

2019 COLO Procedure/SSI Medical Record Abstraction Tool

For use in acute care hospital SSI validation following inpatient COLO procedures performed during Q1-Q4, 2019. **Refer to associated 2019 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 COLO Procedure)		Facility Discharge Date 1	
Review Start Time:	End Time:	Time spent reviewing record (minutes):	
COLO Procedure Date: ___/___/2019 (USE THIS TOOL ONLY FOR COLOs PERFORMED IN 2019)		Describe in words all procedure(s) performed during index COLO procedure (for example, colon resection, colostomy formation, appendectomy):	
Link to SSI section for ICD-10-PCS and CPT codes can be found in the "Supporting Materials" section of the link below: http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html			
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 COLO 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 COLO operative procedure meet NHSN definition for inpatient operative procedure? (Refer to NHSN PSC Module SSI Chapter 9)			
<input type="checkbox"/> No	If No, STOP, record (a) Not a candidate COLO: Did not meet NHSN Operative Procedure definition		
<input type="checkbox"/> Yes	If Yes, proceed to 3.		
3. Document COLO Procedure Risk-Adjustment Variables in Medical Record at Time of Procedure for Comparison to NHSN			
Closure technique (Select one):		Primary	Non-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 (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):		CC	CO D

COLO procedure duration:	Procedure start date	Procedure start time	Procedure finish* date	Procedure finish* time
Index procedure				
2 nd Procedure within 24 hours				
Procedure duration (derived from above information): _____ hours and _____ minutes				
4. Document Subsequent Surgery / Invasive Procedure During COLO SSI Surveillance Period				
<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:				
5. Additional / Post-Discharge Infection Surveillance				
<input type="checkbox"/> No	If No, proceed to 7.			
<input type="checkbox"/> Yes	If Yes, abstract information regarding infection status in the space below, and proceed to 6.			
6. Document SSI Definition Criteria				
<ul style="list-style-type: none"> Using the NHSN SSI Definitions Criteria on the instruction sheet, document which depth of SSI criteria were met and the date of SSI event (date when the first element used to meet NHSN SSI criterion occurred). 				

7. Outcome of 2019 COLO SSI audit				
7(A): Select (a), (b), or (c); If (b) is selected, define depth and date of SSI Event, then proceed to 7(B):				
<input type="checkbox"/> (a) Not a candidate COLO: Did not meet NHSN Operative Procedure definition				
<input type="checkbox"/> (b) SSI: (select deepest level met during SSI surveillance period)	<input type="checkbox"/> (b1) Superficial incisional SSI		Date of SSI event (date SSI met the deepest level of SSI during the SSI surveillance period):	
	<input type="checkbox"/> (b2) Deep incisional SSI			
	<input type="checkbox"/> (b3) Organ/Space SSI (Specify site): IAB OREP GIT USI			
<input type="checkbox"/> (c) No SSI				
7(B) Was there evidence of infection/abscess at the operative site at the time of the index procedure documented in the intraoperative note at the same tissue level as the subsequent SSI event: Yes No For details on PATOS, refer to NHSN PSC Manual SSI Chapter 9.				
8. Attribution of SSI to Procedure				
<ul style="list-style-type: none"> Was the SSI attributable to the COLO, or was the SSI attributable to another invasive concurrent NHSN Operative Procedure, or was this not an SSI due to invasive manipulation of the COLO operative procedure site after the COLO procedure? (Select one): 				
<input type="checkbox"/> COLO SSI				
<input type="checkbox"/> SSI not attributable to COLO; SSI attributable to (specify): _____				
<input type="checkbox"/> Not an SSI; invasive manipulation occurred (specify): _____				

9. Case Determination		
<input type="checkbox"/> Correctly Classified	<input type="checkbox"/> Overreported HAI	<input type="checkbox"/> Underreported HAI
If COLO SSI was misclassified (over- or underreported) by facility, identify the reason(s).		
<p><u>Additional Reasons</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Missed case finding <input type="checkbox"/> Clinical over-rule <input type="checkbox"/> Used outdated criteria <input type="checkbox"/> Diagnostic test results not in chart <input type="checkbox"/> Other _____ 	<p><u>SSI criteria misapplied</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ICD-10-PCS and/or CPT code(s) not a valid NHSN operative procedure code for surveillance <input type="checkbox"/> Date of event outside the SSI surveillance period <input type="checkbox"/> SSI should have been attributed to another invasive concurrent NHSN Operative Procedure <input type="checkbox"/> Not an SSI due to invasive manipulation of the COLO operative procedure site after the COLO procedure <input type="checkbox"/> Reported organ/space infection did not meet at least one criterion for a specific organ/space infection site listed in PSC Manual Chapter 17 <input type="checkbox"/> SSI reported at incorrect tissue level (specify): _____ <input type="checkbox"/> O/S SSI reported at incorrect specific organ/space infection site (specify): _____ <input type="checkbox"/> PATOS incorrectly applied <input type="checkbox"/> Other _____ <p>Provide any additional details:</p>	

Don't forget to record the abstraction end time on page 1 (Location of elements meeting criteria within Medical record: _____)