Event ID: _____

Initial Report Date (HERF Q1): _____

Patient Safety Event Report – Hospital:

H HEALTHCARE-ASSOCIATED INFECTION

Use this form to report a healthcare-associated infection (HAI). An HAI is a localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s). It is acquired during the course of receiving treatment for other conditions within a healthcare setting, with no evidence that the infection was present or incubating at the time of admission (except surgical site infection (SSI)). Narrative detail can be captured on the Healthcare Event Reporting Form (HERF). Highlighted fields are collected for local facility and PSO use. This information will not be forwarded to the Network of Patient Safety Databases (NPSD).

The Centers for Disease Control and Prevention's National Health Safety Network (NHSN) gathers surveillance data on four major types of healthcare-associated infections: surgical site infections (SSI), central line-associated bloodstream infections (CLABSI), ventilator-associated pneumonias (VAP), and catheter-associated urinary tract infections (CAUTI). Although the Common Formats capture information on additional types of HAIs, we limit capture of further detail on HAIs to those tracked in the NHSN. Specific NHSN definitions are provided below.

Central line-associated bloodstream infection (CLABSI):	Primary bloodstream infection (BSI) in a patient that had a central line within the 48-hour period before the development of the BSI and is not bloodstream related to an infection at another site. http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf
Ventilator-associated pneumonia (VAP):	Pneumonia (PNEU) that occurs in a patient who was intubated and ventilated at the time of, or within 48 hours before, the onset of the PNEU. http://www.cdc.gov/nhsn/PDFs/pscManual/6pscVAPcurrent.pdf
Catheter-associated urinary tract infection (CAUTI):	Urinary tract infection (UTI) that occurs in a patient who had an indwelling urinary catheter in place within the 48-hour period before the onset of the UTI. http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf
Surgical site infection (SSI):	For full details please refer to http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf
Clostridium difficile infection (CDI):	For full details please refer to http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

NOTE: There is no minimum period of time that the device must be in place in order for the infection to be considered device-associated.

1. Was the infection determined to be present or incubating on admission? CHECK ONE:

a. ☐ Yes – infection was determined to be present or incubating on admission → ANSWER QUESTION 2

b. ☐ No – infection developed during this admission → ANSWER QUESTION 3

c. ☐ Unknown → ANSWER QUESTION 3

2. Which of the following best describes the infection? CHECK ONE:

a. ☐ Surgical site infection (SSI) in a patient operated on at this facility in the previous 30 days or, if an implant, in the previous year → ANSWER QUESTION 3

b. ☐ Community acquired infection that was determined to be present or incubating on admission with no treatment at any facility

c. ☐ Presumed HAI (other than SSI) that developed following a discharge from this facility

d. ☐ Presumed HAI (other than SSI) that developed following treatment at an outpatient site, operated by this facility

e. ☐ Presumed HAI that developed following treatment at another inpatient or outpatient facility

→ STOP This form is complete.

3. Was the person who determined the infection to be a healthcare-associated infection (HAI) a healthcare professional with specific training in infectious disease and/or infection control? CHECK ONE:

a. ☐ Yes
b. ☐ No
c. ☐ Unknown

4. What type of HAI is being reported? CHECK ONE:

a. ☐ Primary bloodstream infection (BSI)

5. Was it central line-associated (CLABSI)? CHECK ONE:

a. ☐ Yes → ANSWER QUESTION 10
b. ☐ No → STOP This form is complete.

b. ☐ Pneumonia

6. Was it a ventilator-associated pneumonia (VAP - i.e., the patient had a device to assist or control respiration continuously through a tracheostomy or by endotracheal intubation)? CHECK ONE:

a. ☐ Yes → ANSWER QUESTION 11
b. ☐ No → STOP This form is complete.

c. ☐ Urinary tract infection

7. Was it catheter-associated (CAUTI)? CHECK ONE:

a. ☐ Yes → ANSWER QUESTION 12
b. ☐ No → STOP This form is complete.

d. ☐ Surgical site infection (SSI)

8. The SSI was classified as which of the following? CHECK FIRST APPLICABLE:

a. ☐ Organ/space
b. ☐ Deep incisional primary (DIP)
c. ☐ Deep incisional secondary (DIS)
d. ☐ Superficial incisional primary (SIP)
e. ☐ Superficial incisional secondary (SIS)
f. ☐ Unknown

→ STOP This form is complete.

PLEASE ALSO COMPLETE THE SURGERY OR ANESTHESIA FORM

e. ☐ Clostridium difficile infection (CDI) – gastrointestinal system infection → STOP This form is complete.

f. ☐ Other type of infection (not involving surgical site) that developed during admission → ANSWER QUESTION 9

9. Which other type of infection? CHECK ONE:

- a. ☐ Bone or joint infection
- b. ☐ Central nervous system infection
- c. ☐ Cardiovascular system infection
- d. ☐ Eye, ear, nose, throat, or mouth infection
- e. ☐ Gastrointestinal system infection – non CDI
- f. ☐ Lower respiratory tract infection (other than pneumonia)
- g. ☐ Reproductive tract infection
- h. ☐ Skin or soft tissue infection
- i. ☐ Systemic infection
- j. ☐ Other: **PLEASE SPECIFY** _____

→ STOP This form is complete.

ONLY IF EVENT INVOLVED A **CLABSI**, ANSWER QUESTION **10**

10. Which type of central line? CHECK ONE:

- a. ☐ Permanent (tunneled or implanted) central line
- b. ☐ Temporary (non-tunneled) central line
- c. ☐ Umbilical catheter

→ ANSWER QUESTION **14**

ONLY IF EVENT INVOLVED A **VAP**, ANSWER QUESTION **11**

11. The VAP was classified as which of the following? CHECK FIRST APPLICABLE:

- a. ☐ Clinically defined pneumonia (PNU1)
- b. ☐ Pneumonia with specific laboratory findings (PNU2)
- c. ☐ Pneumonia in an immunocompromised patient determined by both clinical and laboratory criteria (PNU3)
- d. ☐ Unknown

→ ANSWER QUESTION **14**

ONLY IF EVENT INVOLVED A **CAUTI**, ANSWER QUESTIONS **12 - 13**

12. What was the urinary catheter status at the time of specimen collection that was the basis for diagnosis of CAUTI? CHECK ONE:

- a. ☐ In place at the time of specimen collection
- b. ☐ Removed within 48 hours prior to specimen collection

13. The CAUTI was classified as which of the following? CHECK ONE:

- a. ☐ Symptomatic UTI
- b. ☐ Asymptomatic bacteremic UTI

ONLY IF EVENT INVOLVED A CLABSI, VAP, OR CAUTI, ANSWER QUESTION 14

14. At which inpatient location was the patient assigned when the specimen that met the infection criteria was collected, or when the first clinical evidence of CLABSI, VAP, or CAUTI appeared? If the infection developed within 48 hours of transfer from one location to one or more other locations within this facility, select the patient's first such inpatient location within the 48 hour period where the central line, urinary catheter, or ventilator was used.

CHECK ONE:

a. ☐ Specialty care area (i.e., hematology/oncology ward, bone marrow transplant unit, solid organ transplant unit, inpatient dialysis unit, or long term acute care area)

b. ☐ Intensive care unit, including pediatric

c. ☐ Neonatal intensive care unit

d. ☐ Other location (e.g., surgical or medical ward)

e. ☐ Unknown

Thank you for completing these questions.

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