TENNESSEE DEPARTMENT OF HEALTH
HEATHCARE-ASSOCIATED INFECTIONS
AND ANTIMICROBIAL RESISTANCE PROGRAM
HAI Surveillance Definitions

INSTRUCTIONS FOR HAI CHECKLISTS

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 https://www.tn.gov/health/cedep/hai.html. The most current documents will be listed in a zipped folder at the top **[1]** while previous documents will be archived below **[2]**:

The zipped folder called "Current Checklists for HAI Definitions (2018)" contains the following documents: individual checklists, "Instructions for HAI checklists," and "HAI checklist overview for IPs."

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 1.1.2018" **[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.

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The document called "HAI checklist overview for IPs Updated 1.1.2018" **[5]** provides you with a quick overview of all the HAI checklists:

HAI checklist	Version	Date Range
	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 1.1.16–12.31.16	1/1/16 – 12/31/16
	V12 – Surgical Site Infection SSI 1.1.17–12.31.17	1/1/17 – 12/31/17
	V13 – Surgical Site Infection SSI 1.1.18 – present	1/1/18 - present
Skin & Soft Tissue Infection (SST)	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– 12.31.16	1/1/16 – 12/31/16
	V5 – Skin Soft Tissue Infection SST 1.1.17– 12.31.17	1/1/17 – 12/31/17
	V6 – Skin Soft Tissue Infection SST 1.1.18 – present	1/1/18 - present
Cardiovascular System Infection (CVS)	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 1.1.16–12.31.16	1/1/16 – 12/31/16
	V5 – Cardiovascular System Infection CVS 1.1.17–12.31.17	1/1/17 – 12/31/17
	V6 – Cardiovascular System Infection CVS 1.1.18 – present	1/1/18 - present

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 (for example, Cardiovascular System Infection **[6]**) have only a few versions. Other checklists (for example, Surgical Site Infection **[7]**) have many versions. Each version has a date range indicating the timeframe for which that particular check list 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).

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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]**.

Ventilator–Associated Event (VAE)	V1 – Ventilator Associated Event VAE	Replaced by V2
	V2 – Ventilator Associated Event VAE 1.1.13– 6.30.13	1/1/13 – 6/30/13
	V3 – Ventilator Associated Event VAE 7.1.13– 12.31.13	7/1/13 – 12/31/13
	V4 – Ventilator Associated Event VAE 1.1.14– 12.31.14	1/1/14 – 12/31/14
	V5 – Ventilator Associated Event VAE 1.1.15–12.31.15	1/1/15 – 12/31/15
	V6 – Ventilator Associated Event VAE 1.1.16– 12/31/16	1/1/16 – 12/31/16
	V7– Ventilator Associated Event VAE 1.1.17– 12.31.17	1/1/17 – 12/31/17
	V8 – Ventilator Associated Event VAE 1.1.18 – present	1/1/18 - 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.

Systemic Infection (SYS) *No longer an active definition	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

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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:

- Current Checklists for HAI Definitions (2017) (ZIP) - *Last update 8.14.2017*
  - 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)
    - 2012 Checklists for HAI Definitions (ZIP)
    - 2013 Checklists for HAI Definitions (ZIP)

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INSTRUCTIONS FOR HAI CHECKLISTS

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 1.1.2018").

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 each element corresponds to the color of then 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 **[19, 20]**.

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URINARY TRACT INFECTION (UTI)

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SUTI – Symptomatic Urinary Tract Infection

(Revised January 1, 2018)

DEFINITION: A Symptomatic Urinary Tract Infection must meet at least ONE ☐ of the following criteria:

☐ **Criterion 1a:** SUTI 1a – Catheter-Associated Urinary Tract Infection (CAUTI)

- Patient has BOTH Δ of the following:
  - Δ an indwelling urinary catheter that had been in place for >2 calendar days on the date of event
  - Δ ONE ◊ of the following occurred:
    - ◊ Present for any portion of the calendar day on the date of event*
      **When entering event into NHSN, choose "INPLACE" for Risk Factor for Urinary Catheter*
    - ◊ the urinary catheter was removed the day before the date of event**
      ***When entering event into NHSN, choose "REMOVE" for Risk Factor for Urinary Catheter*

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AND

- Patient had at least ONE Δ of the following signs or symptoms: **with no other recognized cause*
  - Δ fever (>38°C): To use fever in a patient >65 years of age, the indwelling urinary needs to be in place > 2 calendar days on date of event
  - Δ suprapubic tenderness*
  - Δ costovertebral angle pain or tenderness*
  - Δ urinary urgency^
  - Δ urinary frequency^
  - Δ dysuria^

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AND

- Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10³ CFU/ml. (see Comments) All elements of the SUTI criterion must occur during the Infection Window Period.

^ These symptoms cannot be used when catheter is in place. An indwelling urinary catheter in place could cause patient complaints of "frequency" "urgency" or "dysuria".

> **NOTE:** Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause

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