



Canadian Nosocomial Infection Surveillance Program  
Surveillance of Surgical Sites Infections Following Pediatric Cardiac Surgery  
Pediatric Cardiac SSI Surveillance Protocol

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## OBJECTIVES

To establish ongoing surveillance of pediatric surgical site infections (SSIs) associated with cardiac surgery within the CNISP hospital network. Specific objectives of this surveillance are:

1. To determine rates of healthcare-associated cardiac SSIs in children < 18 years of age across Canada
2. To identify risk factors for pediatric cardiac SSIs
3. To provide data for the development of guidelines on prevention and control of pediatric cardiac SSIs

## METHODS

### Site Eligibility

All hospitals that are part of the CNISP network and perform pediatric open heart cardiac surgeries.

### Patient Population

Ongoing, prospective surveillance of SSI in children (< 18 years of age) following open-heart cardiac surgeries.

#### Inclusion Criteria

- ✓ Surgery performed at your CNISP site
- ✓ Surgeries where patient is on cardiopulmonary bypass

#### Exclusion Criteria

Surgeries in which the patient died in the operating room or within 24 hours of surgery.

### Surveillance Period

Infections that develop within 90 days (3 months) of surgery (or 30 days if classified as superficial SSI) will be included and reported retrospectively based on date of surgery.

### Numerators

The primary outcome measure is a healthcare-associated SSI following open-heart surgery with cardiopulmonary bypass among pediatric patients, defined according to the National Health and Safety Network (NHSN) definitions as outlined in the [CASE CLASSIFICATION](#) section below and in [APPENDIX 1 – CASE CLASSIFICATION ALGORITHM](#).

Patients less than 18 years of age with post open-heart cardiac surgery SSIs with cardiopulmonary bypass will be identified at each CNISP site through the most comprehensive method to detect procedures and SSI cases. This may include:

- Review of microbiology laboratory results
- Review of patient charts
- Review of physician notes
- Notifications by clinical personnel
- Review of internal patient safety data collection systems

### Case Classification

#### 1. Superficial Incisional SSI

Infection occurs within 30 days after the operative procedure (where day 1= the procedure date) and involves only skin and subcutaneous tissue of the incision and meets at least **ONE** of the following criteria:

**Criteria 1:** Purulent drainage from the superficial incision.

**Criteria 2:** Organisms isolated from an aseptically-obtained culture of fluid or tissue from the superficial incision.

**Criteria 3:** Patient has at least one of the following signs or symptoms: localized pain or tenderness; localized swelling; erythema; or heat AND superficial incision that is deliberately opened by a surgeon, attending physician\* or other designee and culture or non-culture based testing of the superficial incision or subcutaneous tissue is not performed.

**Criteria 4:** Diagnosis of superficial incisional SSI by the surgeon or attending physician.

## 2. Deep Incisional SSI

Infection occurs within 90 days (3 months) after the operative procedure (where day 1 = the procedure date) and the infection appears to be related to the operative procedure AND involves deep soft tissues (e.g., facial and muscle layers) of the incision AND the patient has at least **ONE** of the following:

**Criteria 1:** Purulent drainage from the deep incision but not from the organ/space component of the surgical site.

**Criteria 2:** Deep incision spontaneously dehisces or is deliberately opened by the surgeon, attending physician\* or other designee and is culture-positive, organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment and the patient has at least one of the following signs or symptoms: fever (>38°C), or localized pain or tenderness.

**Criteria 3:** An abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination.

## 3. Organ/space SSI

Infection occurs within 90 days (3 months) after the operative procedure (where day 1 = the procedure date) and the infection appears to be related to the operative procedure **AND** infection involves any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure **AND** patient has at least **ONE** of the following:

**Criteria 1:** Purulent drainage from a drain that is placed into the organ/space.

**Criteria 2:** Organisms isolated from culture of fluid or tissue in the organ/space for purposes of clinical diagnosis or treatment.

**Criteria 3:** An abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination.

**AND** meets at least one of the following criterion for a specific organ/space infection site listed in the table below:

Category	Specific Site	Category	Specific Site
<b>BONE</b>	Osteomyelitis	<b>MED</b>	Mediastinitis
<b>CARD</b>	Myocarditis or pericarditis	<b>ENDO</b>	Endocarditis
<b>IAB</b>	Intraabdominal, not specified elsewhere	<b>LUNG</b>	Other infections of the lower respiratory tract
<b>VASC</b>	Arterial or venous infection		

## Denominators

Each participating hospital will submit the following denominator data:

- a) The number of open-heart surgeries with cardiopulmonary bypass
- b) The number of surgeries as above with delayed sternum closures by setting

As per NHSN guidelines, a single trip to the operating room, in which multiple procedures are performed, will be counted as a single contribution to denominator data. Patients can potentially be included in the denominator data more than once during the surveillance period if they have multiple open heart surgeries involving separate trips to the operating room.

## Data Submission

### Cases

For each case meeting the criteria for a Cardiac SSI, a Pediatric Cardiac SSI Patient Questionnaire should be completed on CNPHI [APPENDIX 2 – PEDIATRIC CARDIAC SSI PATIENT QUESTIONNAIRE](#). For instructions on how to find the Pediatric Cardiac SSI Patient Questionnaire on CNPHI’s Collaboration Center under Web Data forms see [APPENDIX 4 – WEB DATA FORM SUBMISSION CNPHI](#).

#### **Surgery Performed at another CNISP Site**

If the hospital identifying the infection is not the one where the surgery was performed, the hospital is asked to notify the hospital where the surgery was performed. If the hospital that has performed the surgery is a CNISP site, then the SSI should be reported to CNISP if they participate in this surveillance project.

#### **Reporting a second SSI (same surgery)**

If a second SSI develops following the same surgery, please complete another patient questionnaire and assign the same unique patient identifier number with a lower case letter (e.g., 07A18001**b**).

### Zero Report

For no cases at your site, a zero report must be submitted so that zero counts can be differentiated from missing data. If no cases are submitted and you are missing zero reports for a surveillance year, your hospital data will not be included in rates. Zero case status is collected via the Pediatric Cardiac SSI Denominator and Zero Report Form under Web Data on CNPHI [APPENDIX 3 – PEDIATRIC CARDIAC SSI DENOMINATOR AND ZERO REPORT FORM](#). For instructions on how to find the Pediatric Cardiac SSI Denominator Form on CNPHI’s Collaboration Center under Web Data forms see [APPENDIX 4 – WEB DATA FORM SUBMISSION CNPHI](#).

### Denominators

The number of open heart procedures performed on all pediatric patient (<18 years) in your facility for the calendar year are collected via the Pediatric Cardiac SSI Denominator Form under Web Data on CNPHI [APPENDIX 3 – PEDIATRIC CARDIAC SSI DENOMINATOR AND](#) Zero Report Form. For instructions on how to find the Pediatric Cardiac SSI Denominator Form on CNPHI’s Collaboration Center under Web Data forms see [APPENDIX 4 – WEB DATA FORM SUBMISSION CNPHI](#).



**NOTE:** When entering data into CNPHI, please ensure that the case is entered in the correct surveillance year based on the date of procedure and NOT the date the infection was identified (e.g. procedure Dec 20, 2019; infection identified Jan 17, 2020 – this is a 2019 case).

## CNISP Peds Cardiac SSI Data Submission Timeline

**Date of Surgery in the following quarters**



<b>Numerator (cases)</b>	Patient questionnaires due by Sep 30 <sup>th</sup>	Patient questionnaires due by Dec 31 <sup>st</sup>	Patient questionnaires due by Mar 31 <sup>st</sup> of the following year	Patient questionnaires due by June 30 <sup>th</sup> of following year
<b>Denominators /Zero Report</b>	Due by March 31 <sup>st</sup> of the following year			

### ETHICS

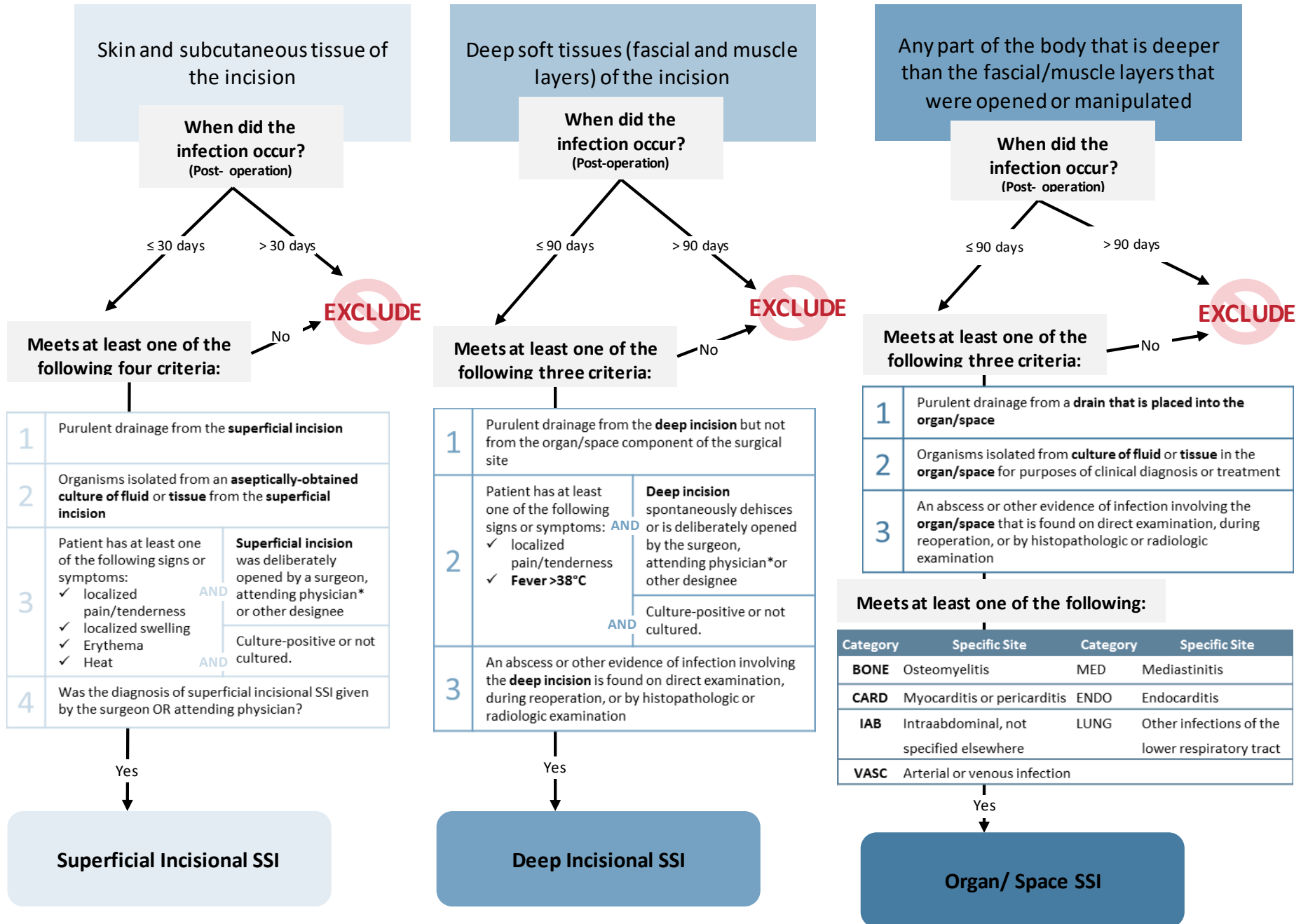
While this surveillance project is observational and does not involve any alteration in patient care, ethics approval may be sought at some hospital sites. Surveillance for healthcare-associated infections is a routine component of quality assurance and patient care in Canadian healthcare institutions and therefore, informed consent is not required. A unique identifier linked to patient name will only identify patients at the local CHEC site and is not transmitted to the Public Health Agency of Canada. All data submitted to the Public Health Agency of Canada is kept strictly confidential.

### PRIVACY

There is current demand for public disclosure of hospital-associated infections. Any data released by CNISP will be in summary format and will not identify individual hospitals. Hospital administrators should be made aware that national reporting of aggregate data will occur.

# Appendix 1 – Case Classification Algorithm

## What organs/tissues did the infection involve?



## Appendix 2 – Pediatric Cardiac SSI Patient Questionnaire

1.	CHEC Site : _____
2.	Unique Patient ID : _____ YY _____ (e.g. 99A19001) <i>(CHEC site #) (Surveillance year) (case number)</i>
3.	Date of birth: _____ / _____ / _____ <i>DD MMM YYYY</i>
4.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
5.	Date SSI identified: _____ / _____ / _____ <i>DD MMM YYYY</i>
6.	Does this patient have or meet the criteria for (please check <u>one</u> the following):  (Please see <a href="#">CASE CLASSIFICATION</a> for definitions)  <input type="checkbox"/> <b>SUPERFICIAL</b> incisional SSI <input type="checkbox"/> <b>DEEP</b> incisional SSI <input type="checkbox"/> <b>ORGAN/SPACE</b> SSI
7.	Microbiology investigation  <input type="checkbox"/> Positive culture <input type="checkbox"/> Negative culture (go to question 11) <input type="checkbox"/> Not cultured (go to question 11)
8.	Site of positive culture:  <input type="checkbox"/> Incision (e.g. chest) <input type="checkbox"/> Other, please specify: _____
9.	Pathogen(s) isolated:  (Please check <b>all</b> that apply)  <input type="checkbox"/> <i>Staphylococcus aureus</i> MRSA <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Coagulase-negative staphylococci <input type="checkbox"/> <i>Enterococcus</i> species VRE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Streptococci</i> species, specify: _____ <input type="checkbox"/> <i>Enterobacter</i> species <input type="checkbox"/> <i>Klebsiella pneumoniae</i> <input type="checkbox"/> <i>Escherichia coli</i> <input type="checkbox"/> <i>Acinetobacter baumannii</i> <input type="checkbox"/> <i>Klebsiella oxytoca</i> <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> <input type="checkbox"/> <i>Candida</i> species <input type="checkbox"/> Other: _____



10.	Please indicate the organism(s) susceptibility/resistance for any of the following antimicrobials/anti-fungals listed below: (R for resistant, S for susceptible, I for intermediate)			
		Genus species of Organism1: _____	Genus species of Organism 2: _____	Genus species of Organism 3: _____
	Amikacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Amphotericin B	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Ampicillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Amoxicillin-clavulanic acid	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Caspofungin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Cefazolin (Ancef)	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Cephalexin (Keflex)	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Cefepime	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Cefotaxime	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Ceftriaxone	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Cefuroxime	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Ciprofloxacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Clindamycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Cloxacillin / Oxacillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Ertapenem	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Fluconazole	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Gentamicin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Imipenem	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Levofloxacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Linezolid	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Meropenem	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Micafungin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Moxifloxacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Penicillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Piperacillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Piperacillin-tazobactam	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Rifampin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Ticarcillin-clavulanic acid	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
	Trimethoprim-sulfamethoxazole	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Tobramycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	
Vancomycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	
Voriconazole	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	
Other, specify: _____	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	
Other, specify: _____	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	
11.	Date of surgery:	____ / ____ / ____ DD / MMM / YYYY		

12.	Type of surgery:  (Please check all that apply)	<input type="checkbox"/> Repair of congenital defect (please check all that apply): <input type="checkbox"/> Ventricular septal defect (VSD) <input type="checkbox"/> Atrial septal defect (ASD) <input type="checkbox"/> Coarctation of the aorta <input type="checkbox"/> Tetralogy of Fallot (TOF) <input type="checkbox"/> Transposition of the great vessels <input type="checkbox"/> Truncus arteriosus <input type="checkbox"/> Tricuspid atresia <input type="checkbox"/> Total anomalous pulmonary venous return (TAPVR) correction <input type="checkbox"/> Hypoplastic left heart repair <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Heart transplant <input type="checkbox"/> Valve replacement <input type="checkbox"/> AVR <input type="checkbox"/> MVR
13.	Delayed sternum closure	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 16)
14.	Location where sternum was closed	<input type="checkbox"/> ICU <input type="checkbox"/> OR <input type="checkbox"/> Other: _____
15.	Date when sternum was closed	____ / ____ / ____ <input type="checkbox"/> Not available <small>DD    MMM    YYYY</small>
16.	Outcome 30 days within onset of infection  (Check ONLY one)	<input type="checkbox"/> Alive in your ICU <input type="checkbox"/> Alive in your hospital, out of ICU <input type="checkbox"/> Discharged <input type="checkbox"/> Deceased (in hospital) <input type="checkbox"/> Unknown
17.	If deceased, relation to SSI?  (Check ONLY one – as judged by reviewing physician)	<input type="checkbox"/> Direct cause <input type="checkbox"/> Indirect (contributing) <input type="checkbox"/> Unrelated <input type="checkbox"/> Cannot determine
18.	During this admission or in the 14 days prior to this admission, did this patient test COVID-19 positive for the first time?	<input type="checkbox"/> Yes – if your site participates in VRI surveillance, please provide the PID for the COVID-19 patient questionnaire: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown

## Appendix 3 – Pediatric Cardiac SSI Denominator and Zero Report Form

<b>1.</b>	CHEC Site : _____					
<b>2.</b>	Surveillance period: (e.g. Jan 1, 2018 to Dec 31, 2018): _____					
<b>3.</b>	Please record the number of open heart procedures performed on all pediatric patient (<18 years) in your facility for the calendar year (e.g. January 1, 2018 to December 31, 2018):					
	<b>Sternum closed in OR at the time of initial surgery</b>	<b>Delayed sternum closure</b>				<b>Total</b>
		<b>ICU</b>	<b>OR</b>	<b>Unknown</b>	<b>Total</b>	
<b>Total</b>						
<b>4.</b>	For the surveillance year specified above, were there zero (0) cases reported for your site?					
	<input type="checkbox"/> Yes <input type="checkbox"/> No					

# Appendix 4 – Web Data Form Submission CNPHI

Government of Canada / Gouvernement du Canada Canada.ca

## Canadian Network for Public Health Intelligence

Home Knowledge Surveillance Collaboration Support Centre

Canadian Nosocomial Infection Surveillance Program

Joelle Cayen

Under Collaboration select Canadian Nosocomial Infection Surveillance Program

### Documents Manager

- Tree view options
- Legend
- Search

Refresh Folders

Root

- CNISP
- CNISP Annual Meetings
- CNISP Infographic
- CNISP In-services
- CNISP Protocols, NML isolate shipping forms, Lab surveillance table
- CNISP Surveillance Reports
- CNISP uploaders

Internal resource link: <https://www.cnphi-rcrsp.ca/cir/folder/16264>  
Add to your CNPHI clipboard

Folders: 77  
Binders: 75

Folder Notification

Select Web Data (Patient questionnaires and denominator forms are kept here)

### Web Data

Create New Form/Survey

#### Forms

Go to Surveys

##### C. auris Patient Questionnaire

View Records 3 Form Manager

Additional Functions

Add new record Download records

Exclude tables from export

Query Builder

##### C. auris Zero Report

View Records 0 Form Manager

Additional Functions

##### CSF Shunt Denominator Form

View Records 7 Form Manager

Additional Functions

Scroll to find the patient questionnaire or denominator form you're looking for

Additional Functions

Add new record

## Revision History

Date	Revisions Made
<b>December 2018</b>	Removed surveillance year as protocol will no longer be updated annually
<b>December 2019</b>	<ul style="list-style-type: none"> <li>○ Updated formatting</li> <li>○ Updated Case Classification Definitions according to NHSN definitions</li> <li>○ Updated Data collection and Reporting (now Data Submission) to account for the new form on the Collaboration center of CNPHI under Web Data               <ul style="list-style-type: none"> <li>○ Also Added Appendix 4 (Instructions on how to access these forms)</li> </ul> </li> </ul>
<b>December 2020</b>	<ul style="list-style-type: none"> <li>○ Added “where day 1= the procedure date” followed by “define 30 days after the operative procedure” in the Case Classification section.</li> <li>○ Removed “A culture-negative finding does not meet this criterion” from the superficial infection case classification as per NHSN definition.</li> <li>○ Organ space criterion 2 updated: Deep incision spontaneously dehisces or is deliberately opened by the surgeon, attending physician*or other designee and is culture-positive, organism(s) identified from the deep soft tissues of the incision by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment and the patient has at least one of the following signs or symptoms: fever (&gt;38°C), or localized pain or tenderness.</li> <li>○ A new question added: During this admission or in the 14 days prior to this admission, did this patient test COVID-19 positive for the first time?</li> </ul>
<b>January 2022</b>	<ul style="list-style-type: none"> <li>○ Updated the working group list</li> </ul>