

HAI Surveillance & Outbreak Validation
SSI Validation Summary Report

| Facility Validation Overview | | | | |
|------------------------------------|---|----------------------------------|-----------|--|
| Facility Name: | | | | |
| Facility Type: | Governmental (MOH) <input type="checkbox"/> | Private <input type="checkbox"/> | | |
| Facility Selection Method (Reason) | | | | |
| Date of Visit: | | | | |
| Time of Visit: | Start Time: | | End Time: | |
| Name of Validator | | | | |

| Numerator Validation Number of SSIs (Surgical Site Infections) MM/YY | | | | |
|---|--|--|--|--|
| Elements reviewed for validation | <ul style="list-style-type: none"> SSI events line list SSI event detection forms (Post discharge surveillance in surgical ward, surgical clinics follow up, ER, readmissions etc) Positive Culture line list (Wound) Specific Clinical records | | | |
| Type of Event Surgical Site Infections (SSIs) <i>Superficial Incisional SSI</i> <i>Deep Incisional SSI</i> <i>Organ / Space SSI</i> | Total # SSIs reported via SEHA platform (before validation) | Number of SSIs correctly Identified & reported via HESN-Plus | Missed, Undetected SSIs that were meeting criteria. | Over identification / wrong identification of SSIs not matching criteria |
| Procedure 1: CSEC Procedure 2: COLO Procedure 3: KPRO | Procedure 1: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 2: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 3: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Procedure 1: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 2: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 3: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Procedure 1: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 2: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 3: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | Procedure 1: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 2: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Procedure 3: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

| Denominator Validation: Number of Selected Surgical Procedures | | | | |
|---|--|--|-------------------------------|--|
| Denominator data collection method | <input type="checkbox"/> Manual counting: <input type="checkbox"/> Daily OR List received <input type="checkbox"/> Electronic counting - Surgical procedures retrieved for system <input type="checkbox"/> Both manual and electronic counting | | | |
| Denominator Data Comparison MM/YY | | | | |
| Type of Surgical Procedures | Manual Data | | Electronic Data (Power BI) | |
| Procedure - 1 | Number of Surgical Procedures | | Number of Surgical Procedures | |
| Procedure - 2 | Number of Surgical Procedures | | Number of Surgical Procedures | |
| Procedure - 3 | Number of Surgical Procedures | | Number of Surgical Procedures | |

Conclusion:

| Validation Outcome | | | | |
|------------------------|---|--------------------------|---|--------------------------|
| Numerator Validation | Numerator manual data matching with electronic platforms - No further action needed. All events correctly identified and reported. | Yes | Numerator manual data not matching with electronic platforms - Further action needed SSI events were missed / unidentified. | Yes |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | No | | No |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Denominator Validation | Denominator manual data matching with electronic platforms (within +-5% Tolerance interval) No further action needed | N/A | Denominator manual data NOT matching with electronic platforms (> +-5% Tolerance interval) Further action needed | N/A |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | No | | No |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | N/A | | N/A |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |
| | | No | | No |
| | | <input type="checkbox"/> | | <input type="checkbox"/> |

Equation for calculating 5% tolerance interval is:

Manual Surgical Procedure count = 164
 Electronic Surgical Procedure count = 178
 Eligible 5% tolerance interval = $[164 \pm (164 \times 5/100)] = 164 \pm 8.2$
 5% tolerance interval = 155.8 to 172.2

Conclusion: Electronic count 178 falls outside the tolerance interval.
