



## Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient’s Medicare number.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race	Optional. Specify one or more of the choices below to identify the patient’s race: American Indian/Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White
Event Type	Required. Enter SSI.
Date of Event	Required. The date when the first element used to meet the SSI infection criterion occurred for the first time during the surveillance period.  Date of event must be within 30 days or 90 days of the date of procedure, depending on the NHSN operative procedure category. The date of event must reflect the deepest tissue level where SSI criteria is met during the surveillance period Synonyms: infection date
NHSN Procedure Code	Required. Enter the appropriate NHSN procedure code name (for example, COLO, HYST). For detailed instructions on how to report NHSN operative procedures, see the <a href="#">SSI</a> protocol. <b>Note:</b> An SSI cannot be “linked” to an operative procedure unless that procedure has already been added to NHSN. If the procedure was previously added, and the “Link to Procedure” button is clicked, the fields pertaining to the procedure will be auto-entered by the computer.



<p>ICD-10-PCS or CPT Procedure Code</p>	<p>Optional. The <a href="#">ICD-10-PCS</a> or <a href="#">CPT</a> code may be entered here instead of (or in addition to) the NHSN Procedure Code.          If the ICD-10-PCS or CPT code is entered, the NHSN code will be auto-entered by the computer. If the NHSN code is entered first, you will have the option to select the appropriate ICD-10-PCS or CPT code. In either case, it is optional to select the ICD-10-PCS or CPT code. The only allowed ICD-10-PCS or CPT codes are those found in the excel documents in the SSI section of the NHSN website in the <a href="#">“Supporting Materials”</a> section.</p>
<p>Date of Procedure</p>	<p>Required. Record the date when the NHSN operative procedure started using this format: MM/DD/YYYY.</p>
<p>Outpatient Procedure</p>	<p>Required. Check Y if the NHSN operative procedure was performed on a patient whose date of admission to the healthcare facility and date of discharge are the same calendar day, otherwise check N.</p>
<p>MDRO Infection Surveillance</p>	<p>Required. Enter “Yes”, if the pathogen is being followed for Infection Surveillance in the MDRO/CDI Module in that location as part of your Monthly Reporting Plan: MRSA, MSSA (MRSA/MSSA), VRE, CephR-<i>Klebsiella</i>, CRE (<i>E. coli</i>, <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i>, or <i>Enterobacter</i>), MDR-<i>Acinetobacter</i>, or <i>C. difficile</i>.</p> <p>If the pathogen for this infection happens to be an MDRO but your facility is not following the Infection Surveillance in the MDRO/CDI Module in your Monthly Reporting Plan, answer “No” to this question.</p> <p><b>Note:</b> For an SSI, the location of attribution is the post-op location, therefore answer YES to this question if:</p> <ul style="list-style-type: none"> <li>• the event occurs in a different calendar month from the surgical procedure</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• the facility is performing Infection Surveillance for the organism causing the SSI in the post-op location for the month reported in the Date of Event.</li> </ul>
<p>Date Admitted to Facility</p>	<p>Required. Enter date patient admitted to facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an NHSN operative procedure performed during a previous admission, enter the date of admission of the facility stay in which the NHSN operative procedure was performed.</p> <p>When determining a patient’s admission dates to both the facility and specific inpatient location, the NHSN user must take into account all such days, including any days spent in an inpatient location as an “observation” patient before being officially admitted as an inpatient to the facility, as these days contribute to exposure risk. Therefore, all such days are included in the counts of admissions and patient days for the facility and specific location, and facility and admission dates must be moved back to the first day spent in the inpatient location.</p>



<p>Location</p>	<p>Conditionally required if MDRO Infection Surveillance field is Yes. Enter the inpatient location to which the patient was assigned on the date of the SSI event. If the date of the SSI occurs on the day of transfer/discharge or the next day, indicate the transferring/discharging location, not the current location of the patient, in accordance with the Transfer Rule (see Key Terms section).</p> <p>If the patient is readmitted with the SSI during the surveillance period use the location that the patient was discharge from the stay that the OR procedure was performed.</p> <p>Inpatient or outpatient locations are allowed, but Operating Room locations are not allowed.</p>
<p>Event Details: Specific event</p>	<p>Required. Check the appropriate level of SSI from the list  <input type="checkbox"/> Superficial incisional primary (SIP)  <input type="checkbox"/> Superficial incisional secondary (SIS)  <input type="checkbox"/> Deep incisional primary (DIP)  <input type="checkbox"/> Deep incisional secondary (DIS)  <input type="checkbox"/> Organ/space: _____ (Indicate specific site code from Table 3 of the <a href="#">SSI</a> protocol.)</p>
<p>Event Details: Specify Criteria Used</p>	<p>Required. Check each of the elements of the definition that were used to identify the specific type of SSI. Specific organ/space event types have their own unique criteria which must be met. They are found in the <a href="#">Surveillance Definitions chapter</a>.</p>
<p>Infection present at the time of surgery (PATOS)</p>	<p>Required. Check Y if there is evidence of an infection or abscess at the start of, or during, the index surgical procedure (in other words, it is present preoperatively). The evidence of infection or abscess must be noted/documentated intraoperatively in an intraoperative note (immediate postoperative note). See SSI protocol for full details regarding how to apply the PATOS definition.</p>
<p>Event Details: Detected</p>	<p>Required.            Check A if SSI was identified before the patient was discharged from the facility following the procedure.            Check P if SSI was identified only as part of post-discharge surveillance. Include as P those SSI identified in the Emergency Department but not readmitted to the facility. Alternatively, if patient was identified by post-discharge surveillance but was <u>also</u> readmitted to the facility, check either RF or RO as appropriate.            Check RF if SSI was identified due to patient readmission to the facility where the procedure was performed.            Check RO if SSI was identified due to readmission to facility other than where the procedure was performed.</p>
<p>Event Details: Secondary bloodstream infection</p>	<p>Required. Check Y if there is a bloodstream infection (BSI) identified related to the SSI, otherwise check N. For detailed instructions on identifying whether the blood specimen identification represents a secondary BSI, refer to the Secondary BSI Guide (Appendix B of the <a href="#">BSI Event Protocol</a>). 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.</p>



Event Details: Died	Required. Check Y if patient died during the hospitalization, otherwise check N.
Event Details: SSI Contributed to Death	Conditionally required. If patient died, check Y if such evidence is available (for example, death/discharge note, autopsy report, etc.), otherwise check N.
Event Details: Discharge Date	Optional. Enter date patient discharged from facility using this format: MM/DD/YYYY. If a patient is readmitted with a previously unreported SSI associated with an operative procedure performed in a previous admission, enter the date of discharge of the facility stay in which the NHSN operative procedure was performed.
Event Details: Pathogens Identified	Required. Enter Y if a pathogen was identified, N if otherwise. If Y, specify organism name on the event form.
Pathogen # for specified Gram-positive Organisms, Gram-negative Organisms, Fungal Organisms, or Other Organisms	Up to three pathogens may be reported. If multiple pathogens are identified, enter the pathogen judged to be the most important cause of infection as #1, the next most as #2, and the least as #3 (usually this order will be indicated on the laboratory report). If secondary BSI pathogens are entered, they should be entered only after site-specific pathogens are entered. If the species is not given on the lab report or is not found on the NHSN organism list, then select the genus (for example, <i>Bacillus natto</i> is not on the list so would be reported as <i>Bacillus</i> ).
Antimicrobial agent and susceptibility results	<p>Conditionally required if Pathogen Identified = Y.</p> <ul style="list-style-type: none"> <li>For those organisms shown on the event form, susceptibility results are required only for the agents listed.</li> <li>For organisms that are not listed on the event form, the entry of susceptibility results is optional.</li> </ul> <p>Circle the pathogen's susceptibility result using the codes on the event forms. For each box listing several drugs of the same class, at least one drug susceptibility must be recorded.</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.</p> <p><b>Note:</b> Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
Comments	Optional. Enter any information on the SSI event.