Operational Guidance for PPS-Exempt Cancer Hospitals to Report Surgical Site Infection (SSI) Data to CDC's NHSN for the Purpose of Fulfilling CMS's PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program Requirements

Updated November 2014

The Center for Medicare and Medicaid Services (CMS) published final rules in the *Federal Register* on August 19, 2013 that include surgical site infection (SSI) reporting for applicable cancer hospitals via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) in the CMS PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program requirements for 2014.   More specifically, the rule announced a reporting requirement for SSI data for inpatient abdominal hysterectomy and inpatient colon procedures beginning with surgical procedures performed on January 1, 2014.   This operational guidance provides additional information about reporting SSIs to NHSN as part of the PCHQR program. The requirements for SSI reporting to NHSN for the PCHQR program do not preempt or supersede state mandates for SSI reporting to NHSN (i.e., hospitals in states with a SSI reporting mandate must abide by their state's requirements, even if they are more extensive than the requirements for this CMS program).

NHSN users reporting SSI data to the system must adhere to the definitions and reporting requirements for SSIs as specified in the NHSN Patient Safety Component Protocol Manual http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html. These specifications include sets of ICD-9-CM procedure codes that comprise the abdominal hysterectomy and colon surgery operative procedure categories. All inpatient surgical procedures performed, to which one or more of the listed ICD-9-CM codes may be assigned, must be entered into NHSN as a required procedure and monitored for SSI and included in submitted SSI data. These ICD-9-CM codes and corresponding sets of CPT codes that comprise the abdominal hysterectomy and colon surgery operative procedure categories are provided in the following table:

Procedure Category	ICD-9-CM	CPT
Abdominal Hysterectomy	68.31, 68.39, 68.41, 68.49, 68.61, 68.69	58150, 58152, 58180, 58200, 58210, 58541, 58542, 58543, 58544, 58548, 58570, 58571, 58572, 58573, 58951, 58953, 58954, 58956
Colon Surgery	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	44140, 44141, 44143, 44144, 44145, 44146, 44147, 44150, 44151, 44160, 44204, 44205, 44206, 44207, 44208, 44210

ICD-10-CM/PCS codes will replace ICD-9-CM codes on October 1, 2015, however NHSN will not have the ability to receive these codes until January 2016. The NHSN guidance for the entry of surgical denominator data for the last quarter of 2015 is to enter the NHSN Procedure Code (e.g. COLO or HYST) but not enter any ICD-10-CM/PCS codes associated with the procedure.

All abdominal hysterectomies and colon surgeries performed on inpatients at the reporting hospital must be included in the data reported to NHSN. Monthly reporting plans must be created or updated in NHSN to include these inpatient procedures, i.e., SSI surveillance for abdominal hysterectomies and colon surgeries must be in the monthly reporting plans ("in-plan"). SSI data for abdominal hysterectomies and colon surgeries should include SSI events and operative procedures regardless of whether the procedure was the primary one performed on the patient or secondary to another procedure. All data fields required for both numerator and denominator data collection must be submitted to NHSN, including the "no procedures performed" field for any month during which no inpatient colon or abdominal hysterectomy procedures were performed and the "no events" field for any month during which inpatient colon or abdominal hysterectomy procedures were performed, but no SSI events were identified.

SSI surveillance data may be reported to NHSN in a number of ways. Numerator data for SSI events may be reported to NHSN by means of manual data entry into the NHSN web-based application or via file imports using the Clinical Document Architecture (CDA) file format

(resources available at http://www.cdc.gov/nhsn/CDA/index.html). Denominator data may be reported by manual data entry, CDA or by means of an ASCII comma delimited text file, the format for which is specified at http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html#sm).

CDC/NHSN requires data submission on a monthly basis and strongly encourages healthcare facilities to enter each month's data within 30 days of the end of the month in which it is collected (e.g., all March data should be entered by April 30) so it has the greatest impact on infection prevention activities. However, for purposes of fulfilling CMS quality measurement reporting requirements, each facility's data must be entered into NHSN no later than 4 ½ months after the end of the reporting quarter. In other words, Q1 (January/February/March) data must be entered into NHSN by August 15, Q2 must be entered by November 15, Q3 must be entered by February 15, and Q4 must be entered by May 15 for it to be shared with CMS.

SSI data for abdominal hysterectomies and colon surgeries submitted to NHSN by PCHQR hospitals will be reported by CDC to CMS for each hospital. The SSIs reported by CDC to CMS will be deep incisional primary (DIP) and organ/space infections detected during the operative hospitalization, on readmission to the hospital where surgery was performed or on admission to another hospital, or through post-discharge surveillance. Only SSIs with an onset 30 days or less following the operative procedure and SSIs identified in patients who were 18 years or older at the time of their surgery will be included in the data that CDC reports to CMS. CDC will risk adjust SSI data reported to CMS by taking patient age and ASA score into account. CDC will provide hospital-specific SSI standardized infection ratios (SIRs), one for abdominal hysterectomies and one for colon surgeries, for each reporting hospital.