



APIC

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Starter Questions for Assessing Capabilities of Surveillance Technology (ST) & Their Vendors

These are questions which might be asked of each ST vendor. This preliminary information may help compare products and vendor(s) during your decision making process.

1. Which surveillance models does the technology support?

Targeted Hospitalwide Both

Mulithospital/Systemwide

Applicable to Broad Range of Practice Settings [e.g. ambulatory, home, long term care]

Other (specify): _____

2. Is the data entered:

Manually (i.e. by user)

Automatically (i.e. by the ST product)

Both

3. Which information systems can the technology gather data from?

ADT (Admission, Discharge, Transfer)

Pharmacy

Laboratory [LIS]

Surgical / OR

Radiology

Unique, Customized databases

Other(s): _____

4. Please describe the flow of data and information, e.g. from the facility LIS to the interface to the vendor's web-based server and back to the IP:

_____ Vendor's Web-based server processing/analysis:

_____ All-data flow maintained within the facilities IT network

Is an interface(s) between our facility information systems and your product required? If yes:

a. Are there requirements in the structure of data elements for this interface to work?

b. Please estimate the average number of hours of personnel time needed to establish the interface(s): _____

5. Are there other IT-specific requirements needed to activate your ST? If so describe these and indicate the level and type of support you can provide to our IT professionals for these steps.

6. Is the data entered into your system able to report HAI data to the Centers for Disease Control & Prevention's National Healthcare Safety Network? ___ Y ___ N.

If NO - STOP HERE AND SERIOUSLY ASSESS WHETHER ANY FURTHER CONSIDERATION IS WARRANTED.

7. If the system IS able to report HAI data to the Centers for Disease Control & Prevention's National Healthcare Safety Network, are the data elements from your system compliant with Clinical Document Architecture Release 2.0 (CDA R2) as published by HL7 in their Refined Message Information Model (RMIM)? ___ Y ___ N.

Describe how requirements for document authentication, confidentiality, and retention are addressed by information your system is providing to CDC's NHSN:

8. Does your system use vocabularies and value sets that comply with CDA requirements of NHSN? ___ Y ___ N.

Is data captured by your system compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)– Privacy Rule: Provisions relevant to public health practice? ___ Y ___N.

9. Will I be able to report HAI data, i.e. CLABSIs and surgical site infections (SSIs) to Centers for Medicare & Medicaid Services (CMS) under their Inpatient Prospective Payment System (IPPS) Hospital Inpatient Quality Reporting Program using your ST product? ___ Y ___N.

10. How often is the data loaded or updated?

___ Continuous feed (real time) or Batch feed, every ___hours; _____ Both

11. Who analyzes the data?

___ Vendor only

___ IP only

___ Both

___ Owner

How often are vendor only analyses, e.g. alerts, delivered _____?

Can data be readily exported from this system into other systems e.g Excel, SAS etc.?

___ Y ___N.

12. Who creates the report formats? ___ Vendor ___IP ___ Both

Can they be customized? ___Yes ___ No

Are urgent alerts generated?

___ Yes: _____Vendor defined _____User defined _____Both

___ No

13. How are urgent alerts communicated to the end user? Email, pager, cell phone etc.

14. What kind of computer hardware/software do you need?

15. Is the service offered as SaaS (software as a service) or onsite instillation? ___ Y

___N.

Where can data and system be accessed?

- Within Infection Prevention & Control Offices on personal computers
- Any computer in your Healthcare Organization (within its firewall)
- Workstation
- Mobile computing devices or from home-based computer workstation
- Wireless laptop Both
- Via secured internet portal (anywhere including at home)

16. Does this ST have the ability to use algorithmic identification to predict which patients have HAIs (not just microbiology results)? Y N. If so, can the IP override/review the algorithmic decisions? Y N. If yes, what types of data are included in this analysis?

- Vitals
- MD, RN notes
- Microbiology
- Serology
- Chemistry Diagnosis codes (CPT, ICD9)
- Hematology
- Pathology
- Blood Bank
- Radiology
- Other diagnostic procedures
- Surgery data
- Procedure
- Pharmacy Orders
- Prescriptions
- Device and days
- Diagnosis codes (CPT, ICD9)
- Other data sources: _____

What is the reported sensitivity and specificity of this detection?

17. Does this system include text search or word recognition of notes as part of the

algorithm? ___ Y ___N.

Have you validated the algorithm(s) employed and are they compliant with NHSN HAI surveillance criteria? ___ Y ___N.

18. Does the software differentiate between community and health care associated infections; surveillance and clinical isolates? ___ Y ___N. If yes, how does it do so?

What, if any, types of reports are generated?

- _____ Rates based on patients at risk
- _____ Stratified by healthcare provider
- _____ Cross tables
- _____ Graphs
- _____ Flexible, user defined reports
- _____ Control charts
- _____ Corporate Dashboards

19. Does the system imbed established benchmarks (e.g., NHSN pooled means) into standard HAI reports? ___ Y ___N.

Can findings from the ST be sent to:

- _____ Public health agencies
- _____ Quality Improvement Organizations
- _____ State Hospital Associations
- _____ Internal Corporate QI/Patient Safety

20. What is the time it takes from contract signing to testing your data on the system? What is the time from validation of your data to “go live” and ICP daily use? Who does the validation? Is the validation one time or ongoing? If ongoing, how often? Ask the ST vendor for a complete customer list, including bed size, IT systems, specialized patient populations served, additional services they use, and specific ICP and IT contact information.

21. What is system or service cost and pricing structure?

_____ Initial costs?

_____ Ongoing costs?

_____ New feature updates?

How many users are allowed with the prices quoted above? What is the additional fee for additional users / system network access?

Who owns the surveillance data if the business relationship with the vendor is terminated? If a “data export” is provided, in what format will it be exported?

What days/hours are customer service / assistance available to customers?

Does the vendor provide assistance with business case development for initial purchase?

Does the vendor provide between facility comparisons (ranking) among its own customers?

What training and implementation services are provided by the vendor during startup? What continuing education opportunities are provided thereafter?

Questions for IPs to ask vendors in regard to their systems CDA capability

1. Does the vendor have the capability to export and import (using the CDA architecture) valid HAI **Blood Stream Infection (BSI)** events for all inpatient locations?
2. Does the vendor have **at least one client** exporting and importing HAI **Blood Stream Infection (BSI)** events via the NHSN CDA architecture?
3. Does the vendor have the capability to export and import (using the CDA architecture) valid **Device Denominator** and Patient Days counts for all supported locations (the current version of the IG accepts all inpatient locations except for Neonatal Intensive Care and Specialty Care Areas (SCA))?
4. Does the vendor have **at least one client** exporting and importing **Device Denominator** data via the NHSN CDA architecture?

5. Does the vendor have the capability to export and import (using the CDA architecture) valid **Surgical Site Infection (SSI)** events for all valid NHSN procedure types?
6. Does the vendor have **at least one client** exporting and importing HAI **Surgical Site Infection (SSI)** events via the NHSN CDA architecture?
7. Does the vendor have the capability to export and import (using the CDA architecture) valid **Surgery Procedure** records for all supported NHSN procedures?
8. Does the vendor have **at least one client** exporting and importing valid **Surgery Procedure** records via the NHSN CDA architecture?