Learning Session 4:
Required Infection Reporting for Minnesota CAH

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Date: January 9, 2014
• Review and Complete the Patient Safety Training Module
• Activate the Patient Safety Component and assign rights to the users
• Map the locations in your facility to NHSN locations.
• Prepare a Monthly Report Plan
Review – mapping locations

80% rule – at least 80% of patients must be of the same type

Exception: 50/50 to 60/40 for general med/surg units can be mapped as combined med/surg locations

Mixed acuity – for those units not meeting the 80% rule or meeting the exception if general med/surg
Do you have an ICU in your facility?

• Yes
• No
How many units are in your facility?

• 1
• 2
• 3 or more
Does the mixed acuity mapping location best describe your unit(s)?

- Yes, at least one of our units fits within the mixed acuity definition
- No, our **one** unit fits into another definition with >60% at one acuity level
- No, **all** of our units fit into another definition with >60% at one acuity level
- I’m unsure at this time
UPDATE on SAMS 1/7/14

NHSN wrote:
We should be ready to add new users this month, so they shouldn’t apply for digital certificates.

http://www.cdc.gov/nhsn/sams/about-sams.html
Instructions for enrollment through SAMS. It will be updated when NHSN goes live with SAMS
Objectives

- Know the State Requirement for Reporting CAUTI including the timeline and data reported.
- Definition of CAUTI and other key terms
- Describe how to collect CAUTI data.
- Understand how to report the data in NHSN
- Understand how to access the Output files
- Know how to establish whether UTI’s are NHSN-defined CAUTI’s

Case Studies

- Know how to Join the MHA NHSN group
- Know how to Join the NHSN User Group
State Requirement for Reporting CAUTI
Minnesota Statewide Quality Reporting & Measurement System (SQRMS)

- Minnesota's 2008 Health Reform Law requires the commissioner of health to establish a standardized set of quality measures for health care providers across the state. The goal is to create a uniform approach to quality measurement in Minnesota to enhance market transparency and improve health care quality. To implement the collection and reporting of quality measurement data, the Minnesota Department of Health (MDH) has developed the Minnesota Statewide Quality Reporting and Measurement System (created through Minnesota Rules, Chapter 4654).
Background

• In the fall of 2012, a decision was made to align Minnesota infection reporting with the federal requirements.

• Critical Access Hospitals were asked to begin reporting the employee influenza vaccination rate
• Since that time, we have learned
  – That the FluSafe program is taking steps to align its measure with the NHSN definitions. However, this will not be completed for several months.
  – That the CAUTI rate in Minnesota appears to be higher than other parts of the country. Given that measurement leads to improvement, and that CMS plans to expand its current NHSN-reported CAUTI measure hospital-wide, the CAUTI measure is a prime candidate to add to the slate of required submissions.
Background, cont.

- The request to make this change was brought to us by the community of infection prevention professionals and discussed with CAH representatives before being approved.
Measures

• Measures:
  – Device utilization = catheter days/patient days (process)
  – CAUTI = # CAUTI/patient days x 1000 (outcome)
  – Include Swing Bed patients and Observation Bed patients that are located in an inpatient unit in the denominator.
  – All patients housed overnight in an inpatient unit.
CAUTI Training

http://nhsn.cdc.gov/nhsntraining/courses/C06/

• Definition of CAUTI and other key terms
• How to collect CAUTI data
• Output Files
The National Healthcare Safety Network (NHSN) Surveillance for Urinary Tract Infections Resources

CAUTI Data Collection
Event/Numerator
Step 1: Review Urine Cultures

- Start with review of + urine cultures (UCs) – e.g. daily report from your facility’s micro lab
- Pull out + UCs from the unit(s) under surveillance
  - Important: the unit on the lab result is location at the time of specimen collection – may not reflect recent transfers to or from the unit(s) under surveillance (In some facilities, once pt. is discharged, lab may assign location of specimen to all one location for the patient. Know your lab’s practices and review accordingly to capture needed specimens.)
Step 1, cont.

Verify with your facility’s information technology personnel that reporting rules applied to the Laboratory Information System do not preclude your receipt of certain positive cultures. I.E: some custom facility-specific reporting rules or data mining systems remove results where colony counts are < 105. (Impact – removes possible cases of CAUTI from detection during review, e.g. criterion 2a).
Step 2 Event Type

- Review Criteria for SUTI and ABUTI based on presence or discontinuation of Foley catheter, CFU/ml of urine culture and pertinent blood cultures matching the urine culture
- Use June 2013 definitions/criteria:
  - http://www.cdc.gov/nhsn/PDFs/pscManual/2PSC_Identifyin
gHAIs_NHSNcurrent.pdf
  - http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurre
tent.pdf
CA-SUTI with Indwelling Catheter

Note: If fever is present in Signs & Symptoms, continue down flow chart – fever is a nonspecific symptom; do not try to distinguish other possible causes

http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf
CA-SUTI with Catheter Removed Before the Event

Note: If fever is present in Signs & Symptoms, continue down flow chart – fever is a nonspecific symptom; do not try to distinguish other possible causes

http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf
SUTI in Patient ≤1 Year of Age

Signs and Symptoms

http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf
CA-ABUTI

No signs or symptoms

http://www.cdc.gov/nhsn/PDFs/pscManual/7pscCAUTIcurrent.pdf
Completing the Numerator Form-UTI Form for each event

• Training
  – http://nhsn.cdc.gov/nhsntraining/courses/C06/

• Urinary Tract Infection (UTI) Data Collection Form
  – http://www.cdc.gov/nhsn/forms/57.114_UTI_BLANK.pdf

• Instructions for completion of the UTI form
Urinary Tract Infection (UTI) Data Collection

1. Patient Demographics-ID, gender, date of birth
2. Date Admitted
3. Date of the Event-when the last element to meet criterion occurred.
4. Location-Inpatient
5. Status of the catheter at the time of the event- in place or not
6. Type of UTI-SUTI or ABUTI or Other
7. Indicate the specific criteria used in identification-signs symptoms, and lab tests including blood stream infection test
8. For ABUTI-secondary BSI must be answered as “Yes”
9. Pathogen information listed in order of importance
10. Antibiogram-Pathogen’s susceptibility
CAUTI Data Reporting
Set Up and Reporting Events in NHSN
Reporting Numerator/Events in NHSN
1. Map Locations and Enter into NHSN

2. Monthly Reporting Plan
3. Reporting an Event in NHSN
Reporting an Event in NHSN, cont.
CAUTI Data Collection
Denominator/Summary
4. Denominator Data

- Instructions
  - [http://www.cdc.gov/nhsn/forms/instr/57_118.pdf](http://www.cdc.gov/nhsn/forms/instr/57_118.pdf)

- The Denominator Form
  - [http://www.cdc.gov/nhsn/forms/57.118_DenominatorICU_BLANK.pdf](http://www.cdc.gov/nhsn/forms/57.118_DenominatorICU_BLANK.pdf)
4. Denominator Data, cont.

Collecting Denominators for CAUTI

For all locations, count at the same time each day...

- number of patients
- number of patients with an indwelling urinary catheter at that time.

Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)

<table>
<thead>
<tr>
<th>Date</th>
<th><em>Number of Patients</em></th>
<th><strong>Number of patients with 1 or more central lines</strong></th>
<th><strong>Number of patients with a urinary catheter</strong></th>
<th><strong>Number of patients with a ventila</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>23</td>
<td>8</td>
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<td>Total Patients</td>
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<td>2</td>
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<td>5</td>
<td>5</td>
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<tr>
<td>3</td>
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<td>6</td>
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<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
General Rules about Collecting Summary Data

• Summary data (denominators) are used to calculate rates and SIRs.
• Summary data are collected at approximately the same time every day.
• Someone who works in the location can be trained to collect the denominators -- valuable IP resources are not required for this task.
• Both patient days and device days are collected daily.
• Once the location type has been determined, all patients on the patient care area are included in the daily count.
Counting Device Days

• Every day at the same time, count the number of patients with one or more of the devices being monitored on the unit, i.e., device days.

• If, at the time of the count, a patient has just had a device removed, do not count that day as a device day for that patient.

• If a device will be used, but has not yet been inserted, do not count that day as a device day for that patient.
Data Collected Electronically

If your facility has automated (electronic) systems available for collecting these data, please do the following:

1. Collect patient days and device days manually, using the NHSN Protocol for a period of time (minimum of 3 months).

2. Compare the manually collected data with the electronic data.

3. If the counts obtained are about the same (+/- 5%), data collected electronically may be used.
The Home Page-Reporting
Entering Summary Data (Denominator) in NHSN

![Image of NHSN interface showing how to add patient safety summary data.](image-url)
If there were no events, you must report no events for the month.
Output Files
The Home Page-Reporting

- National Healthcare Safety Network (NHSN)
  - NHSN Reporting
  - Request Additional Activities

Electronic Reference

Select a database and search term to locate journals.

Database: PubMed
Search for: [Enter]

ISSN: 1545-1151

Just Released - January 31, 2003
- Evaluation of the Diabetes Health Plan to Improve Diabetes Care and Prevention
- Health-Plan and Employee-Based Wellness Programs to Reduce Diabetes Risk: The Kaiser Permanente Northern California NEXUS Study
- The Importance of Natural Experiments in Diabetes Prevention and Control and the Need for Better Health Policy Research
- Expansion of Electronic Health Record-Based Screening, Prevention, and Management of Diabetes in New York City
- Designing a Natural Experiment to Evaluate a National Health Care–Community Partnership to Prevent Type 2 Diabetes
- Impact of Emerging Health Insurance Arrangements on Diabetes Outcomes and Disparities: Rationale and Study Design

My Applications

National Healthcare Safety Network (NHSN)
- NHSN Reporting
- Request Additional Activities
Generate Data Sets

To generate datasets, navigate to Analysis > Generate Datasets.

On the Generate Datasets screen, you may see either “Not Generated” or a date and time under “Date Last Generated.”
Output Files

Under Analysis, choose Output Options and open the folders to find the CDC Defined Output files.
Analysis

In NHSN, you can generate:
- Line listings
- Frequency tables
- Bar charts
- Pie charts
- Rate tables
- Control charts
- SIR table/reports

See "Analysis" training course for details on how to generate output.
Calculating the CAUTI Rate

The CAUTI rate is an incidence density rate and is calculated by using the following formula:

\[
\text{CAUTI Rate}^* = \frac{\# \text{ CAUTIs identified}}{\# \text{ Indwelling catheter days}} \times 1000
\]

CAUTI rate equals the number of CAUTIs identified* divided by the number of indwelling catheter days*, multiplied by 1000.

* Stratify by location
Device Utilization Ratio (DU)

Device Utilization (DU) Ratio

The DU Ratio measures the proportion of patient days in which indwelling urinary catheters were used. It is a measure of the risk associated with the location.

\[
\text{Indwelling Catheter DU Ratio} = \frac{\# \text{ Indwelling catheter days}}{\# \text{ Patient days}}
\]

Note: There is no multiplier for the DU Ratio.
Reporting HAI CAUTI to NHSN
Checking for CAUTI

Get organized—
• Education – complete the NHSN modules
• Have the NHSN UTI definitions handy to use
• Use active surveillance
  Check daily for foleys
  Connect with staff
  EMR reports—I use
    * document flow sheets
    * active lines, drains, airways
    * removed lines, drains, airways
• Culture reports
• Encourage staff to call you “call ext. 4112 to report CAUTI’s
• Use a monitoring sheet
<table>
<thead>
<tr>
<th>Inpatient CAUTI monitoring</th>
<th>date</th>
<th>date</th>
<th>date</th>
<th>date</th>
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<th>date</th>
<th>date</th>
<th>date</th>
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<tbody>
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<td>month</td>
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<td>monitor at 12:30 AM daily</td>
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<tr>
<td>catheter present?</td>
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<td>Why placed?</td>
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<tr>
<td>appropriate indication? Y or N</td>
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<tr>
<td>appropriate reasons/indications</td>
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<td>measurement of urine in critically ill</td>
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<td>urinary retention or obstruction</td>
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<td>assist healing of pen wound</td>
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<td>Hospice/palliative</td>
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<tr>
<td>Chronic catheter on admit</td>
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<td>perioperative use selected surgery</td>
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<tr>
<td>required immobilization trauma or surgery</td>
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<td>Hospital approved indication</td>
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<td>inappropriate indication? Y or N</td>
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<td>In -</td>
<td>date/time</td>
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<tr>
<td>out -</td>
<td>date/time</td>
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<td>total days present</td>
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<td>Pt develop a UTI?</td>
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<td>Y or N</td>
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<td></td>
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<tr>
<td>Number of catheters used</td>
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<td></td>
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<tr>
<td>number of inappropriate catheters used</td>
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<td></td>
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<tr>
<td>number of catheter days</td>
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<td></td>
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<tr>
<td>number of infections</td>
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<td>number of patient days</td>
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</tbody>
</table>
## Monitoring for CAUTI

<table>
<thead>
<tr>
<th></th>
<th>day 1</th>
<th>day 2</th>
<th>day 3</th>
<th>day 4</th>
<th>day 5</th>
<th>CAUTI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>foley placed</td>
<td></td>
<td>foley removed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no UTI criterion</td>
<td>no UTI criterion</td>
<td>supra pubic tenderness</td>
<td>urine culture</td>
<td>positive E-coli</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Monitoring for CAUTI examples

<table>
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<tr>
<th></th>
<th>day 1</th>
<th>day 2</th>
<th>day 3</th>
<th>day 4</th>
<th>day 5</th>
<th>CAUTI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>foley placed</td>
<td>foley placed</td>
<td>foley removed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>no UTI</td>
<td>fever</td>
<td>no UTI</td>
<td>supra pubic</td>
<td>tenderness</td>
<td></td>
<td>on or after day 3</td>
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<tr>
<td>criterion</td>
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<td>criterion</td>
<td></td>
<td>urine culture</td>
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<td>no more than a single</td>
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<td></td>
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<td>positive E-coli</td>
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<td>gap day</td>
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# CAUTI Example 2

<table>
<thead>
<tr>
<th>Monitoring for CAUTI</th>
<th>example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>day 1</td>
<td>day 2</td>
</tr>
<tr>
<td>admit</td>
<td></td>
</tr>
<tr>
<td>foley placed</td>
<td>foley removed</td>
</tr>
<tr>
<td>no UTI</td>
<td>发烧</td>
</tr>
<tr>
<td>criterion</td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
CAUTI Example 2.2

<table>
<thead>
<tr>
<th>Monitoring for CAUTI</th>
<th>example 2.2</th>
<th>CAUTI?</th>
</tr>
</thead>
<tbody>
<tr>
<td>day 1</td>
<td>day 2</td>
<td>day 3</td>
</tr>
<tr>
<td>admit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8/1/2013</td>
<td>8/2/2013</td>
<td>8/3/2013</td>
</tr>
<tr>
<td>foley placed</td>
<td>foley removed</td>
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</tr>
<tr>
<td>fever</td>
<td>fever</td>
<td>fever</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>urine culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>positive E-coli</td>
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<td></td>
</tr>
</tbody>
</table>
## CAUTI Example 3

<table>
<thead>
<tr>
<th>Monitoring for CAUTI</th>
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<tr>
<td>day 1</td>
<td>day 2</td>
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<tr>
<td>admit</td>
<td></td>
</tr>
<tr>
<td>foley placed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>foley removed</td>
</tr>
<tr>
<td>no UTI</td>
<td>no UTI</td>
</tr>
<tr>
<td>criterion</td>
<td>criterion</td>
</tr>
<tr>
<td>urine culture</td>
<td></td>
</tr>
<tr>
<td>positive E-coli</td>
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</tr>
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</table>
**CAUTI Example 3.2**

<table>
<thead>
<tr>
<th>Monitoring for CAUTI</th>
<th>example 3</th>
</tr>
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<tbody>
<tr>
<td>day 1</td>
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<tr>
<td>admit</td>
<td></td>
</tr>
<tr>
<td>foley placed</td>
<td></td>
</tr>
<tr>
<td>no UTI</td>
<td>no UTI</td>
</tr>
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<td>criterion</td>
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</tbody>
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Join the MHA NHSN Group
### NHSN reporting deadlines

<table>
<thead>
<tr>
<th>Reporting period</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Quarter 1 (Jan – Mar)</td>
<td>August 15</td>
</tr>
<tr>
<td>Quarter 2 (Apr – Jun)</td>
<td>November 15</td>
</tr>
<tr>
<td>Quarter 3 (Jul – Sep)</td>
<td>February 15</td>
</tr>
<tr>
<td>Quarter 4 (Oct – Dec)</td>
<td>May 15</td>
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*It is recommended that you enter data MONTHLY within 30 days of the end of the month*
Confer rights to MHA

Follow these quick instructions to confer rights to MHA

• Sign into NHSN
• Click on NHSN Reporting > choose Patient Safety > Submit
• In the left column click on Group > Join
• Fill in the Group Name: **30103**
• Fill in the Group Password: **MHA2012** > Join Group
Do you have access to NHSN yet?

- Our facility administrator has access to NHSN using the digital certificate
- Our facility administrator has applied for a Digital Certificate
- Our facility administrator is waiting to apply for SAMS
- We have not identified a facility administrator
Join the NHSN User Group
2014 NHSN User Group Meetings

• Time 1:00 – 2:00pm.
  – January 16
  – March 20
  – May 15
  – July 17
  – September 18
  – November 20

• Sign up to be on the distribution list, http://www.stratishealth.org/documents/Hosp_Comm_Dist_List.pdf or with Mary Montury mmontury@stratishealth.org, Stratis Health, to receive the call-in information.
Stratis Health Group
Stratis Health Group

• An invitation to join the Stratis Health Group will be emailed to you.
  – Data will be used to create reports facilities can use for improvement initiatives.
  – Stay tuned……..
Stratis Health Group

Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FAC219. Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.

Memberships

Groups that have access to this facility's data

Demo Group 2 (10320)

- Confer Rights
- Leave Group(s)

Enter ID and Password for this facility to join a new group

Group ID: 

Group Joining Password: 

Join Group

Back
• Customize Your Chart Review Process for You/Your Facility-Questions to answer
  – What databases does the facility have? (lab, pharmacy, ADT, etc)
  – Is the medical record paper, on-line or both? What is available where?
  – Where do I obtain the information needed to assess the criteria? Do I have access? If not, how do I get access? Collaborate with IT.
  – Organize what to look at in the chart and where to find it.
Questions?

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.