# Purpose

The purpose of this questionnaire is to help NCHA obtain necessary information to register ICUs into the free AHRQ ICU Safety program. Please complete a separate form for each ICU registering, even for units registering from the same hospital. **Unit registration is May 14 – July 15, 2018.**

# Who Should Complete this Form?

This [form](https://app.smartsheet.com/b/form/7846769d22a64068b2b04b4f063fc6ef) should be completed by the unit team or identified hospital staff for each unit participating in this project. The hospital commitment letter should be signed by the hospital executive and project lead for each unit. After completion, the form should be returned to the SHA or HRET Quality Improvement Coach to enter the registration online.

# Hospital and Unit Information

Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Federal Provider Number (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter the number of beds in your unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*this name will be listed on all reports

# Registration Information

To be a part of this project, a unit must have a positive Cumulative Attributable Difference (CAD) metric for CAUTI, CLABSI, or both. Please check, through a NHSN TAP report based on the following guidelines, does the unit registering has a **positive CAD** for the following criteria:

* Adult ICUs
* Reporting period: 2017Q1 – 2017Q4 (i.e. January 2017 – December 2017)
* SIR Goals for Computing CAD: 0.5 for CLABSI and 0.75 for CAUTI

Based on the NHSN TAP report, the unit registering has a positive CAD for:

|  |  |  |
| --- | --- | --- |
| CAUTI - | Yes | No |
| CLABSI - | Yes | No |

Date TAP report was generated to verify eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each unit participating will be asked to confer rights to their NHSN data so that HRET can have access to project-specific data only. If your unit currently submits data to CDC's NHSN, please ask your NHSN contact to complete the following information. Once registration is complete, we will provide additional information concerning the NHSN rights conferral process.

NHSN Org ID (hospital level): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NHSN Location Name (unit level)ƚ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*ƚThis field is labeled “Your Code” in NHSN (see figure below)*

NHSN CDC Code (unit level)ǁ:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ǁ*This field is labeled “CDC Code” (see figure below)*

# Unit Project Contact Information - State Hospital Association Use Only

**Unit Project Team Leader**

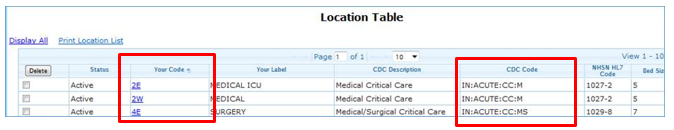
A designated team leader is required for each unit participating in the project

|  |  |
| --- | --- |
| First Name Click here to enter text. | Last Name Click here to enter text. |
| Email Click here to enter text. | Phone Click here to enter text. |

**Unit Project Team Alternate**

A designated team alternate is required for each unit participating in the project

|  |  |
| --- | --- |
| First Name Click here to enter text. | Last Name Click here to enter text. |
| Email Click here to enter text. | Phone Click here to enter text. |

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