

Frequently Asked Questions: Surgical Site Infections (SSI)

Date	Topic	Question	Answer
Jan-14	Primary skin closure	What is the current NHSN definition of primary wound closure?	Primary Closure is defined as closure of all tissue levels during the original surgery, regardless of the presence of wires, wicks, drains, or other devices or objects extruding through the incision. This category includes surgeries where the skin is closed by some means, including incisions that are described as being "loosely closed" at the skin level. Thus, 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.
Jan-14	Non-primary closure	What is the current NHSN definition of a non-primary wound closure?	Non-primary Closure is defined as closure that is other than primary and includes surgeries in which the superficial layers are left completely open during the original surgery and therefore cannot be classified as having primary closure. For surgeries with non-primary closure, the deep tissue layers may be closed by some means (with the superficial layers left open), or the deep and superficial layers may both be left completely open. An example of a surgery with non-primary closure would be a laparotomy in which the incision was closed to the level of the deep tissue layers, sometimes called "fascial layers" or "deep fascia," but the superficial layers are left open. Another example would be an "open abdomen" case in which the abdomen is left completely open after the surgery. If the deep fascial levels of an incision are left open but the skin is closed, this is considered a non-primary closure since the incision was not closed at all tissue levels. Wounds that are "closed secondarily" at some later date, or described as "healing by secondary intention" should also be classified as having non-primary closure. Wounds with non-primary closure may or may not be described as "packed" with gauze or other material, and may or may not be covered with plastic, "wound vacs," or other synthetic devices or materials.
Jan-14	NHSN Operative procedure definition	With the new definition of an NHSN operative procedure should COLO procedures that did not have a primary closure be included in SSI surveillance?	As of 2014, incisional closure is NO LONGER a part of the NHSN operative procedure definition; all otherwise eligible procedures are included, regardless of closure type. In the denominator for procedure form you will note the closure method as either "Primary Closure" or "Other than primary".
Jan-14	SSI following a non-primarily closed procedure.	If a patient undergoes an NHSN operative procedure with non-primary closure and subsequently this patient develops a surgical site infection from that operative procedure, must we include this case as SSI in the numerator?	Yes, if the surgical procedure type is included in your monthly reporting plan and the patient meets criteria for an SSI it must be reported. It will be attributed and linked to the open procedure that is in your denominator data. These open procedures and subsequent SSIs are not being sent to CMS at this time. The SIRs will only be calculated for procedures with a primary closure method.
Jan-14	SSI following a contaminated procedure.	If a patient has a ruptured colon and a COLO procedure was performed and then they meet criteria for an SSI do I need to attribute this to the COLO or is it considered a POA?	POA does not apply to SSI and this is stated in the HAI protocol. If the procedure that was performed met criteria for an NHSN operative procedure and is in your denominator data and then later in the surveillance period the patient developed an infection that meets the NHSN SSI criteria it would be attributed to the procedure. A high wound class does not discount a patient later meeting criteria for an SSI. In the SSI protocol this is stated on page 13 (see below). If a patient has an infection in the organ/space being operated on, subsequent continuation of this infection type during the remainder of the surveillance period is considered an organ/space SSI, if organ/space SSI and site-specific infection criteria are met.
Jan-14	Closure method	Why are surgeries with non-primary closures included in SSI surveillance data that is reported to NHSN?	Non-primary closures are common and the previous definition was not representative of this surgical practice. Therefore, it is important to collect data on these procedures and related infections to gain a comprehensive picture of surgical risk factors in order to effectively guide prevention needs.
Jan-14	New denominator for procedure data fields	Why is NHSN requiring height, weight and diabetes status for all NHSN operative procedures in the monthly reporting plan?	Diabetes and obesity (determined from BMI calculated using height and weight) are known risk factors for the development of a surgical site infection. Therefore, these data will provide for more accurate risk adjustment in the NHSN SIR calculation in the future.
Jan-14	Diabetes definition	Why can't users use discharge diagnosis codes to fill in the diabetes field?	The new definition is our attempt to harmonize with other surgical professional society definitions for a more clinically based definition of diabetes. Discharge diagnosis codes are not precise enough to identify the required subset of diagnosed patients on therapy, and are not reported out quickly enough for NHSN data collection and entry. NHSN will accept user feedback on this approach during 2014.

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Jan-14	Transition to ICD-10-CM/PCS and CPT codes	When will the new ICD-10 - CM/PCS and CPT mappings be available?	<p>CDC continues to work on updated ICD-10-CM/PCS and CPT mappings to all NHSN operative procedure categories for SSI surveillance. These mappings are anticipated to be available by July 2014.</p> <p>ICD-10-CM/PCS codes will replace ICD-9-CM codes on October 1, 2014 but NHSN will not have the ability to receive these codes until the January 2015 release.</p> <p>The NHSN guidance for entry of surgical denominator data for the last quarter of 2014 data is to enter the NHSN Procedure Code (e.g. COLO or HYST) but do not enter any ICD-10-CM/PCS codes associated with the procedure.</p> <p>At the time of the January 2015 release NHSN will be able to accept the new ICD-10-CM/PCS codes.</p>
Jan-14	Wound class	Can NHSN tell me what wound class should be used for specific procedures?	<p>NHSN does not make recommendations on wound class aside from the fact that the application does not offer clean as a choice for a small group of procedures. NHSN made the decision regarding which NHSN operative procedures can never be classified as clean based on feedback from external experts in the field of surgery.</p> <p>The procedures that can never be entered as clean are: APPY, BILI, CHOL, COLO, REC, SB and VHYS. In the NHSN application clean is not listed as a choice on the drop down menu for these procedures.</p> <p>Wound class should be recorded by someone who is part of the surgical team based on the findings of each specific case.</p>
Jan-14	Hysterectomy and CMS IPPS	Which types of hysterectomy procedures and approaches are included in the CMS IPPS program?	<p>The CMS IPPS program requires that all abdominal hysterectomies which are included in the NHSN operative procedure category HYST be included in SSI surveillance. The list of ICD-9-CM categories for HYST can be found in Table 1 Surgical Site Infection of the NHSN manual's SSI Event Chapter at this location: http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf. Note that some laparoscopic procedures are included in this category.</p>
Jan-14	Scope	When reporting procedure data for laparoscopic assisted supracervical hysterectomies, should the data field "Scope" be completed as "Yes"?	<p>Check Y (Yes) if the entire NHSN operative procedure was performed using a laparoscope/robotic assist. Check N (No) if the incision was extended to allow hand assistance or was fully converted to an open approach.</p>
Jan-14	SSI and infection at another site	If a post-operative patient develops an infection which meets criteria for an SSI, but an infection was present in another site also, does this have to be reported as an SSI? An example is a patient status post HPRO who has a UTI and develops a deep incisional SSI with the same organism causing the UTI.	<p>Yes, patients can have more than one infection at a time i.e. an SSI and a CAUTI. The exception is a bloodstream infection (BSI).</p> <p>When a positive blood culture is found at the same time there is another infection present, be sure to confirm that the blood is not secondary to the other infection. Only primary BSIs are reported as BSIs to NHSN. Appendix 1 Secondary BSI Guide, found in the CLABSI Event chapter of the NHSN manual provides directions on distinguishing between primary and secondary BSIs.</p> <p>http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABSCurrent.pdf. In the case of an SSI with a secondary BSI, the SSI is reported and the BSI is noted as secondary when reporting the SSI.</p>
Jan-14	Dirty/infected surgical procedures	Can a patient develop a surgical site infection per NHSN definitions following a dirty/infected surgical procedure or would such an infection be considered present or incubating on admission or at the time of surgery? If so, must such an SSI be reported to NHSN for participation in the CMS Inpatient Prospective Payment System (IPPS) program?	<p>Yes. Patients who have an NHSN operative procedure coded as dirty/infected can develop an SSI, including an organ space SSI. If the patient subsequently meets SSI definition, it should be reported if this procedure is in your monthly reporting plan.</p> <p>The present on admission definition does not apply to SSIs.</p>
Jan-14	Invasive manipulation of the operative site	If a postoperative patient develops an infection after the surgical site is invasively manipulated/accessed (e.g., breast implants are infused/enlarged; postoperative joint is aspirated, etc.) is this considered an SSI?	<p>If during the post-operative period the surgical site has an invasive manipulation/accession for diagnostic or therapeutic purposes (e.g., needle aspiration), and following this manipulation/accession an infection develops, the infection is not attributed as an SSI. This reporting instruction does NOT apply to closed manipulation (e.g., closed reduction of a dislocated hip after an orthopedic procedure). NOTE: Invasive manipulation does not include wound packing, or changing of wound packing materials as part of postoperative care.</p>
Jan-14	Robotic surgeries	Are robotic surgeries included in NHSN operative procedure categories?	<p>Yes, robotic surgeries are included in NHSN operative procedure categories. The procedure codes identified in Table 1 NHSN Operative Procedure Category Mapping to ICD-9-CM and CPT codes are the most current final determination of the inclusion of a surgical procedure.</p>
Jan-14	ASA codes	What if my facility does not report ASA codes for surgical procedures for which we would like to report SSI surveillance to NHSN?	<p>ASA codes are a required element for NHSN SSI surveillance for inpatient procedures only. SSI surveillance for outpatient procedures does not require the reporting of ASA scores so your facility could participate in SSI surveillance in outpatients without collecting ASA data, but not inpatient SSI surveillance.</p>

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Jan-14	Surveillance for Procedures in the OTH-Other category	Can I report SSI surveillance data for operative procedures if the ICD-9 codes are not listed in Table 1, Operative Procedures Category Mappings to ICD-9-CM Codes and CPT Codes in the SSI Chapter? http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSICurrent.pdf	Other surgical procedures may be monitored for SSI utilizing NHSN, however, this surveillance will need to be completed "off plan". This means that the procedure will not appear in the facility's NHSN monthly reporting plan and that the data reported will not be utilized by NHSN for analysis purposes. Performing surveillance for these procedures will require the facility to create a custom procedure within NHSN. Guidance on how to do this is provided by clicking on the Help icon within NHSN and typing "custom procedure" in the search box.
Jan-14	Anastomotic leak	Is an intraabdominal infection that develops secondary to an anastomotic leak a complication of surgery, or a Surgical Site Infection (SSI)?	Both. An anastomotic leak may contribute to the development of an infection, but without surgery, there would not have been an anastomotic leak. If the patient meets SSI criteria it must be reported as such.
Jan-14	Hematomas and seromas	Is an "infected hematoma or seroma" after an NHSN operative procedure an SSI?	The fact that wounds can be labeled in various ways by different physicians is the reason that criteria rather than labels or diagnoses are used for determination of healthcare-associated infections in NHSN. If a wound described as an infected hematoma or seroma meets an SSI criterion, it must be so reported, even if the physician disagrees. Please check the criteria.
Jan-14	Trauma	Is a fall considered "trauma" when completing the Denominator for Procedure form for surgical site infection surveillance?	Yes, trauma is defined in NHSN as "blunt or penetrating traumatic injury." Therefore, if the surgery was performed because of a fall, e.g., a hip arthroplasty following a fall, then indicate "yes" for the trauma field.
Jan-14	Laminectomy procedure	Could you please clarify whether laminectomies must be included in LAMI SSI surveillance if they are performed as "prep" for the spinal fusion?	There is a coding rule that if a LAM is just performed solely as an approach to the FUSN this should be coded as just a FUSN. If this is being done correctly by your coders when you see a LAM and a FUSN it means that the LAM represents more than just the approach. Since this is a coding rule, and not an NHSN rule it is recommended that the IP confirm that the coders are applying this rule. Once it is confirmed that the coders are applying this rule if LAM and FUSN are both coded for the same procedure both should be entered as denominators for procedures if included are in the monthly reporting plan.
Jan-14	Incidental Appendectomies	Are incidental appendectomies reportable if I follow APPY in my monthly reporting plan.	Starting in 2014 any appendectomy (APPY) should be reported regardless of whether it is incidental. In table one next to APPY there is a statement in parenthesis that should have been removed that states to not report incidental APPY. This will be corrected in the next update of the SSI protocol.
Jan-14	Primary vs. revision	What is the difference between primary and revision joint arthroplasties?	A primary joint replacement is the initial replacement of any of the articulating surfaces in a joint. A revision joint replacement is any replacement of articulating surfaces after the primary replacement.