

# 2018 HYST Procedure/SSI Medical Record Abstraction Tool

For use in acute care hospital SSI validation following inpatient HYST procedures performed during Q1-Q4, 2018. **Refer to associated 2018 MRAT instructions.**

1. Patient and Medical Record Identifiers			
State	Facility (NHSN) OrgID	Date of Audit	Reviewer Initials
Patient ID		Patient DOB	Gender: F M
Facility Admission Date 1 (for index HYST Procedure)		Facility Discharge Date 1	
Review Start Time:	End Time:	Time spent reviewing record (minutes):	
HYST Procedure Date: __/__/2018 <b>(USE THIS TOOL ONLY FOR HYSTs PERFORMED IN 2018)</b>		Describe in words all procedure(s) performed during index HYST procedure (e.g., hysterectomy, bilateral salpingoophorectomy (BSO), Cesarean section, appendectomy):	
Link to SSI section for ICD-10-PCS and CPT codes can be found in the "Supporting Materials" section of the link below: <a href="http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html">http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html</a>			
ICD-10 codes: _____; _____; CPT _____; _____; List all codes applicable to the index procedure.			
Record later admission dates below only if they occur within 30 days of HYST procedure (Procedure date = day 1 of 30).			
Facility Admission Date 2: __/__/__		Facility Discharge Date 2: __/__/__	
Facility Admission Date 3: __/__/__		Facility Discharge Date 3: __/__/__	
2. NHSN Operative Procedure Criteria			
Did HYST operative procedure meet NHSN definition for inpatient procedure? (Refer to NHSN PS Module SSI Chapter 9)			
<input type="checkbox"/> No	<b>If No, STOP, record (a) Not a candidate HYST: Did not meet NHSN Operative Procedure definition</b>		
<input type="checkbox"/> Yes	If Yes, proceed to 3.		

3. Document HYST Procedure Risk-Adjustment Variables in Medical Record at Time of Procedure for Comparison to NHSN	
Type of closure (Select one):	Primary      Other than primary
Diabetes (Select one):	Yes      No
ASA score (Select one):	1 2 3 4 5 (Do not report if ASA=6)
General anesthesia (does not include conscious sedation) (Select one):	Yes No
Scope (includes robotic) (Select one):	Yes No
Emergency (emergency or urgent procedure per facility protocol) (Select one):	Yes No
Trauma (blunt or penetrating injury occurring prior to start of the procedure) (Select one):	Yes No
Gender (Select one):	M F Other
Age (years):	
Height:	__ feet/ __ inches    OR    __ meters
Weight (most recent documented prior to or otherwise closest to the procedure):	__ pounds    OR    __ kilograms
Wound class (Select one):	C CC CO D

HYST procedure duration	Procedure start date	Procedure start time	Procedure finish date	Procedure finish time
Index procedure				
2 <sup>nd</sup> Procedure within 24 hours				
Procedure duration (derived from above information): _____ hours and _____ minutes				
<b>4. Document Subsequent Surgery / Invasive Procedure During HYST SSI Surveillance Period</b>				
<input type="checkbox"/> No	If no, proceed to 5.			
<input type="checkbox"/> Yes	If yes, document additional procedure(s) and dates for consideration and proceed to 5.			
Invasive procedure 1:		Date 1:		
Invasive procedure 2:		Date 2:		
Document any evidence of infection during invasive procedures above:				
<b>5. Additional / Post-Discharge Infection Surveillance</b>				
<input type="checkbox"/> No	If No, proceed to 7.			
<input type="checkbox"/> Yes	If Yes, abstract information regarding infection status in the space bel, and proceed to 6.			
<b>6. Document SSI Definition Criteria</b>				
<ul style="list-style-type: none"> <li>Using the NHSN SSI Definitions Criteria on the instruction sheet, document which depth of infection criteria were met and the date of infection (date when the first element used to meet NHSN infection criterion occurred).</li> </ul>				

<b>7. Outcome of 2017 HYST SSI audit</b>				
7(A): Select (a), (b), or (c); If (b) is selected, define depth and date of infection, then proceed to 7(B):				
<input type="checkbox"/> (a) Not a candidate HYST: Did not meet NHSN Operative Procedure definition				
<input type="checkbox"/> (b) SSI: (select deepest level met during surveillance period)	<input type="checkbox"/> (b1) Superficial incisional SSI		Date of SSI (date SSI met the deepest level of SSI during the infection surveillance period):	
	<input type="checkbox"/> (b2) Deep incisional SSI			
	<input type="checkbox"/> (b3) Organ/Space SSI (Specify site) _____			
<input type="checkbox"/> (c) No SSI				
7(B) Was there evidence of infection in the surgical area at the time of the index procedure at the same level as SSI: Yes No For details on PATOS, refer to NHSN Patient Safety Manual SSI Chapter 9				
<b>8. Attribution of SSI to Procedure</b>				
<ul style="list-style-type: none"> <li>Was the SSI attributable to the HYST, or was the SSI attributable to another invasive concurrent NHSN Operative Procedure or to invasive manipulation of the HYST operative site after the HYST procedure? (Select one):</li> </ul>				
<input type="checkbox"/> HYST SSI <input type="checkbox"/> SSI not attributable to HYST; SSI attributable to (specify): _____				

9. Case Determination	
<input type="checkbox"/> Correctly Classified	<input type="checkbox"/> Over-reported HAI
<input type="checkbox"/> Underreported HAI	
If HYST SSI was misclassified (over- or underreported), identify the reason.	
<p><u>Additional Reasons</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Missed case finding</li> <li><input type="checkbox"/> Clinical over-rule</li> <li><input type="checkbox"/> Used outdated criteria</li> <li><input type="checkbox"/> Diagnostic test results not in chart</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><u>SSI criteria misapplied</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Procedure Code not a valid NHSN code for surveillance</li> <li><input type="checkbox"/> Date of event outside the surveillance period</li> <li><input type="checkbox"/> SSI should have been attributed to another invasive concurrent NHSN Operative Procedure</li> <li><input type="checkbox"/> SSI should have been attributed to invasive manipulation of the HYST operative site after the HYST procedure</li> <li><input type="checkbox"/> Reported organ/space infection did not meet at least one criterion for a specific organ/space infection site listed in PS Manual Chapter 17</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>Provide any additional details:</p>

**Don't forget to record the abstraction end time on page 1**