



# Outpatient Procedure Component Event

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\*required for saving

Facility ID:		Event #:	
*Patient ID:		Social Security #:	
Secondary ID #:		Medicare #:	
Patient Name, Last:		First:	Middle:
*Gender: F M Other		*Date of Birth:	
Ethnicity (Specify):		Race (Specify):	
*Date admitted to facility where procedure occurred (MM/DD/YYYY):			
<b>Four Same Day Outcome Measures</b>			
*Specify event: (check all that apply)			
<input type="checkbox"/> Patient burn	<input type="checkbox"/> Patient fall	<input type="checkbox"/> Hospital transfer/admission	
<input type="checkbox"/> Wrong site	<input type="checkbox"/> Wrong side	<input type="checkbox"/> Wrong patient	<input type="checkbox"/> Wrong procedure <input type="checkbox"/> Wrong implant
<b>Prophylactic IV Antibiotic Timing</b>			
<input type="checkbox"/> Had an order for a prophylactic IV antibiotic that was NOT administered on time			
<b>Surgical Site Infection (SSI)</b>			
*Date of SSI: ___/___/___		*Primary CPT Code: _____	NHSN Procedure Code: _____
*Specific event (type of SSI): <input type="checkbox"/> Superficial incisional <input type="checkbox"/> Deep incisional <input type="checkbox"/> Organ/space			
*How infection was first reported: (Check all that apply):			
<input type="checkbox"/> Surgeon	<input type="checkbox"/> Attending physician other than surgeon		
<input type="checkbox"/> Admitting inpatient facility	<input type="checkbox"/> Routine follow-up at outpatient facility	<input type="checkbox"/> Patient or family member	
*Specify SSI criteria used (check all that apply):			
<u>Signs &amp; Symptoms</u>		<u>Laboratory</u>	
<input type="checkbox"/> Purulent drainage	<input type="checkbox"/> Redness	<input type="checkbox"/> Positive culture	
<input type="checkbox"/> Incision deliberately opened/drained	<input type="checkbox"/> Heat	<input type="checkbox"/> Not cultured	
<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Abscess	<input type="checkbox"/> Imaging test evidence of infection	
<input type="checkbox"/> Localized swelling	<input type="checkbox"/> Fever (>38°C)	<input type="checkbox"/> Histopathologic evidence of infection	
<input type="checkbox"/> Wound spontaneously dehisces			
<u>Other</u>			
<input type="checkbox"/> Diagnosis of superficial SSI by surgeon or attending physician			
<input type="checkbox"/> Other evidence of infection on direct exam or during invasive procedure			
*Pathogens identified: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, indicate up to 3 pathogens: _____			
<b>Custom Fields</b>			
Label _____		Label _____	
<b>Comments</b>			
<p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).          CDC 57.402 v8.1</p>			