

Appendix 7 Example Validation Follow-up Letters, With and Without Identified Problems

Please feel free to copy, paste, and adapt this template to your state's needs

(Adapted from New York State Department of Health)

Version One: Problems identified. Letter should be adapted to circumstances.

Dear [CEO Name],

The [Department of Health] Healthcare Associated Infection (HAI) Reporting Program completed a validation site visit at your facility for central line-associated bloodstream infection (CLABSI) reporting during [year] at your facility. We wish to thank you and your staff, particularly the Infection Control, Microbiology, and Medical Records staff for their cooperation and the effort they contributed during our review and audit process.

The purposes of this audit were initially presented to you in the letter of notification. Based upon our review of [X] medical records during the audit, there were [e.g.: X missed and unreported central line-associated bloodstream infections (CLABSIs), and X CLABSIs] that need to be deleted from the NHSN database.

We observed the following trends that may contribute to surveillance inaccuracies: [e.g.: Denominator collection methods survey results were suboptimal and documentation of training/validation of electronically uploaded denominator data is recommended before the next audit]. Infection control was not made aware of [X] bloodstream infections identified by the microbiology laboratory, which may have resulted in omissions. Errors in applying NHSN case-definitions were also found, and could be reduced by use of validation checklists. We have provided these checklists to the Infection Prevention and Control Department. Each record requiring corrections was reviewed with [Name of IP] and a list of a data entry edits to be made in NHSN was provided to [her]. All data errors and missed data entry must be edited in NHSN data base within 30 days of this notice.

The Infection Prevention and Control Program continues to count denominator days manually from numerous ICUs, which is relatively labor-intensive for larger hospitals. Working with IT to gather electronic denominator counts will require several months of validation using manual counting and may require iteration until electronic denominator data are correct, but may be worthwhile to explore. Additional IT support to Infection Prevention would be required to make this possible.

Version two: No problems identified. Letter should be adapted to circumstances.

Dear [CEO name],

The [Department of Health] Hospital Acquired Infection (HAI) Reporting Program completed an audit site visit for [year] at your facility. We wish to thank you and your staff, particularly the Infection Control, Microbiology, and Medical Records staff for their cooperation and the effort they contributed during the review and audit process.

The purposes of this audit were initially presented to you in the letter of notification. Based upon our review of [X] medical records, no significant compliance issues were detected. During our audit, we identified no unreported infections in the medical records we reviewed. We also reviewed denominator collection methods and the timeliness of reporting and have found it to be acceptable.

There continues to be only one individual, [Name], with access to manage and report in the NHSN data system. In our [specify past years] post-audit letters, we recommended that your facility to select another NHSN user to receive administrative access, to serve as a backup to the infection preventionist (IP). We continue to strongly recommend your facility add another NHSN administrative user as soon as possible. The NHSN administrative user role should be reviewed with this individual periodically during the year to

ensure that your facility will be able to meet the regulatory requirements for data submission should your IP be unable to work for any reason.

We have discussed infection definitions, reporting and data entry issues or concerns that [*Name of IP*] may have had, in an effort to offer continued support for the [*state*] HAI mandatory reporting. There are some data entry corrections to be made in the NHSN reporting system. A list of each record requiring data edits was reviewed with [*Name of IP*]. The data entry corrections should be completed within 30 days of the audit visit.

[*Name of IP*] is also a member of our State HAI public reporting Technical Advisory Workgroup. I would like to take this opportunity to thank you for supporting [*her*] membership and attendance at the semiannual workshop meetings. [*Her*] contributions to this workgroup are valued by the HAI public reporting program.

If you need any additional information or have any further questions regarding this site visit please contact me directly at [*phone, fax, email*].