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## Post-discharge Surveillance Toolkit

This toolkit was developed by NHSN to assist facilities in implementing an effective post-discharge surgical site infection surveillance process.

### Contents:

The toolkit contains samples of a: Sample Letter, Post-discharge SSI Worksheet and Procedure Line List by Surgeon, along with instructions and helpful suggestions.

***NOTE:** If the facility already has an active standardized SSI surveillance process in place that is successfully identifying patients with infections post-discharge and is obtaining information from surgeons about potential SSIs, the facility may continue to use that process as long as the requirements of this Post-Discharge Surveillance Toolkit are met.*

### Instructions:

Based on the NHSN OPC-SSI Protocol, operative procedures must be followed for either a 30- or 90-day surveillance period after the operation in order to identify a potential SSI (Table 2).

1. **Sample Letter** – introduces the receiving surgeon and office staff to your facility’s post-discharge SSI surveillance program. It provides instructions and contact information if questions arise.
2. **Procedure Line List by Surgeon** - is line list that is generated at the end of every month (or 90-day period for select procedures). The line list will provide surgeons with a detailed list of each procedure they performed at the facility during the previous 30 (or 90) days.
3. **SSI Worksheet** – is used to allow surgeons or their designee to document whether any of their patients developed a suspected superficial, deep, or organ/space surgical site infection. This is a generic worksheet that can be used for any surgical procedure monitored by the facility.

The Procedure Line List and the Post-discharge SSI Worksheet can be sent to surgeons’ offices at the end of every surveillance period (30 or 90 days). Using the Procedure Line List as a guide, surgeons will complete one Worksheet for each patient who developed an SSI. All completed Worksheets should be sent back to the appropriate ASC staff to confirm that the documented SSI(s) correctly meets NHSN criteria. If the SSI(s) is confirmed, the infections must be entered into NHSN.

Instructions for the office staff on how to complete the Post-discharge SSI Worksheets can be customized based on your facility’s preferences.

### IMPORTANT POINTS:

- Your facility must include either a Surgeon Code or Surgeon Name for each procedure entered in NHSN in order to generate the Procedure Line List by surgeon.
- The Procedure Line List and the SSI Worksheets should not be mailed until at least 30 or 90 days after the last surgical procedure so that the correct time-period following the surgery has lapsed.



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**SAMPLE: LETTER**

*[Insert Name Ambulatory Surgery Center] [Insert Date]  
Post-discharge Surgical Site Infection Surveillance*

Dear Office Staff,

Our records show that [Surgeon's Name] performed surgical procedures at our facility during the [Insert Months & Year or surveillance period].

We are requesting your assistance with our post-discharge surgical site infection surveillance. Please review your records for each patient included on the line list.

- If a patient did not develop any surgical site infection, check the “No Evidence of SSI box.”
- If a patient developed any signs or symptoms of infection, please complete the enclosed “Post-discharge Surgical Site Infection Worksheet.”

**NOTE:** *Please make enough copies of the blank Post-discharge Surgical Site Infection Worksheet so that one worksheet can be completed for each patient with an SSI.*

- Return this line list and any completed worksheets by [Insert Due Date]

The completed SSI worksheets and line list can be sent back via fax or mail. If you have any questions, please feel free to call.

Thank you for your assistance in ensuring our compliance with post-discharge SSI surveillance.

[Insert Name]  
[Facility Name]  
[Facility Address]  
FAX: 000-000-0000  
Phone: 000-000-0000



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**SAMPLE: LINELIST for [Surgeon's Name]**  
*[Insert Name Ambulatory Surgery Center] [Insert Date]*  
*Post-discharge Surgical Site Infection Surveillance*

Patient Last Name	Patient First Name	Date of Birth	Sex	Procedure ID	Procedure Date	Procedure Category	Surgeon Code	No Evidence of SSI
Smith	Roger	10/20/1944	F	27467	06/30/2019	COLO	0103	
Greene	Rachel	07/27/1949	F	27486	06/16/2019	COLO	0103	
Blakeman	Mark	12/01/1927	M	27497	06/30/2019	COLO	0103	
Fields	Rebecca	01/15/1960	F	27525	06/31/2019	COLO	0103	
Hunter	Sean	09/23/1933	M	27531	06/24/2019	COLO	0103	
Smith	Mary	07/16/1970	F	35014	06/09/2019	HYST	0103	
Jones	SeQuisha	06/29/1972	F	35015	06/02/2019	HYST	0103	
Archin	Latoya	09/03/1967	F	35016	06/07/2019	HYST	0103	



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**SAMPLE: Post-discharge Worksheet for Suspected SSI**

*[Insert Name Ambulatory Surgery Center] [Insert Date]*

*Post-discharge Surgical Site Infection Surveillance*

<b>Patient Demographics:</b>	
Patient Name (Last, First):	
Primary CPT Code of Procedure:	Date of Procedure:
Date SSI Identified:	
Was the SSI identified on admission to a hospital?    Y    N If Yes, name of facility: _____	
<b>Select the infection type and associated criteria (if known) from the options below:</b>	
<input type="checkbox"/> <b>A. Superficial Incisional SSI:</b> Involves only the skin and subcutaneous tissue of the incision	
<b>Criteria met (check all that apply):</b>	
<input type="checkbox"/> Purulent drainage from the superficial incision	
<input type="checkbox"/> Organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue <sup>1</sup>	
<input type="checkbox"/> *Superficial incision that is deliberately opened by a surgeon, physician <sup>2</sup> or physician designee and culture or non-culture based <sup>1</sup> microbiologic testing is not performed.	
<b>*If checked, please answer the following (check all that apply):</b>	
<input type="radio"/> Pain or tenderness	
<input type="radio"/> Localized swelling	
<input type="radio"/> Redness (erythema)	
<input type="radio"/> Heat	
<input type="checkbox"/> Diagnosis of a superficial incisional SSI by the surgeon or physician <sup>2</sup> or physician designee.	
<input type="checkbox"/> <b>B. Deep Incisional SSI:</b> Involves deep soft tissues (for example, fascia and muscle layers)	
<b>Criteria met (check all that apply):</b>	
<input type="checkbox"/> Purulent drainage from the deep incision	
<input type="checkbox"/> *Deep incision spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, physician <sup>2</sup> or physician designee and organism is identified from specimen <sup>1</sup> or microbiologic testing not performed.	
<b>*If checked, please answer the following (check all that apply):</b>	
<input type="radio"/> Fever (>38°C)	
<input type="radio"/> Localized pain or tenderness	
<input type="checkbox"/> Abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam, or imaging test	



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**C. Organ/Space:** Involves any part of the body, (excluding skin incision, fascia, and muscle layers), that is opened or manipulated during the operative procedure

**Criteria met (check all that apply):**

- Purulent drainage from a drain that is placed into the organ/space
- Organisms isolated from an aseptically-obtained specimen of fluid or tissue in the organ/space<sup>1</sup>
- Abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence consistent with infection

<sup>1</sup>Culture or non-culture based microbiologic testing method.

<sup>2</sup>Should be interpreted to mean surgeon(s), infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).

**Additional comments:**

**Signature:**

**Date:**