



Patient Safety Component
Monthly Reporting Plan
Data Entry
Linking
Other Features

Division of Healthcare Quality Promotion

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Target Audience

- This training is designed for those who will enter patient, event and procedure information into the Patient Safety Component of NHSN
- This may include:
 - NHSN Facility Administrator
 - Patient Safety Primary Contact
 - Infection Control Professional (ICP)
 - Epidemiologist
 - Data entry staff



Objectives

- Identify the steps in entering a Monthly Reporting Plan into NHSN
- Indicate requirements for various types of data fields
- Demonstrate data entry into data fields in each type of NHSN record
- Describe how two or more records can be linked to form an association between them
- Display Help Messages within NHSN



Monthly Reporting Plan

- Each facility must enter a Monthly Reporting Plan for every month of the year
- Events, procedures, and summary data cannot be entered for a month until a Plan is in place.
- Plan informs CDC which modules are followed for a given month



Monthly Reporting Plan Options

- Specific plan
- “No Modules Followed” Plan



Surveillance Plan Options



A facility may choose to enter a specific plan...

Device-Associated Module

Locations

	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from Previous Month

Procedure-Associated Module

Procedures

CRAN - Craniotomy			
CHOL - Gallbladder surgery	BOTH - In and outpatient		
HPRO - Hip prosthesis	IN - Inpatient		

For the Device-associated Module, choose the location you wish to monitor, then choose the devices to monitor



Surveillance Plan Options



Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from Previous Month

Note that only outpatient dialysis locations can monitor Dialysis Incidents

Procedure-Associated Module

Procedures	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	



Surveillance Plan Options



For the Procedure-associated Module, first choose the operative procedure to follow

	CLA	BSI	DI	VAP	CAUTI
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows Clear All Rows Copy from Previous Month

Procedure Associated Module

Procedures	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	



Surveillance Plan Options



A facility may choose to enter a specific plan...

Device-Associated Module

Locations	CLA	BSI	DI	VAP	CAUTI
2 EAST - HEM/ONC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SICU - SURGICAL ICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICU3 - LEVEL 3 NICU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUTDIAL - OUTPATIENT DIALYSIS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add Rows | Clear All Rows | Copy from Previous Month

	SSI	Post-procedure PNEU
CRAN - Craniotomy	IN - Inpatient	IN - Inpatient
CHOL - Gallbladder surgery	BOTH - In and outpatient	
HPRO - Hip prosthesis	IN - Inpatient	

Then choose to follow inpatient procedures or outpatient procedures, or both.





Surveillance Plan Options



Device-Associated Module

Locations

2 EAST - HEM/ONC	▼
SICU - SURGICAL ICU	▼
NICU3 - LEVEL 3 NICU	▼
OUTDIAL - OUTPATIENT DIALYSIS	▼

Add Rows

Clear All Rows

CLA BSI DI VAP CAUTI

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

For the procedure(s) selected, indicate if you will follow Post-procedure Pneumonia

Procedure-Associated Module

Procedures

SSI

Post-procedure
PNEU

CRAN - Craniotomy	▼	IN - Inpatient	▼	IN - Inpatient	▼
CHOL - Gallbladder surgery	▼	BOTH - In and outpatient	▼		▼
HPRO - Hip prosthesis	▼	IN - Inpatient	▼		▼



Surveillance Plan Options*



...or choose “No Modules Followed this Month”

Mandatory fields marked with *

Facility ID*: DHQP Memorial Hospital (ID 10000)

Month*: September

Year*: 2005

No NHSN Patient Safety Modules Followed this Month

Save

Back

Remember that you must have a specific plan for at least 6 out of 12 months and submit data



General Information about Data Entry



- Data entered into NHSN is available to both CDC and to the facility as soon as it is saved.
 - No “transmission”
- Data can be edited after it is saved
 - Exceptions
 - Patient ID
 - Linked records
- Records can be deleted



Types of Data Entered in NHSN



- Patient demographics
- Denominators
 - Summary data (device-associated)
 - Denominators for Procedures
- Events (e.g., CLABSI, VAP, SSI, etc.)
- Custom data

Requirements for Data Fields



- Required:
 - Must be completed on every data field
 - A red asterisk (*) appears next to the field label
- Conditionally required: when the requirement depends on one of these conditions
 - Response given in another field
 - Events identified in your Monthly Reporting Plan
- Optional:
 - NHSN does not require the data and the information will not be used (e.g., surgeon code)



Patient

- Add *
- Find

*** Note, a patient can be added separately, or “on the fly”, as a procedure or an event is added.**



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Facility Medical Center East (ID 10000) is following PS component.

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Adding a Patient

- Required fields
 - Patient ID
 - Gender
 - Date of Birth
- Conditionally required field:
 - Birthweight (only if neonate)
- Optional fields
 - Social security number
 - Patient name (first, middle, last)
 - Secondary ID



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Logged into Medical Center East (ID 10000) as MVA.
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Add Patient

Mandatory fields marked with *

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Patient Information

Facility ID*:

Patient ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

Birth Weight (grams):

Custom Fields

ADMINISTERED:

Finding a Patient entered Previously



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Facility Medical Center East (ID 10000) is following PS component.

Find Patient

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Patient Information

Facility ID:

Patient ID:

Last Name:

First Name:

Social Security #:

Gender:

Secondary ID:





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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

View Patient

Mandatory fields marked with *

[Print PDF Form](#)

Patient Information

Facility ID*: Medical Center East (10000)

Patient ID*: 67-442

Social Security #:

Secondary ID:

Last Name: Kent

First Name: Clark

Middle Name:

Gender*: M - Male

Date of Birth*: 06/16/1952

Birth Weight (grams):

Custom Fields



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Patient

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- Find
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Log Out

Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Find Patient

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Patient Information

Facility ID:

Patient ID:

Last Name:

First Name:

Social Security #:

Gender:

Secondary ID:

Find

Clear

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Log Out

Logged into DHQP Memorial Hospital (ID 10000) as MVA.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Import Patient Data

For information on the accepted file formats and content, click the Help button.

Help

Select Data file

L:\Cabinet\NHSN\OR Downloads\patient_data_200610.csv

Browse...

Submit

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- Add
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Log Out

Logged into DHQP Memorial Hospital (ID 10000) as MVA.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

These records have no match in the database. For each record you have three options.

- Leave the record as is. It will be inserted when you press the Update button.
- Ignore the record. Check the box in the Delete column and then press the Delete button.
- Edit the record. Press the Edit button if you need to change any of the record's fields.

Inserts

Updates

Delete		patID	id2	gname	mname	surname	dob	birthWt	gender	ssn	comment
<input type="checkbox"/>	Edit	000-02-0002		SMITH	G	HARVEY	02/05/1929		M		
<input type="checkbox"/>	Edit	004-19-522		HAMMOND		TIMOTHY	03/21/2025		M		
<input type="checkbox"/>	Edit	021-15-2228		GENTRY	D	GLENDIA	05/12/1968		F		
<input type="checkbox"/>	Edit	114-58-998		BRACHMAN`	M	PHYLLIS	05/03/1988		F		
<input type="checkbox"/>	Edit	010-16-222		TOLBY	M	TREVOR	11/16/2000		M		
<input type="checkbox"/>	Edit	111-18-996		PETERSON	M	NICHOLAS	02/13/1984		M		
<input type="checkbox"/>	Edit	007-88-444		WEBB	G	CONNIE	11/11/1944		F		
<input type="checkbox"/>	Edit	431-18-655		TRAINER		GREGORY	07/17/1970		M		
<input type="checkbox"/>	Edit	231-44-1988		BLUE		BONNIE	12/23/1966		F		
<input type="checkbox"/>	Edit	114-88-941		HENRY		GERALDINE	10/18/2006	2331	F		



Update

Delete

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Import a Patient

- Function not yet available



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- Ignore the record. Check the box in the Delete column and then press the Delete button.
- Edit the record. Press the Edit button if you need to change any of the record's fields.

Inserts

Delete		patID	id2	gname	mname	surname	dob	birthWt	gender	ssn	comment
<input type="checkbox"/>	Edit	000-01-001		BROWN	E	JANE	12/24/1967		F		
<input type="checkbox"/>	Edit	000-02-0002		SMITH	G	HARVEY	02/05/1929		M		
<input type="checkbox"/>	Edit	004-19-522		HAMMOND		TIMOTHY	03/21/2025		M		
<input type="checkbox"/>	Edit	021-15-2228		GENTRY	D	GLENDIA	05/12/1968		F		
<input type="checkbox"/>	Edit	114-58-998		BRACHMAN	M	PHYLLIS	05/03/1988		F		
<input type="checkbox"/>	Edit	010-16-222		TOLBY	M	TREVOR	11/16/2000		M		
<input type="checkbox"/>	Edit	111-18-996		PETERSON	M	NICHOLAS	02/13/1984		M		
<input type="checkbox"/>	Edit	007-88-444		WEBB	G	CONNIE	11/11/1944		F		
<input type="checkbox"/>	Edit	431-18-655		TRAINER		GREGORY	07/17/1970		M		
<input type="checkbox"/>	Edit	231-44-1988		BLUE		BONNIE	12/23/1966		F		
<input type="checkbox"/>	Edit	114-88-941		HENRY		GERALDINE	10/18/2006	2331	F		

Update

Delete

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Entering Denominators for Device-associated Events

- Adding summary data
- Finding summary data
- Editing/deleting summary data



Device-associated Denominators

- Patient days
- Device days by type of unit





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Logged into Medical Center East (ID 10000) as MVA.
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Add Patient Safety Summary Data

Summary Data Type:

- Device Associated - Intensive Care Unit / Other Locations
- Device Associated - Neonatal Intensive Care Unit
- Device Associated - Specialty Care Area
- Device Associated - Outpatient Dialysis - Census Form
- Medication Associated - AUR Microbiology Laboratory Data
- Medication Associated - AUR Pharmacy Data

Different location types use different screens for entry of denominator (summary) data.

Choose the type of location



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Logged into Medical Center East (ID 10000) as MVA.
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Add Patient Safety Summary Data

Summary Data Type:





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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10000 (Medical Center East)

Location Code*: 3N - 3 NORTH

Month*: August

Year*: 2006

Total Patient Days:

Central Line:

Urinary Catheter:

Ventilator Days:

Choose the location code,
the month and the year for
the denominator data

Save

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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Mandatory fields marked with *

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Facility ID*: 10000 (Medical Center East)

Location Code*: 3N-3 NORTH

Month*: August

Year*: 2006

Total Patient Days*: 435

Central Line Days*: 212

Urinary Catheter Days*: 161

Ventilator Days:

**Required fields are noted with
a red asterisk (*)
These are fields that are identified
in your Monthly Reporting Plan**

Save

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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10000 (Medical Center East)

Location Code*: 3N-3 NORTH

Month*: August

Year*: 2006

Total Patient Days*: 435

Central Line Days*: 212

Urinary Catheter Days*: 161

Ventilator Days: 54

Fields without a red asterisk are not required, but can be entered

Save

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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

Save of Summary Data successful. Note that data has been provided that is not required as part of the Facility's current plan for this month and year. Please consider expanding the current plan.

Mandatory fields marked with *

[Print PDF Form](#)

Facility ID*: 10000 (Medical Center East)

Location Code*: 3N - 3 NORTH

Month*: August

Year*: 2006

Total Patient Days*: 435

Central Line Days*: 212

Urinary Catheter Days*: 161

Ventilator Days: 54

Edit

Delete

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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Add Patient Safety Summary Data

Summary Data Type:



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Logged into Medical Center East (ID 10000) as MVA.
Facility Medical Center East (ID 10000) is following PS component.

Neonatal Intensive Care Unit

Mandatory fields marked with *

Facility ID*: 10000 (Medical Center East)
Location Code*: NCC2_3-NEONATAL CRITICAL CARE LEVEL II/III
Month*: August
Year*: 2006

Remember, for each day, if a patient has both an umbilical line and a central line, only the umbilical line is counted

Birth Wt.	Patient Days*	U/C Days	CL Days	Vent Days
<=750	81	18	24	70
751-1000	56	20	11	38
1001-1500	104	28	39	86
1501-2500	66	30	29	44
>2500	116	76	20	81



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NHSN Home

Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FA10.
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.

Reporting Plan

Patient

Event

Procedure

Summary Data

▢ Add

▢ Find

▢ Incomplete

Import/Export

Analysis

Surveys

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Facility

Group

Log Out

Add Patient Safety Summary Data

Summary Data Type:

Continue Back





Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network (ISD-CLFT-NHSN1)

[NHSN Home](#)

Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FAID.
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.

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Denominators for Specialty Care Area (SCA)

[HELP](#)

Mandatory fields marked with *

Facility ID*: 10018 (DHQP MEMORIAL HOSPITAL)

Location Code*: LTAC - LONG TERM ACUTE CARE UNIT

Month*: August

Year*: 2006

Total Patient Days:

Temporary Central Line Days:

Permanent Central Line Days:

Urinary Catheter Days:

Ventilator Days:

For SCA locations, enter the number of permanent central lines separately from temporary central lines.

Remember, for each day, if a patient has **both** a temporary and a permanent line, only the temporary line is counted

Save

Back

Adding an Event



Add Event

Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

[Print PDF Form](#)

Patient Information

Facility ID*: DHQP Memorial Hospital (ID 10000) v

Event #: 272948

Patient ID*: 33-222-00

Find

Find Events for Patient

Social Security #:

Secondary ID:

Last Name: Springsteen

First Name: Alvira

Middle Name:

Gender*: F -Female v

Date of Birth*: 06/26/1941

Event Information

Event Type*: UTI - Urinary Tract Infection v

Date of Event*: 10/10/2006

Post-procedure>: N-No v

Location*: BURN UNIT v

Date Admitted to Facility>: 10/03/2006

Risk Factors

Urinary Catheter*: Y-Yes v



October, 2006						
Today						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11
Select date						



Adding an Event (Cont.)

Event Details

Specific Event*: SUTI - Symptomatic bacteriuria

Secondary Bloodstream Infection*: N - No

Died**: N - No

Discharge Date:

Pathogens Identified*: Y - Yes If Yes, specify below ->

Pathogens

Pathogen 1: *EC - Escherichia coli* *9 drugs required

Drug

CEFOT - Cefotaxime

AMK - Amikacin

CEFEP - Cefepime

CEFTRX - Ceftriaxone

CEFTAZ - Ceftazidime

CIPRO - Ciprofloxacin

IMI - Imipenem

LEVO - Levofloxacin

MERO - Meropenem

Result

S - Susceptible

N - Not Tested

R - Resistant

S - Susceptible

N - Not Tested

R - Resistant

S - Susceptible

R - Resistant

N - Not Tested

Add Rows

Pathogen 2: *CA - Candida albicans*



Find Event

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Event Information

Facility ID:

Event #:

Event Type:

Location:

Date of Event: To:

Patient Information

Patient ID:

Last Name:

First Name:

Social Security #:

Secondary ID:



Logged into DHQP Memorial Hospital (ID 10000) as MVA.
Facility DHQP Memorial Hospital (ID 10000) is following PS component.

Event List

First | Previous | Next | Last

Dis

<input type="checkbox"/>	Facility ID	Event #	Event Type	Event Date	Last Name	First Name	Location	Patient ID	Social Security #	Secondary ID	Cor Sta
<input type="checkbox"/>	10000	272945	UTI	10/10/2006	Springsteen	Alvira	BURN UNIT (BURN)	33-222-00			Y
<input type="checkbox"/>	10000	272946	UTI	10/30/2006	Jacon	Timothy	BURN UNIT (BURN)	16-88-900			Y

First | Previous | Next | Last

Dis

View Event

[Print](#)

Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

Patient Information

Facility ID*: DHQP Memorial Hospital (10000) Event #: 272945
Patient ID*: 33-222-00
Social Security #: _____ Secondary ID: _____
Last Name: Springsteen First Name: Alvira
Middle Name: _____
Gender*: F - Female Date of Birth*: 06/26/1941

Event Information

Event Type*: UTI - Urinary Tract Infection Date of Event*: 10/10/2006
Post-procedure*: N - No
Location*: BURN - BURN UNIT
Date Admitted to Facility*: 10/03/2006

Risk Factors

Urinary Catheter*: Y - Yes

Event Details

Specific Event*: SUTI - Symptomatic bacteriuria
Secondary Bloodstream Infection*: N - No
Died**: N - No
Discharge Date: _____
Pathogens Identified*: Y - Yes If Yes, specify below ->

Pathogens

Pathogen 1: *EC - Escherichia coli* *9 drugs required

Drug	Result
CEFOT - Cefotaxime	S - Susceptible
AMK - Amikacin	N - Not Tested
CEFEP - Cefepime	R - Resistant
CEFTRX - Ceftriaxone	S - Susceptible
CEFTAZ - Ceftazidime	N - Not Tested
CIPRO - Ciprofloxacin	R - Resistant
IMI - Imipenem	S - Susceptible

All events entered into NHSN are available for review after being saved



Procedures

- An Operative Procedure Record is completed for each patient having a procedure selected for monitoring.
 - For example, if you wish to monitor HPROs during December, then a Denominator for Procedure record is completed for every patient that has the procedure.



Procedures

- Add
- Find
- Import
- Link



Department of Health and Human Services
Centers for Disease Control and Prevention

NHSN - National Healthcare Safety Network

 NHSN Home

Reporting Plan

Patient

Event

Procedure

▶ Add

▶ Find

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▶ Incomplete

Summary Data

Analysis

Survey

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Log Out

Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.

Welcome to the NHSN Home Page.

Use the Navigation bar on the left
to access the features of the application.



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Assurance of Confidentiality: The information obtained in this surveillance institution is collected with a guarantee that it will be held in strict confidence otherwise be disclosed or released without the consent of the individual, (d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Add a Procedure



Mandatory fields marked with *

[Print PDF Form](#)

Fields required when in Plan marked with >

Patient Information

Facility ID*:

Procedure #: 275378

Patient ID*:

Social Security #:

Secondary ID:

Last Name:

First Name:

Middle Name:

Gender*:

Date of Birth*:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*:



Procedure is not Linked

Procedure Details

Outpatient*:

Duration (Hrs:Mins)>: :

Wound Class>:

General Anesthesia>:

ASA Class>:

Emergency>:

Trauma>:

Endoscope>:

Surgeon Code:

Multiple Procedures>:



NHSN 1.1.14 NHSN Procedure - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search

Address

Reporting Plan

Patient

Event

Procedure

- Add
- Find
- Import
- Incomplete

Summary Data

Analysis

Survey

Users

Facility

Group

Log Out

Mandatory fields marked

Fields required when in P

Patient Information

Facility ID*:

Patient ID*:

Social Security #:

Last Name:

Middle Name:

Gender*:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*:

09/14/2006

Link to Event

Procedure is not Linked

Procedure Details

Outpatient*:

Duration (Hrs:Mins): 0 :

Wound Class>>:

General Anesthesia>>:

ASA Class>>:

Emergency>>:

Trauma>>:

Endoscope>>:

Surgeon Code:

Multiple Procedures>>:

AAA - Abdominal aortic aneurysm repair
AMP - Limb amputation
APPY - Appendix surgery
AVSD - AV shunt for dialysis
BILI - Bile duct, liver or pancreatic surgery
BRST - Breast surgery
CARD - Cardiac surgery
CBGB - Coronary bypass w/ chest & donor incisions
CBGC - Coronary bypass graft with chest incision
CEA - Carotid endarterectomy
CHOL - Gallbladder surgery
COLO - Colon surgery
CRAN - Craniotomy
CSEC - Cesarean section
FUSN - Spinal fusion
FX - Open reduction of fracture
GAST - Gastric surgery
HER - Herniorrhaphy
HPRO - Hip prosthesis
HTP - Heart transplant
HYST - Abdominal hysterectomy
KPRO - Knee prosthesis
KTP - Kidney transplant
LAM - Laminectomy
LTP - Liver transplant
NECK - Neck surgery
NEPH - Kidney surgery
OVRY - Ovarian surgery
PACE - Pacemaker surgery

Procedure #: 275378

Patient

Secondary ID:

First Name:

Age of Birth*:

Print PDF Form

Select NHSN procedure from drop-down list



NHSN 1.1.14 NHSN Procedure - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search

Address

- Reporting Form
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Mandatory fields marked
Fields required when in p

Patient Information

Facility ID*: FUSN - Spinal fusion
Patient ID*: FX - Open reduction of fracture
Social Security #: GAST - Gastric surgery
Last Name: HER - Herniorrhaphy
Middle Name: HTP - Heart transplant
Gender*: HYST - Abdominal hysterectomy
KPRO - Knee prosthesis
KTP - Kidney transplant
LAM - Laminectomy
LTP - Liver transplant

Procedure Information

NHSN Procedure Code*: OVRV - Ovarian cystectomy
ICD-9-CM Code: PACE - Papercut
Procedure Date*: 09/14/2006

- AAA - Abdominal aortic aneurysm repair
- AMP - Limb amputation
- APPY - Appendix surgery
- AVSD - AV shunt for dialysis
- BILI - Bile duct, liver or pancreatic surgery
- BRST - Breast surgery
- CARD - Cardiac surgery
- CBGB - Coronary bypass w/ chest & donor incisions
- CBGC - Coronary bypass graft with chest incision
- CEA - Carotid endarterectomy
- CHOL - Gallbladder surgery
- COLO - Colon surgery
- CRAN - Craniotomy
- CSEC - Cesarean section
- FUSN - Spinal fusion
- FX - Open reduction of fracture
- GAST - Gastric surgery
- HER - Herniorrhaphy
- HPRO - Hip prosthesis**
- HTP - Heart transplant
- HYST - Abdominal hysterectomy
- KPRO - Knee prosthesis
- KTP - Kidney transplant
- LAM - Laminectomy
- LTP - Liver transplant
- NECK - Neck surgery
- NEPH - Kidney surgery
- OVRV - Ovarian cystectomy
- PACE - Papercut

ICD-9-CM code is optional

Link to Event Procedure is not Linked

Procedure Details

Outpatient*: [dropdown] Duration (Hrs:Mins)>: 0 : [dropdown]
Wound Class>: [dropdown] General Anesthesia>: [dropdown]
ASA Class>: [dropdown]
Emergency>: [dropdown] Trauma>: [dropdown] Endoscope>: [dropdown]
Surgeon Code: [dropdown] Multiple Procedures>: [dropdown]

Microsoft Internet Explorer

Procedure #: 275378
Patient
Secondary ID: [input]
First Name: [input]
Date of Birth*: [input]

Print PDF Form

Procedure #: 275378

Patient

Secondary ID: [input]

First Name: [input]

Date of Birth*: [input]

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Was this procedure done as an outpatient?

Procedure is not Linked

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:



Procedure Information

NHSN Procedure Code

Code

ICD-9-CM Code

Procedure Date*: 09/14/2006



[Link to Event](#)

Procedure is not Linked

Enter the cut time – incision to closure.
Be sure to enter a number for both hours and minutes

Procedure Details

Outpatient*: N-No Duration (Hrs:Mins)>: 3 : 44

Wound Class>: C-Clean General Anesthesia>: Y-Yes

ASA Class>: 2 - Patient with mild systemic disease

Emergency>: N-No Trauma>: Y-Yes Endoscope>: N-No

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*: *Procedure is not Linked*

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Enter the wound Class: C, CC, CO, D, or U

Endoscope>:

Type of HPRO>:

Multiple Procedures>:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Patient ASA score (1-5)



[Link to Event](#)

Procedure is not Linked

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*: *Procedure is not Linked*

Procedure Detail

Was this an emergency? Unscheduled and nonelective

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*: *Procedure is not Linked*

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

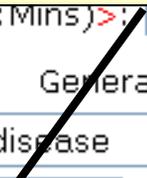
ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

Is the surgery done due to blunt or penetrating trauma injury?



Procedure Information

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*: 

Procedure is not Linked

Was the procedure done using an endoscope?

Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:



Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

General Anesthesia>:

Patient with mild systemic disease

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

Choose the surgeon code/name from the drop-down list



Procedure Details

Outpatient*: Duration (Hrs:Mins)>: :

Wound Class>: General Anesthesia>:

ASA Class>:

Emergency>: Trauma>: Endoscope>:

Surgeon Code: Multiple Procedures>:

Type of HPRO>:

If more than one NHSN Operative Procedure is performed through the same incision, select "Yes"



Procedure Details

Outpatient*: N-No Duration (Hrs:Mins)>: 3 : 44

Wound Class>: C-Clean General Anesthesia>: Y-Yes

ASA Class>: 2 - Patient with mild systemic disease

Emergency>: N-No scope>: N-No

Surgeon Code: 200 - Bond, James Multiple Procedures>: N-No

Type of HPRO>: TP - Total Primary

Some procedures require additional information (like HPRO)



Linking an Event to a Procedure

- The Procedure must be entered in the system before an event can be linked to it
- When an event is linked to a procedure, the data from the procedure will be automatically associated with the event
- Used primarily with SSI and PPP, but can be used with Device-associated Events also



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[Log Out](#)

Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.

Add Event

[Print PDF Form](#)

Mandatory fields marked with *

Fields required for record completion marked with **

Fields required when in Plan marked with >

Patient Information

Facility ID*:

Event #: 275417

Patient ID*:

Social Security #:

Last Name:

Middle Name:

Gender*:

When the patient ID is entered, NHSN will automatically complete the demographic information for the patient

Event Information

Event Type*:

Date of Event*:

Post-procedure:

Location:

Date Admitted to Facility:

Select the Event Type from the drop-down list



Event Information

Event Type*:

Date of Event*:

NHSN Procedure Code*:

ICD-9-CM Code:

Procedure Date*:

[Link to Procedure](#)

Event is not Linked

Location:

Date Admitted to Facility>:





A list of procedures for that patient will appear

Link Procedure List

No exact match was found. The following procedure(s) were found for the selected facility and patient.

Check the procedure to link this Event to and click Link

Patient ID: 33-3-333

First | Previous | Next | Last

Displaying 1 - 1 of 1

Link	Event #	NHSN Procedure Code	ICD-9-CM Code	Procedure Date	Linked Events
<input checked="" type="checkbox"/>	275413	HPRO		09/14/2006	

First | Previous | Next | Last

Displaying 1 - 1 of 1

Link Back

Click in the box next to the appropriate procedure and then the link button.

Linking an Event to a Procedure

The data related to the procedure will be automatically filled in

Event Information

Event Type*: SSI - Surgical Site Infection

Date of Event*: 09/22/2006

NHSN Procedure Code*: HPRO - Hip prosthesis

ICD-9-CM Code:

Procedure Date*: 09/14/2006

Link to Procedure

Event Linked

Location SICU - Surgical ICU

Date Admitted to Facility*: 09/22/2006

You still need to enter the date of the SSI, the patient location and the patient date of admission



Linking an Event to a Procedure

Gender: Date of Birth:

Event Information

Event Type*: Date of Event*:

NHSN Procedure Code*: **Notice now that the Event has been Linked to the Procedure**

ICD-9-CM Code:

Procedure Date*: **Event Linked**

Location:

Date Admitted to Facility*:

Help Messages



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Logged into Test Facility (ID 10036) as MVA9.
Facility Test Facility (ID 10036) is following PS component.

View Procedure

Mandatory fields marked with *
Fields required when in Plan marked with >

[Print PDF Form](#)

Patient Information

Facility ID *	Test Facility (10036)	Procedure #:	275413
Patient ID *	33-3-333	Secondary ID:	
Social Security #		First Name:	Sue
Last Name	Jones		
Middle Name			
Gender *	F - Female	Date of Birth *	04/12/1955

Procedure Information

NHSN Procedure Code *	HPRO - Hip prosthesis
ICD-9-CM Code	
Procedure Date *	09/14/2006 <i>Procedure is not Linked</i>

Procedure Details

Outpatient *	N - No	Duration (Hrs:Mins) *:	3 : 44
Wound Class *	C - Clean	General Anesthesia *:	Y - Yes



Questions?

nhsn@cdc.gov

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