

Appendix 2.3: CLABSI and CAUTI Denominator Counting Survey with Key

Instructions: Administer to individuals responsible for denominator counting. This form is color-coded so that it can be divided into a CLABSI denominator collection form and a CAUTI denominator collection form in facilities where these tasks are performed by different persons. Orange indicates both CLABSI and CAUTI questions; pink indicates CLABSI questions, and yellow indicates CAUTI questions.

Facility OrgID:	Name/ID of individual interviewed:	Position: <input type="checkbox"/> IP <input type="checkbox"/> Clerical <input type="checkbox"/> Nursing <input type="checkbox"/> Oother (explain)	Interviewer Initials:	Date of Survey:
(circle): CLABSI, CAUTI, BOTH		NHSN Location(s) covered:		
PATIENT DAYS (for both CLABSI and CAUTI denominator counters)				Key:
1. How are patient days usually collected? (choose one)				
Electronically (document the software system utilized and skip to Q8):				
Manually				
Some units electronic and some units manual				
Comment:				
2. Is there a specified time when the denominator count is taken?		<input type="checkbox"/> Yes <input type="checkbox"/> No		The answer should be Yes
3. When is it done?				Counts should be done at a specific time daily, preferably at nearly the same time throughout the facility to avoid errors when patients transfer
4. Describe the method used to count patient days :				(from NHSN) "To calculate patient days, for each day of the month at the same time each day, record the number of patients. At the end of the month sum the daily counts and enter the total into NHSN."
Count the number of <u>patients</u> assigned to a unit bed <u>at the time counts are conducted</u>				
Other (specify)				

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5. When reporting monthly patient day total, what is done if there are missing patient day data? (choose one)		NHSN issued specific guidance on imputing values for missing data in September 2013 (http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData_Sep2013.pdf)
	Report sum of available daily counts with no adjustment for missing data	
	Estimate or re-create missing data from existing information using our own methods	
	Impute missing values using recent CDC/NHSN guidance	
	Other (explain)	
6. Which best describes your training for denominator (patient days and central line or catheter days) counting? (select all that apply)		
	No specific training was provided	Formal training by NHSN or NHSN-trained IP is recommended due to technical aspects of definitions (e.g., central line, permanent line, temporary line), and methods (e.g., when to count lines, how many to count)).
	Peer training (person who previously counted explained their approach to new staff)	
	Formal training by IP	
	Formal training by NHSN (e.g. online training)	
	Annual training updates	
	Other (describe):	
7. Which staff member counts patient days and central line or catheter days when the "regular" data collector(s) is/are not working?		<input type="checkbox"/> IP <input type="checkbox"/> Another trained Counter <input type="checkbox"/> Nobody <input type="checkbox"/> Other (specify)
8. Does your facility have a mechanism in place for quality control of denominator data? (Select one):		
	(Electronic data) Yes, data submitted electronically is periodically checked using manual methods	
	(Manual data) Yes, manually collected data are periodically counted by more than one staff member	
	Yes, other (explain)	
	No formal quality control process	
9. Which staff member(s) is/are responsible for entering ICU patient days and central line or catheter day data into NHSN?		<input type="checkbox"/> IP <input type="checkbox"/> Counter <input type="checkbox"/> Clerical <input type="checkbox"/> Other (specify)

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CENTRAL LINE DAYS (for CLABSI denominator counters only)		
10. How are central line days collected for the unit(s) you oversee? (choose one)		
	Electronically. (If Yes, please document software system utilized and skip to Q13):	
	Manually	
	Some units electronic and some units manual	
	Comment:	
11. Identify the method used to count central line days : (choose one)		<i>A daily count of the number of patients with a central line in the patient care location during a time period, which is summed for the monthly total</i>
	Count the number of patients with at least one central line at the time surveillance rounds are conducted	
	Count the number of central lines that are in place at the time surveillance rounds are conducted	
	Count the number of central lines that are in use at the time surveillance rounds are conducted	
	Other (specify):	
12. When reporting monthly patient day total, what is done if there are missing central line day data? (choose one)		<i>NHSN issued specific guidance on imputing values for missing data in September 2013 (http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData_Sep2013.pdf)</i>
	Report sum of available daily counts with no adjustment for missing data	
	Estimate or re-create missing data using existing information (e.g.: medical records), then sum	
	Impute missing values using recent CDC/NHSN guidance for missing denominator data	
13. A patient has a radial arterial line and a peripheral IV. How many central line days are counted for this patient on this day?		<i>Zero. The radial arterial line and peripheral IV are not central lines.</i>
14. A patient has a temporary central line and a permanent central line that are both in use. How many central line days are counted for this patient on this day?		<i>One. Although the patient has two central lines a device day is defined as the number of patients who have the device, not the number of devices.</i>
15. The patient above with the temporary central line and the permanent central line is on an oncology ward. Should you report one temporary line day, one permanent line day, or both a temporary and a permanent line day?		<i>When a patient in an oncology location has both temporary and permanent lines the line day is reported as a temporary line day (http://www.cdc.gov/nhsn/forms/instr/57_117.pdf).</i>
16. A patient has a long-term port-a-cath that has not been accessed during this hospital stay, and a peripheral IV that is in use. How many central line days are counted for this patient on this day?		<i>Zero. The port-a-cath was not inserted during this visit and thus is not counted until accessed. The peripheral IV is not a central line. If the port-a-cath was inserted during this admission it would be counted each day thereafter whether in use or not.</i>
17. A port-a-cath was inserted during this admission for planned chemotherapy. It is not in use. How many central line days are counted for this patient on this day?		<i>One. If a central line was inserted during this admission it would be counted each day that it remains in place whether in use or not.</i>
18. A patient has a long-term central line that was accessed for a blood draw in the ICU yesterday but is not currently in use, and a peripheral IV that is in use. How many central line days are counted for this patient on this day?		<i>One. The port-a-cath was accessed during this stay and subsequently the line will be counted for each daily count until discharge unless removed.</i>
19. A patient has a long-term central line that was accessed once for a blood draw in the ED during		<i>Zero. Brief access in an outpatient location does not count toward line-</i>

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evaluation leading to admission, but the line is not currently in use. How many central line days are counted for this patient on this day?		<i>days during an admission. If the line had been accessed after admission or remained in use after admission following first access in the ED it would be considered accessed for the purpose of counting line-days.</i>
20. If a central line is removed at 2PM and replaced at 8PM. The central line day count is done at 5PM, should the line be counted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<i>No. Central line must be in place at time of count</i>
NICU-Specific Central Line Questions (Optional: Check here and skip section if NICU questions do not apply to your job) <input type="checkbox"/>		
21. When reporting central line (CL) days, in neonates, which neonatal weight is used for reporting? (select one)	<input type="checkbox"/> Birth weight <input type="checkbox"/> Current weight	<i>Birth weight</i>
22. Neonates with both a CL and an umbilical catheter (UC) are included in the daily count as: (select one)	<input type="checkbox"/> UC only <input type="checkbox"/> CL only <input type="checkbox"/> 2 separate lines	<i>CL only. New for 2013; no separate reporting of UCs; UCs are considered to be CLs and reporting is for one or more CL stratified by birth weight.</i>

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Indwelling Urinary Catheter DAYS (for urinary catheter counters only)	
23. How are indwelling urinary catheter-days collected for the units you oversee? (choose one)	
Electronically. <i>(If Yes, please document software system utilized and skip to Q26):</i>	
Manually	
Some units electronic and some units manual	
Comment:	
24. Identify the method used to count indwelling urinary catheter days : (choose one)	
Count the number of patients on the unit with a urine collection bag	<i>Indwelling urinary catheter (AKA Foley catheter): A drainage tube that is inserted into the urinary bladder through the urethra, left in place, and connected to a drainage bag, including urethral catheters that are used for intermittent or continuous irrigation, but excluding suprapubic, condom, or straight in-and-out catheters.</i>
Count the number of patients on the unit with a Foley catheter or condom catheter	
Count the number of patients on the unit with a Foley catheter, condom catheter, or suprapubic catheter	
Count the number of patients on the unit with a Foley catheter or indwelling urinary three-way (infusion) catheter used for bladder washes	
Other (specify):	
25. When reporting monthly patient day total, what is done if there are missing catheter day data? (choose one)	
Report the sum of available daily counts with no adjustment for missing data	<i>NHSN issued specific guidance on imputing values for missing data in September 2013 http://www.cdc.gov/nhsn/PDFs/NHSNMissingDenomData_Sep2013.pdf</i>
Estimate or re-create missing data using patient information (e.g.: medical record), then sum	
Impute missing values using recent CDC/NHSN guidance for missing denominator data	
26. A patient has a draining ureteral stent and a Foley catheter; each one connected to a collection bag. How many urinary catheter days are counted for this patient on this day?	<i>One. Ureteral stents are not counted because they are not urethral catheters.</i>
27. A patient has a three-way urethral catheter used for irrigation after surgery to prevent blood in the bladder from clotting, and to provide for urinary drainage. How many urinary catheter days are counted for this patient on this day?	<i>One. Catheters to be counted include indwelling urethral catheters used for intermittent or continuous irrigation, as well as those used for drainage.</i>
28. A patient on the unit has a supra-pubic urinary catheter. How many urinary catheter days are counted for this patient on this day?	<i>Zero. Supra-pubic catheters are not urethral catheters because they enter the bladder through the abdominal wall.</i>
29. A patient's urethral catheter is removed at noon and replaced at 5PM. Daily urethral catheter counts take place at 2PM. How many urinary catheter days are reported for this patient on this day?	<i>None. There was no urethral catheter at the time of the daily denominator count. NOTE: If this patient develops a bloodstream infection attributable to a urinary tract infection, this day will count as one of two required catheter days to establish CLABSI criteria because the catheter need only be in place for part of the two days to meet this criterion.</i>