



The Healthcare Associated Infections (HAI) checklists developed by Tennessee Department of Health (TDH) HAI Program staff can now be found on the TDH HAI webpage at <http://health.tn.gov/Ceds/HAI/index.htm>. The most current documents will be listed in a zipped folder at the top [1] while previous documents will be archived below [2]:

For tools and resources related to HAI surveillance and prevention, please make a selection from the list below:

- **Current Checklists for HAI Definitions (2014) (ZIP) - Last update 1.1.2014** ← [1]
- HAI Checklist Archive
  - 2008 Checklists for HAI Definitions (ZIP)
  - 2009 Checklists for HAI Definitions (ZIP)
  - 2010 Checklists for HAI Definitions (ZIP)
  - 2011 Checklists for HAI Definitions (ZIP) ← [2]
  - 2012 Checklists for HAI Definitions (ZIP)
  - 2013 Checklists for HAI Definitions (ZIP)

The zipped folder called “Current Checklists for HAI Definitions (2015)” contains the following documents: individual checklists, “Instructions for HAI checklists”, and “HAI checklist overview for IPs”.

- [4]

[3]

- 📄 Instructions for HAI checklists Updated 4.1.2015
  - 📄 HAI checklist overview for IPs Updated 4.1.2015 ← [5]
  - 📄 V10-Surgical Site Infection SSI 1.1.15-Present\_FINAL
  - 📄 V3-Skin and Soft Tissue Infection SST 1.1.15-Present\_FINAL
  - 📄 V3-Reproductive REPR 1.1.15-Present\_FINAL
  - 📄 V5-Lower Respiratory Infection, Other Than Pneumonia LRI 1.1.15-Present\_FINAL
  - 📄 V5-Gastrointestinal System Infection GI 1.1.15-Present\_FINAL
  - 📄 V4-Eye, Ear, Nose, Throat or Mouth Infection EENT 1.1.15-Present\_FINAL
  - 📄 V3-Cardiovascular System CVS 1.1.15-Present\_FINAL
  - 📄 V4-Central Nervous System CNS 1.1.15-Present\_FINAL
  - 📄 V5-Bone and Joint Infection BJ 1.1.15-Present\_FINAL
  - 📄 V9-Pneumonia 3 PNEU3 1.1.15-Present\_FINAL
  - 📄 V9-Pneumonia 2 PNEU2 1.1.15-Present\_FINAL
  - 📄 V9-Pneumonia 1 PNEU1 1.1.15-Present\_FINAL
  - 📄 V3-Pneumonia Flow Diagram 1.1.15-Present\_FINAL
  - 📄 V5-Ventilator-Associated Event VAE 1.1.15-Present\_FINAL
  - 📄 V6-Additional Information 1.1.15-Present\_FINAL
  - 📄 V8-Blood Stream Infection BSI 1.1.15-Present\_FINAL

[5]

Individual checklists are based on the most current NHSN HAI definitions as defined by CDC [3]. These documents assist you in determining if a case meets all the criteria for specific infection(s).

The document called “Instructions for HAI checklists Updated 4.1.2015” [4] is the document you are currently reading. This document provides you with an explanation of the various documents developed by the TDH HAI Program staff as part of the toolkit.

The document called “HAI checklist overview for IPs Updated 4.1.2015” [5] provides you with a quick overview of all the HAI checklists:



<b>HAI checklist:</b>	<b>Version:</b>	<b>Date Range:</b>
<b>Surgical Site Infections (SSI)</b>	V1 - Surgical Site Infection SSI 6.08-3.10	6/08 – 3/10
	V2 - Surgical Site Infection SSI 4.10-12.31.10	4/10 – 12/31/10
	V3 - Surgical Site Infection SSI 1.1.11-5.11	1/1/11 – 5/11
	V4 - Surgical Site Infection SSI 6.11-12.31.11	6/11 – 12/31/11
	V5 - Surgical Site Infection SSI 1.1.12-12.31.12	1/1/12 – 12/31/12
	V6 - Surgical Site Infection SSI	Replaced by V7
	V7 - Surgical Site Infection SSI	Replaced by V8
	V8 - Surgical Site Infection SSI 1.1.13-12.31.13	1/1/13 – 12/31/13
	V9 - Surgical Site Infection SSI 1.1.14-12.31.14	1/1/14 – 12/31/14
	V10 - Surgical Site Infection SSI 1.1.15-12.31.15	1/1/15 – 12/31/15
	V11 - Surgical Site Infection SSI 1.1.16-present	1/1/16-present
<b>Skin &amp; Soft Tissue Infection (SST)</b>	V1 - Skin Soft Tissue Infection SST 6.08-12.31.12	6/08 – 12/31/12
	V2 - Skin Soft Tissue Infection SST 1.1.13-12.31.14	1/1/13 – 12/31/14
	V3 - Skin Soft Tissue Infection SST 1.1.15-12.31.15	1/1/15 – 12/31/15
	V4 - Skin Soft Tissue Infection SST 1.1.16-present	1/1/16-present
<b>Cardiovascular System Infection (CVS)</b>	V1 - Cardiovascular System Infection CVS 6.08-12.31.12	6/08 – 12/31/12
	V2 - Cardiovascular System Infection CVS 1.1.13-12.31.14	1/1/13 – 12/31/14
	V3 - Cardiovascular System Infection CVS 1.1.15-12.31.15	1/1/15 – 12/31/15
	V4 - Cardiovascular System Infection CVS 1.1.16-present	1/1/16-present

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The intent of this overview document is to provide a reference guide of all the checklists currently available. As you review this grid, you will note that some checklists (e.g., Cardiovascular System Infection [6]) have only a few versions. Other checklists (e.g., Surgical Site Infection [7]) have many versions. Each version has a date range indicating the timeframe for which that particular checklist should be used [8]. The most current version will have the word “Present” at the end of the date range [9]. The reason for multiple versions has to do with changes made to a particular definition or to supporting guidance (see individual checklists).



You will note that several checklists have versions with **NO** date range. Instead, they are followed by the wording “Replaced by” and a version number [10]. Upon occasion, parts of the definitions are identified as being unclear to its users. Under those circumstances, CDC provides additional guidance to clear up the confusion. ***It is important to note that definition has remained the same.*** Once the new guidance becomes available, the checklists are updated to reflect those clarifications. The old version of the checklists are removed from the zip file and replaced with the updated versions indicated in the far right column. The updated checklists are to be applied retrospectively to date in which the protocol took affect [11].

<b>Eye, Ear, Nose, Throat or Mouth Infection (EENT)</b>	V1 – Eye, Ear, Nose, Throat, Mouth Infection EENT 6.08-12.31.12	6/08 – 12/31/12
	V2 – Eye, Ear, Nose, Throat, Mouth Infection EENT	Replaced by V3
	V3 – Eye, Ear, Nose, Throat, Mouth Infection EENT 1.1.13-12.31.14	1/1/13 – 12/31/14
	V3 – Eye, Ear, Nose, Throat, Mouth Infection EENT 1.1.15-Present	1/1/15 – Present

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With the 2015 protocol update, you will note that the Systemic Infection [SYS] is the only checklist that does not have a current version [12]. This definition is no longer being used as part of the Patient Safety Protocol.

<b>Systemic Infection (SYS)</b>	V1 - Systemic Infection SYS 6.08-12.31.12	6/08 – 12/31/12
	V2 - Systemic Infection SYS 1.1.13-12.31.14 *	1/1/13 – 12/31/14
<i>*Not longer an active definition</i>		

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In order to make it easier for you to identify the most current checklist for a particular HAI, the checklists have been grouped by year. The most current checklist will be found at the top [13], while checklists from previous years are archived below in ascending order [14].

For tools and resources related to HAI surveillance and prevention, please make a selection from the list below:

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  - 2008 Checklists for HAI Definitions (ZIP)
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Let us take a closer look at one of the checklists.

The overall layout of the checklist remains essentially the same. As the definition or supporting guidance changes (see SSI checklist on the following page), we have created a new version of that checklist to reflecting 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 Updated 4.1.2015”).

When a change **DOES** occur, we have indicated those changes by adding dates in the footer as well as to the specific sections were affected. The date in the footer [15] indicates the date range for which the checklist applies. The date next to each section [16] alerts the user as to when that particular section was last changed.

You may note that a handful of versions listed HAI checklist overview cannot be found in the Previous Versions folder. These missing versions are the versions of a particular checklist that were replaced due to clarifications from CDC.

One nice feature of these checklists is the color coding to assist the user to ensure that all the elements of a criterion are met for a particular infection. The color of the box in front of the each element corresponds to the color of the number above it [17, 18]. We do realize that not everyone has access to a color printer. In order to accommodate this, you will note that some boxes have been replaced with symbols. In the event the checklist is printed in black and white, the symbols will assist the user to ensure that all the elements of a criterion are met for a particular infection [16, 17].



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**Superficial Incisional Surgical Site Infection**  
(Last updated January 1, 2016)

**DEFINITION:** A superficial incisional SSI must meet the following criterion:

**Criterion 1:**

- Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure day),

**AND**

- Infection 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 identified from an aseptically-obtained specimen of **ONE** ☐ of the following:

☐ superficial incision\*

☐ subcutaneous tissue\*

☐ must meet **THREE** ☐ occurrences:

☐ superficial incision is deliberately opened by surgeon, attending physician\*\* or other designee

☐ culture or non-culture based testing is not performed

☐ patient has at least **ONE** ☐ of the following signs or symptoms of infection:

☐ pain or tenderness

☐ localized swelling

☐ erythema

☐ heat

*A culture or non culture based test that has a negative finding does not meet this criterion*

☐ diagnosis of superficial incisional SSI by the surgeon or attending physician\*\* or other designee

<http://www.cdc.gov/nhsn/xls/cpt-pcm-nhsn.xlsx>  
<http://www.cdc.gov/nhsn/xls/icd10-pcs-pcm-nhsn-opc.xlsx>

\*\* The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician or physician's designee (nurse practitioner or physician's assistant).

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\*by a culture or non-culture based microbiological testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST)).



TENNESSEE DEPARTMENT OF HEALTH  
HEALTHCARE-ASSOCIATED INFECTIONS AND ANTIMICROBIAL RESISTANCE PROGRAM  
HAI Surveillance Definitions  
**SURGICAL SITE INFECTION (SSI)**

**Superficial Incisional Surgical Site Infection**  
(Last updated January 1, 2016)

**DEFINITION:** A superficial incisional SSI must meet the following criterion:

**Criterion 1:**

- Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure day),

**AND**

- Infection 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 identified from an aseptically obtained specimen of **ONE** □ of the following:

- superficial incision\*
- subcutaneous tissue\*

- △ must meet **THREE** □ occurrences:

- superficial incision is deliberately opened by surgeon, attending physician\*\* or other designee
- culture or non-culture based testing is not performed

- patient has at least **ONE** ○ of the following signs or symptoms of infection:

- pain or tenderness
- localized swelling
- erythema
- heat

*A culture or non culture based test that has a negative finding does not meet this criterion*

- △ diagnosis of superficial incisional SSI by the surgeon or attending physician\*\* or other designee

<http://www.cdc.gov/nhsn/xls/cpt-pcm-nhsn.xlsx>  
<http://www.cdc.gov/nhsn/xls/icd10-pcs-pcm-nhsn-opc.xlsx>

\*\* The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician or physician's designee (nurse practitioner or physician's assistant).

\*by a culture or non-culture based microbiological testing method which is performed for purposes of clinical diagnosis or treatment (e.g., not Active Surveillance Culture/Testing (ASC/AST).