



Surgical Site Infection (SSI) Event

Introduction: In 2002, in the United States, an estimated 14 million NHSN operative procedures were performed (CDC unpublished data). Among the “big four” healthcare-associated infections (i.e. PNEU, SSI, UTI, BSI) SSIs were the second most common healthcare-associated infection, accounting for 17% of all HAIs among hospitalized patients¹. A similar rate was obtained from NHSN hospitals reporting data in 2006-2008 (15,862 SSI following 830,748 operative procedures) (CDC, unpublished data) with an overall rate of nearly 2%.¹

While advances have been made in infection control practices, including improved operating room ventilation, sterilization methods, barriers, surgical technique, and availability of antimicrobial prophylaxis, SSIs remain a substantial cause of morbidity and mortality among hospitalized patients. In one study, among nearly 100,000 HAIs reported in one year, deaths were associated with SSIs in more than 8,000 cases.²

Surveillance of SSI with feedback of appropriate data to surgeons has been shown to be an important component of strategies to reduce SSI risk.^{3,4,5,6,7} A successful surveillance program includes the use of epidemiologically sound infection definitions and effective surveillance methods, stratification of SSI rates according to risk factors associated with SSI development, and data feedback.^{4,5} Recommendations are outlined in the CDC’s *Guideline for Prevention of Surgical Site Infection, 1999*.⁷

Settings: Surveillance will occur with surgical patients in any inpatient/outpatient setting where the selected NHSN operative procedure(s) are performed.

Requirements: Select at least one NHSN operative procedure (Table 1) and indicate the selected procedure on the *Patient Safety Monthly Reporting Plan* (CDC 57.106). Collect numerator and denominator data on all selected procedures for at least one month.

The *International Classification of Diseases, 9th Revision Clinical Modifications* (ICD 9-CM) codes, which are defined by the ICD 9 Coordination and Maintenance Committee of the National Center for Health Statistics and the Centers for Medicare and Medicaid Services (CMS), are developed as a tool for classification of morbidity data. The preciseness of the data, as well as their wide use, allows their use in grouping surgery types for the purpose of determining surgical site infection (SSI) rates. ICD9-CM codes are updated annually in October and NHSN operative procedure categories are subsequently updated and changes shared with NHSN users. Table 1: NHSN Operative Procedure Category Mappings to ICD 9-CM Codes, below, outlines operative procedures and their grouping into NHSN operative procedure categories according to ICD 9-CM codes. A brief description of the types of operations contained in the NHSN operative procedure categories is also provided.



Table 1. NHSN Operative Procedure Category Mappings to ICD 9-CM Codes

<i>NHSN Operative Procedure Categories – FY 2010 Update</i>				
Legacy Code	New Code	Operative Procedure	Description	ICD-9-CM Codes
AAA	2105-5	Abdominal aortic aneurysm repair	Resection of abdominal aorta with anastomosis or replacement	38.34, 38.44, 38.64
AMP	2126-1	Limb amputation	Total or partial amputation or disarticulation of the upper or lower limbs, including digits	84.00-84.19, 84.91
APPY	2108-9	Appendix surgery	Operation of appendix (not incidental to another procedure)	47.01, 47.09, 47.2, 47.91, 47.92, 47.99
AVSD	2102-2	Shunt for dialysis	Arteriovenostomy for renal dialysis	39.27, 39.42
BILI	2109-7	Bile duct, liver or pancreatic surgery	Excision of bile ducts or operative procedures on the biliary tract, liver or pancreas (does not include operations only on gallbladder)	50.0, 50.12, 50.14, 50.21-50.23, 50.25, 50.26, 50.29, 50.3, 50.4, 50.61, 50.69, 51.31-51.37, 51.39, 51.41-51.43, 51.49, 51.51, 51.59, 51.61-51.63, 51.69, 51.71, 51.72, 51.79, 51.81-51.83, 51.89, 51.91-51.95, 51.99, 52.09, 52.12, 52.22, 52.3, 52.4, 52.51-52.53, 52.59-52.6, 52.7, 52.92, 52.95, 52.96, 52.99
BRST	2110-5	Breast surgery	Excision of lesion or tissue of breast including radical, modified, or quadrant resection, lumpectomy, incisional biopsy, or mastoplasty.	85.12, 85.20-85.23, 85.31-85.36, 85.41-85.48, 85.50, 85.53, 85.54, 85.6, 85.70-85.76, 85.79, 85.93-85.96
CARD	2111-3	Cardiac surgery	Procedures on the valves or septum of heart; does not include coronary artery bypass graft, surgery on vessels, heart transplantation, or pacemaker implantation	35.00, 35.01, 35.02, 35.03, 35.04, 35.10-35.14, 35.20-35.28, 35.31-35.35, 35.39, 35.42, 35.50, 35.51, 35.53, 35.54, 35.60-35.63, 35.70-35.73, 35.81-35.84, 35.91-35.95, 35.98-35.99, 37.10, 37.11, 37.24, 37.31-37.33, 37.35, 37.36, 37.41, 37.49, 37.60*



NHSN Operative Procedure Categories – FY 2010 Update

CEA	2112-1	Carotid endarterectomy	Endarterectomy on vessels of head and neck (includes carotid artery and jugular vein)	38.12
CBGB	2113-9	Coronary artery bypass graft with both chest and donor site incisions	Chest procedure to perform direct revascularization of the heart; includes obtaining suitable vein from donor site for grafting.	36.10-36.14, 36.19
CBGC	2114-7	Coronary artery bypass graft with chest incision only	Chest procedure to perform direct vascularization of the heart using, for example the internal mammary (thoracic) artery	36.15-36.17, 36.2
CHOL	2119-6	Gallbladder surgery	Cholecystectomy and cholecystotomy	51.03, 51.04, 51.13, 51.21-51.24
COLO	2116-2	Colon surgery	Incision, resection, or anastomosis of the large intestine; includes large-to-small and small-to-large bowel anastomosis; does not include rectal operations	17.31-17.36, 17.39, 45.03, 45.26, 45.41, 45.49, 45.52, 45.71-45.76, 45.79, 45.81-45.83, 45.92-45.95, 46.03, 46.04, 46.10, 46.11, 46.13, 46.14, 46.43, 46.52, 46.75, 46.76, 46.94
CRAN	2117-0	Craniotomy	Incision through the skull to excise, repair, or explore the brain; does not include taps or punctures	01.12, 01.14, 01.21-01.25, 01.28, 01.31, 01.32, 01.39, 01.41, 01.42, 01.51-01.53, 01.59, 02.11-02.14, 02.91-02.93, 07.51-07.54, 07.59, 07.61-07.65, 07.68, 07.69, 07.71, 07.72, 07.79, 38.01, 38.11, 38.31, 38.41, 38.51, 38.61, 38.81, 39.28
CSEC	2115-4	Cesarean section	Obstetrical delivery by Cesarean section	74.0, 74.1, 74.2, 74.4, 74.91, 74.99
FUSN	2137-8	Spinal fusion	Immobilization of spinal column	81.00-81.08, 81.62-81.64
FX	2129-5	Open reduction of fracture	Open reduction of fracture or dislocation of long bones that requires internal or external fixation; does not include placement of joint prosthesis	79.21, 79.22, 79.25, 79.26, 79.31, 79.32, 79.35, 79.36, 79.51, 79.52, 79.55, 79.56



NHSN Operative Procedure Categories – FY 2010 Update

GAST	2120-4	Gastric surgery	Incision or excision of stomach; includes subtotal or total gastrectomy; does not include vagotomy and fundoplication	43.0, 43.42, 43.49, 43.5, 43.6, 43.7, 43.81, 43.89, 43.91, 43.99, 44.15, 44.21, 44.29, 44.31, 44.38-44.42, 44.49, 44.5, 44.61-44.65, 44.68-44.69, 44.95-44.98
HER	2106-3	Herniorrhaphy	Repair of inguinal, femoral, umbilical, or anterior abdominal wall hernia; does not include repair of diaphragmatic or hiatal hernia or hernias at other body sites.	17.11-17.13, 17.21-17.24, 53.00-53.05, 53.10-53.17, 53.21, 53.29, 53.31, 53.39, 53.41-53.43, 53.49, 53.51, 53.59, 53.61-53.63, 53.69
HPRO	2101-4	Hip prosthesis	Arthroplasty of hip	00.70-00.73, 00.85-00.87, 81.51-81.53
HTP	2121-2	Heart transplant	Transplantation of heart	37.51-37.55
HYST	2107-1	Abdominal hysterectomy	Removal of uterus through an abdominal incision	68.31, 68.39, 68.41, 68.49, 68.61, 68.69
KPRO	2124-6	Knee prosthesis	Arthroplasty of knee	00.80-00.84, 81.54, 81.55
KTP	2123-8	Kidney transplant	Transplantation of kidney	55.61, 55.69
LAM	2125-3	Laminectomy	Exploration or decompression of spinal cord through excision or incision into vertebral structures	03.01, 03.02, 03.09, 80.50, 80.51, 80.53, 80.54+, 80.59, 84.60-84.69, 84.80-84.85
LTP	2127-9	Liver transplant	Transplantation of liver	50.51, 50.59
NECK	2128-7	Neck surgery	Major excision or incision of the larynx and radical neck dissection; does not include thyroid and parathyroid operations.	30.1, 30.21, 30.22, 30.29, 30.3, 30.4, 31.45, 40.40-40.42
NEPH	2122-0	Kidney surgery	Resection or manipulation of the kidney with or without removal of related structures	55.01-55.02, 55.11, 55.12, 55.24, 55.31, 55.32, 55.34, 55.35, 55.39, 55.4, 55.51, 55.52, 55.54, 55.91



NHSN Operative Procedure Categories – FY 2010 Update

OVRY	2130-3	Ovarian surgery	Operations on ovary and related structures	65.01, 65.09, 65.12, 65.13, 65.21-65.25, 65.29, 65.31, 65.39, 65.41, 65.49, 65.51-65.54, 65.61-65.64, 65.71-65.76, 65.79, 65.81, 65.89, 65.92-65.95, 65.99
PACE	2131-1	Pacemaker surgery	Insertion, manipulation or replacement of pacemaker	00.50-00.54, 17.51, 17.52, 37.70-37.77, 37.79-37.83, 37.85-37.87, 37.89, 37.94-37.99
PRST	2133-7	Prostate surgery	Suprapubic, retropubic, radical, or perineal excision of the prostate; does not include transurethral resection of the prostate.	60.12, 60.3, 60.4, 60.5, 60.61, 60.62, 60.69
PVBY	2132-9	Peripheral vascular bypass surgery	Bypass operations on peripheral arteries	39.29
REC	2134-5	Rectal surgery	Operations on rectum	48.25, 48.35, 48.40, 48.42, 48.43, 48.49-48.52, 48.59, 48.61-48.65, 48.69, 48.74
RFUSN	2135-2	Refusion of spine	Refusion of spine	81.30-81.39
SB	2136-0	Small bowel surgery	Incision or resection of the small intestine; does not include small-to-large bowel anastomosis	45.01, 45.02, 45.15, 45.31-45.34, 45.51, 45.61-45.63, 45.91, 46.01, 46.02, 46.20-46.24, 46.31, 46.39, 46.41, 46.51, 46.71-46.74, 46.93
SPLE	2138-6	Spleen surgery	Resection or manipulation of spleen	41.2, 41.33, 41.41-41.43, 41.5, 41.93, 41.95, 41.99
THOR	2139-4	Thoracic surgery	Noncardiac, nonvascular thoracic surgery; includes pneumonectomy and diaphragmatic or hiatal hernia repair	32.09, 32.1, 32.20, 32.21-32.23, 32.25, 32.26, 32.29, 32.30, 32.39, 32.41, 32.49, 32.50, 32.59, 32.6, 32.9, 33.0, 33.1, 33.20, 33.25, 33.28, 33.31-33.34, 33.39, 33.41-33.43, 33.48, 33.49, 33.98, 33.99, 34.01-34.03, 34.06, 34.1, 34.20, 34.26, 34.3, 34.4, 34.51, 34.52, 34.59, 34.6, 34.81-34.84, 34.89, 34.93, 34.99, 53.71, 53.72, 53.75, 53.80-53.84



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THYR	2140-2	Thyroid and/or parathyroid surgery	Resection or manipulation of thyroid and/or parathyroid	06.02, 06.09, 06.12, 06.2, 06.31, 06.39, 06.4, 06.50-06.52, 06.6, 06.7, 06.81, 06.89, 06.91-06.95, 06.98, 06.99
VHYS	2141-0	Vaginal hysterectomy	Removal of the uterus through vaginal or perineal incision	68.51, 68.59, 68.71, 68.79
VSHN	2142-8	Ventricular shunt	Ventricular shunt operations, including revision and removal of shunt	02.2, 02.31-02.35, 02.39, 02.42, 02.43, 54.95 [^]
XLAP	2118-8	Abdominal surgery	Abdominal operations not involving the gastrointestinal tract or biliary system	53.71-53.72, 53.75, 54.0, 54.11, 54.12, 54.19, 54.3, 54.4, 54.51, 54.59, 54.61, 54.63, 54.64, , 54.71-54.75, 54.92, 54.93

*NOTE: If the incision is not entirely closed at procedure's end (i.e. if wires or tubes extrude through the incision) then the procedure does not meet the criteria of an NHSN operative procedure.

+ NOTE: If this procedure is performed percutaneously; it is not considered an NHSN operative procedure and should not be included in LAM denominator data.

[^] NOTE: Include only if this procedure involves ventricular shunt.

Revisions since January 2009 version:

- 17.51 Implantation of rechargeable cardiac contractility modulation [CCM], total system added to PACE
- 17.52 Implantation of rechargeable cardiac contractility modulation [CCM], rechargeable pulse generator only added to PACE
- 81.61 was removed from FUSN, as it is not a valid code
- 84.51 Insertion of interbody spinal fusion device was moved to OTH from the FUS category
- 50.14 Laparoscopic liver biopsy added to BILI
- 39.42 Revision of arteriovenous shunt for renal dialysis was moved from OTH to AVSD
- Removed these invalid 3-digit codes:
 - 32.3 Segmental resection of lung (THOR)
 - 32.4 Lobectomy of lung (THOR)
 - 32.5 Pneumonectomy (THOR)
 - 68.7 Radical vaginal hysterectomy (VHYS)
 - 53.7 Repair of diaphragmatic hernia, abdominal approach (XLAP)
- Recategorized these codes:
 - 37.25 Biopsy of heart moved from CARD to NO.
 - 33.25 Open biopsy of bronchus added to THOR
 - 53.71 Laparoscopic repair of diaphragmatic hernia, abdominal approach added to XLAP.
 - 53.72 Other and open repair of diaphragmatic hernia, abdominal approach added to XLAP.
 - 53.75 Repair of diaphragmatic hernia, abdominal approach, not otherwise specified added to XLAP.
 - 54.63 Other suture of abdominal wall added to XLAP.
 - 54.64 Suture of peritoneum added to XLAP



Definitions:

An NHSN operative procedure is a procedure

1) that is performed on a patient who is an NHSN inpatient or an NHSN outpatient; and 2) takes place during an operation (defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR; and

3) that is included in Table 1.

NHSN Inpatient: A patient whose date of admission to the healthcare facility and the date of discharge are different calendar days.

NHSN Outpatient: A patient whose date of admission to the healthcare facility and date of discharge are the same calendar day.

OR: A patient care area that meets the American Institute of Architects (AIA) criteria for an operating room⁷. This may include an operating room, C-Section room, interventional radiology room, or a cardiac catheterization lab.

Implant: A nonhuman-derived object, material, or tissue that is permanently placed in a patient during an operative procedure and is not routinely manipulated for diagnostic or therapeutic purposes. Examples include: porcine or synthetic heart valves, mechanical heart, metal rods, mesh, sternal wires, screws, cements, and other devices.

Transplant: Human cells, tissues, organs, or cellular- or tissue-based products that are placed into a human recipient via grafting, infusion, or transfer. Examples include: heart valves, organs, ligaments, bone, blood vessels, skin, corneas, and bone marrow cells.

Autologous or “autograft” transplants are products that originate from the patient’s own body.

Non-autologous or “allograft” transplants are tissues or other products derived from another human body, either a donor cadaver or a live donor.

REPORTING INSTRUCTIONS:

- Some products are a combination of human- and nonhuman-derived materials, such as demineralized human bone matrix with porcine gel carrier. When placed in a patient during an operative procedure, indicate “Yes” for both the Implant and Non-autologous Transplant fields.
- Some operative procedures involve placement of both autologous and non-autologous products. For these procedures, indicate “Yes” for Non-autologous Transplant field.

A **superficial incisional SSI** must meet one of the following criteria:

Infection occurs within 30 days after the operative procedure
and
involves only skin and subcutaneous tissue of the incision



and

patient has at least one of the following:

- a. purulent drainage from the superficial incision.
- b. organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision.
- c. at least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat, and superficial incision is deliberately opened by surgeon, and is culture-positive or not cultured. A culture-negative finding does not meet this criterion.
- d. diagnosis of superficial incisional SSI by the surgeon or attending physician.

NOTE: There are two specific types of superficial incisional SSIs:

1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)
2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site [leg] incision for CBGB)

REPORTING INSTRUCTIONS:

- Do not report a stitch abscess (minimal inflammation and discharge confined to the points of suture penetration) as an infection.
- Do not report a localized stab wound infection as SSI. While it would be considered either a skin (SKIN) or soft tissue (ST) infection, depending on its depth, it is not reportable under this module.
- “Cellulitis”, by itself, does not meet the criteria for Superficial Incisional SSI.
- If the incisional site infection involves or extends into the fascial and muscle layers, report as a deep-incisional SSI.
- Classify infection that involves both superficial and deep incision sites as deep incisional SSI.
- An infected circumcision site in newborns is classified as CIRC. Circumcision is not an NHSN operative procedure. CIRC is not reportable under this module.
- An infected burn wound is classified as BURN and is not reportable under this module

A **deep incisional SSI** must meet one of the following criteria:

Infection occurs within 30 days after the operative procedure if no implant is left in place or within one year if implant is in place and the infection appears to be related to the operative procedure and

involves deep soft tissues (e.g., fascial and muscle layers) of the incision and

patient has at least one of the following:

- a. purulent drainage from the deep incision but not from the organ/space component of the surgical site
- b. a deep incision spontaneously dehisces or is deliberately opened by a surgeon and is culture-positive or not cultured and the patient has at least one of the following signs or symptoms:



- fever ($>38^{\circ}\text{C}$), or localized pain or tenderness. A culture-negative finding does not meet this criterion.
- an abscess or other evidence of infection involving the deep incision is found on direct examination, during reoperation, or by histopathologic or radiologic examination
 - diagnosis of a deep incisional SSI by a surgeon or attending physician.

NOTE: There are two specific types of deep incisional SSIs:

- Deep Incisional Primary (DIP) – a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)
- Deep Incisional Secondary (DIS) – a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site [leg] incision for CBGB)

REPORTING INSTRUCTIONS:

- Classify infection that involves both superficial and deep incision sites as deep incisional SSI.

An **organ/space SSI** involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure. Specific sites are assigned to organ/space SSI to further identify the location of the infection. The table below lists the specific sites that must be used to differentiate organ/space SSI. An example is appendectomy with subsequent subdiaphragmatic abscess, which would be reported as an organ/space SSI at the intraabdominal specific site (SSI-IAB). Specific sites of organ/space (Table 2) have specific criteria which must be met in order to qualify as an NHSN event. These criteria are in addition to the general criteria for and can be found in [Chapter 17](#).⁸

An **organ/space SSI** must meet one of the following criteria:

Infection occurs within 30 days after the operative procedure if no implant is left in place or within one year if implant is in place and the infection appears to be related to the operative procedure and

infection involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure and

and

patient has at least one of the following:

- purulent drainage from a drain that is placed through a stab wound into the organ/space
- organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space
- an abscess or other evidence of infection involving the organ/space that is found on direct examination, during reoperation, or by histopathologic or radiologic examination
- diagnosis of an organ/space SSI by a surgeon or attending physician.

REPORTING INSTRUCTIONS:



- Occasionally an organ/space infection drains through the incision. Such infection generally does not involve reoperation and is considered a complication of the incision. Therefore, classify it as a deep incisional SSI.
- Report mediastinitis following cardiac surgery that is accompanied by osteomyelitis as SSI-MED rather than SSI-BONE.
- If meningitis (MEN) and a brain abscess (IC) are present together after operation, report as SSI-IC.
- Report CSF shunt infection as SSI-MEN if it occurs ≤ 1 year of placement; if later or after manipulation/access, it is considered CNS-MEN and is not reportable under this manual.
- Report spinal abscess with meningitis as SSI-MEN following spinal surgery
- Episiotomy is not considered an operative procedure in NHSN.

Table 2. Specific sites of an organ/space SSI. Criteria for these sites can be found in the NHSN Help Messages (must be logged in to NHSN) or Chapter 17.⁸

Code	Site	Code	Site
BONE	Osteomyelitis	LUNG	Other infections of the respiratory tract
BRST	Breast abscess or mastitis	MED	Mediastinitis
CARD	Myocarditis or pericarditis	MEN	Meningitis or ventriculitis
DISC	Disc space	ORAL	Oral cavity (mouth, tongue, or gums)
EAR	Ear, mastoid	OREP	Other infections of the male or female reproductive tract
EMET	Endometritis	OUTI	Other infections of the urinary tract
ENDO	Endocarditis	SA	Spinal abscess without meningitis
EYE	Eye, other than conjunctivitis	SINU	Sinusitis
GIT	GI tract	UR	Upper respiratory tract
IAB	Intraabdominal, not specified elsewhere	VASC	Arterial or venous infection
IC	Intracranial, brain abscess or dura	VCUF	Vaginal cuff
JNT	Joint or bursa		

Numerator Data: All patients having a selected operation are monitored for signs of SSI. The *Surgical Site Infection (SSI)* form (CDC 57.120) is completed for each such patient found to have an SSI.

NOTES:

1. If a patient has several NHSN operative procedures prior to an infection, report the operative procedure code of the operation that was performed most closely in time prior to the infection date, unless there is evidence that the infection is associated with a different operation.
2. If more than one NHSN operative procedure was done through a single incision, attempt to determine the procedure that is thought to be associated with the infection. If it is not clear (as is often the case when the infection is a superficial incisional SSI), or if the infection site being



reported is not an SSI, use the NHSN Principal Operative Procedure Selection Lists (Table 3) to select which operative procedure to report.

Table 3. NHSN Principal Operative Procedure Selection Lists

The following lists are derived from Table 1, NHSN Operative Procedure Categories. The operative procedures with the highest risk of surgical site infection are listed before those with a lower risk.		
Priority	Code	Abdominal Operations
1	SB	Small bowel surgery
2	KTP	Kidney transplant
3	LTP	Liver transplant
4	BILI	Bile duct, liver or pancreatic surgery
5	REC	Rectal surgery
6	COLO	Colon surgery
7	GAST	Gastric surgery
8	CSEC	Cesarean section
9	SPLE	Spleen surgery
10	APPY	Appendix surgery
11	HYST	Abdominal hysterectomy
12	VHYST	Vaginal Hysterectomy
13	OVRY	Ovarian surgery
14	HER	Herniorrhaphy
15	CHOL	Gall bladder surgery
16	AAA	Abdominal aortic aneurysm repair
17	NEPH	Kidney surgery
18	XLAP	Laparotomy
Priority	Code	Thoracic Operations
1	HTP	Heart transplant
2	CBGB	Coronary artery bypass graft with donor incision(s)
3	CBGC	Coronary artery bypass graft, chest incision only
4	CARD	Cardiac surgery
5	THOR	Thoracic surgery
Priority	Code	Neurosurgical (Spine) Operations
1	RFUSN	Refusion of spine
2	FUSN	Spinal fusion
3	LAM	Laminectomy
Priority	Code	Neurosurgical (Brain) Operations
1	VSHN	Ventricular shunt
2	CRAN	Craniotomy



The following lists are derived from Table 1, NHSN Operative Procedure Categories. The operative procedures with the highest risk of surgical site infection are listed before those with a lower risk.

Priority	Code	Neck Operations
1	NECK	Neck surgery
2	THYR	Thyroid and or parathyroid surgery

The *Instructions for Completion of Surgical Site Infection* form (Tables of Instructions, Tables 12 and 2a) includes brief instructions for collection and entry of each data element on the form. The SSI form includes patient demographic information and information about the operative procedure, including the date and type of procedure. Information about the SSI includes the date of SSI, specific criteria met for identifying the SSI, when the SSI was detected, whether the patient developed a secondary bloodstream infection, whether the patient died, and the organisms isolated from cultures and the organisms' antimicrobial susceptibilities.

Denominator Data: For all patients having a procedure selected for surveillance during the month, complete the *Denominator for Procedure* form (CDC 57.121). The data are collected individually for each operative procedure performed during the month specified on the *Patient Safety Monthly Surveillance Plan* (CDC 57.106). The *Instructions for Completion of Denominator for Procedure* form (Tables of Instructions, Table 13) includes brief instructions for collection and entry of each data element on the form.

NOTES:

1. If more than one NHSN operative procedure is performed during the same trip to the OR, a Denominator for Procedure (CDC 57.121) record is reported for each operative procedure being monitored. Even if more than one NHSN operative procedure is done through the same incision (e.g., CARD and CBGC), a *Denominator for Procedure* record is reported for each.
EXCEPTION: If a patient has both a CBGC and CBGB during the same trip to the OR, report only as a CBGB.
2. If more than one NHSN operative procedure is performed through the same incision, record the combined duration of all procedures, which is the time from skin incision to primary closure.
3. If a patient had a coronary artery bypass graft with a chest incision and a donor site incision it is a CBGB. The CBGC is only used when there is only a chest incision. CBGB and CBGC are never reported for the same patient for the same trip to the OR.
4. For bilateral operative procedures (e.g., KPRO), two separate Denominator for Procedure (CDC 57.121) are completed. To document the duration of the procedure, indicate the incision time to closure time for each procedure separately or, alternatively, take the total time for both procedures and split it evenly between the two.
5. If a patient goes to the OR more than once during the same admission and another procedure is performed through the same incision within 24 hours of the original operative incision, report only one procedure on the Denominator for Procedure (CDC 57.121) combining the durations for both procedures. For example, a patient has a CBGB lasting 4 hours. He returns to the OR



six hours later to correct a bleeding vessel. The surgeon reopens the initial incision, makes the repairs, and recloses in 1.5 hours. Record the operative procedure as one CBGB and the duration of operation as 5 hour 30 minutes. If the wound class has changed, report the higher wound class. If the ASA class has changed, report the higher ASA class.

Data Analyses: The SSI rates per 100 operative procedures are calculated by dividing the number of SSIs by the number of specific operative procedures and multiplying the results by 100. SSI will be included in the numerator of a rate based on the date of procedure, not the date of event. Rate calculations will be performed separately for the different types of operative procedures and stratified by risk index. Standardized infection ratios are also calculated using indirect standardization or multivariate models.

- Basic SSI Risk Index. The index used in NHSN assigns surgical patients into categories based on the presence of three major risk factors:
 1. Operation lasting more than the duration cut point hours, where the duration cut point is the approximate 75th percentile of the duration of surgery in minutes for the operative procedure.
 2. Contaminated (Class 3) or Dirty/infected (Class 4) wound class.
 3. ASA classification of 3, 4, or 5.

The patient's SSI risk category is simply the number of these factors present at the time of the operation.

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