

# 2023 COLO Procedure/SSI Medical Record Abstraction Tool

For use in acute care hospital SSI validation following inpatient COLO procedures performed during Q1-Q4, 2023.

Refer to associated 2023 MRAT instructions.

1. Patient and Medical Record Identifiers			
Facility (NHSN) OrgID:	Date of Audit: ___/___/___	Review Start Time:	Review End Time:
Patient ID:	Patient DOB: ___/___/___	Reviewer Initials:	
Facility Admission Date 1 (for index COLO Procedure): ___/___/___	Facility Discharge Date 1: ___/___/___	COLO Procedure Date: ___/___/___	
List all NHSN operative procedure codes assigned to the index procedure. <i>ICD-10-PCS and CPT codes can be found in the "Operative Procedure Code Documents" section of the link below: <a href="http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html">http://www.cdc.gov/nhsn/acute-care-hospital/ssi/index.html</a></i>  ICD-10-PCS codes: _____ ; _____ ; _____ ; CPT codes: _____ ; _____ ; _____ ; _____ ;	Select all NHSN procedure categories performed during index COLO procedure:		
	<input type="checkbox"/> LTP - Liver transplant <input type="checkbox"/> COLO - Colon surgery <input type="checkbox"/> BILI - Bile duct, liver, or pancreatic surgery <input type="checkbox"/> SB - Small bowel surgery <input type="checkbox"/> REC - Rectal surgery <input type="checkbox"/> KTP - Kidney transplant <input type="checkbox"/> GAST - Gastric surgery <input type="checkbox"/> AAA - Abdominal aortic aneurysm repair <input type="checkbox"/> HYST - Abdominal hysterectomy	<input type="checkbox"/> CSEC - Cesarean section <input type="checkbox"/> XLAP - Laparotomy <input type="checkbox"/> APPY - Appendix surgery <input type="checkbox"/> HER - Herniorrhaphy <input type="checkbox"/> NEPH - Kidney surgery <input type="checkbox"/> VHYS - Vaginal hysterectomy <input type="checkbox"/> SPLE - Spleen surgery <input type="checkbox"/> CHOL - Gall bladder surgery <input type="checkbox"/> OVRY - Ovarian surgery	
<i>Record later admission dates below only if they occur within 30 days of COLO procedure (Procedure date = day 1 of 30).</i>			
Facility Admission Date 2: ___/___/___	Facility Discharge Date 2: ___/___/___		
Facility Admission Date 3: ___/___/___	Facility Discharge Date 3: ___/___/___		

2. NHSN Operative Procedure Criteria	
Did COLO operative procedure meet NHSN definition for inpatient operative procedure? (Refer to NHSN PSC Module SSI Chapter 9)	
<input type="checkbox"/> No	If No, proceed to Section 5 and select outcome (a) Not a candidate COLO: Did not meet NHSN Inpatient Operative Procedure definition
<input type="checkbox"/> Yes	If Yes, proceed to Section 3.

3. Document COLO Procedure Risk-Adjustment Variables in Medical Record at Time of Procedure for Comparison to NHSN				
Closure technique :		Primary	Non-Primary	
Diabetes :		Yes	No	
ASA physical status (ASA score) :		1	2	3 4 5 (If ASA=6 these patients are <b>not</b> eligible for SSI surveillance)
General anesthesia (does not include conscious sedation) :		Yes	No	
Scope :		Yes	No	
Emergency (emergency or urgent procedure per facility protocol) :		Yes	No	
Trauma (blunt or penetrating injury occurring prior to start of the procedure) :		Yes	No	
Age (years):				
Sex:		Male	Female	
Height:		___feet/___inches <b>OR</b> ___ meters		
Weight (most recent documented prior to or otherwise closest to the procedure):		___pounds <b>OR</b> ___kilograms		
Wound class :		CC CO D (If Wound Class=C the procedure is not eligible for SSI surveillance)		
COLO procedure duration:	Procedure start date	Procedure start time	Procedure finish date	Procedure finish time
Index procedure				
2 <sup>nd</sup> Procedure within 24 hours				
Procedure duration (derived from above information): _____ hours and _____ minutes				

4. Document Subsequent Surgery / Invasive Procedure During COLO SSI Surveillance Period	
<input type="checkbox"/> No	If no, proceed to 5.
<input type="checkbox"/> Yes	If yes, document additional procedure(s) and dates for consideration and proceed to 5.
Invasive procedure 1:	Date 1:
Invasive procedure 2:	Date 2:
<i>Document any evidence of infection during invasive procedures above:</i>	

<b>5. Outcome of 2023 COLO SSI Validation</b>	
<b>5a. Outcome</b>	
If outcome (b) is selected, use the NHSN SSI definitions criteria in Table 1 on the instruction sheet to determine which depth of SSI criteria were met and the SSI DOE*. Select the appropriate depth, enter the DOE, then select which point during the surveillance period the SSI was identified. Proceed to 5b.	
<i>*SSI DOE is the date when the first element used to meet the SSI infection criterion occurs for the first time during the SSI surveillance period. The DOE must fall within the SSI surveillance period to meet SSI criteria.</i>	
<input type="checkbox"/> <b>(a) Not a candidate COLO: Did not meet NHSN Inpatient Operative Procedure definition</b>	
<input type="checkbox"/> <b>(b) SSI</b>	SSI DOE:    __/__/__
	Select the deepest SSI depth: <input type="checkbox"/> (b1) Superficial incisional (SIP) SSI <input type="checkbox"/> (b2) Deep incisional (DIP) SSI <input type="checkbox"/> (b3) Organ/Space SSI (Specify site): <input type="checkbox"/> IAB – Intraabdominal infection <input type="checkbox"/> OREP – Deep pelvic tissue infection/other infection of the male or female reproductive tract <input type="checkbox"/> GIT – Gastrointestinal tract infection <input type="checkbox"/> USI – Urinary System Infection
	At which point during the surveillance period was the SSI identified? (select one) <input type="checkbox"/> Admission (A) <input type="checkbox"/> Post-discharge surveillance (P) <input type="checkbox"/> Readmission to facility where surgery was originally performed (RF) <input type="checkbox"/> Readmission to facility other than the one that performed the surgery (RO)
<input type="checkbox"/> <b>(c) No SSI</b>	
<b>5b. Was there evidence of infection visualized (seen) and documented within the narrative portion of the operative note of the index surgical procedure and at the same tissue level of the subsequent SSI event?</b>	
For details on Infection present at time of surgery (PATOS), refer to NHSN PSC Manual SSI Chapter 9 (SSI Event Reporting Instruction #3).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>6. Attribution of SSI to Procedure</b>
Was the SSI attributable to the COLO, or was the SSI attributable to another invasive concurrent NHSN Operative Procedure, or was this not an SSI due to invasive manipulation/accesion of the COLO operative procedure site after the COLO procedure? <i>(Select one):</i>
<input type="checkbox"/> SSI attributable to the COLO
<input type="checkbox"/> SSI not attributable to the COLO; SSI attributable to another invasive concurrent NHSN operative procedure (specify procedure): _____
<input type="checkbox"/> Not an SSI; invasive manipulation/accesion occurred following the COLO (specify): _____

<b>7. Case Determination</b>		
<input type="checkbox"/> <b>Correctly Reported or Correctly Not Reported</b>	<input type="checkbox"/> <b>Over Reported Event</b>	<input type="checkbox"/> <b>Under Reported Event</b>
<b>If COLO SSI was misclassified (over- or underreported) by facility, identify the reason(s).</b>		
<p><u>Additional Reasons</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Missed case finding</li> <li><input type="checkbox"/> Clinical over-rule</li> <li><input type="checkbox"/> Used outdated criteria</li> <li><input type="checkbox"/> Diagnostic test results not in chart</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><u>SSI criteria misapplied</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ICD-10-PCS and/or CPT code(s) not a valid NHSN operative procedure code for surveillance</li> <li><input type="checkbox"/> Date of event outside the SSI surveillance period</li> <li><input type="checkbox"/> SSI should have been attributed to another invasive concurrent NHSN Operative Procedure</li> <li><input type="checkbox"/> Not an SSI due to invasive manipulation/accession of the COLO operative procedure site after the COLO procedure</li> <li><input type="checkbox"/> Reported organ/space infection did not meet at least one criterion for a specific organ/space infection site listed in PSC Manual Chapter 17</li> <li><input type="checkbox"/> SSI reported at incorrect tissue level (specify): _____</li> <li><input type="checkbox"/> Organ/space SSI reported with incorrect specific organ/space infection site (specify): _____</li> <li><input type="checkbox"/> PATOS incorrectly applied</li> <li><input type="checkbox"/> Other _____</li> </ul> <p>Provide any additional details:</p>	

**Don't forget to record the abstraction end time on page 1**