<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td><strong>Active Surveillance Culture/Testing (ASC/AST)</strong></td>
<td>For purposes of NHSN surveillance, Active Surveillance Culture/Testing (ASC/AST) refers to testing that is intended to identify the presence/carriage of microorganisms for the purpose of instituting or discontinuing isolation precautions (for example, nasal swab for MRSA, rectal swab for VRE), or monitoring for eradication of a carrier state. ASC/AST does NOT include identification of microorganisms with cultures or tests performed for diagnosis and treatment purposes (for example, specimens collected from sterile body sites including blood specimens). Also, see Surveillance cultures.</td>
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<td><strong>Ambulatory Surgery Center (ASC)</strong></td>
<td>Based on the Code of Federal Regulations 42 CFR § 416.2, is any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC and must meet the conditions set forth in 42 CFR § 416. Additionally, the ASC must have a “C” as the 3rd digit of its CMS Certification Number (CCN) to participate in the OPC.</td>
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<td><strong>Aseptically obtained</strong></td>
<td>Specimen obtained in a manner to prevent introduction of organisms from the surrounding tissues.</td>
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<tr>
<td><strong>Burn</strong></td>
<td>Any unintended tissue injury that occurs prior to discharge from the outpatient facility and is caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation. Examples of devices that can cause burns include warming devices, prep solutions, electrosurgical units or lasers.</td>
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<tr>
<td><strong>Date of event (DOE)</strong></td>
<td>The date the first element used to meet an NHSN site-specific infection criterion occurs for the first time within the seven-day infection window period or SSI surveillance period. <em>Synonyms: infection date, date of infection, event date.</em></td>
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<td>In the case of a process measure, the date the process or intervention was performed (for example, the day a central line was inserted is the date of CLIP event).</td>
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<tr>
<td><strong>Died</strong></td>
<td>The patient died during the current facility admission.</td>
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### Discharge
A patient is considered discharged when they leave the confines of the outpatient facility.

### Encounter
Any patient visit to an outpatient location where the patient completes the registration process upon entry into the facility. Some outpatient facilities also refer to this as admission into the facility.

### Event contributed to death
The event either directly caused death or exacerbated an existing disease condition that then led to death as evidenced by available documentation (for example, death/discharge note, autopsy report, etc.).

### Event date
See Date of event.

### Fall
A sudden, uncontrolled, unintentional, and downward displacement of the body to the ground or other object, and that occurs within the confines of the outpatient facility. This definition excludes falls resulting from violent blows or other purposeful actions. It also excludes falls that do not occur within the confines of the outpatient facility, such as in a parking lot.

### Hospital Outpatient Department (HOPD)
Based on the Code of Federal Regulations 42 CFR 440.20, is a location that provides outpatient hospital services, meaning preventive, diagnostic, therapeutic, rehabilitative, or palliative services that:

1. Are furnished to outpatients
2. Are furnished by or under the direction of a physician or dentist
3. Are furnished by an institution that—
   i. Is licensed or formally approved as a hospital by an officially designated authority for State standard-setting
   ii. Meets the requirements for participation in Medicare as a hospital
4. May be limited by a Medicaid agency in the following manner: A Medicaid agency may exclude from the definition of “outpatient hospital services” those types of items and services that are not generally furnished by most hospitals in the State.

### Hospital Transfer or Admission
Any transfer or admission from an ASC or HOPD directly to an acute care hospital including the hospital emergency room. Directly means upon discharge from the outpatient facility. This measure applies regardless of the reason for the hospital transfer/admission, and no direct hospital transfers/admissions should be excluded based on an assessment about whether the transfer/admission is or is not related to the outpatient facility admission. This measure excludes patients who are discharged from the outpatient facility and then later go to a hospital emergency room or acute care hospital, even if they do so on the same date as the outpatient facility admission.

### Infection date
See Date of event.
### 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 the full month, for that events type. If the event is a measure that is included in a CMS Quality Reporting Program, all in-plan data are submitted to CMS in accordance with the Quality Program requirements and are included in NHSN annual reports or other NHSN publications.

### Non-culture based microbiologic testing
Identification of microorganisms using a method of testing other than a culture. Culture based testing require inoculation of a specimen to culture media, incubation and observation for actual growth of microorganisms. Depending on the organism identified, culturing can take several days to weeks for a final report. In contrast, non-culture based testing methods generally provide faster results, which can assist with early diagnosis and tailoring of antimicrobial therapy. Examples of non-culture based testing include but are not limited to PCR (polymerase chain reaction) and ELISA (Enzyme-linked immunosorbent assay).

With the exception of Active Surveillance Culture/Testing (ASC/AST), any test methodology (culture or non-culture based) that provides a final laboratory report in the medical record and identifies an organism, is eligible for use in meeting an NHSN infection definition.

### 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.

### Operative procedure category
A set of surgical procedures grouped together based on the NHSN definition of the procedure performed. Each Operative Procedure Category has been mapped with a list of CPT codes with procedure descriptions that aligns with the procedure category definition.

### Physician
For purpose of NHSN surveillance, the term physician includes physician or physician’s designee, specifically, nurse practitioner or physician’s assistant.

### Standardized Infection Ratio (SIR)
Summary measure used to track HAIs over time. It compares the number of reported HAIs to the number of predicted HAIs, based on NHSN baseline data. The SIR adjusts for several factors that may impact the risk of acquiring an HAI. See the [SIR Guide](#) for more information.

### Surgical site infection
An infection that meets the NHSN OPC-SSI criteria. The operative procedure must be one that is included in one of the NHSN OPC operative procedure categories and occurs within a defined timeframe. There are three categories of SSI that are defined by CDC. Each SSI definition is related to the tissue depth of the infection, as illustrated below.
### Surveillance cultures

Those cultures reported as part of a facility’s infection prevention and control surveillance are not used in patient diagnosis and treatment. Surveillance cultures include but are not limited to stool cultures for vancomycin-resistant *Enterococci* (VRE) and/or nasal swabs for methicillin-resistant *Staphylococcus aureus* (MRSA) surveillance. These cultures are also called active surveillance cultures or testing (ASC/AST).

**Note:** Positive cultures collected from sterile body sites including blood specimens are not surveillance cultures and are eligible for use in meeting NHSN event criteria. Also, see [Active Surveillance Culture/Testing (ASC/AST)](#).

### Surveillance Period

The timeframe following an NHSN operative procedure for monitoring and identifying an SSI event. The surveillance period is determined by the NHSN operative procedure category (for example, BRST-Breast surgery - 90-day surveillance period and HYST-abdominal hysterectomy – 30-day surveillance period).

Superficial incisional SSIs are only followed for a 30-day period for all procedure types. Secondary incisional SSIs are only followed for a 30-day period regardless of the surveillance period for the primary site.

### Wrong (site, side, patient, procedure, or implant)

A procedure performed in such a way that was not in accordance with the intended procedure - specifically, wrong body site (part), wrong side of the body, wrong patient, wrong procedure and/or wrong implant. The procedure performed was not consistent with the informed consent signed by the patient/family/designee. May also be referred to as Wrong Event.
References
