

# DRAFT

Welcome to *California*

## NHSN Surgical Site Infection Surveillance Parts 1 and 2

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# Acknowledgement

Information in this presentation is from the  
NHSN training courses

[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)

# Objectives

- Identify NSHN surgical site infection (SSI ) reporting key terms.
- Review how to complete the SSI Event form and the SSI Denominator for Procedure Form.
- Understand how to link an SSI event to a procedure record.
- Apply NHSN SSI criteria to case scenarios.

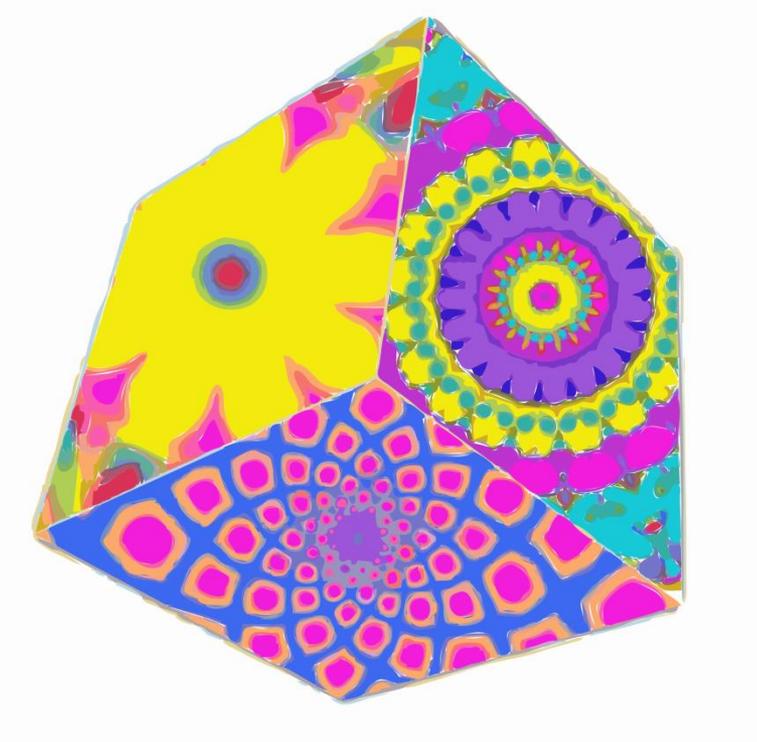
# California Reporting Requirements

Following NHSN reporting rules for numerators and denominators, report healthcare-associated surgical site infections for the following Procedure codes:

AAA	CBGB	CSEC	HPRO	KTP	OVRY	SPLE
APPY	CBGC	FUSN	HTP	LAM	PACE	THOR
BILI	CHOL	FX	HYST	LTP	REC	VHYS
CARD	COLO	GAST	KPRO	NEPH	SB	XLAP

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# Part 1



# SSI Reporting

- In the Procedure-associated Module, Surgical Site Infection Event (Chapter 9), the Denominator for Procedure Definitions, the SSI Event Reporting Instructions, and the Denominator Reporting Instructions all provide important guidance on the many nuances of how to report SSI details in a variety of situations.
- The examples shown in this presentation are only some of them.
- Please read and follow all of the instructions carefully!



# SSI Surveillance Forms

- Materials for Enrolled Facilities -
- Ambulatory Surgery Centers +
- Acute Care Hospitals/Facilities -
- Surveillance for Antimicrobial Use and Antimicrobial Resistance Options
- Surveillance for UTI (CAUTI)
- Surveillance for C. difficile, MRSA, and other Drug-resistant Infections
- Surveillance for BSI (CLABSI)
- Surveillance for CLIP
- Surveillance for SSI Events**

## Resources for NHSN Users Already

- > Training
- > Protocols
- > Frequently Asked Questions
- > **Data Collection Forms**
- > CMS Supporting Materials
- > Supporting Materials
- > Analysis Resources

## Resources to Help Prevent Infections

- Resources for Patients and Healthcare Providers
- HHS Action Plan to Prevent Healthcare-associated Infections
- Guideline for the Prevention of Surgical Site Infection, 1999
- Guideline for Hand Hygiene in Healthcare Settings

## ▼ Data Collection Forms

- [57.120 Surgical Site Infection \(SSI\) January 2016](#) [PDF - 257 KB]
  - [Customizable form](#) [DOCX - 41 KB]
  - [Table of Instructions for SSI Event form \(57.120\)](#) [PDF - 81 KB]
- [57.121 Denominator for Procedure January 2016](#) [PDF - 116 KB]
  - [Customizable form](#) [DOCX - 31 KB]
  - [Table of Instructions for Denominator for Procedure form \(57.121\)](#) [PDF - 368 KB]
- [57.122 Denominator for Custom Procedure January 2016](#) [PDF - 110 KB]
  - [Customizable form](#) [DOCX - 28 KB]
- [57.103 Patient Safety Component—Annual Facility Survey form January 2016](#) [PDF - 311 KB]
  - [Table of Instructions for Patient Safety Component-Annual Hospital Survey \(CDC 57.103\)](#) [PDF - 456 KB]
- [57.106 Patient Safety Monthly Reporting Plan form January 2016](#) [PDF - 133 KB]
  - [Customizable form](#) [DOCX - 32 KB]
  - [Table of Instructions](#) [PDF - 194 KB]
- [57.115 HAI Custom Event form January 2016](#) [PDF - 255 KB]
  - [Customizable form](#) [DOCX - 44 KB]

# SSI Supporting Materials

Materials for Enrolled Facilities -	Resources for NHSN Users Already Registered	> Protocols
Ambulatory Surgery Centers +		> Frequently Asked Questions
Acute Care Hospitals/Facilities -		> Data Collection Forms
Surveillance for Antimicrobial Use and Antimicrobial Resistance Options		> CMS Supporting Materials
Surveillance for UTI (CAUTI)		▼ Supporting Materials
Surveillance for C. difficile, MRSA, and other Drug-resistant Infections		<ul style="list-style-type: none"> <li>• Updated December 21, 2015</li> <li>• <a href="#">ICD-10-PCS Procedure Code Mapping to NHSN Operative Procedure Codes for Procedures Occurring On or After October 1, 2015</a> [XLSX - 487 KB]</li> <li>• <a href="#">Current Procedural Terminology (CPT) Procedure Code Mapping to NHSN Operative Procedure Codes for Procedures Occurring On or After October 1, 2015</a> [XLSX - 345 KB]</li> </ul>
Surveillance for BSI (CLABSI)		> Data Collection Forms
Surveillance for CLIP		> CMS Supporting Materials
<b>Surveillance for SSI Events</b>		> Supporting Materials
		> Analysis Resources

## Resources to Help Prevent Infections

- [Resources for Patients and Healthcare Providers](#)
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- [Guideline for the Prevention of Surgical Site Infection, 1999](#)
- [Guideline for Hand Hygiene in Healthcare Settings](#) 

# SSI Monthly Reporting Plan

- Plans are the roadmap to your data
- Only data included in Plans will be used by CDC in aggregate data analysis (i.e., only “in-Plan” data)
- Plans drive much of the business logic of the NHSN application
- Must have one for every month of the year
- Must fully follow the definitions. Report ALL superficial, deep and organs space SSIs
- Identify the surgical patients you will monitor based on mandated reporting requirements and facility specific needs

# SSI Active Surveillance Methods

- Review admission, readmission, ED, and OR logs and schedules
- Review the patient charts for signs and symptoms of SSI, and associated risk factors
- Review lab, X-ray, other diagnostic test reports
- Review nurses and physician notes
- Visit the ICU and wards – talk to primary care staff



# SSI Post-discharge Surveillance Methods

- Surgeon and/or patient surveys by mail or phone
- Review of post-operative clinic records
- Line list of all readmissions with diagnosis of SSI
- Line list of ED admissions with diagnosis of SSI
- Review of surgery schedules for I&D cases
- ICD-10 CM/Procedure Flag codes\*
- Link for CDPH Flag Codes:  
<https://cdph.ca.gov/programs/hai/documents/usingICD%20DiagnosesFlagCodesforSSISurveillance041515.pdf>

Criteria must be met regardless of where the SSI is detected.



\*Infect Control Hosp Epidemiol.2013Dec;34(12):1321-3.doi: 10.1086/673975 Epub 2013 Oct 28.

# Why SSI Changes in the last few years?

- Over the last few years NHSN has been gradually implementing the recommendations from the Healthcare Infection Control Practices Advisory Committee (HICPAC) SSI working group
- Goal is to harmonize NHSN SSI definitions with those of other surgical professional organizations
- HICPAC recommendations were based on input from
  - Infection Preventionists
  - AORN - Association of Perioperative Registered Nurses
  - ACS – American College of Surgeons
  - STS – Society of Thoracic Surgeons
  - ACOG - American College of Obstetricians and Gynecologists
  - AAOS – American Academy of Orthopedic Surgeons

# NHSN Operative Procedure

An NHSN operative procedure is a procedure:

- that is included in the ICD-10-PSC or CPT NHSN operative procedure code mapping

**- AND -**

- where at least one incision (including laparoscopic approach) is made through the skin or mucous membrane, or reoperation via an incision that was left open during a prior operative procedure

**- AND -**

- takes place in an operating room [OR].
  - Defined as a patient care area that meets Facilities Guidelines Institutes (FGI) or American Institute of Architects (AIA) criteria when it was constructed or renovated
  - May include operating rooms, C-section rooms, interventional radiology rooms, or cardiac catheterization labs



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# Completing the Denominator for Procedure Information Form



# Denominator Data

## Denominator for Procedure



Form Approved  
OMB No. 0920-0696  
Exp. Date: 12/31/2018  
www.odc.gov/nhsn

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Facility ID	Procedure #:	
*Patient ID:	Social Security #:	
Secondary ID:	Medicare #:	
Patient Name, Last:	First:	Middle:
*Gender: F M Other	*Date of Birth:	
Ethnicity (Specify):	Race (Specify):	
Event Type: PROC	*NHSN Procedure Code:	
*Date of Procedure:	ICD-10-PCS or CPT Procedure Code:	
<b>Procedure Details</b>		
*Outpatient: Yes No	*Duration: ____Hours ____M	
*Wound Class: C CC CO D	*General Anesthesia: Yes No	
ASA Score: 1 2 3 4 5	*Emergency: Yes No	
*Trauma: Yes No	*Scope: Yes No	*Diabetes Mellitus: Yes No
*Height: ____feet ____Inches	*Closure Technique: Primary	
(choose one) ____meters	Surgeon Code: _____	
*Weight: ____lbs/kg (circle one)		
CSEC: *Duration of Labor: ____hours		
Circle one: FUSN		
*Spinal Level (check one)	*Approach/Technique (check one)	
<input type="checkbox"/> Atlas-axis	<input type="checkbox"/> Anterior	
<input type="checkbox"/> Atlas-axis/Cervical	<input type="checkbox"/> Posterior	
<input type="checkbox"/> Cervical	<input type="checkbox"/> Anterior and Posterior	
<input type="checkbox"/> Cervical/Dorsal/Dorsolumbar	<input type="checkbox"/> Transoral	
<input type="checkbox"/> Dorsal/Dorsolumbar		
<input type="checkbox"/> Lumbar/Lumbosacral		
Circle one: HPRO KPRO		
ICD-10-PCS Supplemental Procedure Code for HPRO/KPRO: _____		
*Check one: <input type="checkbox"/> Total <input type="checkbox"/> Hemi <input type="checkbox"/> Resurfacing (HPRO only)		
If Total: <input type="checkbox"/> Total Primary <input type="checkbox"/> Total Revision		
If Hemi: <input type="checkbox"/> Partial Primary <input type="checkbox"/> Partial Revision		
If Resurfacing (HPRO only): <input type="checkbox"/> Total Primary <input type="checkbox"/> Partial Primary		
*If total or partial revision, was the revision associated with prior infection at index joint? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- The collection period is one month.
- Complete and enter a Denominator for Procedure record for every NHSN operative procedure performed that is selected and/or required for surveillance.
- Submit data within a month of the end of a 30 day surveillance period or one month from the 90 day surveillance period.

# Denominator for Procedure Form – 57.121

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SSI

## **Instructions for Completion of Denominator for Procedure Form (CDC 57.121)**

This form is used for reporting data on each patient having one of the NHSN operative procedures selected for monitoring.



## SSI Date of Event

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- Date of event for an SSI is the date when the first element used to meet the SSI infection criterion occurs for the first time during the surveillance period.



# Changing the Date of Event (DOE) When SSI Progresses to a Deeper Level

- SSIs are always reported at the deepest level that they occur within the surveillance period.
- If during the surveillance period a patient's initial SSI meets criteria for a deeper level, then the date of event should be the date for the deepest level.

## Example:

Day 1 – COLO procedure

Day 6 – DOE for meeting a superficial incisional SSI

Day 25 – DOE for the meeting an organ space IAB SSI

Report as one SSI with DOE on day 25 for organ space IAB

## BSI Secondary to an SSI

The secondary BSI attribution period for SSI is a 17-day period that includes the date of event, 3 days prior and 13 days after.

Q: Why does SSI have its own secondary BSI attribution period?

A: For other HAI the Secondary BSI attribution period is determined by using the Infection Window Period and the Repeat Infection Timeframe. These two definitions do not apply to SSI.

# Example

SSI Secondary BSI Attribution Period	Hospital Day	SSI Secondary BSI Attribution Period
	9	
	10	
	11	
	12	
	13	DOE for an SSI
	14	
	15	
	16	
	17	
	18	
	19	
	20	
	21	
	22	
	23	
	24	
	25	
	26	

**SSI  
Secondary  
BSI  
Attribution  
Period**  
(3 days before Date  
of Event  
+  
13 days after Date  
of Event)

**17 days**

## BSI Secondary to an SSI - continued

- Any blood culture that occurs during the SSI Secondary BSI attribution period will be assessed as a possible secondary BSI
  - Use Appendix 1 in the BSI protocol, Chapter 4, to determine if the blood meets Secondary BSI criteria
- If a positive blood culture occurs after the SSI secondary BSI attribution period it should be fully evaluated to see if it meets criteria to be secondary to an ongoing SSI

# Diabetes

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- To indicate diabetes on the procedure denominator form you have two choices:
  - Use ICD-10-CM diagnosis codes that reflect the diagnosis of diabetes (found in Supporting Materials on the NHSN SSI web page).
  - Or answer Yes/No based on documentation in the medical record.

# Procedure Details - 1

- ASA Score – 1, 2, 3, 4, 5
- Do not report procedures with an ASA score of 6 (a declared brain-dead patient whose organs are being removed for donor purposes) to NHSN
- Emergency – Yes if a nonelective, unscheduled operative procedure, otherwise select No
- Scope – Yes if the procedure was coded as laparoscopic using a laparoscope or robotic assist approach
  - Yes if a scope was used to harvest donor vessels during a CBGB
- Trauma – Yes if the operation was done because of a recent blunt or penetrating trauma; if the bowel is nicked or perforated during an operative procedure this should not be listed as a trauma case

## Procedure Details -2

- Height and Weight – enter height in feet and inches or meters, weight in pounds or kilograms
- The application calculates BMI automatically

### Procedure Details [HELP](#)

Outpatient\*:  Duration (Hrs:Mins)\*:  :

Wound Class\*:  General Anesthesia\*:

ASA Score\*:

Emergency\*:  Trauma\*:  Scope\*:

Diabetes Mellitus\*:  Closure Technique\*:

Surgeon Code:

Height\*:  '  " or  m

Weight\*:  lbs or  kg BMI



# Inpatient vs. Outpatient Operative Procedures

## NHSN Inpatient Operative Procedure:

An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and the date of discharge are different calendar days.

## NHSN Outpatient Operative Procedure:

An NHSN operative procedure performed on a patient whose date of admission to the healthcare facility and the date of discharge are the same calendar days.

# Primary Closure

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- **Primary Closure** is defined as closure of the skin level during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision
- If any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery
- If a procedure has multiple incision/laparoscopic trocar sites and any of the incisions are closed primarily, then the procedure is entered as having been closed primarily

# Non-Primary Closure

- **Non-Primary Closure** is defined as closure in which the skin level is left completely open during the original surgery.
- For surgeries with non-primary closure, the deep tissue layers may be closed by some means with the skin level left open, or the deep and superficial layers may both be left completely open.

## Examples

- Laparotomy in which the incision was closed to the level of the deep tissue (“fascial”) layers, but the skin level was left open.
- “Open abdomen” case in which the abdomen is left completely open after surgery. Wounds may or may not be “packed” with gauze or other material, and may or may not be covered with plastic, “wound vacs,” or other synthetic devices or materials.

Q: If a patient underwent an NHSN operative procedure with non-primary closure and subsequently develops an SSI from that procedure, must you include this case as an SSI for mandated reporting?

A: Yes, that procedure is in your denominator data and if the patient develops an SSI it must be entered into your numerator data and linked to the procedure. Your denominator procedure record already indicates it was an open procedure.

Since 2015, the SIR uses only primarily closed procedures and SSI attributable to them. CMS will only be sent data for procedures that were closed primarily.

# Procedure Wound Class

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- Wound Class:
  - C = Clean
  - CC = Clean-Contaminated
  - CO = Contaminated
  - D = Dirty
- Wound class is an assessment of the likelihood and degree of contamination of a surgical wound at the time of the operation.
- It should be assigned by a person directly involved in performing the operation; late in the procedure, not before.

# Procedures That Can Never Be Coded As Clean Wound Class

- NHSN procedures that can never be entered as clean are APPY, BILI, CHOL, COLO, REC, SB and VHYS
  - In the NHSN application, “clean” is not on the drop down menu for these procedures; not an option for data entry
- CSEC, HYST, or OVRV procedures can be a clean wound class based on events and findings of each individual case

# Case 1

- A patient is admitted with a ruptured diverticulum and a COLO procedure is performed in the inpatient OR.
- Case is entered as a wound class 3: Contaminated.
- Specimen is obtained in the OR which later returns positive for *E. coli*.
- Surgeon staples closed the skin at 4 locations with packing placed between the staples.

# Is this procedure primarily closed?

1. Yes

2. No

## Rationale:

- The skin is closed at some points along the skin incision.
- If any portion of the incision is closed at the skin level, by any manner, a designation of primary closure should be assigned to the surgery.

# Excluded Organisms

- Organisms belonging to the following genera cannot be used to meet any NHSN SSI definition:
  - Blastomyces
  - Histoplasma
  - Coccidioides
  - Paracoccidioides
  - Cryptococcus
  - Pneumocystis
- These organisms are typically causes of community-associated infections and are rarely know to cause healthcare-associated infections.

# SSI Event Reporting Instructions

- The Infection Window Period, Present on Admission, Hospital Associated Infection, and Repeat Infection Timeframe definitions should not be applied to the SSI protocol.
- If an SSI is detected at a facility other than the one in which the operation was performed, notify the IP at the index facility with enough detail so the infection can be reported to NHSN.
- Wound class of 'contaminated' or 'dirty' is not an exclusion for a patient later meeting criteria for an SSI.

# Infection Present at Time of Surgery (PATOS) -1

Denotes evidence of an infection present at the time of the start of or during the index surgical procedure.

- In other words, infection is present pre-operatively.
- Evidence of infection must be noted/documentated in a pre-operative or intra-operative note.
- Does not need to meet the SSI definition at the time of the primary procedure but there must be evidence of infection or abscess present at the time of surgery.
- PATOS does not apply if there is a period of wellness between the time of the pre-operative condition and the surgery.

## PATOS – 2

- PATOS is a required field on the **SSI event form**.
  - Not on the denominator for procedure form.
- Only select **PATOS = YES** if the pre-operative infection applies to the depth of SSI that is being attributed to the procedure.

### Examples:

- If a patient had evidence of an intra-abdominal infection at the time of surgery and then later returns with an organ space SSI, PATOS = YES.
- If the same patient returned with a superficial or deep incisional SSI the PATOS = NO.

# Why is NHSN requiring the PATOS field?

- NHSN is going to re-baseline all HAIs based on 2015 data.
- 2015 data reported to NHSN will provide the baseline for calculating the Standardized Infection Ratio (SIR) for 2016 and subsequent years.
- SIR calculated for 2015 data will use the current baselines.
- SSI reported with PATOS = YES will be excluded from the SSI SIR beginning with 2016 data and the new baseline.
- These excluded SSIs will be analyzed separately.

## Case 2

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- A patient was admitted with an acute abdomen; went to OR for XLAP with findings of an abscess due to a ruptured appendix and an APPY is performed.
- Patient returns 2 weeks later and meets criteria for an organ space Intra-abdominal (IAB) SSI.

# Does this patient meet the criteria for PATOS?

1. PATOS = Yes

2. PATOS = No

True or False: Since this SSI is related to an infection that was PATOS it does not have to be reported to NHSN

1. True

2. FALSE

## Case 2 Rationale

- The PATOS field would be selected as **YES** since there was evidence of infection at the time of surgery and the subsequent SSI developed at the same level.
- Infections that meet SSI criteria and have the PATOS field as a **YES** are reported to NHSN.

## Case 3

- During an unplanned cesarean section (CSEC) the surgeon nicks the bowel and there is contamination of the intra-abdominal cavity.
- One week later the patient returns and meets criteria for an organ space OREP (other reproductive) SSI.

# The PATOS field should be selected as:

1. PATOS = Yes

2. PATOS = No

## Case 3 Rationale

- The PATOS field would be selected as **NO** since there was no documentation of evidence of infection or abscess at the time of the CSEC.
- The colon nick was a complication but there was no infection present at the time of surgery.

# SSI Denominator Reporting Instructions

- If procedures in more than one NHSN operative procedure category are done through the same incision during the same trip to the OR, **use the total time for the duration for each record** (a record for each procedure must be in the Monthly Reporting Plan)



**Example: Patient had a coronary artery bypass graft with a chest incision only (CBGC) and also a mitral valve replacement (CARD). The time from PST to PF was 5 hours. A *Denominator for Procedure* form is completed for the CBGC and another for the CARD, indicating the duration as 5 hours and 0 minutes on each form.**

## SSI Denominator Reporting - continued

EXCEPTION to reporting multiple procedures during the same trip to the OR

- If a patient has both a CBGC and a CBGB during the same trip to the OR, report only as a CBGB.

**Example: Patient was scheduled to have a coronary artery bypass graft with a chest incision only (CBGC), however during the procedure it became necessary to harvest a vessel from the leg. Even though an ICD-9-CM procedure code for a CBGC and a CBGB will be assigned by coders, only complete a CBGB *Denominator for Procedure* form. The time from PST to the PF time reported for the duration of the procedure.**

## SSI Denominator Reporting - continued

- If a patient goes to the OR more than once during the same admission and another NHSN procedure (same or different) is performed through the same incision within 24 hours of the end of the original procedure, report only one Denominator for the original procedure combining the durations for both procedures

**Example: a patient has a CBGB lasting 4 hours. He returns to the OR six hours later for another NHSN operative procedure via the same incision (e.g., CARD). The second operation has duration of 1.5 hours. Record the operative procedure as one CBGB and the duration of operation as 5 hour 30 minutes. If the wound class has changed, report the higher wound class. If the ASA class has changed, report the higher ASA class. Do not report the CARD procedure in your denominator data.**

# SSI Procedure Attribution

If a patient has several NHSN operations prior to an SSI, report the operation that was performed most closely in time prior to the infection date. This does not apply when 2 operative procedures are done within the same 24 hour period via the same incision.

- Example: Patient underwent a COLO on 1/12/15. One week later on 1/19/15, he returns to OR for an CHOL via the same incision. He developed an incisional SSI on 1/28/15.
- This SSI is attributed to the second procedure, CHOL, not the COLO.

## Case 4

- A patient had bilateral knee prostheses (KPRO) implanted during a single trip to the OR.
- Left KPRO procedure start time (PST) at 8:30 a.m. There was no note of finish time for this knee.
- Right KPRO procedure finish (PF) time was 11:30 a.m.

# Which statement is correct?

1. One KPRO procedure should be reported with a combined duration of 3 hours, 0 minutes.
2. Two separate KPRO procedures should be reported, each with a duration of 1 hour, 30 minutes.
3. Two separate KPRO should be entered, each with a duration of 3 hours, 0 minutes.

# Additional Fields Required for Specific Procedures



# Additional Fields for Specific Procedures

- There are 5 procedures for which additional risk factors are collected:
  - Cesarean Section – CSEC
  - Fusion - FUSN
  - Hip Arthroplasty – HPRO
  - Knee Arthroplasty – KPRO

## CSEC - Duration of Labor

- Report duration as the length of time from beginning of active labor as an inpatient to delivery of the infant.
  - Express in full hours, e.g. 1, 2, 3, etc.
  - If  $\leq 30$  minutes, round down;  $> 30$  minutes, round up.
  - If no labor, report hours = 0.
- Documentation of labor duration should reflect the onset of regular contractions or induction that leads to delivery during this admission.
  - This may be defined by local hospital policy.

# Fusion (FUSN) – Level and Approach

- Identify the appropriate spinal level from the list
  - Atlas-axis (C1 or C2 only)
  - Atlas-axis/Cervical (C1-C7 any combination except C1 or C2 only)
  - Cervical (C3-C7 any combination)
  - Cervical/Dorsal/Dorsolumbar (from any cervical through any lumbar levels)
  - Dorsal/Dorsolumbar (T1-T5)
  - Lumbar/Lumbosacral (L1-S5 any combination of lumbar and sacral)
- Document the approach used in the procedure.
  - Anterior, Posterior, Anterior and Posterior, Transoral

# Reporting HPRO and KPRO

- Document Total or Hemi: primary, revision, or partial revision.
- Document Resurfacing (HPRO only) as total primary or revision or partial primary or revision.
- Was the revision associated with prior infection at the index joint?

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## Part 2



# Why is NHSN collecting this information?

- The “prior infection at index joint” field will be used as a risk factor to be considered in the risk adjustment models for the HPRO and KPRO 2015 baselines.
- Knee and hip revisions performed on a knee or hip with a history of infection are at much higher risk of developing an SSI.

# Definitions of Surgical Site Infections



[www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf](http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf)

# Superficial Incisional SSI Definition

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- ❑ Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date)

- **AND** -

- ❑ Involves only skin and subcutaneous tissue of the incision.



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## Superficial Incisional SSI Definition – page 2

### - **AND** -

Patient has at least **one** of the following:

- a. purulent drainage from the superficial incision
- b. organisms isolated from an aseptically-obtained culture from the superficial incision or subcutaneous tissue, or non-culture based microbiologic testing method.
- c. superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing is not performed.

### - **AND** -

- patient has **one** of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. A culture or non culture based test that has negative finding does not meet this criterion.
- d. diagnosis of a superficial incisional SSI by the surgeon or attending physician or other designee.

# SSI Reporting Instructions

If multiple tissue levels are involved in the infection, the type of SSI (superficial incisional, deep incisional, or organ/space) reported should reflect the deepest tissue layer involved in the infection during the surveillance period.

# Table 2 – Chapter 9 SSI Page 9-11

**Table 2. Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories. Day 1 = the date of the procedure.**

30-day Surveillance			
Code	Operative Procedure	Code	Operative Procedure
AAA	Abdominal aortic aneurysm repair	LAM	Laminectomy
AMP	Limb amputation	LTP	Liver transplant
APPY	Appendix surgery	NECK	Neck surgery
AVSD	Shunt for dialysis	NEPH	Kidney surgery
BILI	Bile duct, liver or pancreatic surgery	OVRV	Ovarian surgery
CEA	Carotid endarterectomy	PRST	Prostate surgery
CHOL	Gallbladder surgery	REC	Rectal surgery
COLO	Colon surgery	SB	Small bowel surgery
CSEC	Cesarean section	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HTP	Heart transplant	THYR	Thyroid and/or parathyroid surgery
HYST	Abdominal hysterectomy	VHYS	Vaginal hysterectomy
KTP	Kidney transplant	XLAP	Exploratory Laparotomy
90-day Surveillance			
Code	Operative Procedure		
BRST	Breast surgery		
CARD	Cardiac surgery		
CBGB	Coronary artery bypass graft with both chest and donor site incisions		
CBGC	Coronary artery bypass graft with chest incision only		
CRAN	Craniotomy		
FUSN	Spinal fusion		
FX	Open reduction of fracture		
HER	Herniorrhaphy		
HPRO	Hip prosthesis		
KPRO	Knee prosthesis		
PACE	Pacemaker surgery		
PVBY	Peripheral vascular bypass surgery		
VSHN	Ventricular shunt		

All Superficial SSI are only followed for a 30-day period for all procedure types.

# Superficial Incisional SSI Reporting Instructions

The following do not qualify as criteria for NHSN definition of superficial SSI:

- Diagnosis or treatment of cellulitis (redness/warmth/swelling), by itself, does not meet criterion “d” for superficial incisional SSI.
- An incision that is draining or that has organisms identified by culture or non-culture based testing is not considered a cellulitis.
- A stitch abscess alone (minimal inflammation and discharge confined to the points of suture penetration).
- A localized stab wound or pin site infection. While it could be considered a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable as a superficial SSI.

# SIP and SIS

## **Superficial incisional primary (SIP)**

A superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)

## **Superficial incisional secondary (SIS)**

A superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)

## Case 5

- 70 y.o. male patient admitted on 2/10/15 and underwent a hemicolectomy (COLO) and repair of an abdominal wall hernia (HER) via the same incision on day of admission.
- The incision was closed and a JP drain was placed via a stab wound in the LLQ.
- Patient discharged on 2/14/15.
- On 2/17/15 patient arrives to ED with a red, painful incision and the incision is draining yellow foul smelling discharge from the superficial incision.
- Physician removes 2 staples and probes wound. The fascia is intact and only the subcutaneous tissue is involved. No cultures were obtained.
- Antibiotics ordered, wound packed and patient discharged home.

# What should be reported to NHSN?

1. Nothing; a wound culture was not done, so the criterion are not met.
2. Nothing; he had 2 procedures so you don't know which one caused the infection.
3. SSI – Superficial (SIP) attributable to the COLO.
4. SSI – Deep Incisional (DIP) attributable to the HER

# Determining SSI Procedure Attribution

- If more than one NHSN operative procedure is done through a single incision/laparoscopic sites during a single trip to the OR, attempt to determine the procedure that is thought to be associated with the infection.

**Example: If the patient had a CBGC and CARD done at the same time and develops an infected valve, then the SSI will be linked to the CARD.**

- If it is not clear, as in the case of an incisional SSI, use the **NHSN Principal Operative Procedure Category Selection Lists** to select which operative procedure the SSI should be attributed to.

**Table 4. NHSN Principal Operative Procedure Category Selection Lists**  
 (The categories with the highest risk of SSI are listed before those with lower risks).

Priority	Code	Abdominal Operations
1	LTP	Liver transplant
2	COLO	Colon surgery
3	BILI	Bile duct, liver or pancreatic surgery
4	SB	Small bowel surgery
5	REC	Rectal surgery
6	KTP	Kidney transplant
7	GAST	Gastric surgery
8	AAA	Abdominal aortic aneurysm repair
9	HYST	Abdominal hysterectomy
10	CSEC	Cesarean section
11	XLAP	Laparotomy
12	APPY	Appendix surgery
13	HER	Herniorrhaphy
14	NEPH	Kidney surgery
15	VHYS	Vaginal Hysterectomy
16	SPLE	Spleen surgery
17	CHOL	Gall bladder surgery
18	OVRY	Ovarian surgery
Priority	Code	Thoracic Operations
1	HTP	Heart transplant
2	CBGB	Coronary artery bypass graft with d
3	CBGC	Coronary artery bypass graft, chest

NHSN SSI  
 Module, Chapter  
 9, Table 4, Page  
 9-16

# Deep Incisional SSI Definition -1

- Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in **Table 2**

- **AND** -

- Involves deep soft tissues of the incision (e.g., fascial and muscle layers)

CONTINUED NEXT SLIDE



## Deep Incisional SSI Definition – 2

### - **AND-**

- Patient has at least **one** of the following:
  - a. Purulent drainage from the deep incision.
  - b. A deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician or other designee and an organism is identified by a culture or non-culture based microbiologic testing method.

### - **AND –**

patient has at least **one** of the following signs or symptoms: fever ( $>38^{\circ}$  C); localized pain or tenderness. A culture or non-culture based test that has negative finding does not meet this criterion.

- c. An abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test.

# DIP and DIS

## **Deep incisional primary (DIP)**

Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)

## **Deep incisional secondary (DIS)**

Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB)

## Case 6

- 3/12 - Patient is admitted to the hospital for elective surgery and active MRSA screening test is positive.
- On the same day, patient undergoes total abdominal hysterectomy (HYST). No evidence of infection at the time of the surgery.
- 03/15 - Postoperative course is unremarkable; patient discharged.
- 3/18 - Patient is readmitted with complaints of acute incisional pain since day before. Surgeon opens the wound and notes that the fascia was not intact and sends a specimen from the deep wound.
- 3/20 Culture results are positive for MRSA.
- 3/25 Patient spikes temp and blood cultures obtained that are (+) for MRSA.

## Is this an SSI?

DRAFT

1. Yes, meets criteria.
2. No, patient was colonized with MRSA so this was present on admission.

# What infection should be reported to NHSN?

1. SSI – Superficial Primary (SIP).
2. SSI – Superficial Secondary (SIS).
3. SSI – Deep Incisional Primary (DIP).
4. SSI – Deep Incisional Secondary (DIS).

## Case 6 Rationale – Deep Incisional Primary SSI

- In Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 3

- **AND** -

- Involves deep soft tissues of the incision (e.g., fascial and muscle layers)

- **AND** -

- Patient has at least **one** of the following:

- b. A deep incision that spontaneously dehisces, or is **deliberately opened** or aspirated by a surgeon, attending physician or other designee and identified by **a culture** or non-culture based microbiologic testing method.

- **AND** -

patient has at least **one** of the following signs or symptoms: fever (>38° C); **localized pain or tenderness**. A culture negative finding does not meet this criterion.

# Organ/Space SSI Definition -1

- ❑ Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in **Table 2**

- **AND** -

- ❑ Infection involves any part of the body deeper than the fascial/muscle layers, that is opened or manipulated during the operative procedure

CONTINUED NEXT SLIDE



## Organ/Space SSI Definition -2

### - AND -

- Patient has at least **one** of the following:
  - a. Purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage system, open drain, T-tube drain, CT guided drainage)
  - b. Organisms are identified from an aseptically-obtained fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method.
  - c. An abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test.

### - AND -

- meets at least **one** criterion for a specific organ/space infection site listed in Table 3.

Meets at least **one** criterion for a specific organ/space infection site listed in Table 3.

**Table 3. Specific Sites of an Organ/Space SSI.**

Code	Site	Code	Site
BONE	Osteomyelitis	LUNG	Other infections of the respiratory tract
BRST	Breast abscess or mastitis	MED	Mediastinitis
CARD	Myocarditis or pericarditis	MEN	Meningitis or ventriculitis
DISC	Disc space	ORAL	Oral cavity (mouth, tongue, or gums)
EAR	Ear, mastoid	OREP	Other infections of the male or female reproductive tract
EMET	Endometritis	PJI	Periprosthetic Joint Infection
ENDO	Endocarditis	SA	Spinal abscess without meningitis
EYE	Eye, other than conjunctivitis	SINU	Sinusitis
GIT	GI tract	UR	Upper respiratory tract
HEP	Hepatitis	USI	Urinary System Infection
IAB	Intraabdominal, not specified	VASC	Arterial or venous infection
IC	Intracranial, brain abscess or dura	VCUF	Vaginal cuff
JNT	Joint or bursa		

## Case 7

- 3/10 - Patient admitted and underwent a hemicolectomy due to colon cancer. Wound class = Clean Contaminated.
- 3/14: Temp up to 38.7° C, abdominal pain. Ultrasonography shows intra-abdominal abscess.
- 3/15: To OR for I&D of the abscess. Abscess specimen collected for culture. Antibiotics begun. Abscess culture positive for *E. coli*.
- 3/18: Discharged from hospital on oral antibiotics.

Does this patient meet criteria for an organ space SSI?

1. Yes

2. No

# Case 7 Rationale

## Organ/Space SSI

- ❑ Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in Table 3.

- **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:
  - c. An abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or **imaging test** .

- **AND** -

- ❑ **meets at least one criterion for a specific organ/space infection** site listed in Table 3.

# Organ Space SSI

DRAFT

Reminder:

- 2 different criteria must be met for Organ/Space SSI:
  - SSI organ/space criteria
- **AND** -
  - Specific organ or anatomical space that was operated as noted in Chapter 9, Table 3, Page 9-12.

# What site specific SSI do you think this patient has?

1. SSI – SIP
2. SSI – DIP
3. SSI – Organ Space/Intra-abdominal (OS/IAB)
4. SSI – Organ Space/GI Tract (OS/GIT)

# Intra-Abdominal Infection (IAB) Definition

IAB includes infections of the gallbladder, bile ducts, liver (excluding viral hepatitis), spleen, pancreas, peritoneum, subphrenic or sub-diaphragmatic space, or other intra-abdominal tissue or area not specified elsewhere

## Case 7 Rationale continued

- Why not Gastrointestinal tract (GIT) as the specific site of SSI?
  - The abscess is in the general intra-abdominal space and not involving the actual GI tract.
  - The definition of GIT applies to organs of the GI tract.
- Therefore, IAB is the appropriate choice site of SSI in this case

NHSN Surveillance Definitions for Specific Types of Infections,  
Chapter 17

## Case 7 - continued

Let's change the scenario...

- At the time of the I & D, it was discovered that the patient had suffered an anastomotic leak from which the abscess developed.
- Does this change your determination of an SSI - IAB?

**No.** Although an anastomotic leak can be a complication of surgery, the fact remains that this patient meets the criterion for an SSI. If the surgery had not been performed there would not have been an anastomotic leak.

# Completing the SSI Event Form (Numerator)



# Reporting SSI

Complete a Surgical Site Infection (SSI) form for each patient found to have an SSI

**Refer carefully to the definitions**



## Surgical Site Infection (SSI)

Page 1 of 4

*required for saving **required for completion			
Facility ID:	Event #:		
*Patient ID:	Social Security #:		
Secondary ID:	Medicare #:		
Patient Name, Last:	First: Middle:		
*Gender: F M Other	*Date of Birth:		
Ethnicity (Specify):	Race (Specify):		
*Event Type: SSI	*Date of Event:		
*NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:		
*Date of Procedure:	*Outpatient Procedure: Yes No		
*MDRO Infection Surveillance:			
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module			
*Date Admitted to Facility:	Location:		
<b>Event Details</b>			
*Specific Event:			
<input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Organ/Space (specify site):	<input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Deep Incisional Secondary (DIS)		
*Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No			
*Specify Criteria Used (check all that apply):			
<table border="0"> <tr> <td style="text-align: center;"><u>Signs &amp; Symptoms</u></td> <td style="text-align: center;"><u>Laboratory</u></td> </tr> </table>		<u>Signs &amp; Symptoms</u>	<u>Laboratory</u>
<u>Signs &amp; Symptoms</u>	<u>Laboratory</u>		
<input type="checkbox"/> Drainage or material† <input type="checkbox"/> Pain or tenderness <input type="checkbox"/> Swelling or inflammation <input type="checkbox"/> Erythema or redness <input type="checkbox"/> Heat <input type="checkbox"/> Fever <input type="checkbox"/> Incision deliberately opened/drained <input type="checkbox"/> Wound spontaneously dehisces <input type="checkbox"/> Abscess	<input type="checkbox"/> Sinus tract <input type="checkbox"/> Hypothermia <input type="checkbox"/> Apnea <input type="checkbox"/> Bradycardia <input type="checkbox"/> Lethargy <input type="checkbox"/> Cough <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Dysuria		
<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam† <input type="checkbox"/> Other signs & symptoms†	<input type="checkbox"/> Positive culture <input type="checkbox"/> Not cultured <input type="checkbox"/> Positive blood culture(s) <input type="checkbox"/> Positive culture from ≥ 2 separate tissue or fluid samples from affected joint <input type="checkbox"/> Other positive laboratory tests† <input type="checkbox"/> Imaging test evidence of infection		
<u>Clinical Diagnosis</u>			
<input type="checkbox"/> Physician diagnosis of this event type <input type="checkbox"/> Physician institutes appropriate antimicrobial therapy*			
†per specific site criteria			
*Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance)			
<input type="checkbox"/> RF (Readmission to facility where procedure performed)			
<input type="checkbox"/> RO (Readmission to facility other than where procedure was performed)			
*Secondary Bloodstream Infection: Yes No	**Died: Yes No SSI Contributed to Death: Yes No		
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.		

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with sections 304, 306 and 306(d) of the Public Health Service Act (42 USC 242b, 242c, and 242m(d)).  
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Office, 1600 Clifton Rd., NE D-74, Atlanta, GA 30333, ATTN: PRA (3025-0668).  
CDC 57-126 (Form Rev 8, 6/15)

# Reporting SSI Patient Demographics

Required fields are highlighted



Form Approved  
OMB No. 0920-0666  
Exp. Date: 10-31-2016  
[www.cdc.gov/nhsn](http://www.cdc.gov/nhsn)

## Surgical Site Infection (SSI)



Page 1 of 4

*required for saving **required for completion	
Facility ID: 40000	Event #: 246810
*Patient ID: 144141	Social Security #:
Secondary ID:	Medicare #: Required as of 7/1/14 for Events that are reported to NHSN for the Acute Care Facilities that participate in CMS Hospital IQR Program.
Patient Name, Last:	First: Middle:
*Gender: <input checked="" type="radio"/> F <input type="radio"/> M <input type="radio"/> Other	*Date of Birth: 6/16/59
Ethnicity (Specify):	Race (Specify):



# Linking Procedure and SSI Event

1. Enter the Denominator for Procedure record.
2. Enter the SSI record.
3. Link the two records.
4. After linking an SSI to it's corresponding procedure, the remainder of the SSI form must still be completed and the record saved for linking to occur.

# Linking Procedures and SSI Events

When the Procedure Code is selected from the Event Type field, the link button automatically appears on the screen and the message indicates that the event is not linked. Click on the button. You will then not need to enter the procedure data.

Do not bypass this step or the risk adjustment will not be valid.

**Event Information** [?HELP](#)

Event Type\*: SSI - Surgical Site Infection  Date of Event\*: 07/04/2016

NHSN Procedure Code\*: KPRO - Knee prosthesis

Select button for system used

ICD-10 PCS:  Outpatient Procedure\*:

CPT Code:

Procedure Date\*:

*Event is not Linked*

# SSI Form – Event Details

- Enter Event Type, Date of Event, and Procedure Code.
- Enter Date of Procedure.
- Document YES or NO in the MDRO Infection Surveillance question (MDRO/CDI Module).
- Document Date Admitted to Facility.

## Event Information [HELP](#)

Event Type\*: SSI - Surgical Site Infection  Date of Event\*: 07/06/2015

NHSN Procedure Code\*: KPRO - Knee prosthesis

ICD-9-CM Code:  Outpatient Procedure\*: N - No

Procedure Date\*: 07/05/2015   **Event is not Linked**

MDRO Infection Surveillance\*: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module

Location: 1 SICU - 1ST FLOOR, SOUTH WING, SURGICAL ICU

Date Admitted to Facility\*: 07/04/2015

# Reporting SSI for Patients Discharged and Readmitted to the Hospital

- Use the admission date of the surgical admission as the date admitted to facility, not the readmission date.
- Then the date of procedure and date of event will be in the correct sequence.

**Date Admitted to Facility  $\leq$  Date of Procedure  $<$  Date of Event**

## SSI Form – Event Details

- Identify Specific Event: SSI Event, Chapter 9, Appendix 1, Page 9-23. Options vary by Procedure Code.

### Procedure code

**CSEC - Cesarean section**

### Specific Event Code

DIP - Deep Incisional Primary

EMET - Endometritis

GIT - Gastrointestinal tract

IAB - Intraabdominal, not specified elsewhere

OREP - Other infection of the male or female reproductive tract

SIP - Superficial Incisional Primary

USI - Urinary System Infection

# SSI Form – Event Details

- Select the specific elements of the criterion that were used to identify this infection (e.g., fever, abscess, nausea, dehiscence).
- Identify how the infection was detected.
  1. A = Admission
  2. P = Post-discharge surveillance
  3. RO = Readmission to facility other than where procedure was performed
  4. RF = Readmission to facility where procedure was performed

# SSI Form – Event Details

- Secondary BSI: Yes if the patient had a BSI infection that is secondary to the SSI.
- Died: Yes if the patient died during this hospitalization.
  - Yes if SSI contributed to death.
- Document discharge date
- Pathogens Identified: Yes, then use drop down to select pathogen and susceptibility

## Pathogens [HELP](#)

Pathogen 1: Staphylococcus aureus - SA Search 13 drugs required

> <u>CIPRO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>LEVO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>MOXI</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>DOXY</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>MINO</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>CEFOX</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N
> <u>CLIND</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>DAPTO</u> <input type="radio"/> S <input type="radio"/> NS <input type="radio"/> N	> <u>ERYTH</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>GENT</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>LNZ</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> N	> <u>RIF</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N
> <u>TMZ</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N	> <u>VANC</u> <input type="radio"/> S <input type="radio"/> R <input type="radio"/> I <input type="radio"/> N				

Add Drug

S – Susceptible  
I – Intermediate  
R – Resistant  
NS – Non-susceptible  
S-DD – Susceptible-dose dependent  
N = Not tested

Pathogen 2:  Search

# If you have no SSI to report...

**Incomplete/Missing List**

**Reporting Plan**

**Patient**

**Event**

- Add
- Find
- Incomplete

**Procedure**

**Summary Data**

**Import/Export**

**Analysis**

**Surveys**

**Users**

**Facility**

**Group**

**Log Out**

Incomplete Events	Missing Events	Incomplete Summary Data	Missing Summary Data	Incomplete Procedures	Missing Procedures	Missing Procedure-associated Events	Unusual Susceptibility Profile																				
<a href="#">Print this report</a> <a href="#">Display All</a> Displaying 241 - 244 of 244																											
<p><a href="#">First</a>   <a href="#">Previous</a>   <a href="#">Next</a>   <a href="#">Last</a></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Month/Year</th> <th style="width: 45%;">Procedures</th> <th style="width: 15%;">SSI</th> <th style="width: 25%;">Report No Events</th> </tr> </thead> <tbody> <tr> <td>01/2014</td> <td>CBGC - Coronary bypass graft with chest incision</td> <td>IN - Inpatient</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>01/2014</td> <td>HPRO - Hip prosthesis</td> <td>IN - Inpatient</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>06/2014</td> <td>CARD - Cardiac surgery</td> <td>IN - Inpatient</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>12/2014</td> <td>BILI - Bile duct, liver or pancreatic surgery</td> <td>IN - Inpatient</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><a href="#">First</a>   <a href="#">Previous</a>   <a href="#">Next</a>   <a href="#">Last</a></p> <p style="text-align: right;">Displaying 241 - 244 of 244</p>								Month/Year	Procedures	SSI	Report No Events	01/2014	CBGC - Coronary bypass graft with chest incision	IN - Inpatient	<input type="checkbox"/>	01/2014	HPRO - Hip prosthesis	IN - Inpatient	<input type="checkbox"/>	06/2014	CARD - Cardiac surgery	IN - Inpatient	<input type="checkbox"/>	12/2014	BILI - Bile duct, liver or pancreatic surgery	IN - Inpatient	<input type="checkbox"/>
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06/2014	CARD - Cardiac surgery	IN - Inpatient	<input type="checkbox"/>																								
12/2014	BILI - Bile duct, liver or pancreatic surgery	IN - Inpatient	<input type="checkbox"/>																								

- Click on Event → Incomplete
- Click on Missing Procedure-associated Events
- Check No Events
- Save

# Additional SSI Training Resources

CDC > NHSN > Materials for Enrolled Facilities > Acute Care Hospitals/Facilities

## Surveillance for Surgical Site Infection (SSI) Events



### Resources for NHSN Users Already Enrolled

#### ▼ Training

- [Surgical Site Infections \(SSI\) Training \[CBT - 60 min\]](#) 
- **New!** SSI Surveillance and Case Studies - March 2016 [Video - 182 min]
  - [YouTube link - SSI Surveillance and Case Studies](#)
  - [CDC Streaming Video - SSI Surveillance and Case Studies](#)
  - [Slideset - SSI Surveillance and Case Studies](#)  [PDF - 5 MB]
- **New!** ICD-10 PCS and CPT Transition - January 2016 [Video - 8 min]
  - [YouTube link - ICD-10 PCS and CPT Transition](#)
  - [CDC Streaming Video - ICD-10 PCS and CPT Transition](#)
- **New!** Patient Safety Component (PSC) Annual Survey - January 2016 [Video - 6 min]
  - [YouTube link - Completing the 2015 Facility Survey](#)
  - [CDC Streaming Video - Completing the 2015 Facility Survey](#)
- **New!** Surgical Site Infections (SSI) Event form for PATOS - January 2016

[www.cdc.gov/NHSN](http://www.cdc.gov/NHSN)

## Summary

- It is important to become familiar with all the resources available on the CDC/NHSN sites.
- SSI surveillance must be performed using multiple methods to identify infections, with frequent referral to written surveillance definitions.
- Instructions must be followed closely for appropriate risk adjustment.
- Linking the SSI event to the procedure (denominator data) is critical.



For more information, please contact

[HAIProgram@cdph.ca.gov](mailto:HAIProgram@cdph.ca.gov)

Thank you