Instructions for Completion Outpatient Procedure Component (OPC) Surgical Site Infection (SSI) Event Form (CDC 57.405)

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 hospital and may consist of any combination of numbers and/or letters.
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

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	Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.
Language	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. Choose not to disclose language Unknown **Note:** Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.
Interpreter Needed	Optional. Select YES, if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO. 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.
Date of Encounter	Required. Record the date of the encounter (admission) at the outpatient procedure facility using this format: MM/DD/YYYY. Encounter is defined the completion of the registration process for the facility.
Event Type	Required. Enter SSI.
Date of Event	Required. Record the date when the first element used to meet the SSI infection criterion occurred for the first time during the surveillance period. Record the date of the SSI event using this format: MM/DD/YYYY. Synonyms: infection date, date of infection. *Note: Date of event must be within 30 days or 90 days of the date of procedure, depending on the operative procedure category (see Table 2 of the OPC SSI Protocol).*
Primary CPT Code	Required. Enter the Current Procedural Terminology (CPT) operative procedure code for the primary procedure performed. • If the CPT code is entered first, the NHSN Procedure Code will be auto- populated by the application. • If the NHSN Procedure Code Category is entered first, an option to select the appropriate CPT code will be provided.

	In either case, entering the CPT code is required. The current list of NHSN CPT procedure codes is found in the "Supporting Materials" section of the NHSN Ambulatory Surgery Center webpage. https://www.cdc.gov/nhsn/xls/opc/opc-cpt-pcm-nhsn.xlsx
NHSN Procedure Code Category	Required. Enter the appropriate NHSN Procedure Code Category (for example, BRST, COLO). For detailed instructions on how to report NHSN operative procedures, see the OPC SSI Protocol. ***Note:*** *An SSI cannot be "linked" to an operative procedure unless that procedure has already been entered in to NHSN. If the procedure was previously entered, and the "Link to Procedure" button is clicked, the fields pertaining to the operation will auto-populate by the application.*
SSI Level	Required. Check the appropriate level of SSI from the list ___Superficial Incisional Primary (SIP) ___Superficial Incisional Secondary (SIS) ___Deep Incisional Primary (DIP) ___Deep Incisional Secondary (DIS) ___Organ/Space
Specify SSI Criteria Used	Required. Check each of the elements of the SSI criteria that were used to identify the specific SSI level. Details can be found in the OPC SSI Protocol.
Pathogens Identified	Required. Enter Y if a pathogen was identified, N if otherwise. If Y, specify organism name. Up to 3 pathogens may be entered.
SSI Event Detected	Required. The outpatient facility (where the procedure was originally performed) should select the method that most closely resembles what initiated the SSI investigation and detection. (check all that apply)
	The SSI was detected through the facility's **ACTIVE** surveillance process: ☐ Review of patient's medical record ☐ Post-discharge surgeon survey ☐ Post-discharge patient letter ☐ Post-discharge patient phone call	The SSI was detected through a **PASSIVE** surveillance process that was not initiated by the facility: ☐ Patient/caregiver contacts facility to report ☐ Patient returns to outpatient facility for follow-up ☐ Surgeon contacts facility to report

	☐ Cooperative infection prevention process between facilities	☐ Report from another facility (inpatient, health department, emergency department, etc.)
Custom Fields	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. *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.*	
Comments	Optional. Enter any information on the event.	