

## Outpatient Procedure Component (OPC) Key Terms

Term	Definition
<b>Active Surveillance Culture/Testing (ASC/AST)</b>	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 <a href="#">Surveillance cultures</a> .
<b>Ambulatory Surgery Center (ASC)</b>	Based on the Code of Federal Regulations <a href="#">42 CFR § 416.2<sup>1</sup></a> , 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.
<b>Aseptically obtained</b>	Specimen obtained in a manner to prevent introduction of organisms from the surrounding tissues.
<b>Burn</b>	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 laser. <sup>3,4</sup>
<b>Date of event (DOE)</b>	The date when the first element used to meet the OPC-SSI infection criterion occurs for the first time during the SSI surveillance period. The DOE must fall within the SSI surveillance period to meet SSI criteria. The type of SSI (superficial incisional, deep incisional, or organ/space) reported should reflect the deepest tissue layer involved in the infection during the surveillance period. Synonym: infection date
<b>Died</b>	The patient died during the current facility admission.
<b>Discharge</b>	A patient is considered discharged when they leave the confines of the Ambulatory Surgery Center (ASC).

<b>Encounter</b>	Any patient visit to an Ambulatory Surgery Center (ASC) where the patient completes the registration process upon entry into the facility. Some ASCs may refer to this as admission into the facility.
<b>Event contributed to death</b>	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.).
<b>Event date</b>	See <a href="#">Date of event</a> .
<b>Fall</b>	A sudden, uncontrolled, unintentional, and downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful action. This definition also excludes falls that do not occur within the confines of the Ambulatory Surgery Center (ASC), such as in a parking lot. <sup>3,4</sup>
<b>Fever</b>	See <a href="#">Vital signs</a> .
<b>Gross anatomical exam</b>	<p>Evidence of infection elicited or visualized on physical examination or observed during an invasive procedure. This includes findings elicited on physical examination of a patient during the encounter or subsequent assessments of the patient and may include findings noted during a medical/invasive procedure dependent upon the location of the infection as well as the NHSN infection criterion.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• An intraabdominal abscess will require an invasive procedure to visualize the abscess.</li> <li>• Visualization of pus or purulent drainage (includes from a drain).</li> </ul> <p><b>Note:</b> Imaging test evidence of infection cannot be applied to meet gross anatomic evidence of infection. Imaging test evidence has distinct findings in the OPC definitions. (For example, IAB “3b”).</p>
<b>Hospital Outpatient Department (HOPD)</b>	<p>Based on the Code of Federal Regulations <a href="#">42 CFR 440.20<sup>2</sup></a> is a location that provides outpatient hospital services, meaning preventive, diagnostic, therapeutic, rehabilitative, or palliative services that:</p> <ol style="list-style-type: none"> <li>1. Are furnished to outpatients</li> <li>2. Are furnished by or under the direction of a physician or dentist</li> <li>3. Are furnished by an institution that—             <ol style="list-style-type: none"> <li>i. Is licensed or formally approved as a hospital by an officially designated authority for State standard-setting</li> <li>ii. Meets the requirements for participation in Medicare as a hospital</li> </ol> </li> <li>4. May be limited by a Medicaid agency in the following manner: A Medicaid agency may exclude from the definition of “outpatient</li> </ol>

	<p>hospital services” those types of items and services that are not generally furnished by most hospitals in the State.</p> <p>HOPDs are not included in OPC reporting.</p>
<b>Hospital Transfer or Admission</b>	<p>Any transfer or admission from an Ambulatory Surgery Center (ASC) directly to an acute care hospital including the hospital emergency room. Directly means upon discharge from the ASC. 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 ASC admission. This measure excludes patients who are discharged from the ASC and then later go to a hospital emergency room or acute care hospital, even if they do so on the same date as the ASC admission. <sup>3,4</sup></p>
<b>Infection date</b>	<p>See <a href="#">Date of event</a>.</p>
<b>In-plan surveillance</b>	<p>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 event 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.</p>
<b>Non-culture based microbiologic testing</b>	<p>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).</p> <p>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.</p>
<b>Off-plan surveillance</b>	<p>Facility has <b>not</b> indicated in their NHSN Monthly Reporting Plan that the NHSN surveillance protocol(s) will be used, in its entirety, for that particular 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.</p>
<b>Operative procedure category</b>	<p>A set of surgical procedures grouped together based on the NHSN definition of the procedure performed. Each Operative Procedure Category has been</p>

	mapped with a list of CPT codes with procedure descriptions that aligns with the procedure category definition.
<b>Physician</b>	For NHSN surveillance purposes, the term physician includes the surgeon(s), infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).
<b>Standardized Infection Ratio (SIR)</b>	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 <a href="#">SIR Guide</a> for more information.
<b>Surgical site infection</b>	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.
<b>Surveillance cultures</b>	<p>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 <i>Enterococci</i> (VRE) and/or nasal swabs for methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) surveillance. These cultures are also called active surveillance cultures or testing (ASC/AST).</p> <p><b>Note:</b> Positive cultures collected from sterile body sites including blood specimens are not surveillance cultures and are eligible for use in meeting NHSN HAI, LabID, VAE, and SSI event criteria. Also, see <a href="#">Active Surveillance Culture/Testing (ASC/AST)</a>.</p>
<b>Surveillance Period</b>	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, COLO has a 30-day SSI surveillance period and KPRO has a 90-day SSI surveillance period, see <a href="#">Table 2 in OPC-SSI</a> ). Superficial incisional SSIs are monitored for a 30-day period for all procedure types. Secondary incisional SSIs are monitored for a 30-day period regardless of the surveillance period for the primary site. If a patient returns to the OR and the same surgical site is entered this ends the surveillance period for the prior NHSN operative procedure and begins a new SSI surveillance period if an NHSN operative procedure is performed
<b>Vital signs</b>	Clinical measurements used to assess a patient's essential body functions. If a specific vital sign parameter is <u>not</u> stated in a CDC/NHSN HAI definition or criterion (for example, hypotension and temperature instability) the facility should use the vital sign parameter(s) as stated in its policies and procedures for clinical practices.

	<p><b>Notes:</b></p> <ul style="list-style-type: none"> <li>• For fever, NHSN <u>does have a stated value</u>; the facility should use the temperature documented in the patient’s medical record. There is no conversion of temperature based on route of collection.</li> <li>• For apnea in ventilated patients &lt; 1 year of age, apnea <b>cannot</b> be determined by changes /adjustments in ventilator settings or by worsening oxygenation.</li> </ul>
<p><b>Wrong (site, side, patient, procedure, or implant)</b></p>	<p>Procedure is performed in a way that is not consistent with what is documented in the informed consent for a patient - not in accordance with intended site, side, patient, procedure or implant            May also be referred to as Wrong Event. <sup>3,4</sup></p>

## References

1. Code of Federal Regulations. National Archives and Records Administration. Retrieved from <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-416/subpart-A/section-416.2> on August 18, 2022.
2. Code of Federal Regulations. National Archives and Records Administration. Retrieved from <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-440/subpart-A/section-440.20> on August 18, 2022.
3. Centers for Medicare & Medicaid Services (CMS). QualityNet: Ambulatory Surgical Center Quality Reporting Specifications Manual Version 12.0. Retrieved from <https://qualitynet.cms.gov/asc/specifications-manuals> on August 23, 2022.
4. Ambulatory Surgery Center Quality Collaboration (ASC QC). ASC Quality Collaboration Measures: Implementation Guide Version 10.0. Retrieved from <https://www.ascquality.org/home> on August 23, 2022.