Almost Here!

NHSN Outpatient Procedure Component – Surveillance for Ambulatory Surgery Centers

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NHSN Annual Training - 2018
Atlanta, GA
Objectives

- Discuss the primary intent of the Outpatient Procedure Component (OPC)
- Describe the two OPC modules
- Identify key differences between OPC and the Patient Safety Component (PSC) for surgical site infection (SSI) surveillance
Background
Ambulatory Surgery Centers (ASCs)

- **ASC definition***
  - Distinct entity that exclusively provides surgical services to patients not requiring hospitalization and admission/duration of services does not exceed 24 hour

- **Important characteristics of ASCs**
  - Often specialty-specific
  - May lack dedicated IT staff
  - May or may not be hospital-affiliated
  - Patient-facility contact is short-term

*Code of Federal Regulations definition of an Ambulatory Surgery Center (ASC), 42 CFR § 416.2
Hospital Outpatient Department (HOPDs)

- **HOPD definition**
  - A location that provides *outpatient hospital services*, meaning preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished to *outpatients*:
    - by an institution that is licensed or formally approved as a *hospital* and
    - meets the requirements for participation in Medicare as a *hospital*

*Code of Federal Regulations definition of a Hospital Outpatient Department (HOPDs) 42 CFR 440.20*
Current ASC Reporting

- ASCs participating in the CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program report:
  - ASC- 1, ASC-2, ASC-3 and ASC-4 via a claims-based mechanism using CMS’ Quality Data Codes.
  - ASC- 8 Healthcare Personnel (HCP) Influenza Vaccination via NHSN Healthcare Personnel Safety Component
Current ASC Reporting

- There are no surgical site infections (SSI) reporting mandates included in the CMS ASC Quality Reporting Program

- Few state-based reporting mandates for SSIs via NHSN Patient Safety Component (PSC)
Outpatient Procedure Component (OPC)
Overview

- Scheduled for launch later this year
- Created to provide a component specific for ASCs
  - Hospital Outpatient Departments (HOPDs) are not included
- Contains 2 modules
  - Same Day Outcome Measures
  - Surgical Site Infection Measure
- OPC replaces the use of the PCS for SSI reporting
Transitioning to OPC -- ASCs *that are currently*

- Enrolled in the Patient Safety Component, *no action is required* – *automatically enrolled in OPC*

No Action Required
Transitioning to OPC -- ASCs that are currently Enrolled in the Healthcare Personnel Safety Component and elect to participate:

- Will need to add OPC as a component
- Will need to complete an Annual Facility Survey for ASCs
Transitioning to OPC -- ASCs *that are currently*

- Not participating in NHSN – will need to complete the NHSN enrollment and setup processes for ASCs
Same Day Outcome Measures (SDOM) Module
Key Term: Encounter

- A patient’s visit to an outpatient facility where the patient completes the registration process
- Some outpatient facilities may refer to this as an admission
Same Day Outcome Measures Module

- SDOM-1 Patient Burn
- SDOM-2 Patient Fall
- SDOM-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- SDOM-4 All-Cause Hospital Transfer/Admission
**SDOM-1 Patient Burn**

- **Burn** - Unintended tissue injury caused by: scalds, contact, fire, chemical, electrical or radiation

- This measure is used to assess the number of encounters (admissions) who experience a burn prior to discharge from the ASC

<table>
<thead>
<tr>
<th>Numerator</th>
<th>ASC encounters (admissions) experiencing a burn prior to discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>All ASC encounters</td>
</tr>
</tbody>
</table>
**SDOM-2 Patient Fall**

- **Fall** - A sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object

- This measure is used to assess the number of encounters (admissions) who experience a fall within the ASC

<table>
<thead>
<tr>
<th>Numerator</th>
<th>ASC encounters (admissions) experiencing a fall within the confines of the ASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>All ASC encounters</td>
</tr>
</tbody>
</table>
SDOM-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant

- **Wrong events** – Performance or occurrence of a procedure in such a way that was not in accordance with the intended surgical procedure - specifically, wrong body site (part), wrong side of the body, wrong patient, wrong procedure and/or wrong implant

- This measure is used to assess the number of encounters (admissions) who experience a wrong event

<table>
<thead>
<tr>
<th>Numerator</th>
<th>ASC encounters (admissions) experiencing a wrong event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>All ASC encounters</td>
</tr>
</tbody>
</table>
SDOM-4 All-Cause Hospital Transfer/Admission

- **Hospital transfer/admission** - Any transfer/admission from an ASC directly to an acute care hospital including hospital emergency room.

- This measure is used to assess the percentage of ASC encounters (admissions) who are transferred or admitted to a hospital upon discharge from the ASC.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>ASC encounters (admissions) requiring a hospital transfer or hospital admission upon discharge from the ASC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>All ASC encounters</td>
</tr>
</tbody>
</table>

19
# Denominator Form

- One total for encounters is used for all event types

## Outpatient Procedure Component

**Denominator for Same Day Outcome Measures**

<table>
<thead>
<tr>
<th>Facility ID:</th>
<th>*Month/Year: <strong><strong>/</strong></strong>__</th>
</tr>
</thead>
</table>

### Same Day Outcome Measures

- **Total number of encounters (admissions) for the month:**

### Custom Fields

<table>
<thead>
<tr>
<th>Label</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Comments

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

CDC 57 403
Numerator (Event) Form

- All Same Day Outcome events use the same form
- All events for the same patient are recorded on one form
Important Points:

- Using NHSN to report the Same Day Outcome Measures **does not meet** the reporting requirements for the CMS Ambulatory Surgical Center Quality Reporting (ASCQR) Program

- Reporting is **optional** using NHSN
Elephant in the Room

- If reporting is **optional**, why would an ASC want to use the SDOM Module?
  - Provides an opportunity to analyze multiple payer data
  - Enable ASCs to benchmark against nationally aggregated data
Surgical Site Infection Module (OP-SSI)
NHSN Family of Components

LTC

OPC

PSC
Patient Safety Component (PSC) ASC SSI Data

- ASC data from the PSC SSI Protocol will still be available for those ASCs currently reporting

- Point to be mindful of – the PSC ASC data are risk adjusted based on the variables included in OPC
Key Term: NHSN Operative Procedure

Defined as a procedure that is

- included in the NHSN Current Procedural Terminology (CPT) code mapping

and

- has **at least one incision** (including laparoscopic approach)

and

- takes place **in an operating room** (OR) or room meeting OR standards.
OP-Surgical Site Infection Module

- Any of the 30 NHSN operative procedure category(s) can be monitored.
- All procedures within the selected operative procedure category must be monitored.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>SSI for the selected procedure category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Total number of procedures for the selected procedure category</td>
</tr>
</tbody>
</table>
OP-Surgical Site Infection Module

- OP-SSI criteria are similar to those within the Patient Safety Component (PSC)

- SSIs are identified as:
  - *Superficial Incisional SSI*
  - *Deep Incisional SSI*
  - *Organ/Space SSI*
OP-Surgical Site Infection Module

- Includes the Ambulatory Breast Procedure SSI Outcome Measure for ASC
- Fewer reporting fields (variables) than PSC-SSI
NHSN Operative Procedure Categories

- 30 procedure categories
- 30 and 90-day surveillance periods

### 30-day Surveillance

<table>
<thead>
<tr>
<th>Code</th>
<th>Operative Procedure</th>
<th>Code</th>
<th>Operative Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMP</td>
<td>Limb amputation</td>
<td>NECK</td>
<td>Neck surgery</td>
</tr>
<tr>
<td>APPY</td>
<td>Appendix surgery</td>
<td>NEPH</td>
<td>Kidney surgery</td>
</tr>
<tr>
<td>AVSD</td>
<td>Shunt for dialysis</td>
<td>OVRY</td>
<td>Ovarian surgery</td>
</tr>
<tr>
<td>BILI</td>
<td>Bile duct, liver or pancreatic surgery</td>
<td>PRST</td>
<td>Prostate surgery</td>
</tr>
<tr>
<td>CEA</td>
<td>Carotid endarterectomy</td>
<td>REC</td>
<td>Rectal surgery</td>
</tr>
<tr>
<td>CHOL</td>
<td>Gallbladder surgery</td>
<td>SB</td>
<td>Small bowel surgery</td>
</tr>
<tr>
<td>COLO</td>
<td>Colon surgery</td>
<td>SPLE</td>
<td>Spleen surgery</td>
</tr>
<tr>
<td>GAST</td>
<td>Gastric surgery</td>
<td>THOR</td>
<td>Thoracic surgery</td>
</tr>
<tr>
<td>HYST</td>
<td>Abdominal hysterectomy</td>
<td>THYR</td>
<td>Thyroid and/or parathyroid surgery</td>
</tr>
<tr>
<td>LAM</td>
<td>Laminectomy</td>
<td>VHYS</td>
<td>Vaginal hysterectomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>XLAP</td>
<td>Exploratory Laparotomy</td>
</tr>
</tbody>
</table>

### 90-day Surveillance

<table>
<thead>
<tr>
<th>Code</th>
<th>Operative Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRST</td>
<td>Breast surgery</td>
</tr>
<tr>
<td>FUSN</td>
<td>Spinal fusion</td>
</tr>
<tr>
<td>FX</td>
<td>Open reduction of fracture</td>
</tr>
<tr>
<td>HER</td>
<td>Herniorrhaphy</td>
</tr>
<tr>
<td>HIPRO</td>
<td>Hip prosthesis</td>
</tr>
<tr>
<td>KPRO</td>
<td>Knee prosthesis</td>
</tr>
<tr>
<td>PACE</td>
<td>Pacemaker surgery</td>
</tr>
<tr>
<td>PVBY</td>
<td>Peripheral vascular bypass surgery</td>
</tr>
<tr>
<td>VSHN</td>
<td>Ventricular shunt</td>
</tr>
</tbody>
</table>
CPT Code

- CPT code is a required field for reporting.
**OP-SSI Surveillance: Fewer reporting fields than PSC-SSI**

<table>
<thead>
<tr>
<th>Reporting Detail</th>
<th>Patient Safety</th>
<th>Outpatient Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASA Score</td>
<td>✓</td>
<td>✓*</td>
</tr>
<tr>
<td>Height</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Weight</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wound Class</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Trauma</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Emergency</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Duration</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Closure Technique</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

* Procedures that do not generate an ASA are excluded.
**Procedure Details that are not included**

- **Spinal fusion surgery (FUSN)**
  - Spinal level
  - Approach/Technique

- **Hip arthroplasty (HPRO) & Knee arthroplasty (KPRO)**
  - Total, Partial or Resurfacing
  - Primary and Revision

---

<table>
<thead>
<tr>
<th>Circle one: FUSN</th>
<th>Circle one: HPRO  KPRO</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Spinal Level (check one)</em></td>
<td>ICD-10-PCS Supplemental Procedure Code for HPRO/KPRO: ____________</td>
</tr>
<tr>
<td>□ Atlas-axis</td>
<td><em>Check one: □ Total  □ Hemi  □ Resurfacing (HPRO only)</em></td>
</tr>
<tr>
<td>□ Atlas-axis/Cervical</td>
<td>If Total: □ Total Primary  □ Total Revision</td>
</tr>
<tr>
<td>□ Cervical</td>
<td>If Hemi: □ Partial Primary  □ Partial Revision</td>
</tr>
<tr>
<td>□ Cervical/Dorsal/Dorsolumbar</td>
<td>If Resurfacing (HPRO only): □ Total Primary  □ Partial Primary</td>
</tr>
<tr>
<td>□ Dorsal/Dorsolumbar</td>
<td></td>
</tr>
<tr>
<td>□ Lumbar/Lumbosacral</td>
<td></td>
</tr>
<tr>
<td><em>Approach/Technique (check one)</em></td>
<td></td>
</tr>
<tr>
<td>□ Anterior</td>
<td></td>
</tr>
<tr>
<td>□ Posterior</td>
<td></td>
</tr>
<tr>
<td>□ Anterior and Posterior</td>
<td></td>
</tr>
<tr>
<td>□ Transoral</td>
<td></td>
</tr>
</tbody>
</table>

*If total or partial revision, was the revision associated with prior infection at index joint*
PSC Reporting instructions that are not included

- **Site-specific** reporting from Chapter 17 is not included
  - This means no site-specific SSI identification is needed for Organ/Space SSIs

- Determination of infection or abscess "present at the time of surgery" (PATOS) is not included
Denominator for Procedure Reporting Form

### Outpatient Procedure Component
#### Monthly Denominator for Procedure

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility ID</td>
<td>Procedure #.</td>
</tr>
<tr>
<td>*Patient ID:</td>
<td>Social Security #:.</td>
</tr>
<tr>
<td>Secondary ID:</td>
<td>Medicare #:.</td>
</tr>
<tr>
<td>Patient Name, Last:</td>
<td>First: Middle:</td>
</tr>
<tr>
<td>*Gender: F M Other</td>
<td>*Date of Birth:</td>
</tr>
<tr>
<td>Ethnicity (Specify):</td>
<td>Race (Specify):</td>
</tr>
<tr>
<td>Event Type: FROC</td>
<td>*NHSN Procedure Code Category:</td>
</tr>
<tr>
<td>*Date of Procedure:</td>
<td>CPT Procedure Code:</td>
</tr>
</tbody>
</table>

### Procedure Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Wound Class: C CC CO D</td>
<td>*Duration: _____ Hours _____ Minutes</td>
</tr>
<tr>
<td>*ASA Score: 1 2 3 4 5</td>
<td>*General Anesthesia: Yes No</td>
</tr>
<tr>
<td>*Endoscopy: Yes No</td>
<td>*Diabetes Mellitus: Yes No</td>
</tr>
<tr>
<td>Surgeon Code:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Height: (choose one)</td>
<td>*Weight: _____ lbs/kg (circle one)</td>
</tr>
<tr>
<td>_____ feet _____ inches</td>
<td></td>
</tr>
<tr>
<td>_____ meters</td>
<td></td>
</tr>
</tbody>
</table>

### Custom Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Label</td>
<td></td>
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<tr>
<td></td>
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<td>Label</td>
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</tr>
</tbody>
</table>
# SSI Event (Numerator) Reporting Form, pg 1

## Outpatient Procedure Component
### Surgical Site Infection (SSI) Event

This form is used for reporting data on each patient having an SSI event related to one of the NHSN operative procedures selected for monitoring.

<table>
<thead>
<tr>
<th>Page 1 of 1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facility ID:</strong></td>
<td><strong>Event #:</strong></td>
</tr>
<tr>
<td><strong>Patient ID:</strong></td>
<td><strong>Social Security #:</strong></td>
</tr>
<tr>
<td><strong>Secondary ID #:</strong></td>
<td><strong>Medicare #:</strong></td>
</tr>
<tr>
<td><strong>Patient Name, Last:</strong></td>
<td><strong>First:</strong></td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td><strong>M</strong></td>
</tr>
<tr>
<td><strong>Ethnicity (Specify):</strong></td>
<td><strong>Race (Specify):</strong></td>
</tr>
<tr>
<td><strong>Date of Encounter (MM/DD/YYYY):</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Surgical Site Infection (SSI)

*Event Type: SSI*

<table>
<thead>
<tr>
<th><em>Date of Event:<strong>/</strong>/___</em></th>
<th><em>Primary CPT Code:___</em></th>
<th><em>NHSN Procedure Code:___</em></th>
</tr>
</thead>
</table>

*SSI Level:

- [ ] Superficial Incisional Primary (SIP)
- [ ] Deep Incisional Primary (DIP)
- [ ] Superficial Incisional Secondary (SIS)
- [ ] Deep Incisional Secondary (DIS)
- [ ] Organ/Space

*Specify SSI Criteria Used (check all that apply):

#### Signs & Symptoms

- [ ] Abscess
- [ ] Localized swelling
- [ ] Erythema or redness
- [ ] Pain or tenderness
- [ ] Fever (>38°C)
- [ ] Purulent drainage
- [ ] Heat
- [ ] Wound spontaneously dehisced
- [ ] Incision deliberately opened/drained
- [ ] Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam

#### Laboratory

- [ ] Organism(s) identified
- [ ] Culture or non-culture based testing not performed
- [ ] Imaging test evidence of infection

#### Clinical Diagnosis

- [ ] Diagnosis of superficial SSI by surgeon or attending physician
Post-discharge Surveillance

- Active post-discharge surveillance process
  - Recommended for the detection of SSIs
  - *Example: post-discharge survey sent to surgeon for feedback*

- Passive surveillance process
  - *Example: patient/caregiver contacts the outpatient facility to report an SSI*
**SSI Event**
(Numerator)
Reporting Form, pg 2

*How did the outpatient facility (where the procedure was originally performed) detect/identify the SSI event? (select the method that most closely resembles the method of detection/identification)*

The SSI was detected through the facility’s **ACTIVE** surveillance process:

- [ ] Review of patient’s medical record
- [ ] Post-discharge surgeon survey
- [ ] Post-discharge patient letter
- [ ] Post-discharge patient phone call
- [ ] Patient returns to outpatient facility for follow-up
- [ ] Cooperative infection prevention process between facilities

The SSI was detected through a **PASSIVE** surveillance process that was not initiated by the facility:

- [ ] Patient/caregiver contacts facility to report
- [ ] Surgeon contacts facility to report
- [ ] Report from another facility (inpatient, health department, emergency department, etc.)

**Custom Fields**

<table>
<thead>
<tr>
<th>Label</th>
<th>___________________________</th>
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<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

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OPC-Post-discharge Surveillance Toolkit

Includes:
- Sample letter
- Sample Line by Surgeon
- SSI Worksheet
Breast Procedure SSI Outcome Measure
Collaborative Work – OPC Development

ASC Quality Collaboration (ASCQC) & NHSN

- Initiated in 2013
- Shared & complementary missions for healthcare quality and patient safety
- Combined benefit of each organization’s distinct area of national leadership and expertise surpasses solo initiatives
- Developed Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure for ASCs
Ambulatory Breast Procedure SSI Measure

- Breast procedures selected - highest volume and highest SSI risk among ASCs reporting into NHSN
- CDC/NHSN & ASC QC developed the measure specifications and Colorado Department of Public Health and Environment (CDPHE) field tested the measure
- Ambulatory Breast Procedure SSI Outcome Measure for ASC received NQF endorsement
Ambulatory Breast Procedure SSI Measure, cont.

- NHSN’s breast procedure and SSI definitions were used for data collection requirements
- NHSN’s analytic methods were used for risk adjustment and statistical summarization
Ambulatory Breast Procedure SSI Measure, cont.

Measure Testing Results

Validity – ASC QC questionnaire responses (11 respondents)
- 9/11 (81.8%) agree with conceptual validity of the measure
- 8/11 (72.7%) agree that measure accurately reflects performance

Reliability – CDPHE record review (715 records; 5 SSIs)
- No under-reported SSIs
- 1 over-reported SSI

Predictive model performance
- Final model - patient age and ASA score are the predictors
NQF - National Quality Forum

- Created in 1999 by public and private sector leaders

- With a mission to lead national collaboration to improve health and healthcare quality through measurement

- NQF-endorsed measures are considered the gold standard for healthcare measurement in the United States.

- Measures used by federal and states government as well as private-sector organizations
SSI Criteria for Breast Surgery (BRST)

- Separate criteria for reporting BRST SSI
  - Superficial Incisional
  - Deep Incisional
  - Organ/Space

Appendix A: Instructions for Reporting Infections of Breast Surgery (BRST)

These instructions apply to surgical site infections (SSIs) during the 30-day (superficial SSI) and 90-day (deep and organ/space SSI) postoperative periods following BRST - Breast Surgery performed in Ambulatory Surgery Centers.

Surgical site infection: An infection, following a breast surgery, of either the skin, subcutaneous tissue or breast parenchyma at the incision site (superficial incisional SSI), deep soft tissues of the incision site (deep incisional SSI), or any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure (organ/space SSI).

BRST - Superficial incisional SSI
Must meet the following criteria:

Infection occurs within 30 days after a BRST; where day 1 = the procedure date
AND
   involves either the skin, subcutaneous tissue (for example, fatty tissue) or breast parenchyma (for example, milk ducts and glands that produce milk) at the incision
AND
   patient has at least one of the following:
   a. purulent drainage from the superficial incision.
   b. organisms identified from an aseptically-obtained specimen from the superficial incision or subcutaneous tissue by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment (for example, not Active Surveillance Culture/Testing (ASC/AST)).
   c. superficial incision that is deliberately opened by a surgeon, attending physician** or other designee and culture or non-culture based testing is not performed.
   and
   patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; redness (erythema); or heat. A culture or non-culture based test that has a positive finding does not meet this criterion.
Analysis Options
NHSN Analysis Options

- Descriptive analysis of numerator and denominator data
  - Line listings, frequency tables, bar and pie charts

- Standardized infection ratio (SIR), rates and run charts - available at a later date
Benefits of Using OPC
Benefits of Using OPC

- Includes NQF endorsed measures
- OP-SSI protocol created for ASCs – Can be used to fulfill state-based reporting mandates
- ASC BRST criteria developed in collaboration with ASC-QC
Benefits of Using OPC, cont.

- Enables ASCs to benchmark against nationally aggregated data
- Data collection for all payer types in one-system
Potential Questions
Future Direction of OPC
Potential Question: # 1

Q: If an ASC enters quality measures SDOM-1 through SDOM-4 into NHSN, will it still be required to report these measures as ASC-1 through ASC-4 via the CMS ASCQR reporting system?

A: The CMS ASCQR reporting requirement for quality measures ASC-1 through ASC-4 is NOT met when these data are entered into NHSN. ASCs are still required to report ASC-1 thru ASC-4 data through the CMS ASCQR reporting system.
Potential Question: # 2

Q: If a patient has more than one event, will the ASC be required to complete multiple individual event forms?

A: A single form is required for one or more of the Same Day Outcome Measures and a separate form is required for each SSI event.

Example 1: A patient experiences a burn while in the ASC and subsequently develops an SSI; one Same Day Outcome Measures form for the burn and one SSI event form.

Example 2: A patient experiences a fall and a Wrong event during an ASC encounter; both the fall and the Wrong event are included on one Same Day Outcome Measures form.
Potential Question: #3

Q: Will training be available for OPC and NHSN?

A: Training materials will be available for OPC and NHSN. Short one-topic videos, self-paced computer based learning modules, quick reference guides and webinars will be available.
Future Direction of OPC

- Learn more about ASCs through the analysis of OPC data
- Continue to tailor the contents of OPC for the ASC setting
Summary
Summary of Outpatient Procedure Component (OPC)

- OPC is under construction
- Scheduled for launch later this year
- OPC will replace the use of Patient Safety Component for ASCs
Summary of Outpatient Procedure Component, cont.

- Includes 2-modules
  - *Same Day Outcome Measures*
  - *Surgical Site Infection Measure*

- Reporting is optional using NHSN, except where there is a state-based mandate
References

- Ambulatory Surgical Center Quality Reporting Specifications Manual; Version 7.0a, retrieved 02/05/2018

- ASC Quality Measures: Implementation Guide; Version 5.0, December 2018, retrieved 02/05/2018

- MEDPAC; Report to the Congress: Medicare Payment Policy; Ch. 5, March 2017, retrieved 3/22/2017

Send questions related to the NHSN Outpatient Procedure Component to nhsn@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.