Specify the calendar year for each National Healthcare Safety Network (NHSN) HAI Measure exception request(s).

(\*) Indicates required fields.

**Measure Exception Information** (The exception(s) you are requesting must be selected.)

**Select all that apply:**

## ****Surgical Site Infection (SSI)****

Select this option if the hospital performed **a combined total of 9 or fewer colon surgeries and abdominal hysterectomies** in the calendar year prior to the reporting year.

Calendar Year Prior to Reporting Year

Number of Procedures Performed

Exclusion Requested for Calendar Year

## ****Other (Please Describe)****

**If additional space is required, please attach additional documentation.**

Calendar Year Prior to Reporting Year

Number of Procedures Performed

Exclusion Requested for Calendar Year

**Specified colon and abdominal hysterectomy surgical procedures:**

Only hospitals that performed 9 or fewer of any of the specified colon surgeries **and** abdominal hysterectomies combined in the calendar year prior to the reporting year. The **NHSN Operative Procedure Category Mappings to International Classification of Diseases, Clinical Modification (ICD-CM) Codes** is located on the NHSNwebsite.

## Facility Contact Information

**\*CMS Certification Number (CCN):**

**\*Facility Name:**

**\*CEO/Designee Last Name:**

**\*CEO/Designee First Name:**

**\*CEO/Designee Title:**

**\*CEO/Designee E-Mail Address:**

**\*CEO/Designee Telephone Number:**   **Ext.:**

I hereby certify that the facility meets the exception criteria and therefore has no data to submit related to the specified measure(s):

\***Name:**

\***Position:**

\***Date:**

**Additional Comments:**

Complete and submit the Measure Exception Form via email to: [PCHQualityReporting@hcqis.org](mailto:PCHQualityReporting@hcqis.org). Following receipt of the form, an email acknowledgement will be sent confirming the form has been received.

PRA Disclosure Statement

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