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California Department of Public Health



EDMUND G. BROWN JR.
Governor

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AFL 11-23

TO: General Acute Care Hospitals

SUBJECT: Senate Bill 1058: Changes in Method for Reporting Surgical Site Infections

AUTHORITY: Health and Safety Code (HSC) Section 1288.55

The purpose of this letter is to notify California general acute care hospitals (GACHs) of new California Department of Public Health (CDPH) instructions for reporting of surgical site infections as mandated by Senate Bill (SB) 1058 [enacted by Health and Safety Code (HSC) Section 1288.55]. Commencing with surgeries performed on or after April 1, 2011, the Department will accept data for surgical site infections (SSI) **only** if reported to the Department through the Centers for Disease Control and Prevention National Healthcare Safety Network (NHSN).

Per Health and Safety Code Section 1288.55, commencing January 1, 2009:

“Each health facility shall report quarterly to the department all health-care-associated surgical site infections of deep or organ space surgical sites, health-care-associated infections of orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries involving deep or organ space, and orthopedic, cardiac, and gastrointestinal surgeries designated clean and clean-contaminated.”

By January 1, 2012, the law requires CDPH to post on its website:

“Information regarding the incidence rate of deep or organ space surgical site infections, orthopedic, cardiac, and gastrointestinal surgical procedures designated as clean and clean-contaminated, acquired at each health facility in California, including information on the number of inpatient days.”

For infection information reported publicly, per HSC Section 1288.5 (c)(1), the Department must follow a risk adjustment process that is consistent with NHSN methodology.

On January 21, 2009, CDPH issued All Facility Letter (AFL) 09-07 to inform GACHs of these reporting requirements. Hospitals were directed to report infection information by email or fax to the Department. In October 2010, NHSN introduced a new SSI risk adjustment process and the calculation of the Standardized Infection Ratio (SIR). This method requires reporting via NHSN to accomplish SSI risk adjustment. More information on the SIR can be found at http://www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf.

Therefore, for surgeries performed on or after April 1, 2011, CDPH will accept data for SSIs only if reported through NHSN. CDPH will continue to accept SSI data submitted by email or fax for surgeries performed prior to April 1, 2011, as evidence of compliance with the statutory reporting requirements.

The list of NHSN operative procedure categories inclusive of orthopedic, cardiac, and gastrointestinal procedures is extensive (see Attachment A). CDPH recognizes that reporting through NHSN requires information to be reported on every patient undergoing the procedures included in a hospital's reporting plan. Based upon the recommendation of the Healthcare Associated Infections Advisory Committee (December 9, 2010, <http://www.cdph.ca.gov/services/boards/Pages/HAIAdvisoryCommitteeMeeting-12-9-10.aspx>), CDPH requires that hospitals report SSIs through NHSN following the table below:

Description	Operative Procedure	ICD-9-CM Codes
Arthroplasty of hip	Hip prosthesis (HPRO)	00.70-00.73, 00.85-00.87, 81.51-81.53
Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.	Coronary artery bypass graft with both chest and donor site incisions and Coronary artery bypass graft with chest incision only (CBCB, CBGC)	36.10-36.14, 36.19 36.15-36.17, 36.2
Chest procedure to perform direct vascularization of the heart using, for example, the internal mammary (thoracic) artery		

NHSN protocols for identifying and reporting these infections **must be followed**, including the use of each of the listed ICD-9 codes to identify patients. Although statutes mandate only the reporting of deep or organ space SSI, compliance with NHSN protocols requires the reporting of **all** SSI, including superficial incisional SSI and must be followed. CDPH will publically report only those SSI rates required by statute, which at this time are deep and organ space SSIs. Data must be submitted for each patient undergoing the specified surgical procedures. Information on these NHSN protocols is available at http://www.cdc.gov/nhsn/psc_pa.html, including the importation of procedure data from electronic data files. NHSN will allow importation of procedure data by generating import files from hospital information systems that follow clinical document architecture (CDA)

standards as published by NHSN at http://www.cdc.gov/nhsn/CDA_eSurveillance.html, in an ASCII (American Standard Code for Information Interchange) comma delimited text, or are in a CSV (comma separated value) file format. Guidance on the necessary steps to develop CSV importation capabilities is available through the CDPH HAI Liaison Program. Contact information for Liaison Program staff is available at <http://www.cdph.ca.gov/hai>.

The Healthcare Associated Infections Advisory Committee further recommended (February 17, 2011, http://www.cdph.ca.gov/services/boards/Pages/HAI_AC.aspx) that all hospitals performing surgery report SSI to the Department through NHSN for two procedures. Based on the recommendation of the Committee, hospitals that do not perform coronary artery bypass graft procedures (the two NHSN procedure categories count as one procedure) and/or hip prosthesis must choose one or two additional procedures from the attached list. The choice of procedures must be based upon a risk assessment performed by each hospital. This assessment should take into account the number of procedures performed each year and the rate of infections for each. The number of procedures performed each year should be at least 25, unless no procedure is performed that frequently. Procedures with a combination of highest volume and rate of infection in each hospital should be selected. Guidance on selecting procedures is available through the CDPH HAI Liaison Program.

Hospitals that do not expect to perform any of the procedures listed during 2011 should notify the Department by sending an email to infectioncontrol@cdph.ca.gov.

For questions, the point of contact at CDPH is the Healthcare-Associated Infections Program at infectioncontrol@cdph.ca.gov or phone (510) 412-6060.

Sincerely,

Original Signed by Pamela Dickfoss

Pamela Dickfoss
Acting Deputy Director
Center for Health Care Quality

Attachment

Attachment A: NHSN Operative Procedures

<i>NHSN Operative Procedure Categories – FY 2010 Update</i>				
Legacy Code	New Code	Operative Procedure	Description	ICD-9-CM Codes
KPRO	2124-6	Knee prosthesis	Arthroplasty of knee	00.80-00.84, 81.54, 81.55
FX	2129-5	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation; does not include placement of joint prosthesis	79.21, 79.22, 79.25, 79.26, 79.31, 79.32, 79.35, 79.36, 79.51, 79.52, 79.55, 79.56
LAM	2125-3	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures	03.01, 03.02, 03.09, 80.50, 80.51, 80.53, 80.54+, 80.59, 84.60-84.69, 84.80-84.85
FUSN	2137-8	Spinal fusion	Immobilization of spinal column	81.00-81.08
RFUSN	2135-2	Refusion of spine	Refusion of spine	81.30-81.39
CARD	2111-3	Cardiac surgery	Procedures on the valves or septum of heart; does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation	35.00, 35.01, 35.02, 35.03, 35.04, 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 37.10, 37.11, 37.24, 37.31-37.33, 37.35, 37.36

PACE	2131-1	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker	00.50-00.54, 17.51, 17.52, 37.70-37.77, 37.79-37.83, 37.85-37.87, 37.89, 37.94-37.99
COLO	2116-2	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations	17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94
REC	2134-5	Rectal surgery	Operations on rectum	48.25, 48.35, 48.40, 48.42, 48.43, 48.49-48.52, 48.59, 48.61-48.65, 48.69, 48.74
SB	2136-0	Small bowel surgery	Incision or resection of the small intestine; does not include small-to-large bowel anastomosis	45.01, 45.02, 45.15, 45.31-45.34, 45.51, 45.61-45.63, 45.91, 46.01, 46.02, 46.20-46.24, 46.31, 46.39, 46.41, 46.51, 46.71-46.74, 46.93
CHOL	2119-6	Gallbladder surgery	Cholecystectomy and cholecystotomy	51.03, 51.04, 51.13, 51.21-51.24
APPY	2108-9	Appendix surgery	Operation of appendix (not incidental to another procedure)	47.01, 47.09, 47.2, 47.91, 47.92, 47.99
GAST	2120-4	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy; does not include vagotomy and fundoplication	43.0, 43.42, 43.49, 43.5, 43.6, 43.7, 43.81, 43.89, 43.91, 43.99, 44.15, 44.21, 44.29, 44.31, 44.38-44.42, 44.49, 44.5, 44.61-44.65, 44.68-44.69, 44.95-44.98

BILI	2109-7	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas (does not include operations only on gallbladder)	50.0, 50.12, 50.14, 50.21-50.23, 50.25, 50.26, 50.29, 50.3, 50.4, 50.61, 50.69, 51.31-51.37, 51.39, 51.41-51.43, 51.49, 51.51, 51.59, 51.61-51.63, 51.69, 51.71, 51.72, 51.79, 51.81-51.83, 51.89, 51.9151.95, 51.99, 52.09, 52.12, 52.22, 52.3, 52.4, 52.51-52.53, 52.5952.6, 52.7, 52.92, 52.95, 52.96, 52.99
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