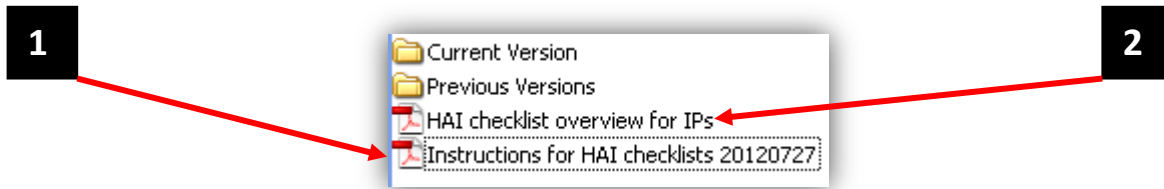


Instructions for HAI Checklists:

The zip drive called “HAI checklists as of 6.28.2012” two PDF documents and two folders:



The document called “Instructions for HAI checklists 20120727” [1] is the document you are currently reading.

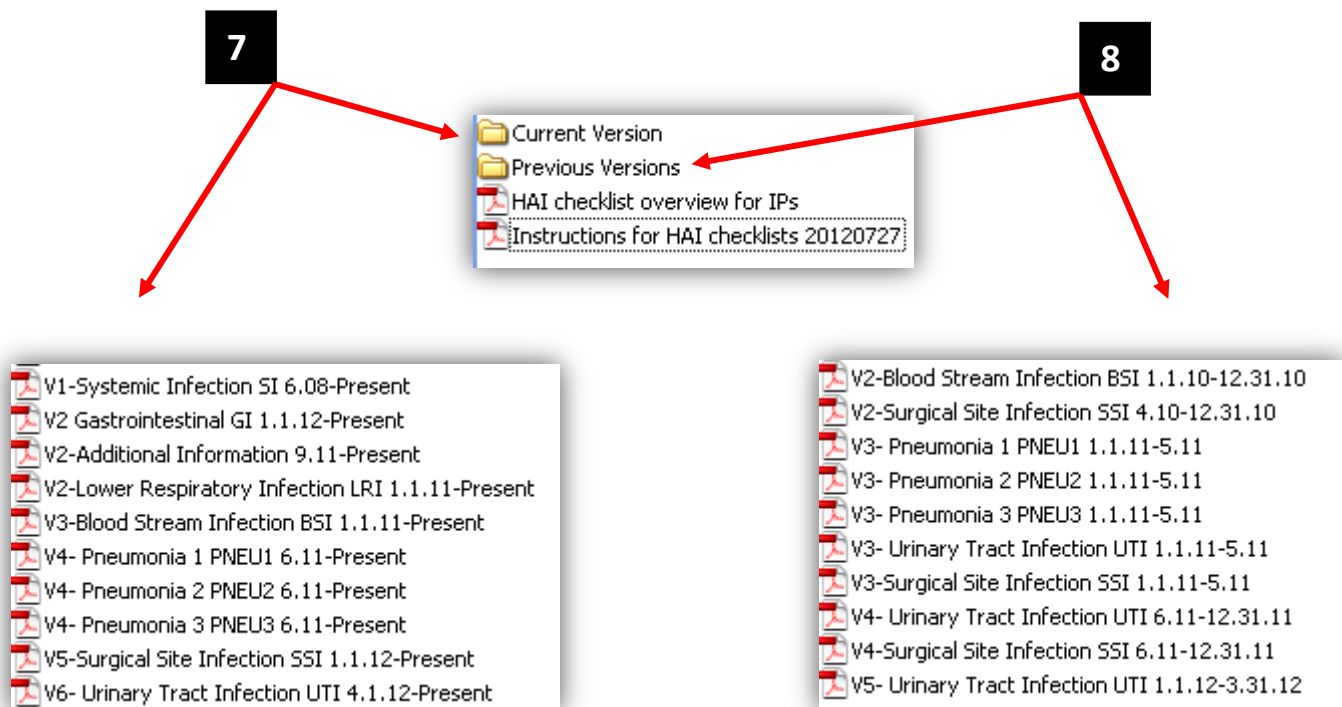
The document called “HAI checklist overview for IPs” [2] provides you with a quick overview of all the HAI checklists:

<u>HAI Checklists:</u>		
HAI checklist:	Version:	Date Range:
Lower Respiratory Infection (LRI)	V1-Lower Respiratory Infection LRI 6.08-12.31.10	6/08 – 12/31/10
	V2-Lower Respiratory Infection LRI 1.1.11-Present	1/1/11 – Present
Pneumonia (1, 2, and 3)	V1-Pneumonia PNEU 6.08-2.09	6/08 – 2/09
	V2- Pneumonia PNEU 3.09-12.31.10	3/09 – 12/31/10
	V3- Pneumonia PNEU 1.1.11-5.11	1/1/11 – 5/11
	V4- Pneumonia PNEU 6.11-Present	6/11 – Present
	V1-Pneumonia Flow Diagram 6.08-Present	6/08 – Present
Reproductive (REPR)	V1-Reproductive REPR 6.08-Present	6/08 – Present
Gastrointestinal (GI)	V1-Gastrointestinal GI 6.08-12.31.11	6/08 – 12/31/11
	V2- Gastrointestinal GI 1.1.12-Present	1/1/12 – Present

The intent of this document is to provide a reference guide for all the checklists currently available. As you review this grid, you will note that some checklists (e.g., reproductive (REPR) [3]) have only one version. Other checklists (e.g., pneumonia (PNEU) [4]) have multiple versions. Each version has a date range indicating the timeframe for which that particular checklist should be used [5]. The most current version will have the word “Present” at the end of the date range [6]. The reason for multiple versions

has to do with changes made to a particular definition or to supporting guidance (see individual checklists).

In order to make it easier for you to identify the most current checklist for a particular HAI, we have placed the checklists in one of two folders – Current Version [7] and Previous Versions [8]:



Let us take a closer look at one of the checklists.

The overall layout of the checklist remains essentially the same. In some cases, there has been no change, resulting in only one version, or V1. As the definition or supporting guidance has changed (see SSI checklist on the following page), we have created a new version of that checklist to accommodate those changes. The total number of versions will depend on the number of times a change has been made (see document called “HAI checklist overview for IPs”). When a change **DOES** occur, we have indicated those changes by adding dates in the footer as well as to each of the sections. The date in the footer [9] indicates when the checklist was last updated. The date next to each section [10] alerts the user as to when that particular section was last changed.

SURGICAL SITE INFECTION (SSI)

REPORTING INSTRUCTIONS *(Last updated January 1, 2012)*

- Some products are a combination of human- and nonhuman-derived materials, such as demineralized human bone matrix with porcine gel carrier. When placed in a patient during an operative procedure, indicate "Yes" for both the Implant field.
- Primary vs. secondary attribution: Because a fever is a non-specific sign of infection, it is possible that an individual may run a fever due to more than one infection at a time. It would be impossible to determine which infection (if not both) was the cause of the fever. Therefore, if all other criteria besides fever are met, both infections would be reported if surveillance for both of these events were being performed.
- Primary vs. secondary attribution: Because a fever is a non-specific sign of infection, it is possible that an individual may run a fever due to more than one infection at a time. It would be impossible to determine which infection (if not both) was the cause of the fever. Therefore, if all other criteria besides fever are met, both infections would be reported if surveillance for both of these events were being performed. (Source: NHSN September 2011 Newsletter, URL: www.cdc.gov/nhsn/PDFs/Newsletters/newsletter-Sept-2011.pdf) **NOTE**: Although CDC provided interpretive guidance related to primary vs. secondary attribution in the September NHSN Newsletter, TDH has asked that IPs apply this interpretive guidance starting January 2011 to ensure a full calendar year of comparable data.

SUP INC – Superficial Incisional Surgical Site Infection

(Last updated June, 2008)

DEFINITION: A superficial incisional SSI must meet the following criteria:

Criterion 1:

- ☐ Infection occurs within 30 days after the operative procedure
AND
- ☐ Involves only skin and subcutaneous tissue of the incision
AND
- ☐ Patient has at least **ONE** of the following:
 - ☐ purulent drainage from the superficial incision
 - ☐ organisms isolated from an aseptically obtained culture of **ONE** of the following:
 - ☐ fluid from the superficial incision
 - ☐ tissue from the superficial incision
 - ☐ must meet **THREE** occurrences:
 - ☐ at least **ONE** of the following signs or symptoms of infection:
 - ☐ pain or tenderness
 - ☐ localized swelling
 - ☐ redness
 - ☐ heat
- ☐ superficial incision is deliberately opened by surgeon

Version 4: January 1, 2012 – Present NHSN

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