labels

Select a time period or Leave blank for Cumulative Time Period:

Date Variable Beginning Ending

Enter Date variable/Time period at the time you click the Run button

1 **2**

NHSN Home
Reporting Plan
Patient
Event
Procedure
Summary Data
Import/Export
Analysis
 Generate Data Sets
 Output Options
 Statistics Calculator
Surveys
Users
Facility
Group
Log Out

Be Sure to Follow Your Monthly Reporting Plan!!!

- If you enter data that is not included in your monthly reporting plan, you are potentially wasting your time, as that data will not be included in analyses
- If you do not enter data you said you will enter, you are potentially skewing state and national estimates
- When setting up your monthly reporting plan, be sure to review the NHSN Manual for the module into which you have committed to report:

http://www.cdc.gov/nhsn/TOC_PSCManual.html

Enter Events

- Be sure you have adequate surveillance practices in place to find out about all potential infections of interest in your facility!
- Be sure you are following the NHSN case definitions!

http://www.cdc.gov/nhsn/TOC_PSCManual.html

**There's that NHSN Manual again!
Why not just print it and keep it on your desk?**



SEARCH

A-Z Index [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

National Healthcare Safety Network (NHSN)

NHSN

- Join NHSN
- About NHSN
- Communication Updates
- Enrollment Requirements
- Patient Safety Component
- Healthcare Personnel Safety Component
- Biovigilance Component
- Data Collection Forms
- Training
- Data & Statistics
- Resource Library
- Clinical Document Architecture
- NHSN Manuals
- Patient Safety Manual**
- Healthcare Personnel Safety Manual
- Biovigilance Manual
- Contact NHSN

FAQs About...

- NHSN
- CMS Hospital Inpatient Quality Reporting Program
- New NHSN agreement
- Enrollment

[NHSN](#) > [NHSN Manuals](#)

NHSN Patient Safety Component Manual

NHSN Forms Update

Vaccination Module Update

The **HRIIV Module** is being replaced with the **Updated Vaccination Module**. Please check back in a few weeks.

Table of Contents

1. [NHSN Overview](#) [PDF - 52KB]
April 2010
2. [Identifying Healthcare-associated Infections \(HAIs\) in NHSN](#) [PDF - 84KB]
March 2009.
3. [Patient Safety Monthly Reporting Plan](#) [PDF - 26KB]
November 2009.

Device-Associated Module

4. [Central Line-Associated Bloodstream Infection \(CLABSI\) Event](#) [PDF - 169KB]
Guidelines and procedures for monitoring CLABSI.
June 2010.
5. [Central Line Insertion Practices \(CLIP\) Adherence](#) [PDF - 82KB]
Guidelines and procedures for monitoring CLIP.
January 2010.
6. [Ventilator-Associated Pneumonia \(VAP\) Event](#) [PDF - 242KB]
Guidelines and procedures for monitoring VAP
March 2009.
7. [Catheter-Associated Urinary Tract Infection \(CAUTI\) Event](#) [PDF - 236KB]
Guidelines and procedures for monitoring CAUTI.
March 2009.
8. [Dialysis Event](#) [PDF - 53KB]

Text size: [S](#) [M](#) [L](#) [XL](#)

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To receive email updates about NHSN, enter your email address:

[What's this?](#)

Contact NHSN:

Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333

nhsn@cdc.gov

[More contact info >>](#)

Set-up Hiccups

- When you defined your locations you were probably a little unfamiliar with NHSN
- Make sure you defined your locations correctly!
 - One unit in your facility = one location code
 - If you have more than one location code for the same unit in your facility you should delete all the duplicates – it will just confuse you later
 - Be sure your bed size is correct! Some units are stratified by bed size for comparison purposes

CLABSI Case Definition Hiccups

- There must be no evidence that the infection was present or incubating at the time of admission
 - If patient has an infection on admission which resolves and then they become septic again, that may be a NEW infection – look for that evidence of resolution. Change of pathogen, by itself, is not enough to call something a new infection.

CLABSI Case Definition Hiccups

- Infection must be a laboratory confirmed bloodstream infection (LCBI) that is not secondary to an infection meeting CDC/NHSN criteria at another body site
 - A secondary BSI – a culture-confirmed BSI associated with a documented HAI at another site
 - If a primary infection is cultured, the blood culture must be the same organism to be called a secondary BSI.
 - Example: Ms. Doe has suprapubic tenderness and grows *E. coli* in her urine and in her blood. The UTI is reported with a secondary BSI.
 - The antibiograms for the two cultures do not need to match any longer to be considered the same organism
 - If the primary infection is identified and meets the case definition without a culture and the blood culture is positive, the first infection is considered primary and the BSI is reported as secondary
 - Example: Mr. White has a two chest radiographs showing new infiltrate, fever, worsening cough, and worsening gas exchange which meets the NHSN definition for PNEU1. Blood cultures are positive for *S. pneumoniae*. He would not be reported as having a primary BSI, but rather pneumonia with a secondary BSI.

CLABSI Case Definition Hiccups

- Patient must have **2** positive blood cultures if the organism cultured is a common skin contaminant
- If there is only 1 blood culture positive for a common skin contaminant, the patient does not meet the case definition and would not be reported
- Examples of common skin contaminants:
Diphtheroids (*Corynebacterium* spp.), *Bacillus* spp. (not *B. anthracis*), *Propionibacterium* spp., Coagulase-negative staphylococci, Viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp.

CLABSI Case Definition Hiccups

- Surveillance for CLABSIs after the patient is discharged from the facility is not required, however, if discovered, these infections should be reported to NHSN. No additional central line days are reported.

Summary Data Hiccups

- For each day of the month, at the same time each day, record the number of patients on the unit and the number of patients who have ≥ 1 central line(s)
- At the end of the month, sum the total number of patient days and central line days and report the total

Summary Data Hiccups

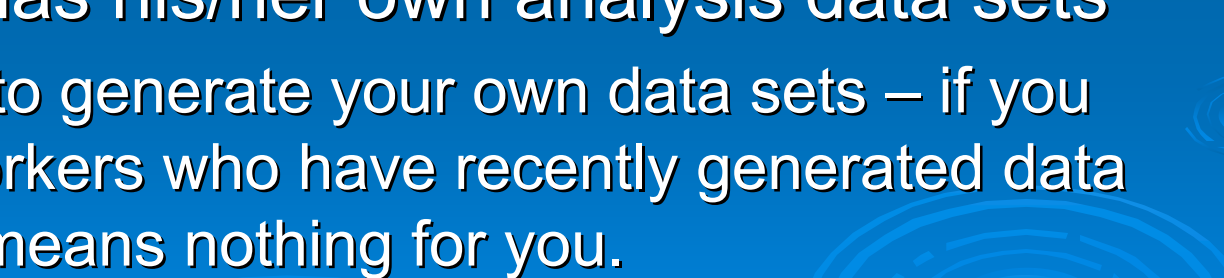
- Specific data collected differs according to surveillance location.
 - For NICUs, count number of patients with central lines and number with umbilical lines
 - If a patient has both, count only the umbilical catheter
 - **Stratify counts by 5 categories of birth weight**
 - For ICUs and other locations, just count the number of patients with ≥ 1 central line

Summary Data Hiccups

- If you are getting summary data electronically, consider doing manual data collection for a month to validate your electronic system
 - NHSN says electronic data may be used if it is not more than 5% different from manually collected data
- Make sure the number of patient days you report is less than (the number of beds in your unit x the number of days in the month)
 - This may be an indication that what you *think* you are getting is different from what you are *actually* getting



Analysis Hiccups

- You must generate data sets **before** you analyze your data!
 - Feature allows for quicker generation of reports
 - Analysis runs on the most recent data sets that were generated; so if you forget to generate new data sets, you may get incomplete results!
 - Each user has his/her own analysis data sets
 - You need to generate your own data sets – if you have coworkers who have recently generated data sets, that means nothing for you.
- 

Analysis Hiccups

- Remember - when specifying selection criteria or defining filters:
 - Criteria are read ACROSS a row as AND
 - Once you move DOWN a column, criteria are read as OR

Specify Other Selection Criteria:

[Show Criteria](#) [Column +](#) [Row +](#) [Clear Criteria](#)

eventType	locCDC	
= BSI	= IN:ACUTE:CC:C	
	= IN:ACUTE:CC:MS	

OR { **AND** **AND** }

Problems with Hiccups?

- Email nhsn@cdc.gov
- Email the FDOH HAI program at HAI_Program@doh.state.fl.us
- Join the FDOH User Group



FDOH User Group

- In order to ensure published CMS data is as accurate and consistent as possible, CDC is asking state public health departments to do data quality checks.
- In order for FDOH to do these data quality checks, we need your cooperation – please consider enrolling your facility in the FDOH User Group.
- Other benefits to joining the FDOH User Group:
 - Contribute to capacity for monitoring HAI in Florida
 - Get additional assistance with data quality checking and personalized assistance with NHSN

FDOH User Group

- If you are interested in joining the FDOH User Group:
 - Sign an FDOH data use agreement (for your protection)
 - Join the FDOH User Group
 - Confer Rights
- Contact me after this presentation for more information!

Other Modules in NHSN



Event Types in NHSN

Event Information [?HELP](#)

Event Type*:

Date of Event*:



Post-procedure:

Location*:

Date Admitted
to Facility>:

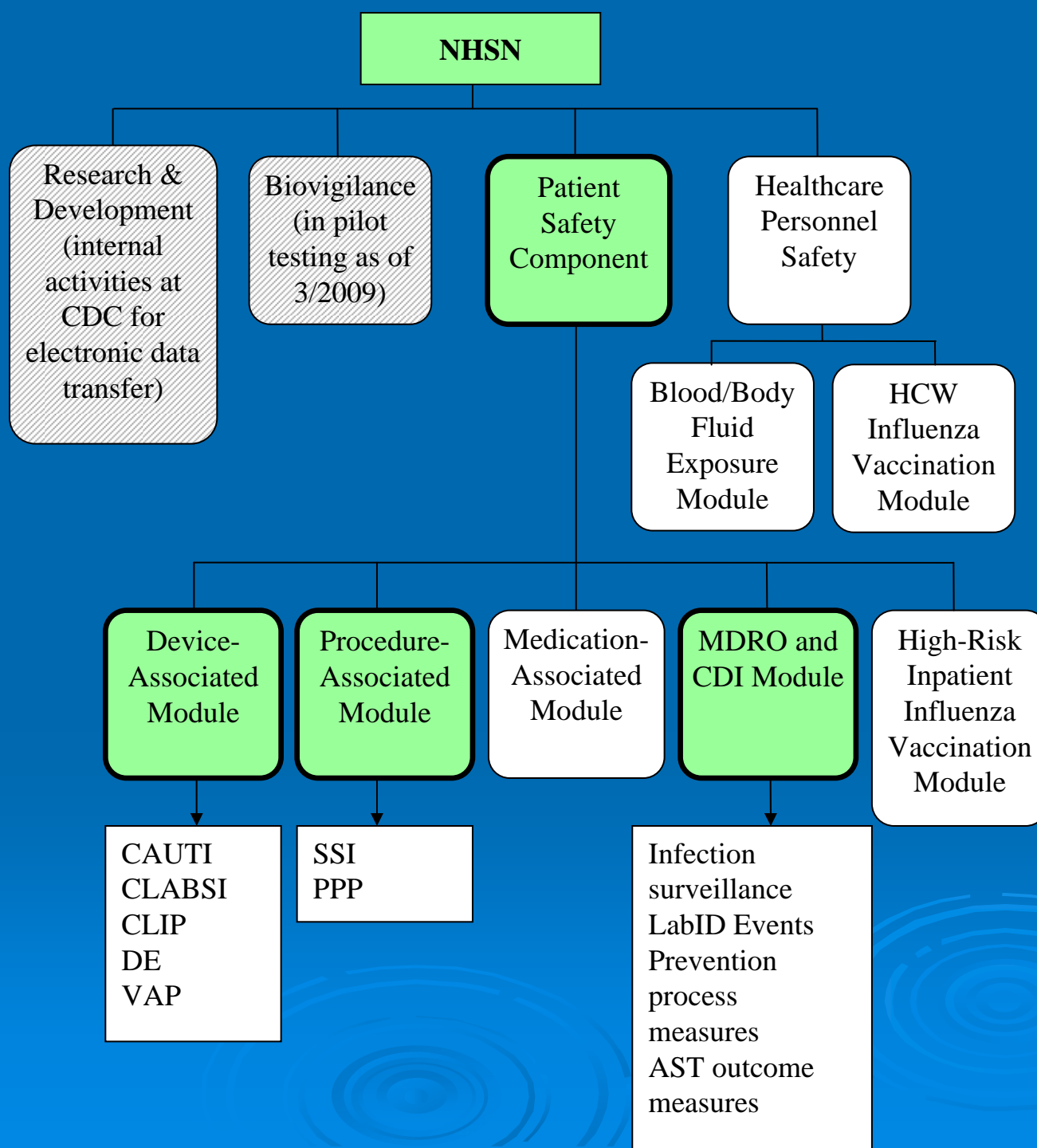
- BJ - Bone and Joint Infection
- BSI - Bloodstream Infection
- CLIP - Central Line Insertion Practices
- CNS - Central Nervous System
- CVS - Cardiovascular
- DE - Dialysis Event
- EENT - Eye, Ear, Nose and Throat
- FLUVAX - Influenza Vaccination
- GI - Gastrointestinal
- LABID - Laboratory-identified MDRO or CDAD Event
- LRI - Lower Respiratory Infection
- PNEU - Pneumonia
- REPR - Reproductive Tract
- SSI - Surgical Site Infection
- SST - Skin and Soft Tissue
- SYS - Systemic
- UTI - Urinary Tract Infection

Risk Factors

Event Details

Pathogens

Custom Fields



Device Associated Module

- Central Line-Associated Bloodstream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)
 - 2nd CAUTI Prevention Collaborative kicking off this fall!
 - CMS Hospital Inpatient Quality Reporting measure for FY 2013
- Ventilator-Associated Pneumonias (VAP)
- Central Line Insertion Practices (CLIP)
- Dialysis Events (DE)

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)

Locations CLA BSI DE VAP CAUTI CLIP

Procedure-Associated Module [HELP](#)

Procedures SSI Post-procedure PNEU

Multi-Drug Resistant Organism Module [HELP](#)

Locations Specific Organism Type

Process and Outcome Measures

Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence Lab ID Event All Specimens Lab ID Event Blood Specimens Only HH GG


Vaccination Module [HELP](#)

Summary Method:

Patient-level Method:

CAUTI


Event Information [HELP](#)

Event Type*: Date of Event*: 

Post-procedure:

MDRO Infection Surveillance*:

Location*:

Date Admitted to Facility>: 

Risk Factors [HELP](#)

Urinary Catheter*:

Event Details [HELP](#)

Specific Event>:

Specify Criteria Used* (check all that apply):

Signs & Symptoms

Any patient

- Fever
- Urgency
- Frequency
- Dysuria
- Suprapubic tenderness
- Costovertebral angle pain or tenderness
- Abscess
- Pain or tenderness
- Purulent drainage or material
- Other evidence of infection found on direct exam, during surgery, or by diagnostic tests

<=1 year old


- Fever
- Hypothermia
- Apnea
- Bradycardia
- Dysuria
- Lethargy
- Vomiting

Laboratory & Diagnostic Testing

- 1 positive urine culture with $\geq 10^5$ CFU/ml with no more than 2 species of microorganisms
- Positive dipstick for leukocyte esterase or nitrite
- Pyuria
- Microorganisms seen on Gram stain of unspun urine
- 1 positive culture between $\geq 10^3$ and $< 10^5$ CFU/ml with no more than 2 species of microorganisms
- Positive culture
- Positive blood culture
- Radiographic evidence of infection

Secondary Bloodstream Infection>:


Died**>:

Discharge Date: 

Pathogens Identified>: If Yes, specify below ->

VAP


Event Information [HELP](#)

Event Type*: PNEU - Pneumonia Date of Event*: 

Post-procedure*:

MDRO Infection Surveillance*:

Location*:

Date Admitted to Facility>: 

Risk Factors [HELP](#)

Ventilator*:

Event Details [HELP](#)

Specific Event>: PNU1 - Pneumonia 1 - clinically defined

Specify Criteria Used* (check all that apply)

Immunocompromised*:

X-Ray

- New or progressive and persistent infiltrate Consolidation
 Cavitation Pneumatocoles

Signs & Symptoms

- Fever
 Leukopenia or leukocytosis
 Altered mental status
 New onset/change in sputum
 New onset/worsening cough, dyspnea, tachypnea
 Rales or bronchial breath sounds
 Worsening gas exchange
 Hemoptysis
 Pleuritic chest pain
 Temperature instability
 Apnea, tachycardia, nasal flaring with retraction of chest wall or grunting
 Hypothermia

Laboratory

- Positive blood culture
 Positive pleural fluid culture
 Positive quantitative culture from LRT specimen
 $\geq 5\%$ BAL cells w/bacteria
 Histopathologic exam w/ abscess formation, positive quantitative culture of lung parenchyma, or lung parenchyma invasion by fungal hyphae
 Positive culture of virus or *Chlamydia*
 Positive detection of viral antigen or antibody
 4-fold rise in paired sera for pathogen
 Positive PCR for *Chlamydia* or *Mycoplasma*
 Positive micro-IF test for *Chlamydia*
 Positive culture or micro-IF of *Legionella* spp
 Legionella pneumophila serogroup 1 antigens in urine

Central Line Insertion Practices

Event Information [?HELP](#)

Event Type*:

Location*:

Date of Insertion*: 

Person recording insertion practice data>: Inserter Observer

Central Line Inserter ID:

Last Name: First Name:

Occupation of inserter>:

Insertion Details [?HELP](#)

Reason for insertion>:

Inserter performed hand hygiene prior to central line insertion>:

Were all 5 maximal sterile barriers used?>:

Maximal sterile barriers used>:

Mask

Sterile gown

Large sterile drape

Sterile gloves

Cap

Skin Preparation (check all that apply)>: Chlorohexidine gluconate Povidone iodine Alcohol
 Other

Was skin preparation agent completely dry at the time of first skin puncture?>:

Insertion site>:

Antimicrobial coated catheter used:

Central line catheter type>:

Procedure Associated Module

- Surgical Site Infection (SSI)
 - CMS Hospital Inpatient Quality Reporting Program measure for FY 2012
- Post-Procedure Pneumonia (PPP)

Add Monthly Reporting Plan

Reporting Plan

- Add
- Find

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)

Locations CLA BSI DE VAP CAUTI CLIP

Procedure-Associated Module [HELP](#)

Procedures SSI Post-procedure PNEU

Multi-Drug Resistant Organism Module [HELP](#)

Locations Specific Organism Type

Process and Outcome Measures

Infection Surveillance AST-Timing AST-Eligible Incidence Prevalence Lab ID Event All Specimens Lab ID Event Blood Specimens Only HH GG


Vaccination Module [HELP](#)

Summary Method:

Patient-level Method:


Surgical Site Infection

Event Information [?HELP](#)

Event Type*: SSI - Surgical Site Infection Date of Event*: 


NHSN Procedure Code*:

ICD-9-CM Code: Outpatient Procedure*:

Procedure Date*:  *Event is not Linked*

MDRO Infection Surveillance*:

Location:

Date Admitted to Facility>: 

Risk Factors


Event Details [?HELP](#)

Specific Event>:

Detected>:

Secondary Bloodstream Infection>:

Died**>:

Discharge Date: 

Pathogens Identified>: If Yes, specify below ->

SSI Summary Data - Procedures

- Reporting Plan
- Patient
- Event
- Procedure
 - Add
 - Find
 - Incomplete
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

Add Procedure

Mandatory fields marked with *

Fields required when in Plan marked with >

Patient Information [?HELP](#)

Facility ID*: Procedure #: 4712552

Patient ID*:

Social Security #:

Last Name:

Middle Name:

Gender*:

Secondary ID:

First Name:

Date of Birth*:

Ethnicity:

Race: American Indian/Alaska Native Asian
 Black or African American Native Hawaiian/Other Pacific Islander
 White

Procedure Information [?HELP](#)

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*: **Procedure is not Linked**

Procedure Details [?HELP](#)

Outpatient*: Duration (Hrs:Mins): :

Wound Class>: General Anesthesia>:

ASA Class:

Emergency>: Trauma>: Endoscope>:

Surgeon Code:

Implant>: Non-autologous Transplant>:

Importing Procedure Data



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

Logged into State Users of NHSN Memorial (ID 15634) as KATIEFL.
Facility State Users of NHSN Memorial (ID 15634) is following the PS component.

Import/Export Data

Import/Export Type:

<input type="text"/>
CSV Import
Patients
Procedures
Surgeons
CDA Import
Events, Summary Data, Procedure Denominators
SSI events (requires link to procedure)
Export
Export Facility Data

- NHSN Home
- Reporting Plan
- Patient
- Event
- Procedure
- Summary Data
- Import/Export
- Analysis
- Surveys
- Users
- Facility
- Group
- Log Out

MDRO/CDAD Module – Bugs

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- MRSA/Methicillin-sensitive *S. aureus* (MSSA)
- Vancomycin-resistant *Enterococcus* spp. (VRE)
- MDR-*Klebsiella* spp.
- MDR-*Acinetobacter* spp.
- *Clostridium difficile*

MDRO/CDAD Module – Reporting Choices

- Infection Surveillance (location specific for at least 3 months, choose at least 1 organism)
 - Infection determined by IP judgment
- Laboratory-Identified (LabID) Events (location specific for at least 3 *consecutive* months, choose at least 1 organism)
 - Report ALL labs regardless of whether IP considers them “hospital acquired” or not
- Infection Surveillance and LabID are SEPARATE reporting options
 - Report into one or the other – can only report into both if you indicate that you will do both on your Monthly Reporting Plan and you double enter some infections
 - You will not be reporting the exact same set of infections depending on which reporting option you choose

MDRO/CDAD Module – Reporting Choices

- Prevention Process Measures
 - Hand hygiene adherence
 - Gown and gloves use adherence
 - Active Surveillance Testing (AST) Adherence for MRSA, MRSA/MSSA, and/or VRE
- AST Outcome Measures (incident and prevalent cases using AST) for MRSA, MRSA/MSSA, and/or VRE

Add Monthly Reporting Plan

Reporting Plan

- Add
- Find

Patient

Event

Procedure

Summary Data

Import/Export

Analysis

Surveys

Users

Facility

Group

Log Out

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module [HELP](#)

Locations CLA BSI DE VAP CAUTI CLIP

Procedure-Associated Module [HELP](#)

Procedures SSI Post-procedure PNEU

Multi-Drug Resistant Organism Module [HELP](#)

Locations Specific Organism Type

Process and Outcome Measures

Infection Surveillance	AST-Timing	AST-Eligible	Incidence	Prevalence	Lab ID Event All Specimens	Lab ID Event Blood Specimens Only	HH	GG
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vaccination Module [HELP](#)

Summary Method:


Patient-level Method:

Infection Surveillance

- Infections are reported on the appropriate NHSN forms:
 - Primary BSI
 - Pneumonia
 - UTI
 - SSI
 - MDRO/CDAD Infection Event
- Denominator is number of patient days

Infection Surveillance

Event Information [HELP](#)

Event Type*: BSI - Bloodstream Infection Date of Event*: 

Post-procedure:

MDRO Infection Surveillance*:

Location*:

Date Admitted to Facility>:

Yes, this event pathogen/location is in-plan for MDRO/CDAD Module


No, this event pathogen/location is not in-plan for MDRO/CDAD Module

- If you are doing surveillance for device-associated or procedure-associated infections, you will be asked to answer the question “MDRO Infection Surveillance:”
- Unless you are conducting surveillance for whatever organism was isolated using the MDRO/CDAD Module, the answer is **No**

LabID Event

Event Information [?HELP](#)

Event Type*: LABID - Laboratory-identified MDRO or CDAD Event ▼


Date Specimen Collected*: 

Specific Organism Type*: ▼


Outpatient*: ▼

Specimen Body Site/Source*: ▼

Specimen Source*: ▼

Date Admitted
to Facility*: 

Location*: ▼

Date Admitted to Location*: 

Documented prior evidence of previous infection or colonization with this
specific organism type from a previously reported LabID Event?: ▼

Has patient been discharged from your facility in the past 3 months?*: ▼

Questions?

FDOH HAI Program

HAI_Program@doh.state.fl.us