

# Appendix 4 Template Letter Requesting External Validation Site Visit

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

Dear [*Name of CEO*]

The [*Name of Health Department*] will be conducting an audit of medical records, and evaluating infection prevention programs in multiple hospitals statewide, focusing on surveillance and prevention of central line-associated bloodstream infections (CLABSI) in intensive care unit (ICU) settings. The purpose of the audit is to assure accountability of all hospitals in complete and accurate reporting of CLABSIs according to National Healthcare Safety Network (NHSN) methods and definitions, and thereby to assure credible reporting and appropriate outcomes under the Centers for Medicare and Medicaid Services (CMS) Inpatient Quality Reporting (IQR) Program.

Participation in the audit is [*select as appropriate, or cite authority*]

- [*obligatory, to assure compliance with state healthcare-associated infection (HAI) reporting legislation and assure that facilities are accurately identifying and reporting healthcare-associated infections*]

OR

- [*voluntary, but should be of value to your program in preparation for CMS validation activities. In addition, the identity of facilities that agree or decline to participate in state HAI validation will be made available to CMS and to the public*].

A site visit has been scheduled for [*Day and Date*] with [*Name of IP*], Infection Preventionist, who has also been asked to work with the microbiology laboratory to prepare a list of positive blood cultures in advance, that qualify as candidate CLABSI events. This list will be due by [*day and date in advance of site visit*] so that we may select medical records for review from among candidate records. We will also request CLABSI denominator collection documents for review during our visit, and may require a short meeting with the Director of Nursing to review information about patient care locations and bed-size within your facility.

We will require assistance from medical records to make the selected records available for the audit, including necessary accommodations such as work space and passwords to access appropriate hospital data systems during the site visit. If your Health Information System has initiated or completed conversion to an electronic medical record, we will need the ability to access these records including any diagnostic/laboratory results, and clinical documentation related to these patients during our visit.

The site visit will be scheduled for [*number of days*] and we will plan to bring [*number of reviewers*]. *Note to validators: Several states have recommended planning for 20-30 minutes per medical record review and either staffing or scheduling accordingly*. During this visit, we will be available to describe the process and evaluation tools, as well as answer any questions you may have.

Should there be any scheduling difficulties, please contact me directly, either by phone [*phone number*] or email [*email*].

[*HAI Program Director/Regional Representative*]

cc: IP name