Surveillance in Ambulatory Surgery Centers using the NHSN Outpatient Procedure Component

Centers for Disease Control and Prevention

Division of Healthcare Quality Promotion

National Healthcare Safety Network

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Northrop Grumman Subcontractor to Cadence Group

NHSN National Healthcare Safety Network

Learning Objectives

By the end of the presentation, the participants will be able to:

- Locate the resources on the Ambulatory Surgery Center (ASC) webpage that will assist with accurately performing surveillance for surgical site infections (SSI) and same-day outcome measures (SDOM).
- Recognize how Outpatient Procedure Component (OPC) can be used in your Ambulatory Surgery Center to improve patient safety and patient outcomes by monitoring for SSIs as well as other adverse outcomes.
- Describe the various elements within the two protocols such as the reporting requirements and event criteria.

Soliciting input on the NHSN OPC protocols

- NHSN is providing an opportunity for facilities, groups and individuals to identify issues and areas for potential improvement for consideration as CDC updates the Outpatient Procedure Component (OPC) protocols for 2020.

- The only format for submitting suggested modifications or comments for consideration is via the Federal Register, beginning Thursday February 14, 2019 through Monday April 15, 2019.

- The OPC protocols are found at the following location: **https://www.cdc.gov/nhsn/ambulatory-surgery/index.html**

For more information or to submit a comment, follow the instructions found at: **https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-01915.pdf.**

Polling Question

Is your facility an Ambulatory Surgery Centers?

Polling Question

If your facility is an Ambulatory Surgery Centers, were you reporting surgical site infections (SSI) using the Patient Safety Component?

Overview
Outpatient Procedure Component (OPC)

Ambulatory Surgery Centers (ASCs)

ASC definition*

- Distinct entity that exclusively provides surgical services to patients not requiring hospitalization and admission/duration of services does not exceed 24 hours

*Code of Federal Regulations definition of an Ambulatory Surgery Center (ASC), 42 CFR § 416.2

Hospital Outpatient Department (HOPDs)

HOPD definition*

A location that provides outpatient hospital services, meaning preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to outpatients:

- by an institution that is licensed or formally approved as a hospital

  and

- meets the requirements for participation in Medicare as a hospital

*Code of Federal Regulations definition of a Hospital Outpatient Department (HOPDs) 42 CFR 440.20

Important enrollment criteria

To enroll in NHSN as an Ambulatory Surgery Center (ASC) the **3rd digit** of the CMS Certification Number (CCN) **should be "C"**. This identifies the facility as an ASC.

CCN details

The CCN is an alphanumeric 10-digit number; the first two digits represent the state identification number. The third digit is an alpha character that identifies the type of facility. The remaining 7-digits are the unique facility identifier.

Examples:

ASC	10C0001062
CLIA	45D0634589
Portable X-Ray	21X0009807

https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R29SOMA.pdf

If the CCN is not known, the facility may use the National Provider Identifier (NPI) Number "Lookup Tool" found at https://www.qualityreportingcenter.com/asc/data/ccn/ to cross-reference their CCN.

Knowledge check #1

Your surgery center is a part of the ABC Healthcare System which includes ABC Hospital and several physician practices. Your surgery center operates under ABC Hospital's CCN (21-0101).

Should the surgery center enroll in NHSN as an ambulatory surgery center?

Knowledge check #1

Answer:

No, the surgery center should NOT enroll in NHSN as an ASC because it operates under ABC Hospital's CCN (21-0101). In addition, the CCN does not include a "C" as the 3rd digit.

The surgery center should enroll in NHSN as a Hospital Outpatient Department (HOPD).

Unique Characteristics of ASCs

The 5,532 Medicare-certified ASCs (2016):

- Are commonly single-specialty
- Typically lack dedicated IT or infection control
- May or may not be hospital-affiliated
- Tend to lack long term relationship with patients

March 2019 Report to the Congress: Medicare Payment Policy, (Medpac), CH 5

CMS Conditions for Coverage* (CFC)

Requires that ASCs:

- Maintain an ongoing program to prevent, control, and investigate infections and communicable diseases for ASC patients and personnel
- Conduct activities that monitor/track infections accordance with recognized infection control surveillance practices, such as those used by NHSN
- Follow up on each patient after discharge to track healthcare associated infections (HAI)
- Program must be based on national guidelines, for example: CDC, APIC, SHEA, AORN

*CMS Conditions for Coverage Interpretive Guidelines Appendix L

How was OPC created?

- It was modeled from the Patient Safety Component
- In partnership with ASC industry leader
- Pilot tested by both ASCs currently enrolled and not enrolled

Why was OPC created?

- Designed to address the unique needs of the outpatient for ASC
- To help facilities meet state reporting requirements
- To possibly help facilities fulfill the CMS Conditions of Coverage requirement to identify and track infection

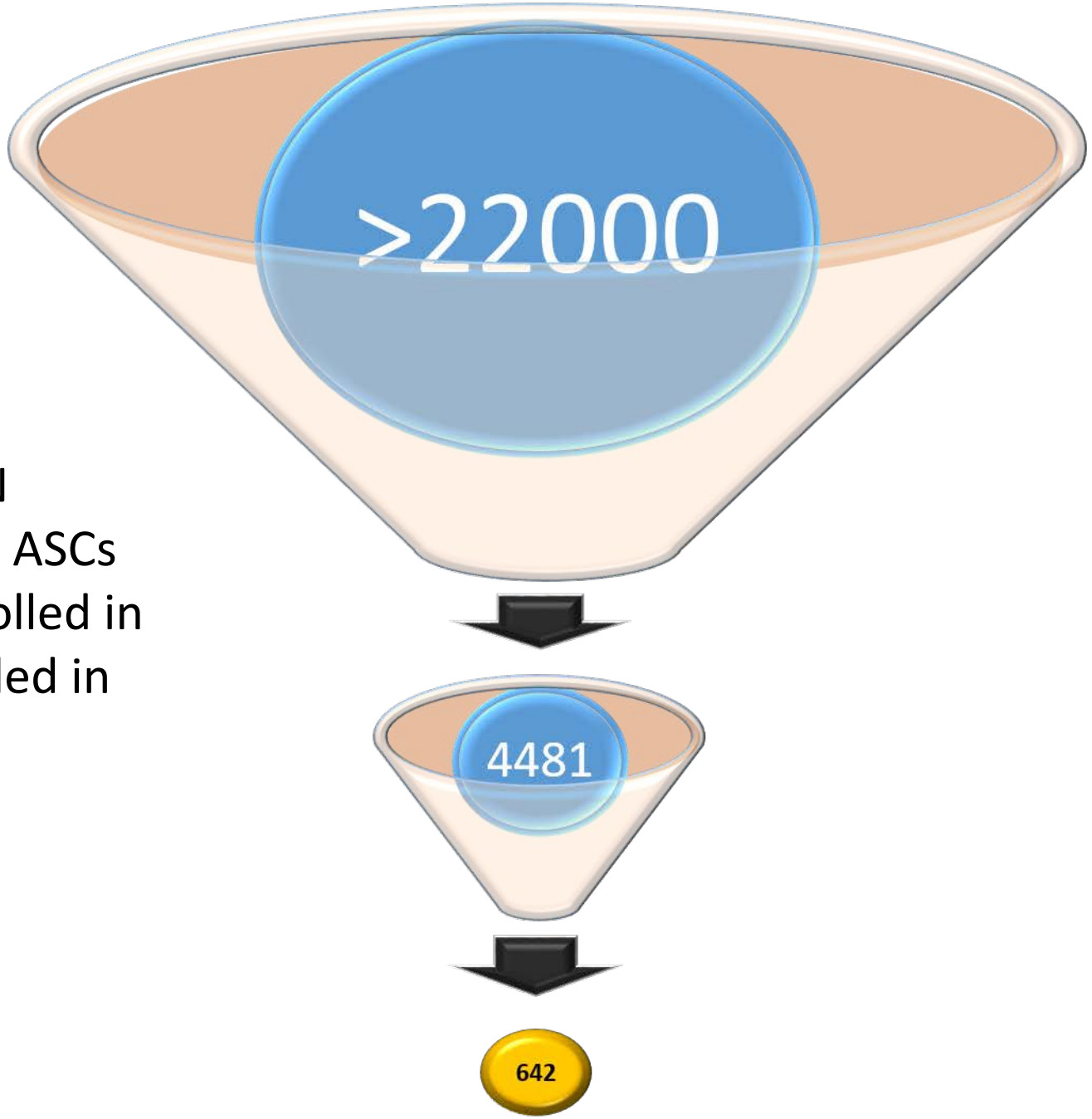
Why was OPC created?, cont.

- HOPDs may be added in the future
  - Challenges to correctly identify HOPDs for surveillance because these are usually locations within an acute care hospital and shares the same CCN of the hospital
  - HOPDs are subject to CMS's hospital outpatient quality reporting program and should continue to use the Patient Safety Component for reporting
  - HOPDs do not have restrictions on procedures performed or patient selection

Number of ASCs Enrolled in NHSN

To date:

- 22,117 facilities active in NHSN
- 4481 of the active facilities are ASCs
- 642 of the active ASCs are enrolled in OPC; the others are only enrolled in Healthcare Personnel Safety Component (HCP)



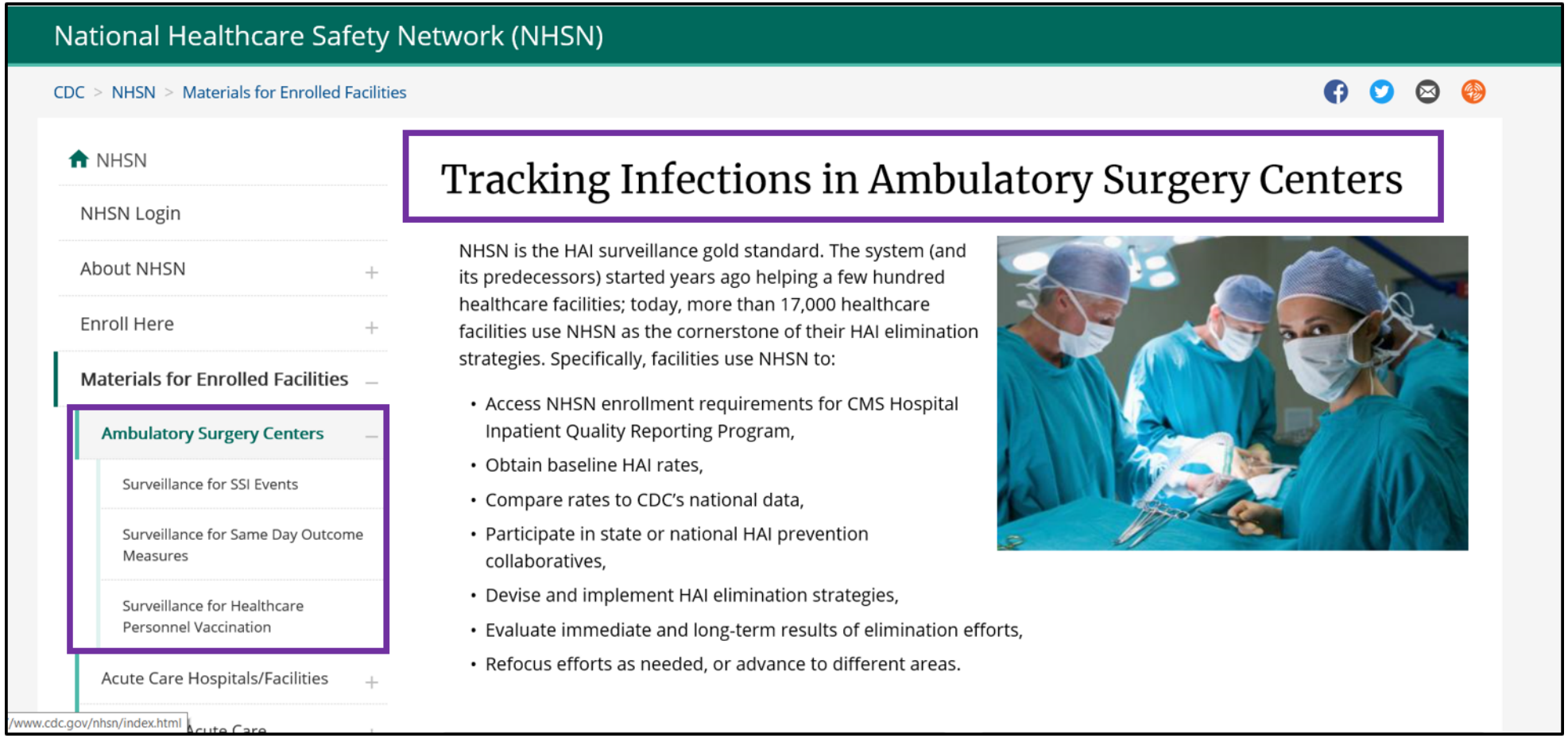
What are the benefits to using OPC?

- Includes NQF Endorsed Measures (or have been in the past)
  - Same Day event measures (developed by ASCQC)
  - BRST SSI (developed by ASCQC-CDC-CO Department of Health collaboration)
- OPC-SSI protocol created for ASCs
  - Can be used to meet state-based reporting mandates
- Enables ASCs to benchmark against nationally aggregated data
- Data collection for all payer types

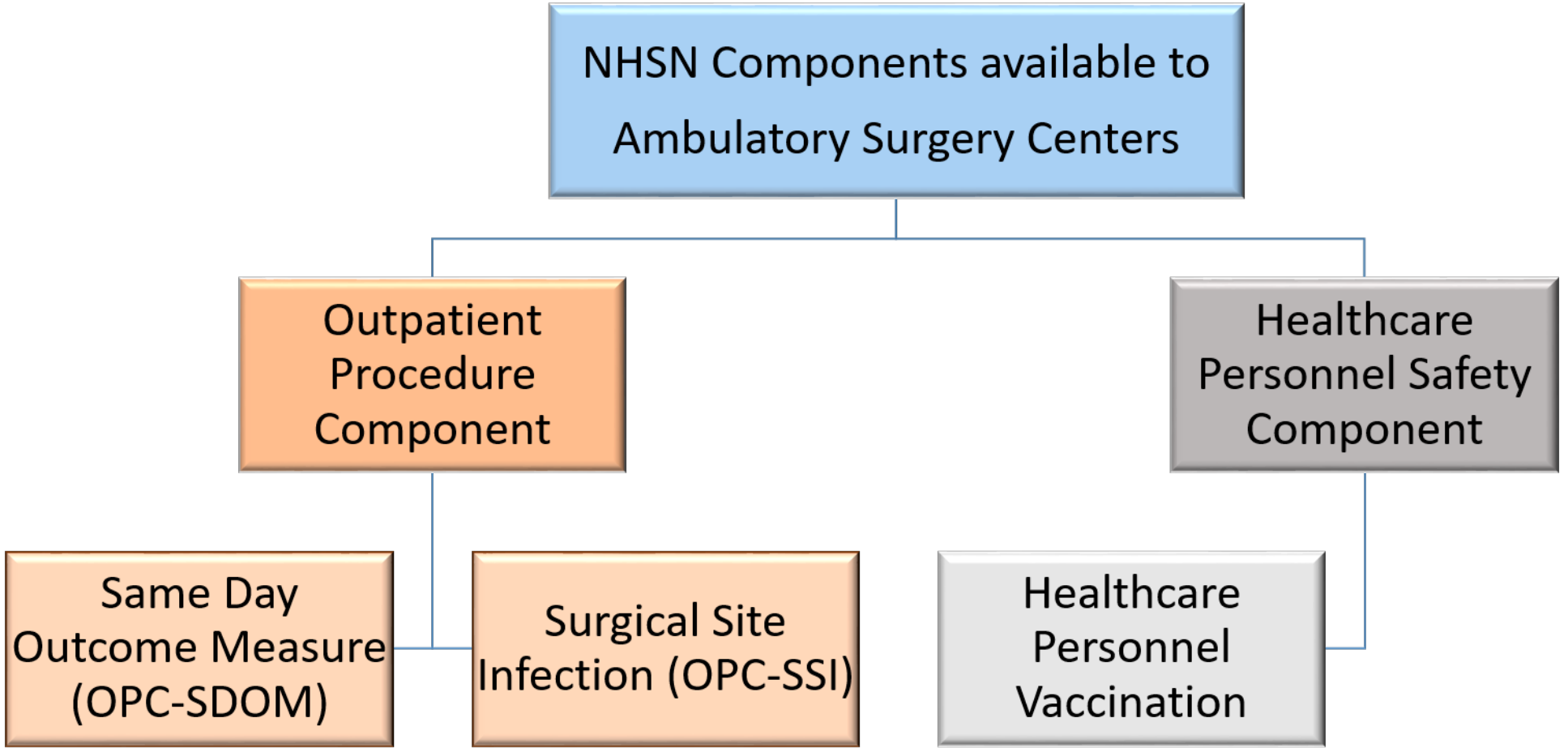
What are the benefits to using OPC?, cont.

- Monitor outcome of adherence to infection prevention/control clinical practice guidelines and strategies
- Track incidence of surgical site infections and other adverse healthcare outcomes
- Enable use of surveillance data for:
  - Measuring clinical quality and benchmarking performance
  - Exerting positive change(s) in patient care practices
  - Public reporting and other accountability purposes
  - Building knowledge related to infection risk in the ASC environment
- Minimize reporting burden for ASCs while assuring data are validated, credible, and actionable

NHSN Website



https://www.cdc.gov/nhsn/ambulatory-surgery/index.html


NHSN Components available to Ambulatory Surgery Centers
Outpatient Procedure Component
Healthcare Personnel Safety Component
Same Day Outcome Measure (OPC-SDOM)
Surgical Site Infection (OPC-SSI)
Healthcare Personnel Vaccination

Surgical Site Infection Events (SSI)

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

More

Healthcare Personnel (HCP) Influenza Vaccination

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

More

Same Day Outcome Measures

- Training
- Protocols
- Forms
- Support Materials

More

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
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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, 2017
Guideline for Hand Hygiene in Healthcare Settings [PDF – 500 KB]
New Users - Start Here
Step 1: Enroll into NHSN
Step 2: Set up NHSN
Step 3: Report
Click here to enroll

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Long-term Care Facilities
Outpatient Dialysis Facilities
Inpatient Rehabilitation Facilities
Inpatient Psychiatric Facilities
MDRO & CDI LabID Event
Surveillance for Surgical Site Infection (SSI) Events
Resources for NHSN Users Already Enrolled
Training
OPC – Surgical Site Infection (SSI) Part 1 Reporting Requirements [CBT – 35 min]
OPC – Surgical Site Infection (SSI) Part 2 Infection Criteria [CBT – 35 min]
OPC – Surgical Site Infection (SSI) Part 3 Reporting Instructions [CBT – 43 min]
OPC – Surgical Site Infection (SSI) Part 4 Data Analysis and Post-discharge Surveillance [CBT – 37 min]
Outpatient Procedure Component Overview – 2018
YouTube Link [Video – 43 min]
Slideset [PDF – 3 MB]
Continuing Education
Obtaining Continuing Education for NHSN Training Events
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Data Collection Forms
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Analysis Resources
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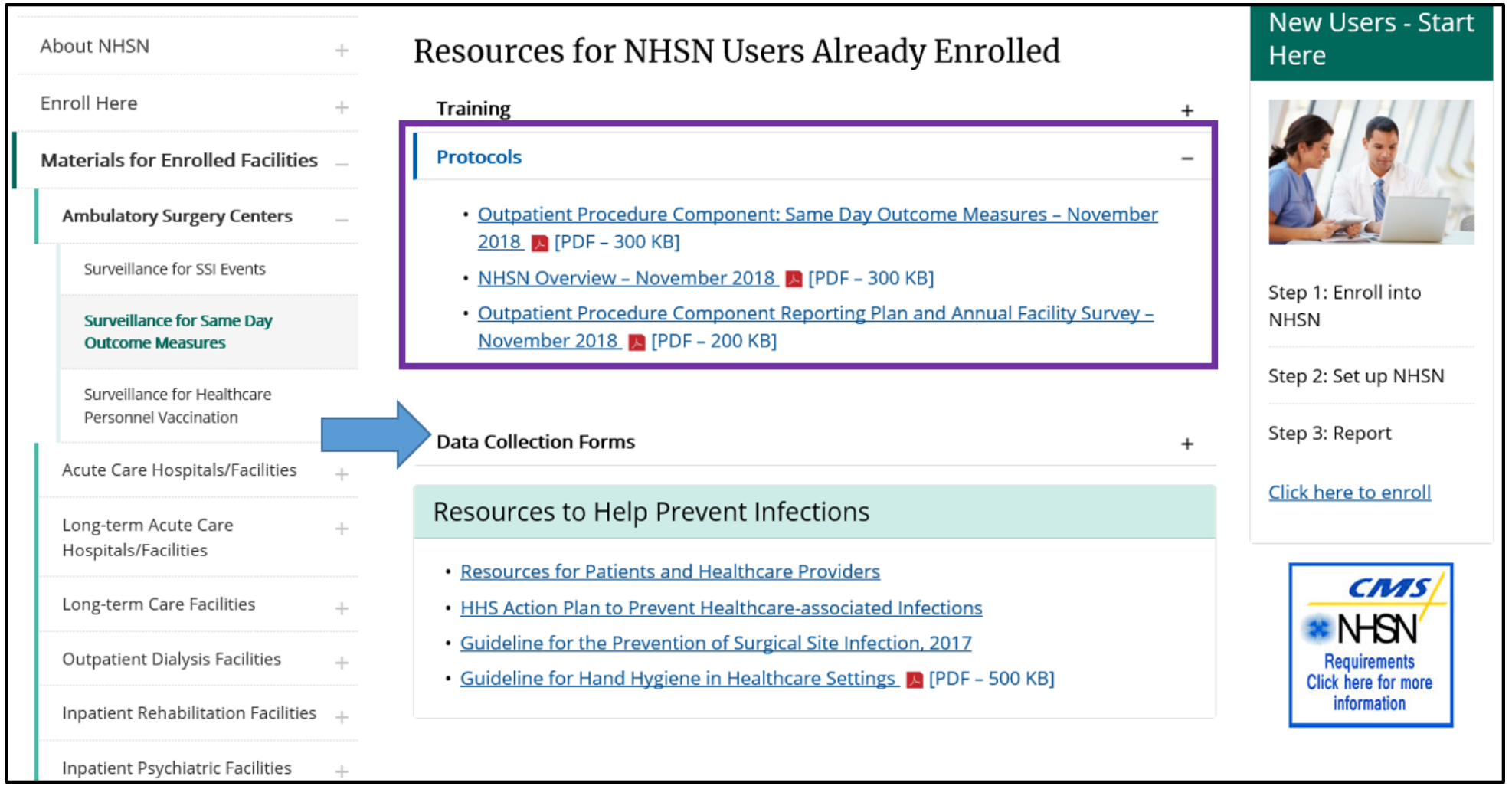
CMS
NHSN
Requirements
Click here for more information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Training
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Outpatient Procedure Component: Same Day Outcome Measures – November 2018 [PDF – 300 KB]
NHSN Overview – November 2018 [PDF – 300 KB]
Outpatient Procedure Component Reporting Plan and Annual Facility Survey – November 2018 [PDF – 200 KB]
Data Collection Forms
Resources to Help Prevent Infections
Resources for Patients and Healthcare Providers
HHS Action Plan to Prevent Healthcare-associated Infections
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Requirements
Click here for more information

Same Day Outcome Measures Module (OPC-SDOM)

Key Term: Encounter

- A patient's visit to an outpatient facility where the **patient completes** the registration process
- Some outpatient facilities may refer to this as an admission

Same Day Outcome Measures (SDOM) Module

Includes four distinct measures which should be monitored:

- SDOM-1 Patient Burn
- SDOM-2 Patient Fall
- SDOM-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- SDOM-4 All-Cause Hospital Transfer/Admission

Surveillance is all or nothing: When following SDOM, ASCs will monitor all patient encounters for all four SDOM events

Brief Overview of Each SDOM

- **Patient Burn**
  - unintended tissue injury caused by scalds, contact, fire, chemicals, electricity, or radiation

- **Patient Fall**
  - sudden, uncontrolled, unintentional downward displacement of the body

- **"Wrong" Event**
  procedure performed is inconsistent with documented informed consent

- **All-cause Hospital Transfer/Admission**
  - transfer/admission to hospital directly from the ASC for any reason

Same Day Outcome Measures Module

Numerator	Number of SDOM events for each measure
Denominator	All ASC encounters

Important Point:
Information posted on the CMS ASCQR website notes that reporting has paused on ASC 1-4 measures beginning January 1, 2019 until further action in rulemaking. We encourage facilities to verify their reporting requirements with CMS.

Knowledge check #2

Are ASCs required to use NHSN OPC to report Same Day Outcome Measures?

A. Yes
B. No

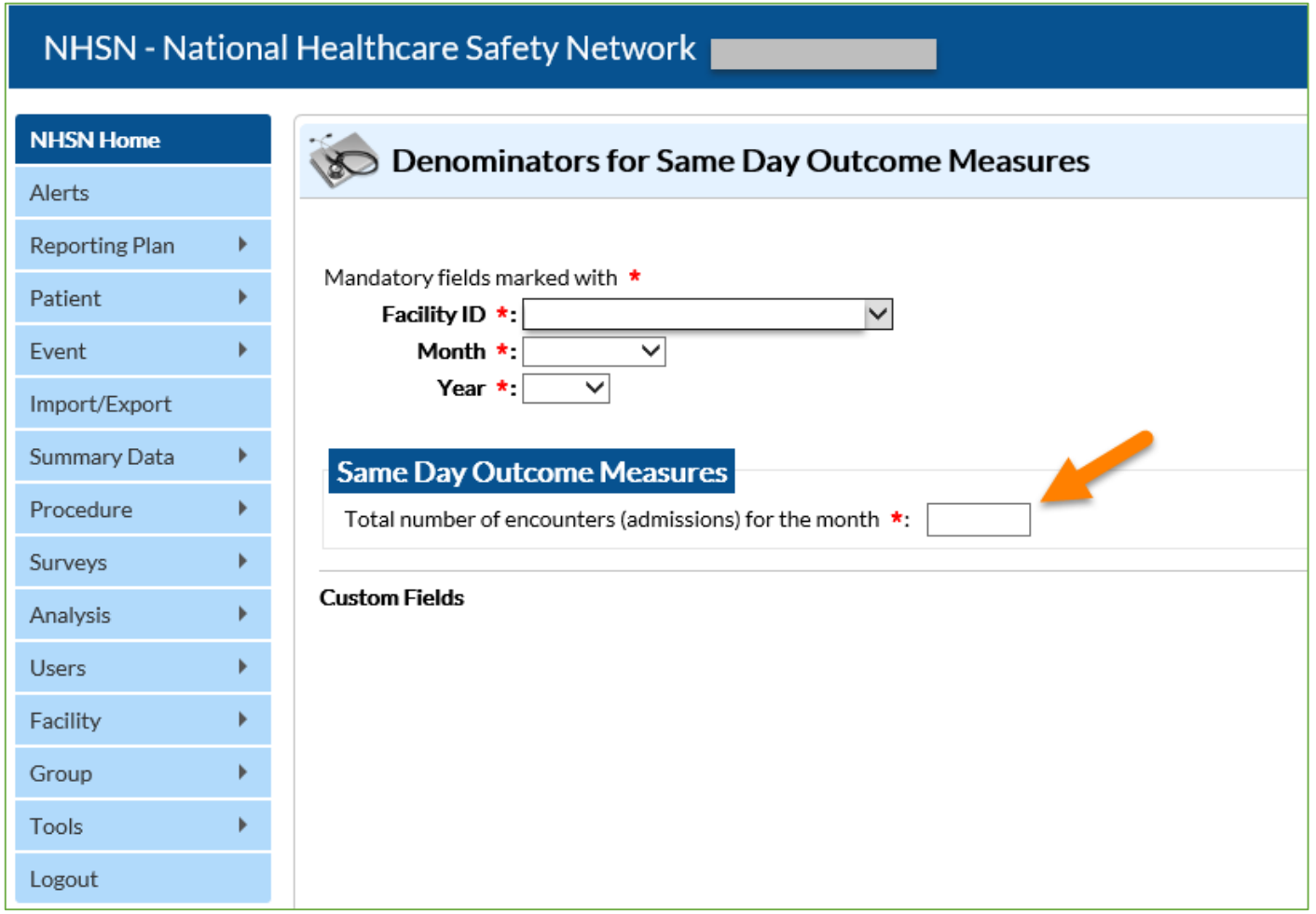
Knowledge check #2

Answer:

Using NHSN OPC to report Same Day Outcome Measures is optional and does not meet any quality reporting mandates.

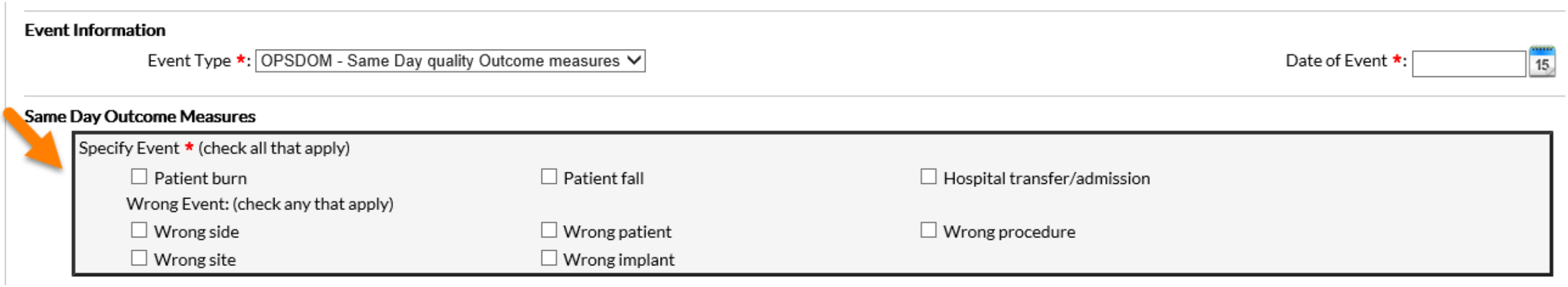
Denominator Entry in NHSN

One total for encounters is used for **all SDOM event types**



Numerator (Event) Form

All SDOM events for the same patient are recorded on one form



Important question

If reporting is **optional,** why would an ASC want to use the SDOM Module?

- Provides an opportunity to analyze multiple payer data
- Enable ASCs to benchmark against nationally aggregated data

Knowledge check #3

Can the SDOM Module be used for any procedure performed in an ASC?

A. Yes
B. No

Knowledge check #3

Answer:

Yes, the SDOM Module can be used to monitor adverse events (burn, fall, wrong event and all cause admission to the hospital) which are associated with any procedure performed in the ASC, including those NOT listed as an NHSN operative procedure.

Surgical Site Infection Module (OPC-SSI)

Focusing on the numbers

- **5532 Medicare-certified ASCs**
- **16,000 operating rooms**
- **3.4 million Medicare beneficiaries**
- **$4.3 billion**

March 2019 Report to the Congress: Medicare Payment Policy, (Medpac), CH 5

A Seriously Sad Incident (SSI)

Picture of an actual surgical site infection associated with an outpatient surgery

Surgical Site Infection Reporting: Specifications

- Infection criteria are a simplified version of the SSI criteria in the NHSN Patient Safety Component surveillance protocol
- Less required reporting – fewer reporting fields
- Includes the NQF-endorsed Ambulatory Breast Procedure SSI Outcome Measure for ASC
- Enables SSI reporting for all types of SSIs included in state reporting mandates

Key Term: NHSN Operative Procedure

NHSN Operative Procedure - is a procedure that

- is included in the NHSN CPT operative procedure category code mapping

  and

- takes place during an operation 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 met criteria for an operating room when it was constructed or renovated outlined by the Facilities Guidelines Institute's (FGI)[6], American Institute of Architects' (AIA) or requirements of the State in which it operates. This may include an interventional radiology room, or a cardiac catheterization lab.

NHSN Operative Procedure Categories

- 30 procedure categories
- 30-day and 90-day surveillance periods

Table 3. Surveillance Periods for SSIs Following Selected NHSN Operative Procedure Categories. Day 1 = the date of the procedure.

30-day Surveillance			
Code	**Operative Procedure**	**Code**	**Operative Procedure**
AMP	Limb amputation	NECK	Neck surgery
APPY	Appendix surgery	NEPH	Kidney surgery
AVSD	Shunt for dialysis	OVRY	Ovarian surgery
BILI	Bile duct, liver or pancreatic surgery	PRST	Prostate surgery
CEA	Carotid endarterectomy	REC	Rectal surgery
CHOL	Gallbladder surgery	SB	Small bowel surgery
COLO	Colon surgery	SPLE	Spleen surgery
GAST	Gastric surgery	THOR	Thoracic surgery
HYST	Abdominal hysterectomy	THYR	Thyroid and/or parathyroid surgery
LAM	Laminectomy	VHYS	Vaginal hysterectomy
		XLAP	Exploratory Laparotomy

90-day Surveillance	
Code	**Operative Procedure**
BRST	Breast surgery
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

“In-plan” & “Off-plan”

In-plan surveillance	Facility has indicated in their NHSN Monthly Reporting Plan that the NHSN surveillance protocol(s) will be used, in its entirety, for that particular HAI event type. Only in-plan data are submitted to CMS in accordance with CMS’s Quality Reporting Programs and are included in NHSN annual reports or other NHSN publications.

Off-plan surveillance	Facility has **not** indicated in their NHSN Monthly Reporting Plan that the NHSN surveillance protocol(s) will be used, in its entirety, for that particular HAI event type. Off-plan data are not submitted to CMS in accordance with CMS’s Quality Reporting Programs and are not included in NHSN annual reports or other NHSN publications.

There are a number of non-NHSN procedures preformed in ASCs. These non-NHSN can be entered into NHSN “off-plan”. “Off-plan” data are not included in the NHSN reports or publications but the NHSN analysis capability within the application is available for use.

Key Terms: https://www.cdc.gov/nhsn/pdfs/pscmanual/16psckeyterms_current.pdf

A Seriously Sad Incident (SSI)

Focusing on a few of the numbers associated the actual SSI event seen in slide #41:

- 3 ½ hour surgery
- 4 days in the hospital
- 9 visits to the hospital cafeteria
- 7 ½ missed days of work
- 60 hours of vacation time
- 1 tank of gas

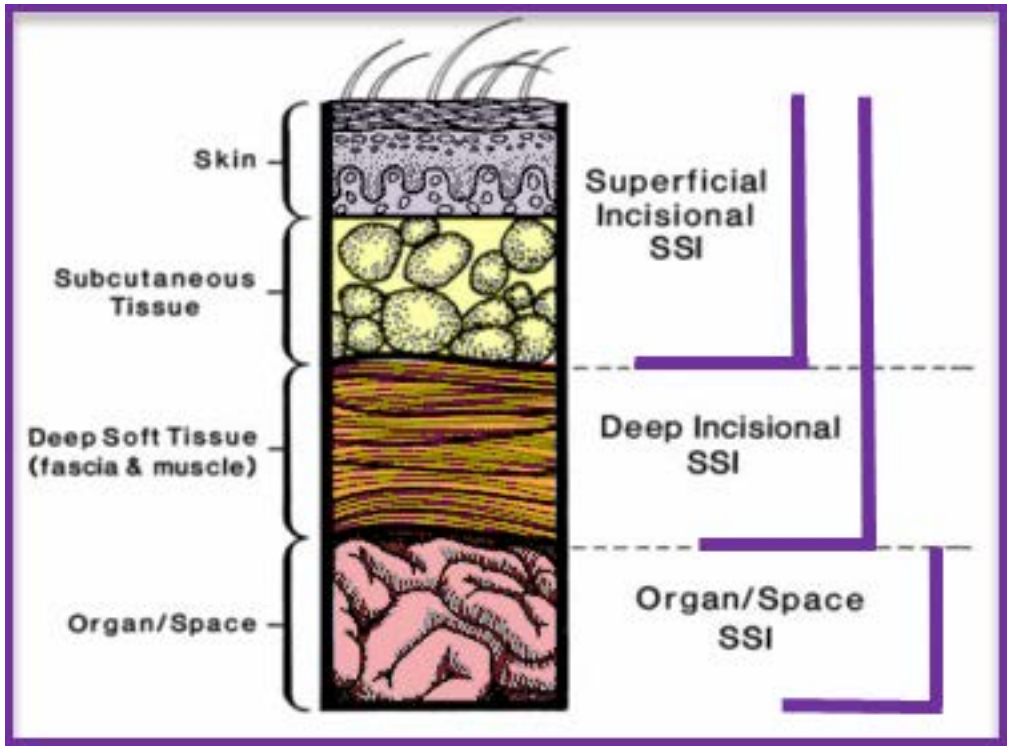
OPC Surgical Site Infection Module

- Any of the 30 NHSN operative procedure category(s) can be monitored.
- All procedures within the selected operative procedure category must be monitored.

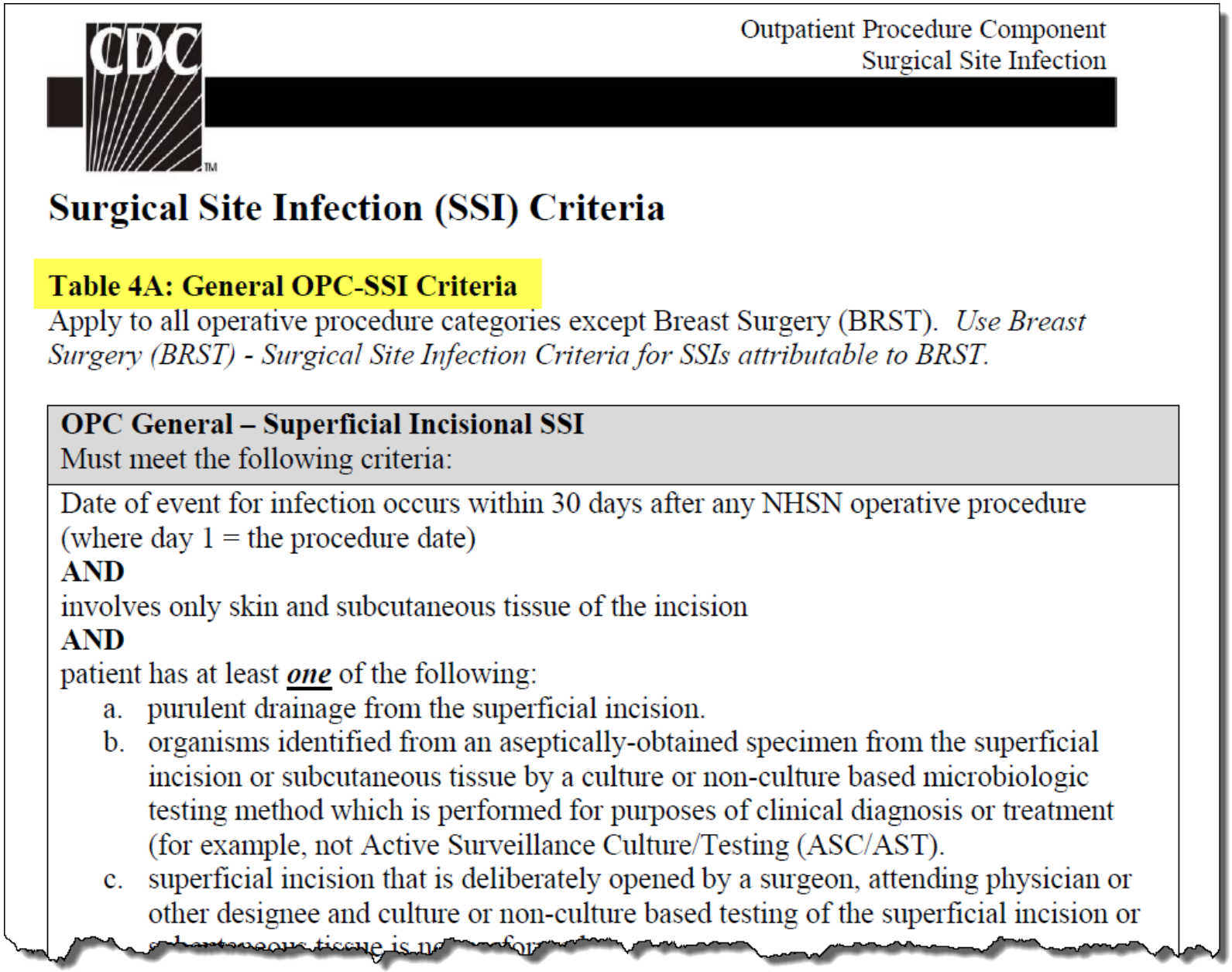
Numerator	**SSI for the selected procedure category**
Denominator	Total number of procedures for the selected procedure category

OPC Surgical Site Infection Module

- OPC-SSI criteria are similar to those within the Patient Safety Component (PSC)
  - *General SSI Criteria*
  - *Breast Surgery SSI Criteria*
- SSIs are identified as:
  - *Superficial Incisional SSI*
  - *Deep Incisional SSI*
  - *Organ/Space SSI*



General SSI Criteria



Outpatient Procedure Component
Surgical Site Infection

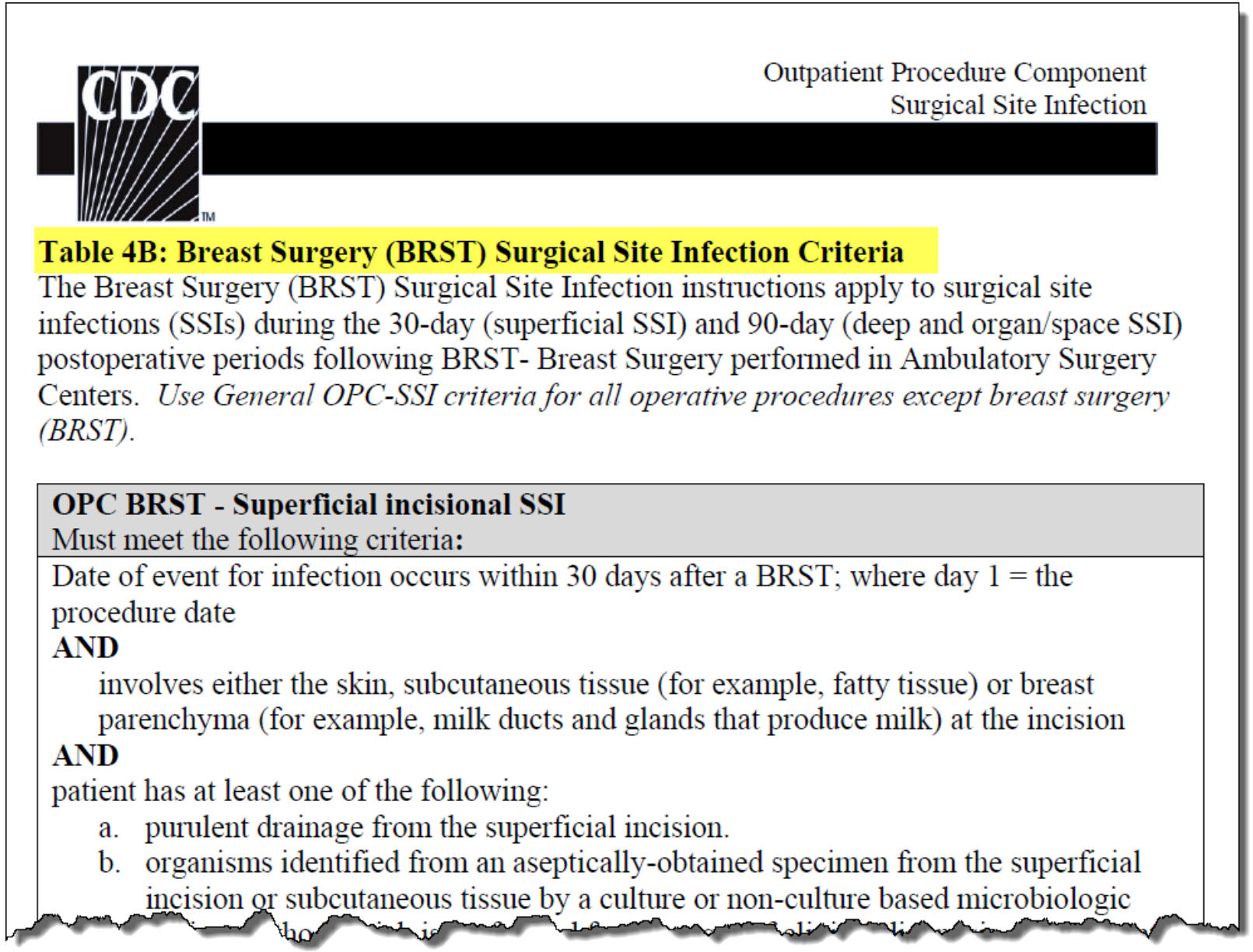
Surgical Site Infection (SSI) Criteria

Table 4A: General OPC-SSI Criteria

Apply to all operative procedure categories except Breast Surgery (BRST). *Use Breast Surgery (BRST) - Surgical Site Infection Criteria for SSIs attributable to BRST.*

OPC General – Superficial Incisional SSI Must meet the following criteria:
Date of event for 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 **AND** patient has at least ***one*** of the following: a. purulent drainage from the superficial incision. b. organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST). c. superficial incision that is deliberately opened by a surgeon, attending physician or other designee and culture or non-culture based testing of the superficial incision or subcutaneous tissue is n[illegible] for

SSI Criteria for Breast Surgery (BRST)



Outpatient Procedure Component
Surgical Site Infection

Table 4B: Breast Surgery (BRST) Surgical Site Infection Criteria

The Breast Surgery (BRST) Surgical Site Infection instructions apply to surgical site infections (SSIs) during the 30-day (superficial SSI) and 90-day (deep and organ/space SSI) postoperative periods following BRST- Breast Surgery performed in Ambulatory Surgery Centers. *Use General OPC-SSI criteria for all operative procedures except breast surgery (BRST).*

OPC BRST - Superficial incisional SSI Must meet the following criteria:
Date of event for infection occurs within 30 days after a BRST; where day 1 = the procedure date **AND** involves either the skin, subcutaneous tissue (for example, fatty tissue) or breast parenchyma (for example, milk ducts and glands that produce milk) at the incision **AND** patient has at least one of the following: a. purulent drainage from the superficial incision. b. organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic

Why is there a separate SSI criteria for Breast Surgery (BRST)?

- Breast procedures identified as highest volume and highest SSI risk among ASCs reporting into NHSN
- Measure specifications developed by CDC/NHSN & ASC QC
- Measure field tested by Colorado Department of Public Health and Environment (CDPHE)
- Received National Quality Foundation (NQF) Endorsement in 2017

Differences between PSC and OPC

Reporting Detail	Patient Safety	Outpatient Procedure
ASA Score	✓	✓*
Height	✓	✓
Weight	✓	✓
Diabetes	✓	✓
Wound Class	✓	✓
Trauma	✓	--
Emergency	✓	--
General Anesthesia	✓	✓

*Only report procedures with ASA scores.

Differences between PSC and OPC

Reporting Detail	Patient Safety	Outpatient Procedure
Duration	✓	✓
Closure Technique	✓	--
FUSN Spinal Level & Approach	✓	--
HPRO & KPRO procedure details (Primary vs Revision and Total vs Partial)	✓	--
Chapter 17 Site-specific reporting	✓	--
"Present at the time of surgery" (PATOS)	✓	--
Number of Procedure Categories	**39**	30
Procedure code field is required	--	✓

NHSN Operative Procedure Categories that are NOT available using OPC

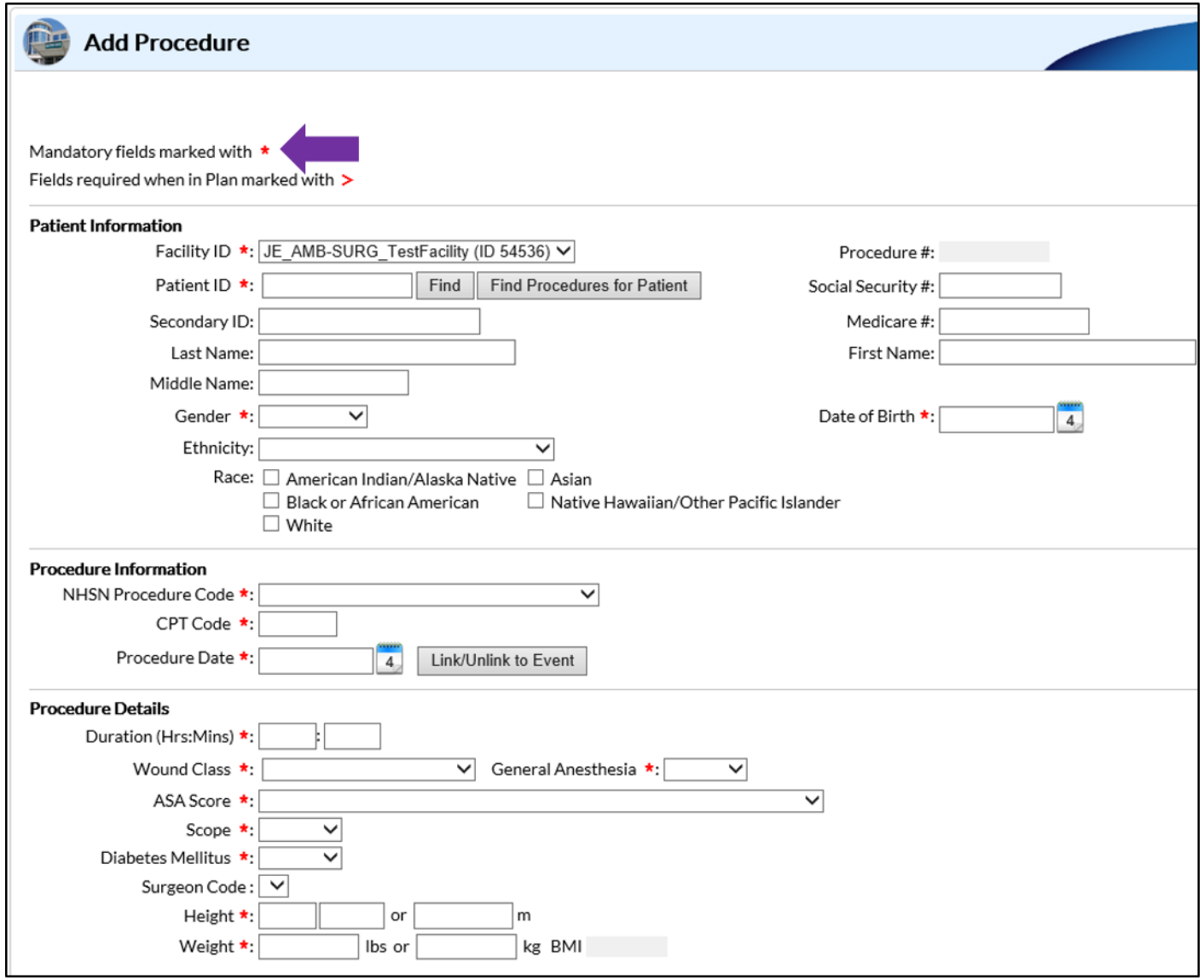
- abdominal aortic aneurysm repair (AAA)
- cardiac surgery (CARD)
- coronary artery bypass grafts (CBGB)
- chest and donor site and (CBGC – chest only)
- craniotomy (CRAN)
- cesarean section (CSEC)
- heart transplant (HTP)
- kidney transplant (KTP)
- liver transplant (LTP)

Procedure (denominator) Reporting

Procedure data may be entered:

- Manually for each procedure
- Via comma-separated values (.csv) file

Visit https://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html and click the Supporting Materials tab



Knowledge check #4

Your ASC performs SSI surveillance on breast (BRST) and hernia repair procedures (HER). If an SSI is identified and attributed to a breast surgery, should the General SSI criteria be used for SSI determination?

A. Yes
B. No

Knowledge check #4

Answer:

No, the General SSI criteria should not be used for BRST SSI determination. The Breast Surgery SSI Criteria should be used.

Post-discharge Surveillance

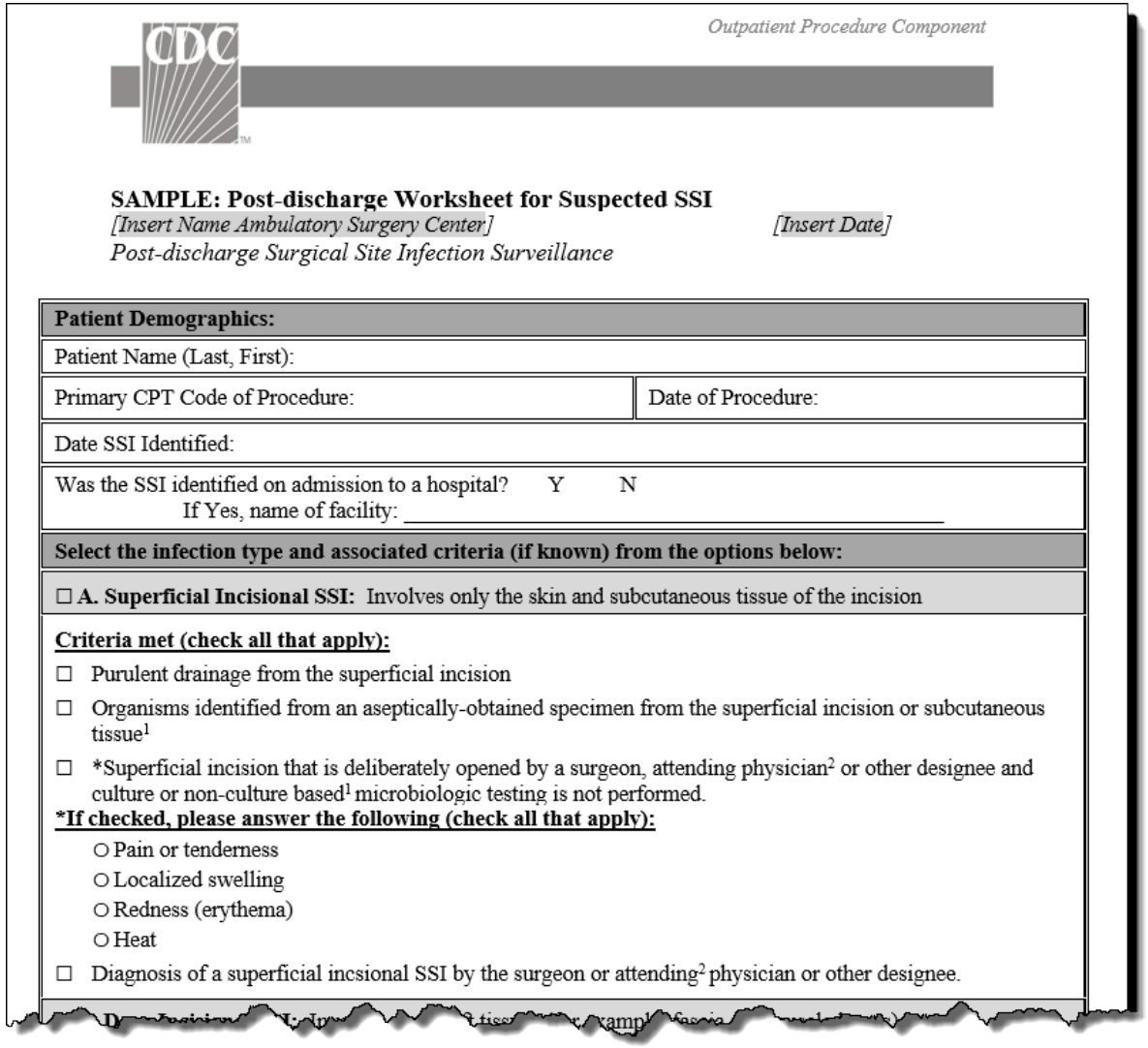
- Active post-discharge surveillance process
  - Recommended for the detection of SSIs
  - *Example: post-discharge survey sent to surgeon for feedback*

- Passive surveillance process
  - *Example: patient/caregiver contacts the outpatient facility to report an SSI*

OPC Post-discharge Surveillance Toolkit

Includes:

- Sample Letter
- Sample Line List by Surgeon
- SSI Worksheet



Outpatient Procedure Component

SAMPLE: Post-discharge Worksheet for Suspected SSI
[Insert Name Ambulatory Surgery Center] *[Insert Date]*
Post-discharge Surgical Site Infection Surveillance

Patient Demographics:	
Patient Name (Last, First):	
Primary CPT Code of Procedure:	Date of Procedure:
Date SSI Identified:	
Was the SSI identified on admission to a hospital? Y N If Yes, name of facility: _____	

Select the infection type and associated criteria (if known) from the options below:

☐ **A. Superficial Incisional SSI:** Involves only the skin and subcutaneous tissue of the incision

Criteria met (check all that apply):

☐ Purulent drainage from the superficial incision

☐ Organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue[1]

☐ *Superficial incision that is deliberately opened by a surgeon, attending physician[2] or other designee and culture or non-culture based[1] microbiologic testing is not performed.

***If checked, please answer the following (check all that apply):**

- ○ Pain or tenderness
- ○ Localized swelling
- ○ Redness (erythema)
- ○ Heat

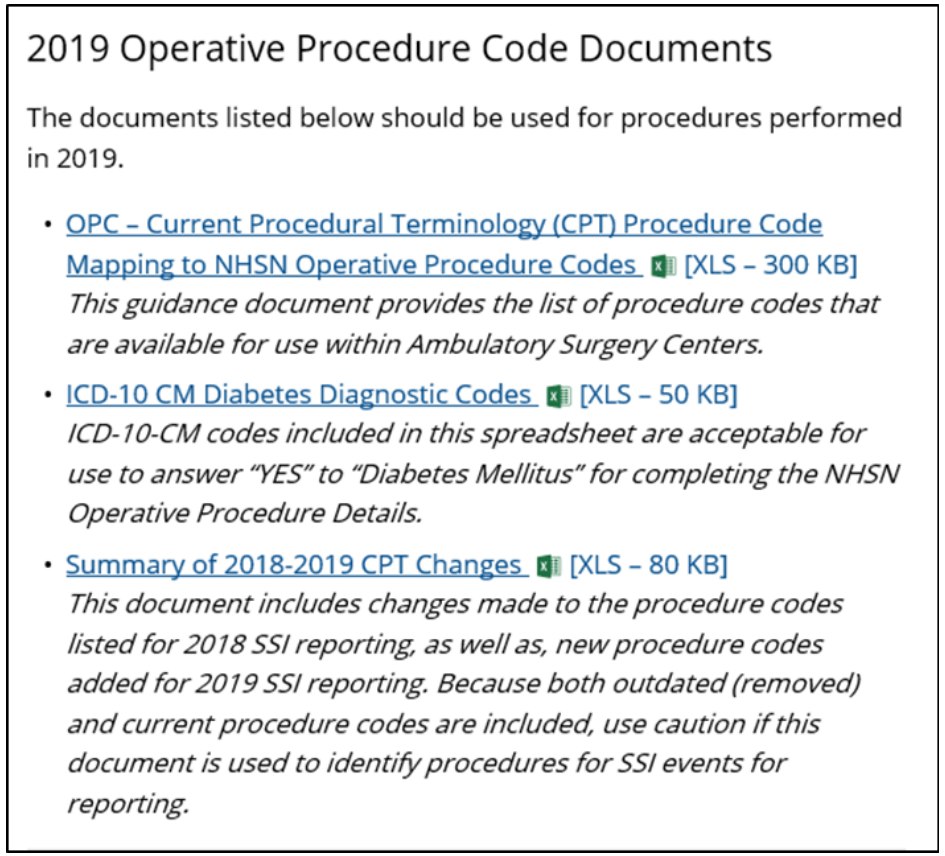
☐ Diagnosis of a superficial incsional SSI by the surgeon or attending[2] physician or other designee.

OPC-SSI Post-discharge Toolkit can be found under the Supporting Materials Tab
https://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html

Procedure Code Category and CPT Code Required for Reporting

- Updated yearly

- Spreadsheet contains relevant reportable CPT codes in each NHSN Operative Procedure Code category



2019 Operative Procedure Code Documents

The documents listed below should be used for procedures performed in 2019.

- OPC – Current Procedural Terminology (CPT) Procedure Code Mapping to NHSN Operative Procedure Codes [XLS – 300 KB]
  This guidance document provides the list of procedure codes that are available for use within Ambulatory Surgery Centers.
- ICD-10 CM Diabetes Diagnostic Codes [XLS – 50 KB]
  ICD-10-CM codes included in this spreadsheet are acceptable for use to answer "YES" to "Diabetes Mellitus" for completing the NHSN Operative Procedure Details.
- Summary of 2018-2019 CPT Changes [XLS – 80 KB]
  This document includes changes made to the procedure codes listed for 2018 SSI reporting, as well as, new procedure codes added for 2019 SSI reporting. Because both outdated (removed) and current procedure codes are included, use caution if this document is used to identify procedures for SSI events for reporting.

Procedure code documents are listed in under the "Supporting Materials" tab at https://www.cdc.gov/nhsn/ambulatory-surgery/ssi/index.html

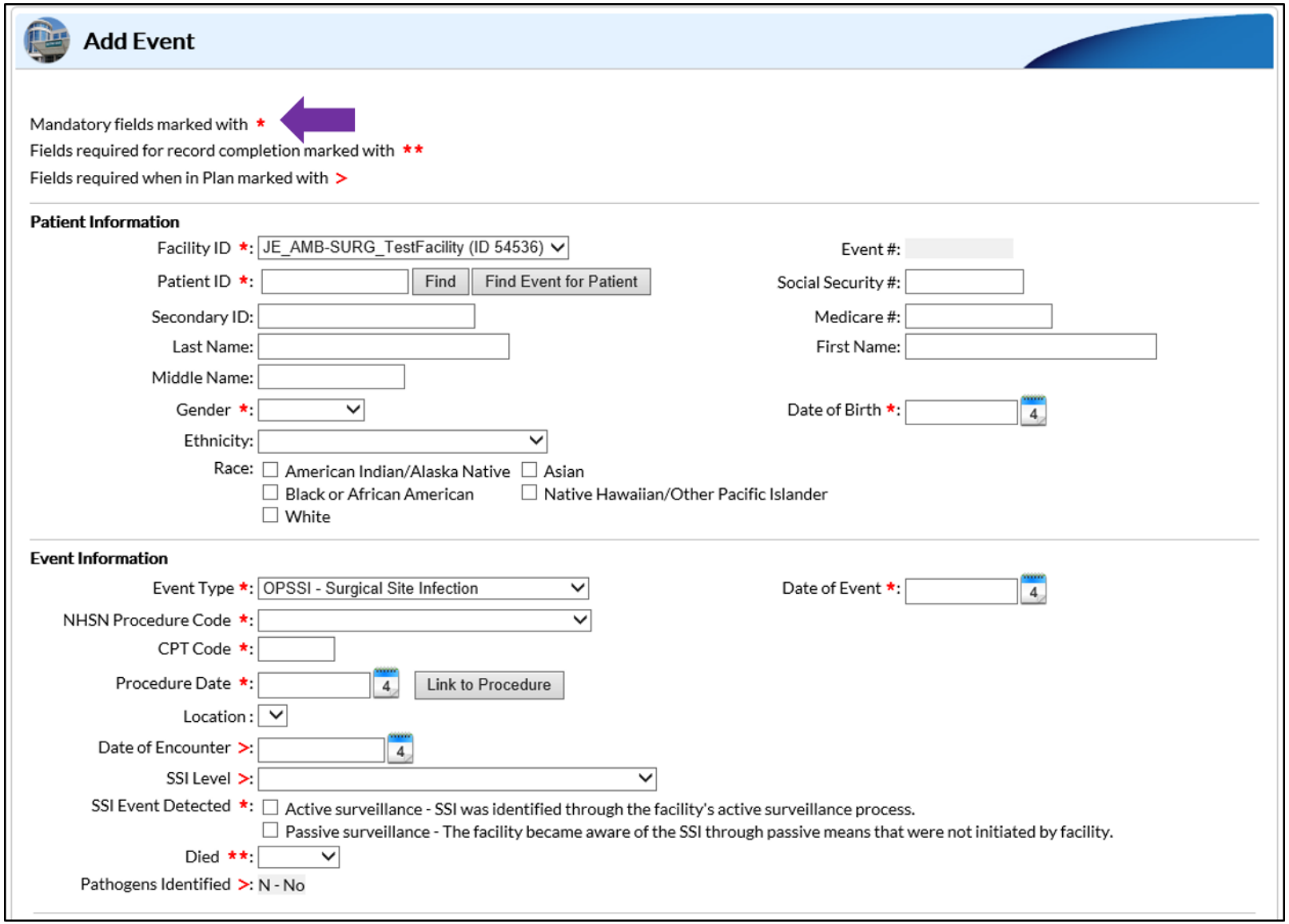
Procedure Code Category and CPT Code

HER -- Herniorrhaphy - Repair of inguinal, femoral, umbilical, or anterior abdominal wall hernia; does not include repair of diaphragmatic or hiatal hernia or hernias at other body sites

Procedure Code Category	CPT Codes	Code Description	Code Status
HER	11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)	No change
HER	49491	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible	No change
HER	49492	Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated	No change
HER	49495	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible	No change
HER	49496	Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated	No change
HER	49500	Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible	No change

... CHOL | COLO | FUSN | FX | GAST | HER | HPRO | HYST | KPRO | LAM | NECK | NEPH | OVRY | PA

SSI Event (numerator) Reporting



Knowledge check #5

ASCs with state-based mandates for reporting SSI data using NHSN, must use OPC-SSI for reporting.

A. True
B. False

Knowledge check #5

Answer:

OPC-SSI replaces the use of the Patient Safety Component SSI Protocol for ASCs. So it is true ASC must use OPC-SSI for SSI surveillance.

A Seriously Sad Incident (SSI)

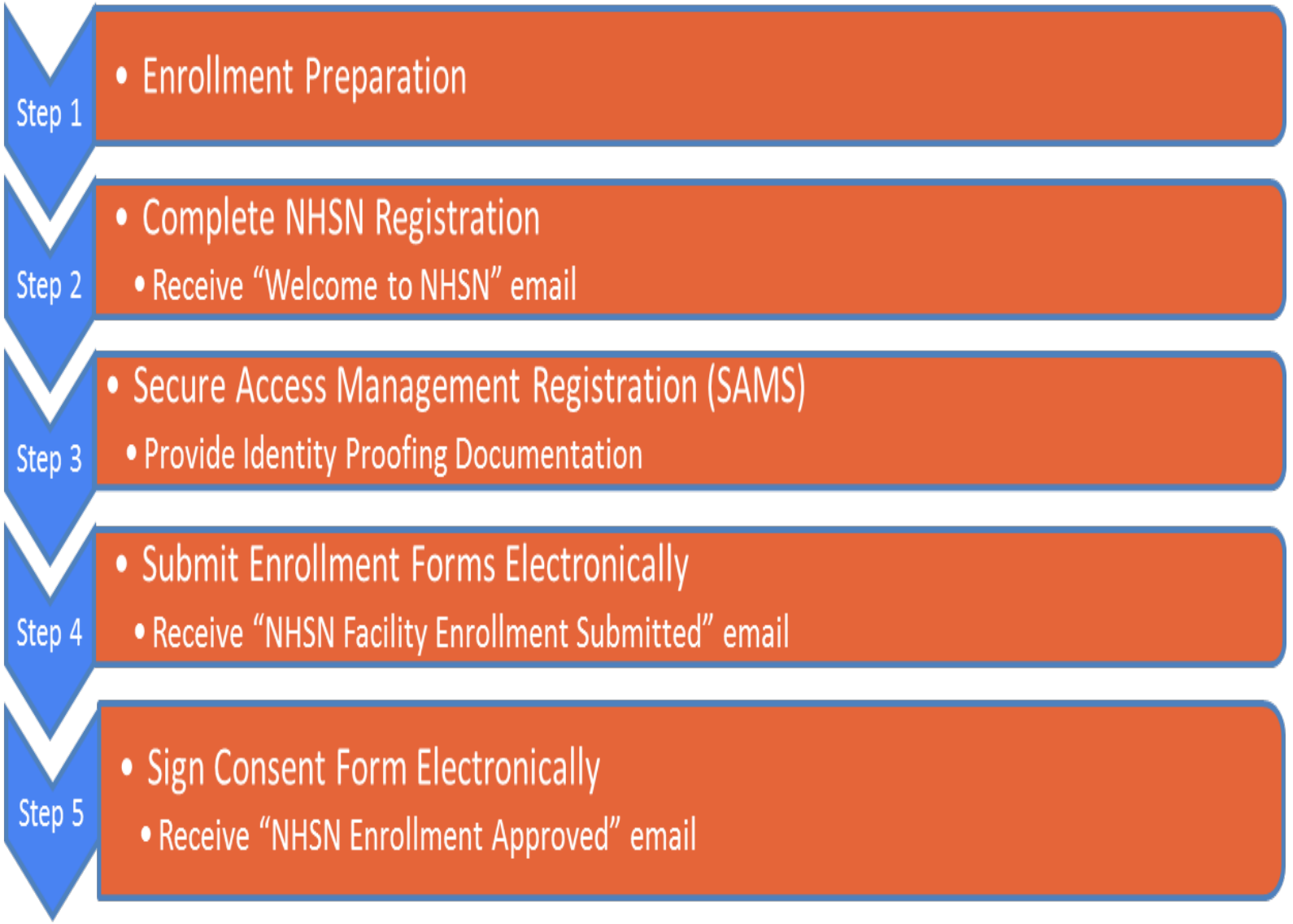
Still focusing on the numbers associated the actual SSI event seen in slide #41:

- 3 follow-up visits to the surgeon's office
- 31 trips to the infusion center
- 4 weeks of antibiotics
- 4 weeks of short-term disability
- 4 tanks of gas
- Endless hours of waiting, wondering and worrying

Tidbits on NHSN Enrollment & Group Function

NHSN Enrollment is a 5-Steps Process

- ✓ There maybe multiple tasks within each step.
- ✓ Each step should be completed in its entirety.

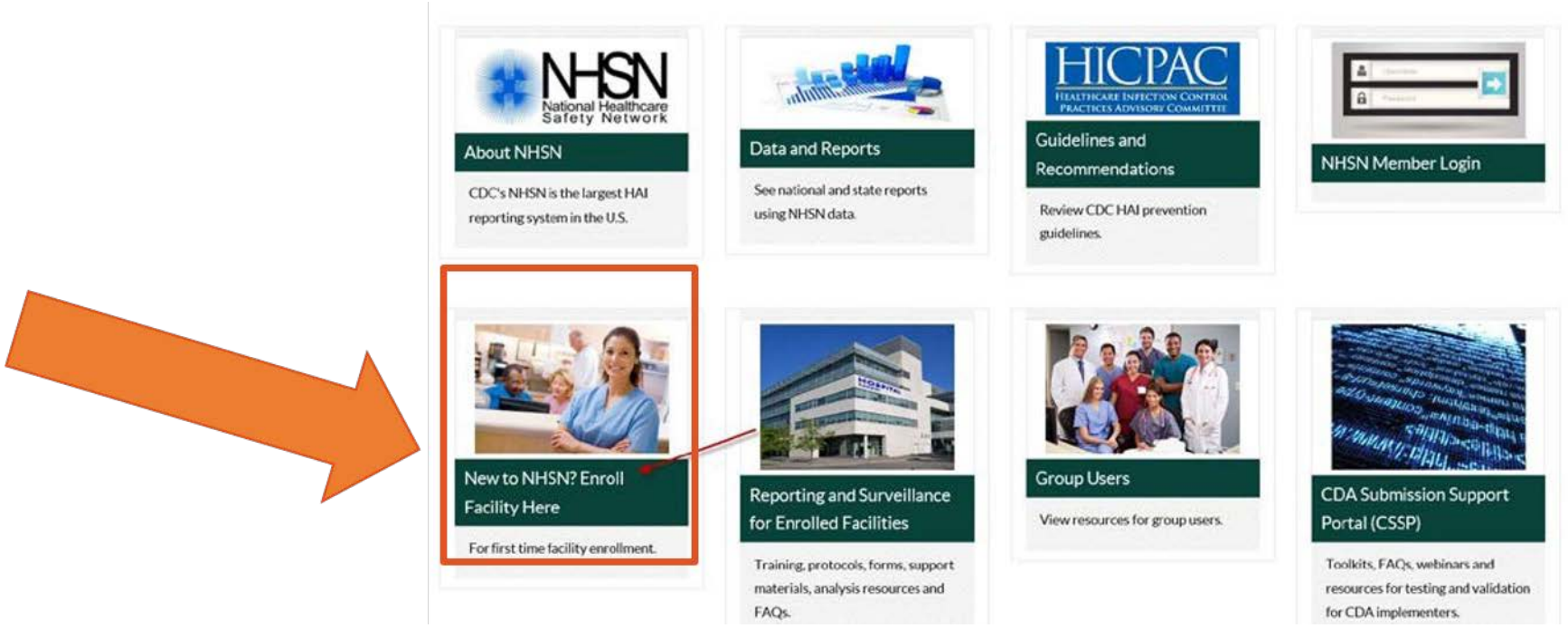


Step 1 – Enrollment Preparation

- Includes completing all training requirements.

Step 2 – Complete NHSN Registration

- Begins here https://www.cdc.gov/nhsn-



Step 3 – Secure Access Management (SAMS) Registration

- SAMS is secure process that allows the exchange of information between us (CDC) and your facility.
- It includes registration, identity authentication & acceptance of “Rules of Behavior”.

Step 4 – Access/Complete Enrollment Forms

- Includes printing and completion of all enrollment forms.

Step 5 – Sign Consent Electronically

- The NHSN facility administrator and each component contact must electronically sign the “Agreement to Participate and Consent” forms.

The detailed enrollment process can be found at https://www.cdc.gov/nhsn/ambulatory-surgery/enroll.html.

What is the NHSN Group User Function?

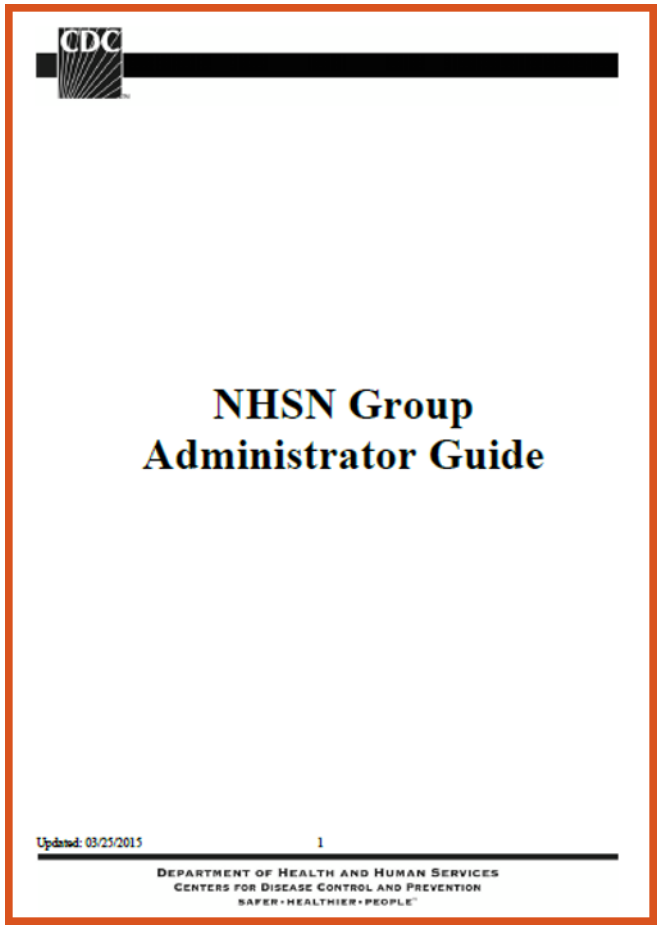
A Group is a collection of facilities that have **joined together** within the NHSN framework **to share some or all of their data** at a single (Group) level **for a mutual purpose** (e.g., performance improvement, state and/or public reporting).

Groups Function Overview

- The NHSN Group Function is the only mechanism by which NHSN data from multiple facilities can be viewed and analyzed in one place
- Groups have accounts in NHSN separate from facilities
- Groups in NHSN are protected with a joining password
- The Group contacts potential member facilities by email with an invitation to join the Group
- The invitation must include the Group's NHSN ID and Joining Password
- The Group may also include a summary and rationale for data elements on the rights template

Corporate Entities Can Use the NHSN Group Function to Access Data Reported by Their ASCs

- Corporate Entity can become a NHSN Group User and gain access to data their ASCs submit to NHSN
- The Group User can use the NHSN application to run reports (including SIR reports) for all of their ASCs at once or individual ASCs
- Group User training for the Group Administrator is encouraged



https://www.cdc.gov/nhsn/pdfs/groups-startup/GroupAdminStartupGuideCurrent.pdf

Group Resources for Facilities

- You can find guidelines for creating and joining NHSN groups at the following link - http://www.cdc.gov/nhsn/group-users/index.html
- NHSN Help Desk email - nhsn@cdc.gov
- NHSN Home Page - https://www.cdc.gov/nhsn

Who has access OPC data?

As there is no federal mandate for reporting OPC data, we at NHSN **do not publicly report** these data.

The ASC controls who has access to their data. Their data are accessible to:

- ASC facility administrator and individual users based on user rights
- Any NHSN Group(s) that the ASC as joined and conferred rights

Knowledge check #6

NHSN **does not publicly report** OPC data.

A. True

B. False

Knowledge check #6

Answer:

NHSN does not publicly report OPC data. ASC control who has access to their based on to which User Groups it confers rights.

Summary - Outpatient Procedure Component

- Developed and designed specifically for surveillance of adverse outcomes in ASCs
- Only ASCs with a CCN containing “C” as 3rd digit should enroll in OPC
- Reporting using OPC is optional, except where there is a state-based mandate
- OPC data can help facilities to identify trends and focus prevention efforts
- Enables ASCs to benchmark against nationally aggregated data

Summary, cont.

- OPC includes 2-modules
  - *Same Day Outcome Measures*
  - *Surgical Site Infection Measure*
- OPC includes NQF-endorsed measures
- There are 5 steps to the enrollment process
  - NHSN is available to assist with enrollment
- ASCs control who has access to their data though the NHSN Groups Function

Future Direction of NHSN's OPC

- Continue to work closely with the ASC QC to further develop the OPC
- Use field experience, user feedback, and analysis of surveillance data to enhance OPC surveillance and quality measurement
- Work with states and CMS in efforts to assure the OPC is available for use by their programs
- Learn more about ASCs through the analysis of OPC data
- Continue to tailor the contents of OPC for the ASC setting

A happy ending to a Seriously Sad Incident (SSI)

When we focus on numbers associated with an SSI, like in slide #41…we can get distracted by the number of hours in the operating room for repeat surgery, the number of trips to the infusion center for IV antibiotics or the number of lost hours of sleep that couldn't be counted but let's keep our focus on the most important number like this 1-patient and the 1-SSI event that could be prevented.

Send questions related to the NHSN Outpatient Procedure Component to *nhsn@cdc.gov*