

Appendix 2.4: Surgical Procedure and SSI Surveillance Methods Survey with Key

Name of Hospital _____

Instructions: Administer this survey to the person who oversees NHSN SSI surveillance and reporting of denominator (surgical procedure) data.

Facility org ID:	Name / ID of individual interviewed:	Position: <input type="checkbox"/> IP <input type="checkbox"/> Other (explain):	Interviewer initials:	Date of Survey:
Procedure (Denominator) Data				
1) Does your facility normally upload surgical procedure data electronically to NHSN, or is procedure data entered manually? <i>(choose one)</i> :	<input type="checkbox"/> Electronic (skip to Q3) <input type="checkbox"/> Manual <input type="checkbox"/> Other (Comment): _____			
2) If manual, who has primary responsibility for surgical procedure data entry to NHSN? <i>(choose one)</i> :	<input type="checkbox"/> IP <input type="checkbox"/> Clerical/support staff <input type="checkbox"/> Clerical/support staff with IP oversight <input type="checkbox"/> Other _____	<i>If IP is responsible for entering denominator data and unable to fully meet other responsibilities please recommend clerical support for this task.</i>		
3) What source(s) of information does your facility NORMALLY use to identify COLO and/or HYST procedures? <i>(choose all that apply)</i> :	<input type="checkbox"/> The complete OR records/reports system <input type="checkbox"/> Selected flagged/filtered OR records/reports <input type="checkbox"/> CPT codes assigned by surgeons <input type="checkbox"/> ICD-9-CM procedure codes assigned by coders after discharge <input type="checkbox"/> Vendor system using OR records (specify) _____ <input type="checkbox"/> Vendor system using ICD-9-CM procedure codes assigned after discharge (specify) _____ <input type="checkbox"/> Vendor system using both OR records and ICD-9-CM procedure codes assigned after discharge (specify) _____ <input type="checkbox"/> Other _____		<i>Discussion for Q 3 and 4: Medical records coder opinion is regarded as technical gold standard for identifying NHSN procedures but may be questioned if other sources are inconsistent and is often not as timely as OR systems. Presence of designated ICD-9-CM procedure code is considered a requirement of NHSN procedure.</i> <i>Planned OR schedules are often inaccurate due to inability to predict procedures. OR records systems may be imprecise (e.g., may record XLAP rather than specifying that XLAP led to COLO, APPY, or SB). OR notes may be coded inaccurately, e.g., surgeon may call procedure VHYS based on route of extraction whereas coder may classify as HYST based on route of detachment.</i>	
4) How do you assure COLO and/or HYST procedure reporting is complete?	<input type="checkbox"/> No systematic way <input type="checkbox"/> Extra scrutiny to XLAPs <input type="checkbox"/> Cross-reference data sources (explain): _____ <input type="checkbox"/> Other _____		<i>Cross-referencing of sources (e.g.: OR records plus ICD-9-CM procedure codes assigned after discharge) is probably the best way to assure complete denominator.</i> <i>In general, XLAPs should be scrutinized by IPs conducting surveillance for COLO and HYST.</i>	

<p>5) Under what circumstances do you remove COLO and/or HYST procedures from NHSN? (choose all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> COLO or HYST ICD-9-CM procedure code was not assigned for the procedure <input type="checkbox"/> COLO or HYST ICD-9-CM procedure code was assigned but IP believes coder assigned COLO or HYST code in error <input type="checkbox"/> Incision not primarily closed in OR <input type="checkbox"/> Patient did not stay overnight <input type="checkbox"/> Infection was present at the time of surgery (wound class = CO or D) <input type="checkbox"/> ASA score was high <input type="checkbox"/> Other _____ 	<p><i>Although questioning of ICD-9-CM procedure codes is acceptable removal of procedures with designated ICD-9-CM procedure code is only acceptable if procedure does not meet other aspects of NHSN procedure definition. Therefore it would be appropriate to remove procedure if there is 1) no appropriate ICD-9-CM procedure code, 2) no primary closure (note: new definition of primary closure for 2013), 3) not an inpatient (no overnight stay), 4) no incision/scope. (Correct answers 1,3,4)</i></p>
<p>6) If the OR record does not match the listed ICD-9-CM procedure codes what should you do?</p>	<p>_____</p>	<p><i>For validation purposes NHSN recommends that IPs should bring coding mismatches to coders for review and should not over-ride coders' decisions.</i></p>
<p>7) Which of the following are consistent with the definition of primary closure for 2013 (clarified as of April 1)? (check ALL that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Complete closure of skin with suture <input type="checkbox"/> Partial closure of skin with staples <input type="checkbox"/> Closure of skin except for wick/drain through incision <input type="checkbox"/> Closed fascia with incision loosely closed at the skin level <input type="checkbox"/> Closed fascia, with skin layer left open 	<p><i>All but the last option are considered primary closure in 2013.</i></p>
<p>8) Does your facility conduct NHSN analysis to look at longitudinal trends for COLO or HYST SSIs and procedures?</p>		<p><i>This is recommended practice for facility use of NHSN data.</i></p>
<p>9) What would you do if your procedure denominator this month was dramatically higher from one month to the next?</p>		<p><i>Recommend: Investigate this aggregate data by exploring the data at a patient/procedure level to identify the reason.</i></p>

Numerator Data Collection Questions		
<i>Instructions: Interview individual(s) directly responsible for identifying and reporting SSI data.</i>		Date of Survey:
Name/ID of individual interviewed:	Position	(circle one): COLO HYST Both COLO and HYST
Numerator (Event) Data:		
10) If a patient with an SSI is admitted to your facility but the surgical procedure was performed in another hospital ("hospital A") what do you do? (choose all that apply)	<input type="checkbox"/> Report the SSI to NHSN <input type="checkbox"/> Report the SSI to "hospital A" <input type="checkbox"/> Report the SSI to the health department <input type="checkbox"/> No external reporting Comment: _____	<i>Best practice is to report to "hospital A" and (if required by the state) to health department. Hospital A should report to NHSN.</i>
11) If you do not report the SSI to "hospital A", why not? (choose all that apply)	<input type="checkbox"/> HIPAA concerns <input type="checkbox"/> Not a priority for IP program <input type="checkbox"/> Logistically difficult (which hospital, who to contact) <input type="checkbox"/> Not required Comments: _____	<i>If facility cites HIPAA concerns, consider sharing Appendix 3, which contains information from the Office of Civil Rights regarding permissibility of sharing SSI information with the originating facility.</i>
12) If you are contacted by the IP from another hospital regarding a patient with an SSI who underwent a procedure in your facility, what do you do? (choose all that apply)	<input type="checkbox"/> Ask the IP for help completing the NHSN report <input type="checkbox"/> Document in your tracking records <input type="checkbox"/> Make a note in the patient medical record <input type="checkbox"/> Report the SSI to NHSN <input type="checkbox"/> Ask the IP to report the SSI to NHSN <input type="checkbox"/> No internal reporting or formal documentation Comment: _____	<i>The other IP can best document the depth of infection, but cannot report the event to NHSN because it has to be linked. Suggest asking the other IP to help complete the NHSN report form, include a note or a copy in the patient record, and report to NHSN.</i>

<p>13) What methods are routinely and systematically used to identify possible SSI? (Check all that apply)</p>	<p>Reports/Rounds:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emergency department line lists with diagnoses <input type="checkbox"/> Admissions line lists with diagnoses <input type="checkbox"/> Surgical ward rounds <input type="checkbox"/> Positive laboratory cultures from inpatients <input type="checkbox"/> Positive laboratory cultures from ED <input type="checkbox"/> Pharmacy reports (antibiotic starts or continuations) <input type="checkbox"/> Other _____ <p>Surgical service information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inpatient returns to surgery <input type="checkbox"/> Surgical service readmissions <p>ADT/Medical Records Data Mining:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Readmissions within one month of discharge <input type="checkbox"/> Extended LOS <input type="checkbox"/> Discharge diagnostic coding <input type="checkbox"/> Other _____ 	
<p>14) How does your facility conduct post-discharge surveillance for SSIs? (check all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> IP does not have a formal post-discharge surveillance plan <input type="checkbox"/> IP conducts patient survey by mail <input type="checkbox"/> IP conducts patient survey by telephone <input type="checkbox"/> IP provides line list of patients to surgeon for response <input type="checkbox"/> Surgeon indicates SSIs identified at surgical follow-up <input type="checkbox"/> Surgeon surveys patient by mail <input type="checkbox"/> Surgeon surveys patient by telephone <input type="checkbox"/> IP reviews surgical clinic / wound clinic information <input type="checkbox"/> IP reviews surgical patient records 30-60 days after procedures <p>Other/ Comment: _____</p>	
<p>15) During one trip to the operating room both a COLO procedure and a HYST procedure are done. A deep-incisional SSI develops. To which procedure should you attribute the SSI?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> COLO <input type="checkbox"/> HYST <input type="checkbox"/> Both <input type="checkbox"/> Whichever is higher on the procedure hierarchy <input type="checkbox"/> Neither 	<p><i>Two answers are correct (a and d): The procedure which is higher on the 2013 procedure hierarchy (this would be COLO), because you cannot determine which procedure led to the SSI</i></p>

<p>16) During one trip to the operating room both a COLO procedure and a HYST procedure are done. The patient later meets criteria for a GI-IAB with peritonitis (an organ-space SSI). To which procedure should you attribute the SSI?</p>	<input type="checkbox"/> COLO <input type="checkbox"/> HYST <input type="checkbox"/> Both <input type="checkbox"/> Whichever is higher on the procedure hierarchy <input type="checkbox"/> Neither	<p><i>Two answers are correct(a and d): The procedure which is higher on the 2013 procedure hierarchy (this would be COLO) because you cannot determine which procedure led to the SSI</i></p>
<p>17) During one trip to the operating room both a COLO procedure and a HYST procedure are done. An abscess of the vaginal cuff (organ-space SSI) develops. To which procedure should you attribute the SSI?</p>	<input type="checkbox"/> COLO <input type="checkbox"/> HYST <input type="checkbox"/> Both <input type="checkbox"/> Whichever is higher on the procedure hierarchy <input type="checkbox"/> Neither	<p><i>The vaginal cuff is the operative site of the HYST and the hierarchy is not needed; this SSI is attributable to the HYST (answer b).</i></p>
<p>18) During one trip to the operating room both a SB procedure and a HYST procedure are done. An abscess of the small-bowel anastomosis site (organ-space SSI) develops. To which procedure should you attribute the SSI?</p>	<input type="checkbox"/> SB <input type="checkbox"/> HYST <input type="checkbox"/> Both <input type="checkbox"/> Whichever is higher on the procedure hierarchy <input type="checkbox"/> Neither	<p><i>The SSI is localized to the operative site of the SB and the hierarchy is not needed; this SSI is attributable to the SB (answer a). SB is higher on the hierarchy but the hierarchy is only used when attribution cannot be determined by localized infection.</i></p>