**CLABSI Data Collection Practices Survey – Texas Department of State Health Services**

**Hospital Name: \_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Auditor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Site Visit Date:** \_\_\_/\_\_\_/\_\_\_

1. Were there any changes in the number and/or organization of ICUs during the reporting period? If yes, please describe and indicate how those changes were reflected in reporting to NHSN.
2. Which staff members are involved with the collection of ICU **patient** days?
3. Identify the method used to collect ICU **patient** days:

[ ]  At the same time each day, count the number of patients on the unit (e.g. midnight census)

[ ]  Count the total number of patients that were cared for in the ICU on a given day

[ ]  Count the number of admissions for the day

[ ]  Other (specify):

Comments:

1. How are ICU **patient** dayscollected?

[ ]  Electronically – collected by electronic medical record

[ ]  Manually collected by Infection Prevention staff

[ ]  Manually collected by staff in ICU location

[ ]  Other (specify)

Comments:

1. Which staff members are involved with the collection of ICU **central line** days?
2. Identify the method used to collect ICU **central line** days:

[ ]  At the same time each day, count the number of patients on the unit with one or more central lines

[ ]  Count the total number of central lines that were maintained in the ICU that day

[ ]  Other (specify):

Comments:

1. How are ICU **central line** dayscollected? (verify documentation):

[ ]  Electronically – collected by electronic medical record

[ ]  Manually collected by Infection Prevention staff

[ ]  Manually collected by staff in ICU location

[ ]  Other (specify)

Comments:

1. For those with electronically collected central line days, when was the last time the data was validated and what were the results? Was this within +5% of manual collection?
2. Who counts patient days and central line days when the “regular” data collector(s) is/are not working?
3. What do you do if no one collected this information over a weekend/holiday or for another reason?
4. Are peripheral IVs counted as central lines?

[ ]  Yes

[ ]  No

1. If a patient has two separate central lines, how many central line days are counted?

[ ]  Two

[ ]  One

[ ]  None

1. If a patient has a temporary central line and a permanent central line, how many central line days are counted?

[ ]  Two

[ ]  One

[ ]  None

1. If, at the time central lines are counted, you know that a patient had a line removed earlier in the day, will you count the patient as having a central line?

[ ]  Yes

[ ]  No

1. If a patient has only a permanent central line (e.g., port-a-cath) and the line has not been accessed since admission, is it counted in the central line days?

[ ]  Yes

[ ]  No

1. If a patient has both a non-umbilical and umbilical central line, how are central line days reported? (NICU only)

[ ]  Two

[ ]  One

[ ]  None

1. How are birth weight classifications identified/determined? (Be sure they are using birth weight and not babies’ current weights.) (NICU only)
2. How is patient hypotension defined in your facility?
3. How is Apnea for patients ≤ 1 year old defined in your facility?
4. How is Bradycardia for patients ≤ 1 year old defined in your facility?
5. When recording fever for purposes of NHSN reporting, do you use the temperature documented in the patient’s medical record or do you perform a conversion of temperature based on route of collection?
6. How do you identify CLABSIs in your ICU? Explain the process involved in case identification. (Example: daily IP gets positive blood culture results from the lab. Those are reviewed to determine if the patient had a central line and were in the ICU within 48 hours of the culture. Then IP conducts chart review for those that meet CDC CLABSI criteria.
7. In cases of ambiguity, who makes the final decision regarding the determination of whether an infection is a CLABSI?
8. Does anyone, other than the facility IP(s), have final say as to whether an infection should or should not be reported as an HAI in NHSN? If so, what is their training/background in regards to NHSN surveillance definitions?
9. Which staff member(s) is/are responsible for entering CLABSI data into NHSN?
10. What data quality control activities are performed on the CLABSI event and/or denominator data?
11. What do you do when you identify an error in data that has already been reported to NHSN?
12. Do you provide any ongoing or periodic training for staff involved in CLABSI data collection and reporting? If so, describe the training activities and frequency of training.
13. What steps have you taken to prevent and/or reduce the risk of patients developing CLABSI in your facility? What have been the biggest challenges/successes?
14. In preparing for this audit, what challenges (if any) did you face in obtaining the data for this audit?