

## **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 2019*

The Center for Medicare and Medicaid Services (CMS) published a final rule in the Federal Register on August 19, 2013 that includes 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 operative 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 (specifically, 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 entering 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>. Beginning with procedures performed on or after October 1, 2015, procedures must be categorized using ICD-10-PCS and/or CPT codes. The list of ICD-10-PCS codes and CPT codes that comprise the abdominal hysterectomy (HYST) and colon surgery (COLO) NHSN operative procedure categories can be found in the "Supporting Materials" section of the NHSN SSI resource page: <http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html>. All HYST and COLO operative procedures that meet the definition of an inpatient NHSN operative procedure and are assigned one or more of the listed ICD-10-PCS and/or CPT codes must be monitored for SSI and included in submitted SSI data. In order to report SSI surveillance data:

- A Monthly Reporting Plan must be created in NHSN to include the HYST and COLO operative procedure categories.



- Both operative procedures (denominator) and SSI events (numerator) should be reported regardless of whether the procedure was the primary procedure performed on the patient or secondary to another procedure.
- All required data fields for both denominator and numerator must be submitted to NHSN.
- Mark the “No Procedures Performed” field if no inpatient HYST or COLO procedures were performed for the reporting month.
- Mark the “Report No Events” field when no SSI events have been identified in the reporting month.

Exception: Unless a hospital submits a “Hospital IQR Program Healthcare Associated Infection (HAI) Exception Form” (available through QualityNet) to indicate that they performed a combined total of 9 or fewer abdominal hysterectomy and colon procedures in the calendar year prior to the reporting year.

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 (for example, all March data should be entered by April 30). 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 (April/May/June) must be entered by November 15, Q3 (July/August/September) must be entered by February 15, and Q4 (October/November/December) must be entered by May 15 in order for NHSN to report to CMS.

SSI surveillance data may be reported to NHSN in a number of ways. Numerator data may be reported to NHSN by manual data entry into the NHSN web-based application or via 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 an ASCII comma delimited text file, the format for which is specified at <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/ImportingProcedureData.pdf>. SSI data submitted to CMS includes:

- Deep incisional primary (DIP) and organ/space SSI events.
- SSI events detected during the operative hospitalization, on readmission to the hospital where the operative procedure was performed or on admission to another hospital, or through post-discharge surveillance.
- SSI events identified in patients who were 18 years or older at the time of their operative procedure.

NHSN will risk adjust SSI data reported to CMS, using the Complex 30-day SSI risk models described in the NHSN SIR Guide, available at: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>. NHSN will provide hospital-specific SSI standardized infection ratios (SIRs), one for HYST and one for COLO, for each reporting hospital by CMS Certification Number (CCN).

