

Instructions for Completion of Outpatient Procedure Component (OPC) Same Day Outcome Measures (CDC 57.402)

This form is used for reporting data on each patient who experienced one or more of the same day outcome measures events.

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the facility and may consist of any combination of numbers and/or letters. Some facilities may refer to this as a patient medical record number.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Conditionally required. Enter the patient's Medicare number for all events reported as part of a CMS Quality Reporting Program.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Sex	Required. Select "F-Female" or "M-Male".
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino. Decline to respond Unknown Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.
Race	Optional. Specify one or more of the choices below to identify the patient's race: American Indian/Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian/Other Pacific Islander White Decline to respond Unknown Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.

Outpatient Procedure Component
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Language	<p>Optional. Specify the patient’s preferred language from the NHSN abridged primary language list available at https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx.</p> <p>Choose not to disclose language Unknown</p> <p>Note: Select ‘Unknown’ in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Interpreter Needed	<p>Optional. Select YES, if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO.</p> <p>Decline to respond Unknown</p> <p>Note: Select ‘Unknown’ in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Date of Encounter (Admission) at the Outpatient Procedure Center	<p>Required. Record the date of the encounter (admission) at the outpatient procedure center using this format: MM/DD/YYYY.</p> <p>Note: <i>An encounter is completion of the registration process after the patient enters the facility.</i></p>
Specify Same Day Outcome Measures event (check all that apply)	<p>Required. If the Same Day Outcome Measures Module is included in the facility’s Monthly Reporting Plan check all same day outcome measures events experienced by the patient during the encounter (admission). If the patient experiences a wrong event specify which type(s). All same day outcome measures events on the same patient encounter should be entered on the same form.</p> <p>Note: The Same Day Outcome Measures include the following ASC Quality Measures: 1) Patient Burn; 2) Patient Fall; 3) Wrong Event - Site, Side, Patient, Procedure, or Implant; 4) Hospital Transfer/Admission.</p>
Custom Fields	<p>Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MM/DD/YYYY), numeric, or alphanumeric.</p> <p>Note: Each Custom Field must be set-up in the Facility/Custom Options section of the application before the field can be selected for use.</p>
Comments	<p>Optional. Enter any information on the event.</p>

