Surgical Site Infections

Date	Topic	Question	Answer
Sep-13	**Attending physician**	How does NHSN define *Attending Physician* ?	The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician or physician's designee (nurse practitioner or physician's assistant).
Sep-13	**Primary skin closure**	What is our current 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.
Apr-13	**SSI and CMS IPPS**	What must be reported to NHSN for SSI surveillance as part of the IPPS program? Why can't I report only deep and organ space (complex) SSIs for a period of 30 days?	Although The Centers for Medicaid and Medicare Services are utilizing NHSN as a tool to collect a subset of SSI data for colon and abdominal hysterectomy surgeries (specifically deep incisional and organ/space SSIs identified within 30 days of procedure), to be a participant in NHSN a facility must follow the SSI protocol completely. This means they must adhere to the definition and reporting requirements for SSI as specified in the NHSN Patient Safety Component Protocol Manual. Superficial incisional SSIs as well as those that occur within secondary incisions and those that occur within the 90 day surveillance period, where applicable, must be reported as a part of this module. These additional data are analyzed by NHSN but not provided to CMS.
Apr-13	**Hysterectomy and CMS IPPS**	Which types of hysterectomy procedures and approaches are included in the CMS IPPS program?	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 found at this location: http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf. Note that some laparoscopic procedures are included in this category.
Apr-13	**Scope**	When reporting procedure data for laparoscopic assisted supracervical hysterectomies , should the data field "Scope" be completed as "Yes"?	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.
Apr-13	**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.	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). 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. 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.

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Apr-13	**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?	Yes, if the wound was closed primarily, a patient can develop an SSI following a dirty/infected procedure and the SSI must be reported to NHSN. A wound classification of dirty/infected assigned to such a case is the marker that an infection was incubating or present at the time of the operation, and this factor is taken into account through risk adjustment techniques. Essentially, more SSIs are expected to occur in such situations and this is taken into account. Further, because NHSN only includes operations which are closed primarily, and because there are surgical options other than primary closure available when infection or gross contamination of the operative wound is encountered (e.g., leave incision open, use a wound vac, etc.), subsequent infection of the operative incision or organ/space is counted as an HAI SSI when SSI criteria are met.
	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?	If no symptoms of infection were present at the time of invasive manipulation, an infection that develops after this accession would not be considered an SSI. Once a surgical site has been invasively manipulated in the postoperative period (i.e., the area of surgery underneath the skin is entered),a subsequent infection may be related to this manipulation, rather than the surgical procedure, and therefore no SSI would be reported. If however, symptoms of infection were present at the time of invasive manipulation, a subsequent infection may simply be extension of the already present SSI. Such cases may require case by case consideration. NOTE: This does not apply to closed manipulation of the area.
Apr-13	**CPT codes**	Can my facility choose to use either ICD-9-CM codes or CPT codes to identify our surgical procedures?	Only ICD-9-CM codes may be utilized at this time for SSI surveillance of inpatient procedures. CPT codes or ICD-9-CM codes can be utilized for outpatient SSI surveillance but whichever method is chosen must be used consistently.
Apr-13	**Robotic surgeries**	Are robotic surgeries included in NHSN operative procedure categories?	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. http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf
Apr-13	**Fall after operative procedure**	If a patient falls upon a postoperative incision, which then opens and ultimately becomes infected within the SSI surveillance time period, is this reported as an SSI?	There are several scenarios which may apply here: Please see page 9-18 of the NHSN Patient Safety Component Manual for specific guidance and examples. http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf
Apr-13	**COLO procedures and CMS requirements**	How do I know what types of procedures need to be followed in COLO to be compliant with CMS reporting requirements?	Table 1 NHSN Operative Procedure Category Mappings to ICD-9-CM Codes which is found in Chapter 9, SSI Events of the NHSN Patient Safety Component Manual, provides a complete listing of all codes included in each of the NHSN Operative Procedure Categories. http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf
Apr-13	**Multiple incisions**	How do I report separate NHSN operative procedures with 2 separate incisions?	If a patient has 2 procedures with separate incisions a Denominator for Procedure form will be completed for each and data entered into NHSN. Should an SSI develop, it would be entered for the appropriate procedure.
Apr-13	**Broth only cultures**	How do I interpret 'broth only' for the final culture report when reporting infection events in NHSN?	Positive cultures from broth only are considered a positive culture result and treated as such for surveillance purposes. Such media can be enriched to identify organisms that might otherwise be missed.

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Apr-13	**ASA codes**	What if my facility does not report ASA codes for surgical procedures I would like to follow in NHSN?	ASA codes are a required element for NHSN SSI surveillance for inpatient procedures only. As such, participation requires the collection of this data element. 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.
Apr-13	**Non-NHSN operative procedures**	Can I follow 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.
Apr-13	**Location field**	What if I don't know the location where the patient was after surgery in order to attribute the SSI?	SSIs are attributed to procedures and not to locations. Therefore you are not required to complete the location field on the Denominator for Procedure form. The location field may optionally be used internally for trending data.
Apr-13	**Pediatric operative procedures**	What kinds of pediatric surgeries are followed in NHSN?	NHSN Operative Procedure categories include procedures performed on patients of all ages. If a facility is monitoring SSI "in plan", it will need to monitor and report SSIs in ALL patients undergoing the NHSN Operative Procedure Category, not just the pediatric patients. By stratifying by date of birth in the analysis features of NHSN, it is possible to analyze SSI trends in pediatric patients only.
Apr-13	**Pin-site infections**	Are pin-site infections considered SSIs?	No. Pin-site infections are not considered NHSN SSIs. However, depending on the symptoms present, they may meet the criteria for a Skin or Soft Tissue Infection (SST) if a facility monitors for these types of infection.
Apr-13	**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.
Apr-13	**Hematoma**	Is an "infected hematoma" in a postoperative wound 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 meets an SSI criterion, it must be so reported, even if the physician disagrees. Please check the criteria.
Apr-13	**Percutaneous procedures**	The NHSN operative procedure category CARD includes ICD-9-CM code 37.25, cardiac biopsy. Should cardiac biopsies that are performed percutaneously be included in surveillance of SSIs in the NHSN operative procedures category of CARD?	ICD-9-CM codes are developed by the ICD-9-CM Coordination and Maintenance Committee of the Centers for Medicare and Medicaid Services. Some include more than one specific surgical technique. Such is true for 37.25. Even though this ICD-9-CM code includes both open and percutaneously performed cardiac biopsies, procedures performed percutaneously do not meet the definition of an NHSN operative procedure because there is no incision. Therefore such procedures should not be included in the denominators for CARD SSI rates, and any associated postoperative infections should not be reported as SSIs. Note: Such an infection may be a healthcare-associated infection (HAI), but it cannot be an SSI. Cardiac biopsies coded as ICD-9-CM code 37.25 but performed through an open incision should continue to be included in the surveillance of CARD SSIs.

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Apr-13	**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.
Apr-13	**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 than when you see a LAM and FUSN are found in the record both should be entered as denominators for procedures if both are in the surveillance plan.
Apr-13	**Joint replacement procedures**	What is the difference between total and partial joint replacement?	A total joint replacement involves replacing both articulating surfaces of the joint. A partial includes replacing only one.
Apr-13	**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.
Apr-13	**SSI changes for 2013**	What is the reasoning behind changing the definitions for surgical site infections…specifically the 365 day review being dropped to 90 days?	Beginning in 2013, the NHSN SSI Surveillance Period was changed to either 30 or 90 days for deep incisional and organ/space (i.e., Complex) SSI, depending on the procedure type. The surveillance period remains 30 days for all Superficial SSI. While historically the NHSN SSI protocol required follow up for Complex SSI for 30 days or 1-year after the procedure, based on absence or presence of an implant, both the burden and usefulness the data collected during the 1-year follow up period was evaluated. Descriptive analysis of SSI data reported to NHSN identified that the large majority (>85% for most procedure types) of SSIs are detected within either 30 or 90 days post-procedure depending on the type of surgery. Consequently, it was concluded that the small amount of additional data collected during the 1-year surveillance period did not offset the additional burden of continuing to require surveillance for the 1-year time period. Additionally, it is unclear if the later onset SSIs (i.e., those that occur greater than 3-6 months or more after surgery) are a true indicator of surgical quality, so their value to informing SSI prevention efforts is likely less than those SSIs that occur relatively soon (i.e., 30 to 90 days) postoperatively. Finally, the 30-day period being used for most surgical procedures (including COLO and HYST) is consistent with current federal reporting mandates, which are limited to a 30-day surveillance period.
Apr-13	**Wound class**	I am trying to enter a COLO procedure and clean is not listed on the drop down menu, why is it not listed as a choice?	There are a few Operative procedures that should never be entered as "CLEAN" cases. In our recent update we have removed the choice of clean from the drop down menu for a few procedure categories. COLO is one of the procedures that is not allowed to be entered as clean. This is also true for APPY, BILI, CHOL, COLO, REC, SB, and VHYS procedure categories. This information is found under the wound classification section of the NHSN SSI protocol on page 10.