National Center for Emerging and Zoonotic Infectious Diseases



Patient Safety Component Navigating SSI Reporting in NHSN

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NHSN Protocol and Training Team

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Objectives

- Identify surveillance methods
- Demonstrate how to locate Surgical Site Infection (SSI) resources on the NHSN website
- Review reporting requirements for Monthly Reporting Plans (MRPs), numerator and denominator data

Considerations for Effective Surveillance

Considerations for Effective Surveillance

- Risk Assessment
- Actionable data
- Available resources
- Surveillance periods
- Denominator data
- Collaboration
- Surveillance methods

Surveillance Methods

- Active Passive
- Patient-based Laboratory-based
- Prospective Retrospective
- Priority-directed Comprehensive

Examples of SSI Surveillance Methods

- Medical record review
- Consult with primary care staff
- Surgeon surveys via mail or telephone
- Patient surveys via mail or telephone
- Automated reports or alerts
- Unit rounding



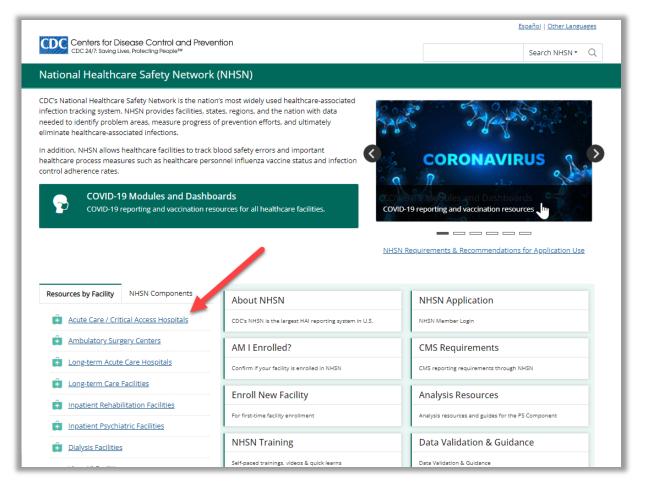


What is NHSN and Why Should I Use It?

- NHSN is a mechanism for collecting and analyzing surveillance data.
- NHSN does not have mandates for reporting, but expects specific data based on facility selections on the Monthly Reporting Plan (MRP)
- The decision to use NHSN may include:
 - Quality Reporting Program participation
 - Your facility internal risk assessment
 - Required reporting by your state or other organizations

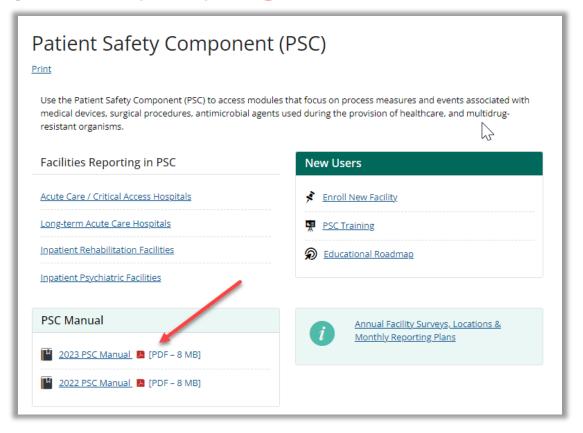
NHSN SSI Resources

NHSN Main Page

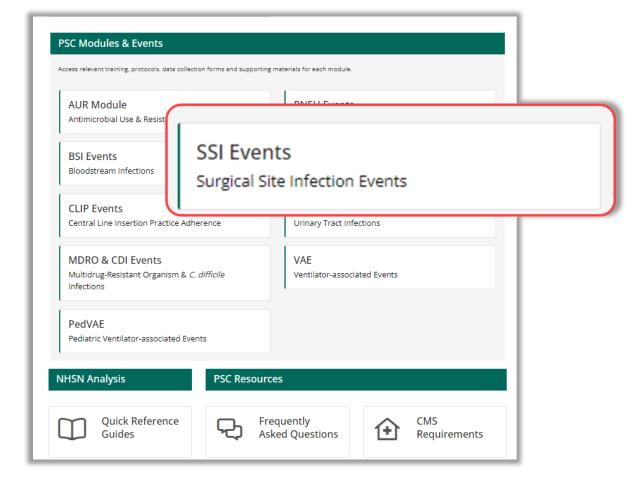


https://www.cdc.gov/nhsn/acute-care-hospital/index.html

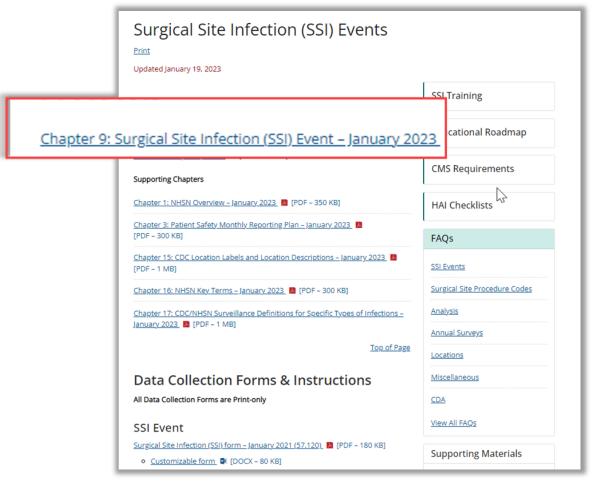
Patient Safety Component (PSC) Page



SSI Landing Page



Protocol



SSI Protocol



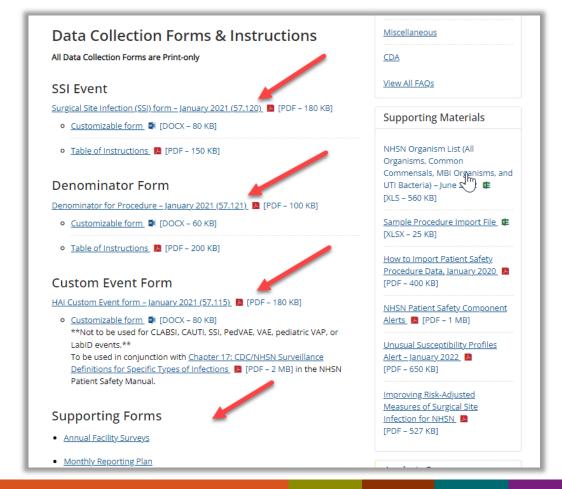
January 2023

Surgical Site Infection Event (SSI)

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Data Collection Forms and Instructions



SSI Event Form



Form Approved OMB No. 0920-0666 Exp. Date: 01/31/24 www.cdc.gov/nhsn

Surgical Site Infection (SSI)

1 age 1 of 4				
*required for saving **required for completion	Front #			
Facility ID: *Patient ID:	Event #: Social Sec	u ritu #-		
Secondary ID:	Medicare #			
Patient Name, Last:	First:	Middle:		
*Gender: F M Other	*Date of Bi			
Ethnicity (Specify):	Race (Spe			
*Event Type: SSI	*Date of E	*/		
*NHSN Procedure Code:		CS or CPT Procedure Code:		
*Date of Procedure:	*Outpatien	t Procedure: Yes No		
*MDRO Infection Surveillance:				
☐ Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module				
□ No, this infection's pathogen & lo	cation are not in-plan f	for Infection Surveillance in the MDRO/CDI Module		
*Date Admitted to Facility:		Location:		
Event Details				
*Specific Event:				
□ Superficial Incisional Primary (SIP)		□ Deep Incisional Primary (DIP)		
☐ Superficial Incisional Secondary (SI	S)	□ Deep Incisional Secondary (DIS)		
☐ Organ/Space (specify site):				
*Infection present at the time of surger	y (PATOS): □ Yes	□ No		
*Specify Criteria Used (check all that a	pply):			
Signs & Symptoms		Laboratory		
□ Drainage or material [†]	☐ Sinus tract	□ Organism(s) identified		
□ Pain or tenderness	☐ Hypothermia	□ Culture or non-culture based testing not performed		
☐ Swelling or inflammation	□ Apnea	□ Organism(s) identified from blood specimen		
□ Erythema or redness	□ Bradycardia	□ Organism(s) identified from ≥ 2 periprosthetic		
□ Heat	□ Lethargy	specimens		
□ Fever	□ Cough	□ Other positive laboratory tests [†]		
☐ Incision deliberately opened/drained	□ Nausea	☐ Imaging test evidence of infection		
□ Wound spontaneously dehisces	□ Vomiting			
□ Abscess	□ Dysuria	Clinical Diagnosis		
,		□ Physician diagnosis of this event type		
☐ Other evidence of infection found on invasive procedure,		□ Physician institutes appropriate antimicrobial		
grees anotomic evem or histopathologic evem t				

https://www.cdc.gov/nhsn/forms/57.120_SSI_BLANK.pdf

SSI Event Table of Instructions



January 2023



Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient
	identifier assigned by the hospital and may consist of any combination of
	numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the
	patient.
Sex at Birth	Optional. Select the patient's sex assigned at birth.
(Birth Sex)	Male
	Female
	Unknown
Gender Identity	Optional. Specify the gender identity which most closely matches how the
	patient self-identifies.

Denominator for Procedure Form



Form Approved OMB No. 0920-0666 Exp. Date: 01/31/24 www.cdc.gov/nhsn

Denominator for Procedure				
Page 1 of 2	*required for saving			
Facility ID	Procedure #:			
*Patient ID:	Social Security #:			
Secondary ID:	Medicare #:			
Patient Name, Last:	First: Middle:			
*Gender: F M Other	*Date of Birth:			
Ethnicity (Specify):	Race (Specify):			
Event Type: PROC	*NHSN Procedure Code:			
*Date of Procedure:	ICD-10-PCS or CPT Procedure Code:			
Procedure Details				
*Outpatient: Yes No	*Duration:HoursMinutes			
*Wound Class: C CC CO D	*General Anesthesia: Yes No			
ASA Score: 1 2 3 4 5	*Emergency: Yes No			
*Trauma: Yes No *Scope: Yes	No *Diabetes Mellitus: Yes No			
*Height:feetinches	*Closure Technique: Primary Other than primary			
(choose one)meters *Weight:lbs/kg (circle one)	Surgeon Code:			
CSEC: *Duration of Labor:hours				
Circle one: FUSN *Spinal Level (check one)				
☐ Atlas-axis/Cervical	*Approach/Technique (check one)			
	, , ,			
□ Cervical	☐ Anterior			

Denominator for Procedure Table of Instructions



January 2023

Instructions for Completion of Denominator for Procedure Form (CDC 57.121)

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

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Procedure #	The NHSN-assigned Procedure # will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID #	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of

Operative Procedure Code Documents

Operative Procedure Code Documents

2023 Operative Procedure Code Documents

The documents listed below should be used for procedures performed January 1, 2023 through December 2023.

List of NHSN 2023 ICD-10 Procedure Code Updates – January 2023 [XLS – 19 KB]

ICD-10-PCS Procedure Code Mapping to NHSN Operative Procedure Codes − January 2023

(IXLS − 787 KB)

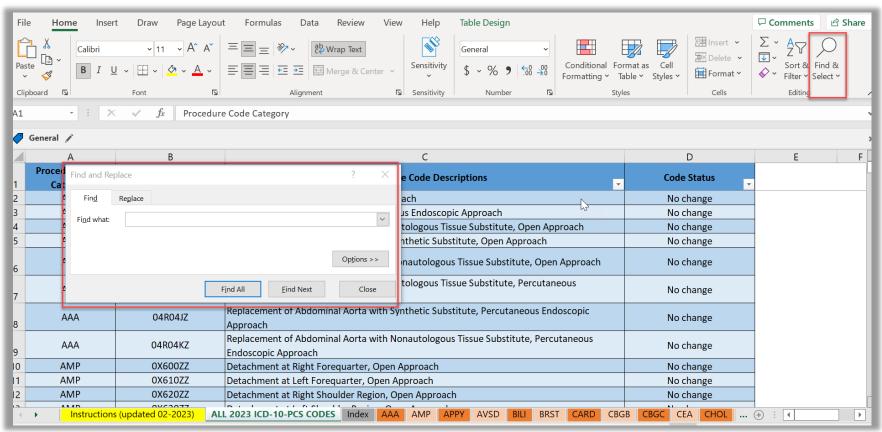
Current Procedural Terminology (CPT) Procedure Code Mapping to NHSN Operative Procedure Codes – January 2023
☐ [XLS – 346 KB]

https://www.cdc.gov/nhsn/psc/ssi/index.html https://www.cdc.gov/nhsn/xls/icd10-pcs-pcm-nhsn-opc.xlsx https://www.cdc.gov/nhsn/xls/cpt-pcm-nhsn.xlsx

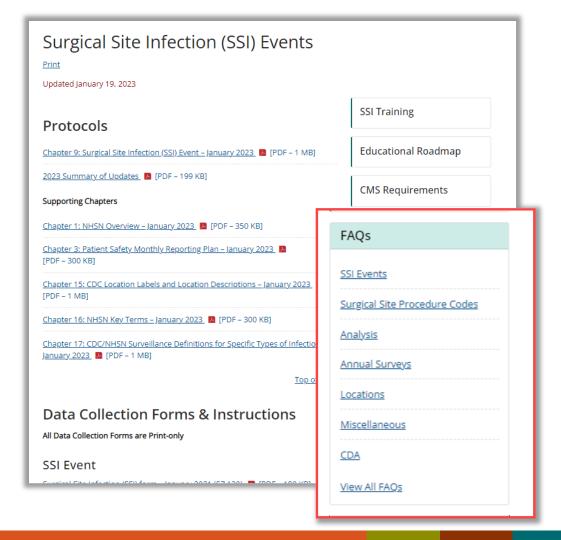
Using the Procedure Code Documents

2023 NHSN ICD-10 Operative Procedure Code Mappings (updated 02-2023) This document replaces prior documents listing operative procedure codes associated with the NHSN Surgical Site Infection (SSI) Procedure-associated Protocol. Codes have been validated using current procedure code references in consultation with a trained coding professional. Codes are accurate at the time of posting. ICD-10-PCS procedure codes included in this code mapping document may be entered instead of the NHSN procedure category name (such as COLO, HYST or XLAP). Procedure codes may be entered in the following manner: • If the ICD-10-PCS procedure code is entered first, the NHSN procedure code name (such as COLO) will be auto-filled by the application. • If the NHSN procedure code name is entered first, the user will need to manually enter the correct ICD-10-PCS procedure code. • If there is a mismatch between the NHSN procedure code name and the ICD-10-PCS procedure code, the application will produce an error message. NOTES: x Although the procedure code field is optional, procedure codes maybe used in the application when entering NHSN procedures and SSI events. x For specific procedure details for reporting HPRO and KPRO procedures refer to the "ICD-10-PCS & CPT Codes -- Guidance for HPRO & KPRO Procedure Details" document found at https://www.cdc.gov/nhsn/xls/guidance-for-hpro-kpro-procedure-details.xlsx XFor specific procedure details for reporting FUSN procedures refer to the "FUSN ICD-10-PCS Codes - Guidance for Spinal Level and Approach" document found at https://www.cdc.gov/nhsn/xls/fusn-icd-10-pcs-codes.xlsx ALL 2023 ICD-10-PCS CODES Instructions (updated 02-2 AAA AMP APPY CBGB CBGC CEA CHOL ... (+)

Using the Procedure Code Documents



FAQs



Training Resources



Reporting Requirements and Monthly Reporting Plan

Monthly Reporting Plan (MRP)

 Must have a MRP filed every month to inform NHSN which modules are included for reporting

Monthly Reporting Plan (MRP)

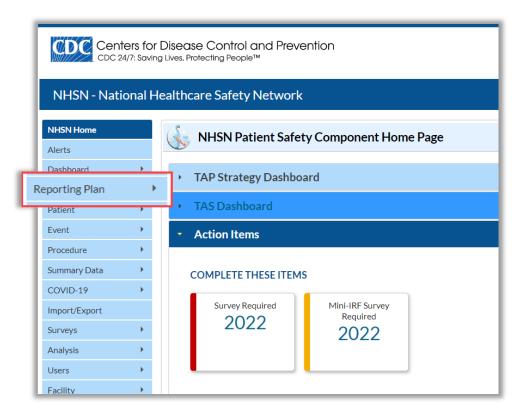
In-Plan

- Module included in the MRP
- NHSN Surveillance Protocol will be used in its entirety
- Data included in NHSN annual reports and other NHSN publications
- Submitted to CMS in accordance with CMS's Quality Reporting Program

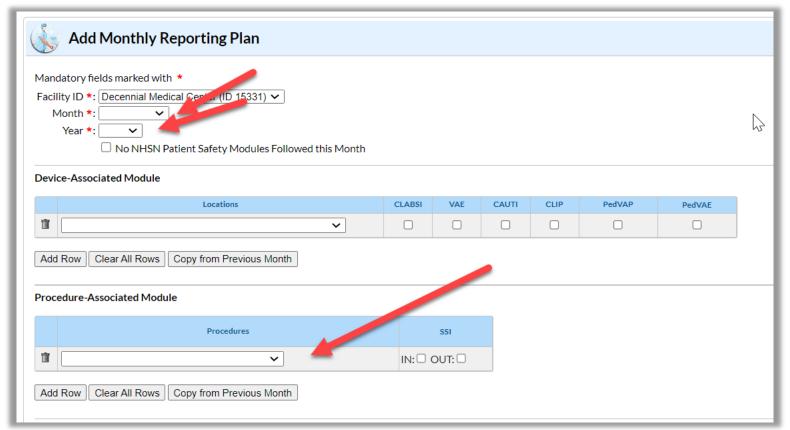
Off-plan

- Not included in MRP
- No commitment to use NHSN
 Surveillance Protocol in its entirety
- Data is excluded from NHSN annual report and other NHSN publications
- Excluded from CMS Quality Reporting Program

Adding Monthly Reporting Plan

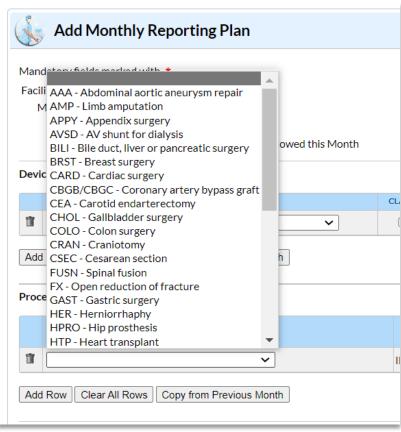


Adding Monthly Reporting Plan

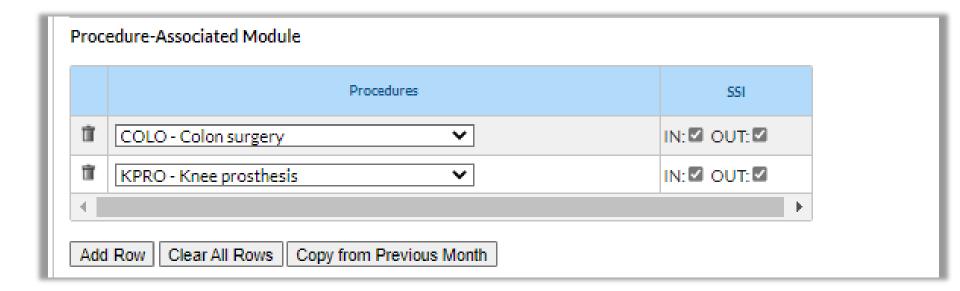


Adding Monthly Reporting Plan for Procedure-

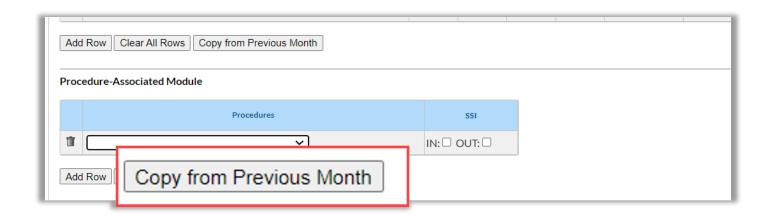
Associated Module: Example



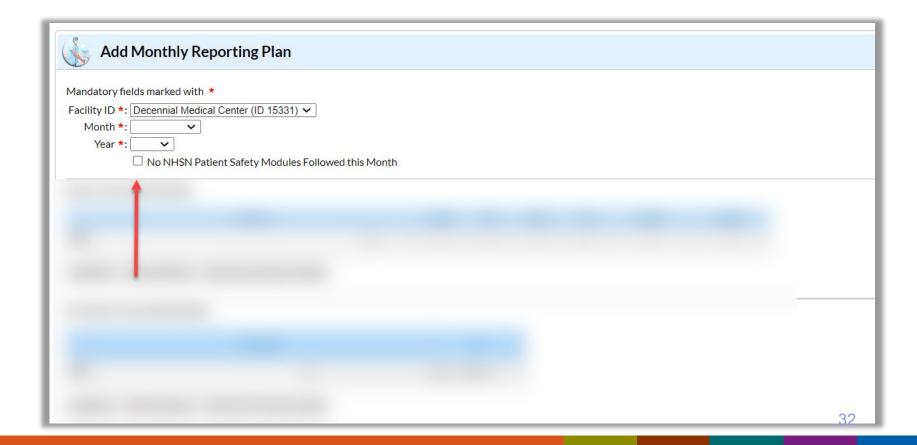
Adding Monthly Reporting Plan for Procedure-Associated Module: Example



Adding Monthly Reporting Plan for Procedure Associated Module: Copy from Previous Month

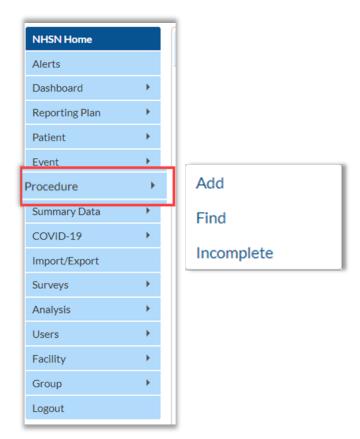


Adding Monthly Reporting Plan



Completing the Procedure (Denominator) Form

Data Entry Sources: Procedure



Procedure Information

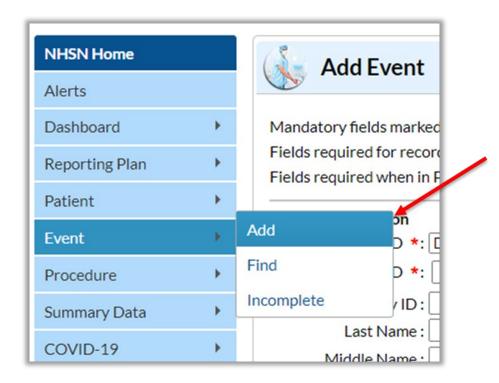


Procedure Form: Required and Conditional Data Points

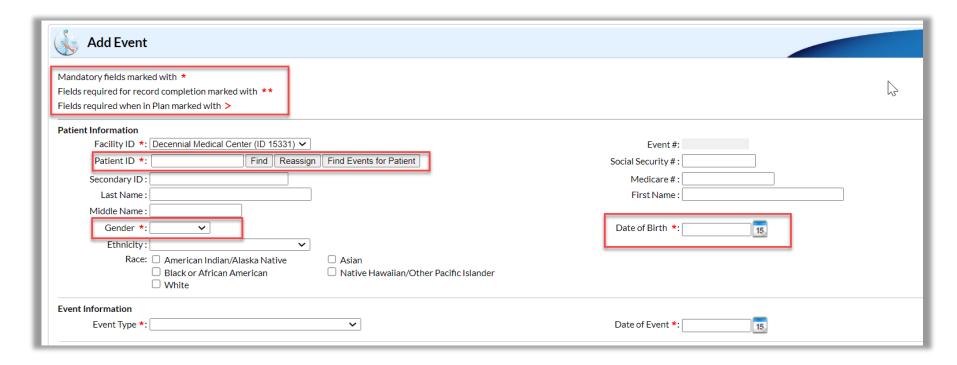
Procedure Details	
Outpatient *:	Duration (Hrs:Mins) *: :
Wound Class *:	✓ General Anesthesia *: ✓
ASA Score:	~
Emergency *:	Trauma *: Scope *: V
Diabetes Mellitus *:	Closure Technique *:
Surgeon Code:	~
Height *:	orm
Weight *:	Ibs or kg BMI

Completing the SSI Event (Numerator) Form

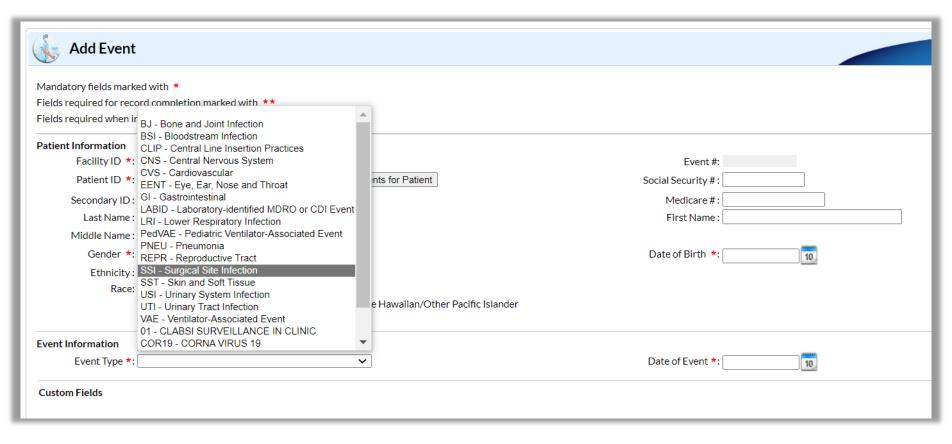
Data Entry Sources: Event



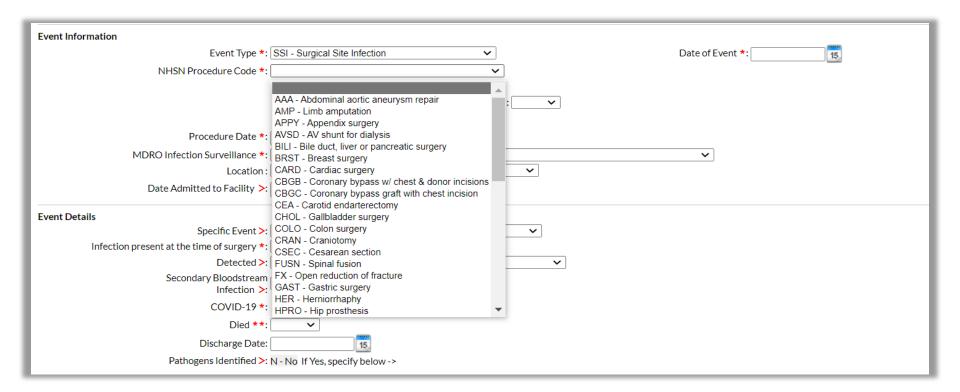
SSI Event Form: Patient Level Data



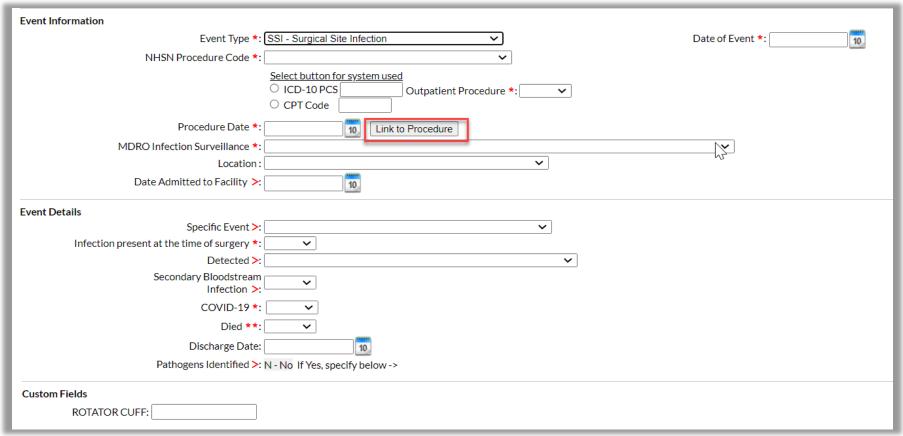
Event information



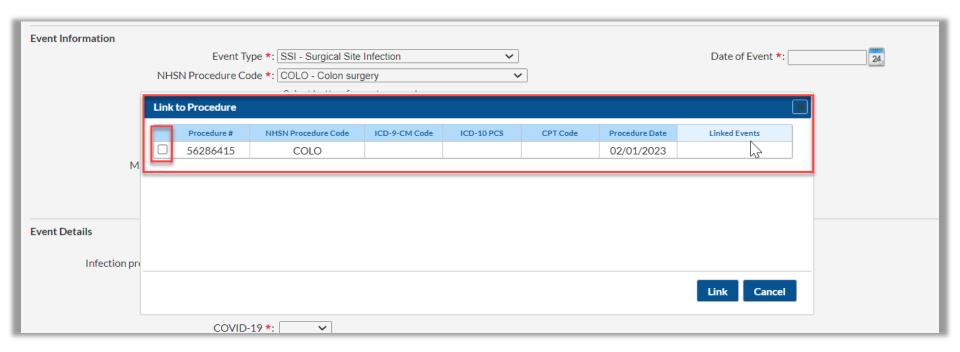
Event information, continued.



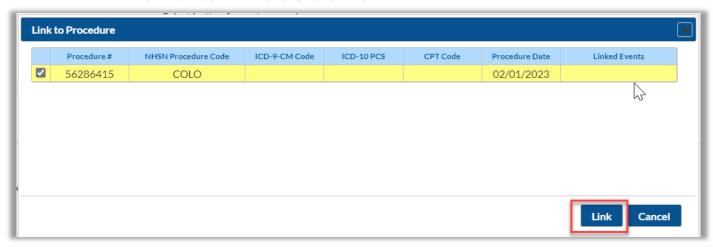
Event information, continued.



Link Event to Procedure

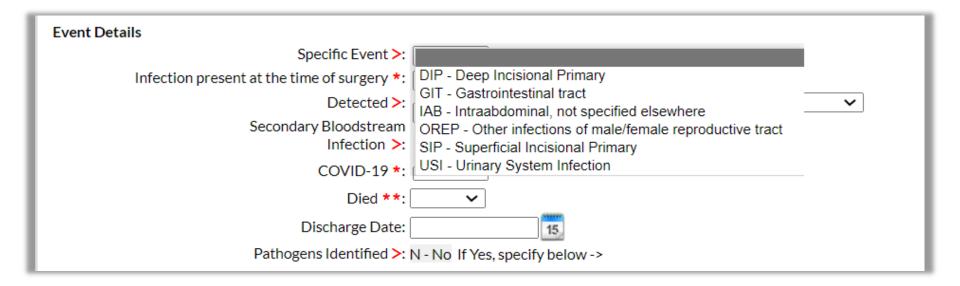


Link Event to Procedure



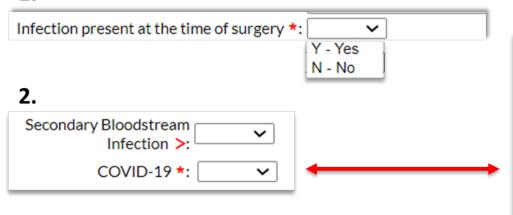
Event Information	
Event Type *: SSI - Surgical Site Infection	Date of Event *:
NHSN Procedure Code *: COLO - Colon surgery	
Select button for system used ICD-10 PCS Outpatient Procedure *: N - No CPT Code	
Procedure Date *: 02/01/2023 Link/Unlink Procedure Sevent Linked	
MDRO Infection Surveillance *: Location:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Date Admitted to Facility >: 24	

Event Details



Event Detail

1.

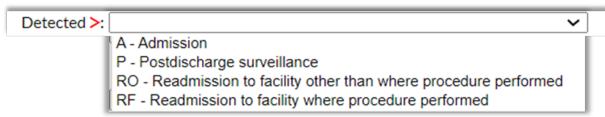


Required. Check Y if the patient met the definition of confirmed COVID-19 on the date of event; otherwise, check N.

Confirmed: A patient with a positive COVID-19 (SARS CoV-2) laboratory viral test indicating current infection (**NOTE**: this does not include serology testing for antibody).

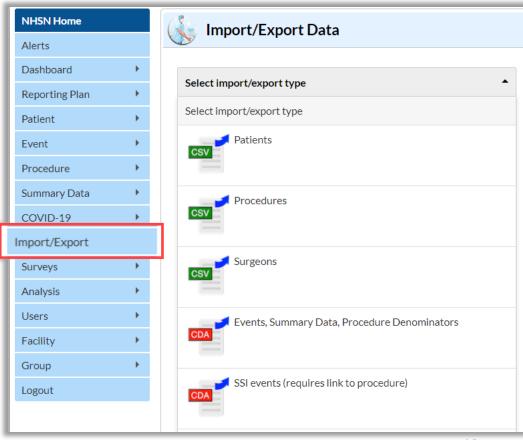
- Answer COVID-19 as 'YES' if the patient's lab test confirmed COVID-19 prior to or on the SSI date of event. Keep in mind that patients may undergo repeat testing post-treatment and may move from a 'confirmed' to 'negative' COVID-19 status.
- Answer COVID-19 as 'NO' if the most recent lab test prior to or on the SSI date of event is negative.

3.

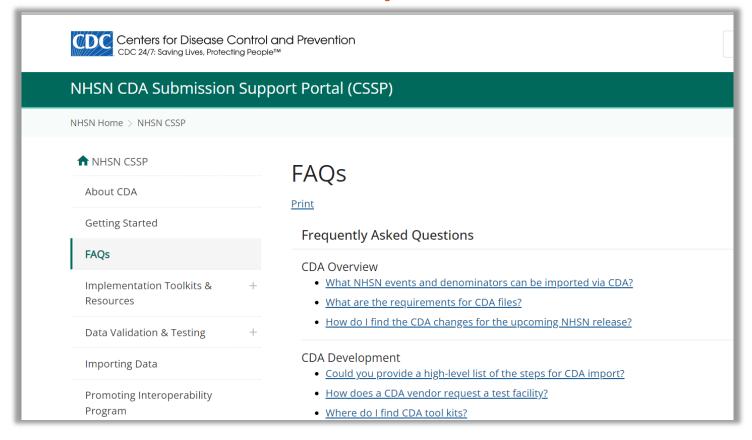


Data Upload via CSV or CDA

CSV or **CDA** file upload



Resources for CDA or CSV Upload



For any questions or concerns, contact the NHSN Helpdesk at nhsn@cdc.gov



For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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.