



Patient Safety Component Navigating SSI Reporting in NHSN

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NHSN Protocol and Training Team

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Objectives

- Demonstrate how to locate SSI resources available on the SSI Landing Page
- Review data entry into NSHN
- Review Alerts and Generating Datasets
- Demonstrate entering an SSI event and linking this event to a procedure

SSI Resources

SSI Landing Page

The screenshot shows the NHSN website interface for SSI events. At the top, the CDC logo and 'Centers for Disease Control and Prevention' are visible, along with search bars for 'Search' and 'Search NHSN'. The main header is 'National Healthcare Safety Network (NHSN)'. Below this, a breadcrumb trail shows 'CDC > NHSN Home > Patient Safety Component'. A left-hand navigation menu lists various categories, with 'Patient Safety Component' expanded to show sub-items like 'Annual Surveys, Locations & Monthly Reporting Plans', 'Analysis Resources', 'Antimicrobial Use & Resistance', 'BSI (CLABSI)', 'CLIP', 'MDRO & CDI', 'PedVAE', 'PNEU', 'SSI' (highlighted), 'UTI (CAUTI)', 'VAE', 'Frequently Asked Questions (FAQs)', 'Calculators & Worksheets', 'HAI Checklists', and 'Long-term Care Facility Component'. The main content area is titled 'Surgical Site Infection (SSI) Events' and is divided into three sections: 'Protocols', 'Data Collection Forms & Instructions', and 'Supporting Chapters'. The 'Protocols' section lists documents such as 'Chapter 9: Surgical Site Infection (SSI) Event - January 2022' and '2022 Summary of Updates'. The 'Data Collection Forms & Instructions' section includes 'SSI Event' and 'Denominator Form', each with links to customizable forms and tables of instructions. The 'Supporting Chapters' section lists various chapters from 1 to 17. On the right side, there are several quick-access buttons: 'SSI Training', 'Educational Roadmap', 'CMS Requirements', 'HAI Checklists', 'FAQs' (with sub-links for SSI Events, Surgical Site Procedure Codes, Analysis, Annual Surveys, Locations, Miscellaneous, CDA, and View All FAQs), and 'Supporting Materials' (with sub-links for NHSN Organism List and Sample Procedure Import File).

Protocols

- [Chapter 9: Surgical Site Infection \(SSI\) Event - January 2022](#) [PDF - 1 MB]
- [2022 Summary of Updates](#) [PDF - 200 KB]

Supporting Chapters

- [Chapter 1: NHSN Overview - January 2022](#) [PDF - 350 KB]
- [Chapter 3: Patient Safety Monthly Reporting Plan - January 2022](#) [PDF - 300 KB]
- [Chapter 15: CDC Location Labels and Location Descriptions - January 2022](#) [PDF - 1 MB]
- [Chapter 16: NHSN Key Terms - January 2022](#) [PDF - 300 KB]
- [Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections - January 2022](#) [PDF - 1 MB]

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

SSI Event

- [Surgical Site Infection \(SSI\) form - January 2021 \(57.120\)](#) [PDF - 180 KB]
 - [Customizable Form](#) [DOCK - 80 KB]
 - [Table of Instructions](#) [PDF - 150 KB]

Denominator Form

- [Denominator for Procedure - January 2021 \(57.121\)](#) [PDF - 100 KB]
 - [Customizable form](#) [DOCK - 60 KB]
 - [Table of Instructions](#) [PDF - 200 KB]

Supporting Chapters

- [Chapter 1: NHSN Overview - January 2022](#) [PDF - 350 KB]
- [Chapter 3: Patient Safety Monthly Reporting Plan - January 2022](#) [PDF - 300 KB]
- [Chapter 15: CDC Location Labels and Location Descriptions - January 2022](#) [PDF - 1 MB]
- [Chapter 16: NHSN Key Terms - January 2022](#) [PDF - 300 KB]
- [Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections - January 2022](#) [PDF - 1 MB]

Supporting Materials

- [NHSN Organism List \(All Organisms, Common Commensals, MBI Organisms, and UTI Bacteria\) - January 2022](#) [DLSX - 300 KB]
- [Sample Procedure Import File](#) [DLSX - 25 KB]

Protocol

Protocols

[Chapter 9: Surgical Site Infection \(SSI\) Event - January 2022](#)  [PDF - 1 MB]

[2022 Summary of Updates](#)  [PDF - 200 KB]



Data Collection Forms and Instructions


Data Collection Forms & Instructions

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- [Customizable form](#)  [DOCX – 80 KB]
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Denominator Form

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- [Customizable form](#)  [DOCX – 60 KB]
-

- [Table of Instructions](#)  [PDF – 200 KB]

SSI Event Form

Surgical Site Infection (SSI)

Page 1 of 4

*Required for saving **required for completion																									
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):																								
*Event Type: SSI	*Date of Event:																								
*NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:																								
*Date of Procedure:	*Outpatient Procedure: Yes No																								
*MDRO Infection Surveillance:																									
<input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module																									
*Date Admitted to Facility:	Location:																								
Event Details																									
*Specific Event:																									
<input type="checkbox"/> Superficial Incisional Primary (SIP) <input type="checkbox"/> Deep Incisional Primary (DIP) <input type="checkbox"/> Superficial Incisional Secondary (SIS) <input type="checkbox"/> Deep Incisional Secondary (DIS) <input type="checkbox"/> Organ/Space (specify site):																									
*Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No																									
*Specify Criteria Used (check all that apply):																									
<table border="0"> <tr> <td style="text-align: center;"><u>Signs & Symptoms</u></td> <td style="text-align: center;"><u>Laboratory</u></td> </tr> <tr> <td><input type="checkbox"/> Drainage or material¹</td> <td><input type="checkbox"/> Organism(s) identified</td> </tr> <tr> <td><input type="checkbox"/> Pain or tenderness</td> <td><input type="checkbox"/> Culture or non-culture based testing not performed</td> </tr> <tr> <td><input type="checkbox"/> Swelling or inflammation</td> <td><input type="checkbox"/> Organism(s) identified from blood specimen</td> </tr> <tr> <td><input type="checkbox"/> Erythema or redness</td> <td><input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens</td> </tr> <tr> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/> Other positive laboratory tests¹</td> </tr> <tr> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Cough</td> </tr> <tr> <td><input type="checkbox"/> Incision deliberately opened/drainied</td> <td><input type="checkbox"/> Nausea <input type="checkbox"/> Imaging test evidence of infection</td> </tr> <tr> <td><input type="checkbox"/> Wound spontaneously dehisces</td> <td><input type="checkbox"/> Vomiting</td> </tr> <tr> <td><input type="checkbox"/> Abscess</td> <td><input type="checkbox"/> Dysuria</td> </tr> <tr> <td><input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam¹</td> <td><input type="checkbox"/> Physician diagnosis of this event type</td> </tr> <tr> <td><input type="checkbox"/> Other signs & symptoms¹</td> <td><input type="checkbox"/> Physician institutes appropriate antimicrobial therapy¹</td> </tr> </table>		<u>Signs & Symptoms</u>	<u>Laboratory</u>	<input type="checkbox"/> Drainage or material ¹	<input type="checkbox"/> Organism(s) identified	<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Culture or non-culture based testing not performed	<input type="checkbox"/> Swelling or inflammation	<input type="checkbox"/> Organism(s) identified from blood specimen	<input type="checkbox"/> Erythema or redness	<input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens	<input type="checkbox"/> Heat	<input type="checkbox"/> Other positive laboratory tests ¹	<input type="checkbox"/> Fever	<input type="checkbox"/> Cough	<input type="checkbox"/> Incision deliberately opened/drainied	<input type="checkbox"/> Nausea <input type="checkbox"/> Imaging test evidence of infection	<input type="checkbox"/> Wound spontaneously dehisces	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Abscess	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam ¹	<input type="checkbox"/> Physician diagnosis of this event type	<input type="checkbox"/> Other signs & symptoms ¹	<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy ¹
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*per specific site criteria																									
*Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance) <input type="checkbox"/> RF (Readmission to facility where procedure performed) <input type="checkbox"/> RO (Readmission to facility other than where procedure was performed)																									
*Secondary Bloodstream Infection: Yes No	**Died: Yes No SSI Contributed to Death: Yes No																								
Discharge Date:	*Pathogens Identified: Yes No *If Yes, specify on pages 2-3.																								
COVID-19: Yes No If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected																									
<small>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(e) of the Public Health Service Act (42 USC 242b, 242c, and 242m)(2). Public reporting burden for this collection of information is estimated to average 20 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 the collection of information, including suggestions for reducing this burden to: CDC, Reports Clearance Office, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (2025-0065). CDC-57-08 (Rev 7-18)</small>																									

SSI Event Table of Instructions

Instructions for Completion of Surgical Site Infection (SSI) Form (CDC 57.120)

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 #	Optional. Enter the patient's Medicare number.
Patient Name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
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.
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 Native Hawaiian/Other Pacific Islander White
Event Type	Required. Enter SSI.
Date of Event (DOE)	Required. The date when the first element used to meet the SSI infection criterion occurred for the first time during the surveillance period. The DOE must occur within 30 days or 90 days after the NHSN operative procedure (where Day 1 = procedure date), depending on the NHSN operative procedure category. The DOE must reflect the deepest tissue level where SSI criteria are met during the surveillance period.

Denominator for Procedure Form



Form Approved
OMB No. 0920-0686
Exp. Date: 01/31/24
www.cdc.gov/nhsn

Denominator for Procedure

Page 1 of 2

*required for saving

Facility ID	Procedure #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
Event Type: PROC	*NHSN Procedure Code:
*Date of Procedure:	ICD-10-PCS or CPT Procedure Code:
Procedure Details	
*Outpatient: Yes No *Duration: _____ Hours _____ Minutes *Wound Class: C CC CO D *General Anesthesia: Yes No ASA Score: 1 2 3 4 5 *Emergency: Yes No *Trauma: Yes No *Scope: Yes No *Diabetes Mellitus: Yes No *Height: _____ feet _____ inches *Closure Technique: Primary Other than primary (choose one) _____ meters Surgeon Code: _____ *Weight: _____ lbs/kg (circle one)	
CSEC: *Duration of Labor: _____ hours	
Circle one: FUSN *Spinal Level (check one) <input type="checkbox"/> Atlas-axis <input type="checkbox"/> Atlas-axis/Cervical <input type="checkbox"/> Cervical <input type="checkbox"/> Cervical/Dorsal/Dorsolumbar <input type="checkbox"/> Dorsal/Dorsolumbar <input type="checkbox"/> Lumbar/Lumbosacral	*Approach/Technique (check one) <input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior and Posterior
Circle one: HPRO KPRO ICD-10-PCS Supplemental Procedure Code for HPRO/KPRO: _____ *Check one: <input type="checkbox"/> Total <input type="checkbox"/> Hemi <input type="checkbox"/> Resurfacing (HPRO only) If Total: <input type="checkbox"/> Total Primary <input type="checkbox"/> Total Revision If Hemi: <input type="checkbox"/> Partial Primary <input type="checkbox"/> Partial Revision If Resurfacing (HPRO only): <input type="checkbox"/> Total Primary <input type="checkbox"/> Partial Primary	
*If total or partial revision, was the revision associated with prior infection at index joint? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Denominator for Procedure Table of Instructions

Instructions for Completion of Denominator for Procedure Form (CDC 57.121)

This form is used for reporting data on each patient having one of the NHSN operative procedures selected for monitoring.

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Procedure #	The NHSN-assigned Procedure # 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 #	Optional. Enter the patient's Medicare number.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.
Date of birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional.
Hispanic or Latino	If patient is Hispanic or Latino, check this box.
Not Hispanic or Not Latino	If patient is not Hispanic or not Latino, check this box.
Race	Optional. Check all the boxes that apply to identify the patient's race.
Event type	Required. Enter the code for procedure (PROC).

FAQs

Surgical Site Infection (SSI) Events

Protocols

[Chapter 9: Surgical Site Infection \(SSI\) Event – January 2022](#) [PDF – 1 MB]

[2022 Summary of Updates](#) [PDF – 200 KB]

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Data Collection Forms & Instructions

All Data Collection Forms are Print-only

SSI Event

[Surgical Site Infection \(SSI\) form – January 2021 \(57.120\)](#) [PDF – 180 KB]

[SSI Training](#)

[Educational Roadmap](#)

[CMS Requirements](#)

[HAI Checklists](#)

[FAQs](#)

[SSI Events](#)

[Surgical Site Procedure Codes](#)

[Analysis](#)

[Annual Surveys](#)

[Locations](#)

[Miscellaneous](#)

[CDA](#)

[View All FAQs](#)

Operative Procedure Code Documents

Operative Procedure Code Documents

2022 Operative Procedure Code Documents

The documents listed below should be used for procedures performed January 1, 2022 through December 2022.

[List of NHSN 2022 ICD-10 Procedure Code Updates – January 2022](#) [DLS – 30 KB]

[ICD-10-PCS Procedure Code Mapping to NHSN Operative Procedure Codes – January 2022](#) [DLSX – 800 KB]

[Current Procedural Terminology \(CPT\) Procedure Code Mapping to NHSN Operative Procedure Codes – January 2022](#) [DLSX – 350 KB]

Additional Guidance for use with NHSN Operative Procedure Codes

[ICD-10-PCS & CPT Codes – Guidance for HPRO & KPRO Procedure Details – January 2022](#) [DLSX – 90 KB]

This guidance document may be used for completing the NHSN procedure details for HPRO – hip arthroplasty and/or KPRO – Knee arthroplasty operative procedures.

[FUSN ICD-10-PCS Codes – Guidance for Spinal Level and Approach – January 2022](#) [DLSX – 40 KB]

This supplemental guidance may be used to complete the spinal level and approach fields in the Operative Procedure Details section for FUSN procedures.

[ICD-10-CM Diabetes Diagnostic Codes – January 2022](#) [DLSX – 40 KB]

ICD-10-CM codes included in this spreadsheet are acceptable for use to answer “YES” to “Diabetes Mellitus” for completing the NHSN Operative Procedure Details.

[ICD-10-CM/PCS Codes for ‘prior infection at hip or knee joint’ denominator form question – January 2022](#) [DLSX – 40 KB]

Use ICD-10-PCS/CM diagnosis or procedure codes included in this spreadsheet to determine if patient meets criteria for ‘prior infection at index joint’.

Document detailing changes made to the 2021-2022 operative procedure codes

[Summary of 2021-2022 Code Changes – January 2022](#) [DLSX – 400 KB]

This document includes changes made to the procedure codes listed for 2021 SSI reporting, as well as, new procedure codes added for 2022 SSI reporting. Because both outdated (removed) and current procedure codes are included, use caution if this document is used to identify procedures for SSI events for reporting.

Training Resources

Surgical Site Infection (SSI) Events

Protocols

[Chapter 9: Surgical Site Infection \(SSI\) Event – January 2022](#) [PDF – 1 MB]

[2022 Summary of Updates](#) [PDF – 200 KB]

Supporting Chapters

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- SSI Training
- Educational Roadmap
- CMS Requirements
- HAI Checklists

Reporting Requirements and Monthly Reporting Plan

What is required to report?

- NHSN does not mandate reporting.
- NHSN is a mechanism for collecting and analyzing surveillance data, based on what a facility has chosen to enter in their Monthly Reporting Plan.
- The decision to use NHSN depends on:
 - CMS Inpatient Quality Reporting Program
 - Your facility internal risk assessment
 - Required reporting by your state or other organizations

Monthly Reporting Plan (MRP)

- MRP - informs NHSN which modules will be reported on during a given month
- If a module is included in the MRP, this is an agreement to follow the details of the module in its entirety

In-plan

- ✓ Module included in the MPR
- ✓ NHSN surveillance protocol(s) will be used, in its entirety.
- ✓ Data included in NHSN annual reports or other NHSN publications.
- ✓ Submitted to CMS in accordance with CMS's Quality Reporting Program


Off-plan

- ✓ Module **NOT** included in the MPR
- ✓ NHSN surveillance protocol(s) is **NOT** required to be used, in its entirety.
- ✓ Data **NOT** included in NHSN annual reports or other NHSN publications.

Adding Monthly Reporting Plan

The screenshot displays the NHSN Home navigation menu on the left, with a red arrow pointing to the 'Reporting Plan' option. The main content area is titled 'Add Monthly Reporting Plan' and features a search bar with a dropdown menu. The dropdown menu is open, showing the 'Add' option highlighted with a red arrow. Below the search bar, there is a dropdown menu for 'QP Memorial Hospital (ID 10000)', a 'Find' button, and a 'Year *' dropdown menu. At the bottom, there is a checkbox labeled 'No NHSN Patient Safety Modules Followed this Month'.

Adding Monthly Reporting Plan



Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *:

Month *:

Year *:

No NHSN Patient Safety Modules Followed this Month



Adding Monthly Reporting Plan

Add Monthly Reporting Plan

Mandatory fields marked with *

Facility ID *:

Month *:

Year *:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

	Locations	CLABSI	VAE	CAUTI	CLIP	PedVAP	PedVAE
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module



	Procedures	SSI
	<input type="text"/>	IN: <input type="checkbox"/> OUT: <input type="checkbox"/>

Antimicrobial Use and Resistance Module

	Locations	Antimicrobial Use	Antimicrobial Resistance
	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>


Adding Monthly Reporting Plan for Procedure-Associated Module: Example


Procedure-Associated Module

	Procedures	SSI
	COLO - Colon surgery	IN: <input checked="" type="checkbox"/> OUT: <input checked="" type="checkbox"/>
	KPRO - Knee prosthesis	IN: <input checked="" type="checkbox"/> OUT: <input checked="" type="checkbox"/>

Adding Monthly Reporting Plan for Procedure Associated Module: Copy from Previous Month

Procedure-Associated Module

	Procedures	SSI
	<input type="text"/>	IN: <input type="checkbox"/> OUT: <input type="checkbox"/>



Completing the SSI Event (Numerator) Form

Event information

Event Information

Event Type * :

Date of Event * :

NHSN Procedure Code * :

Select button for system used

ICD-10 PCS Outpatient Procedure * :

CPT Code

Procedure Date * :

MDRO Infection Surveillance * :

Location :

Date Admitted to Facility > :

Event Details

Specific Event > :

Infection present at the time of surgery * :

Detected > :

Secondary Bloodstream Infection > :

COVID-19 * :

Died ** :

Discharge Date :

Pathogens Identified > : N - No If Yes, specify below ->

SSI Event Form: Patient Level Data



Form Approved
OMB No. 0920-0666
Exp. Date: 01/31/24
www.cdc.gov/nhsn

Surgical Site Infection (SSI)

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*required for saving **required for completion	
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):
*Event Type: SSI	*Date of Event:
*NHSN Procedure Code:	ICD-10-PCS or CPT Procedure Code:
*Date of Procedure:	*Outpatient Procedure: Yes No
*MDRO Infection Surveillance: <input type="checkbox"/> Yes, this infection's pathogen & location are in-plan for Infection Surveillance in the MDRO/CDI Module <input type="checkbox"/> No, this infection's pathogen & location are not in-plan for Infection Surveillance in the MDRO/CDI Module	

SSI Event Form: Tissue level and SSI criteria met

*Specific Event:		
<input type="checkbox"/> Superficial Incisional Primary (SIP)	<input type="checkbox"/> Deep Incisional Primary (DIP)	
<input type="checkbox"/> Superficial Incisional Secondary (SIS)	<input type="checkbox"/> Deep Incisional Secondary (DIS)	
<input type="checkbox"/> Organ/Space (specify site): _____		
*Infection present at the time of surgery (PATOS): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify criteria used (check all that apply):		
<u>Signs & Symptoms</u>		<u>Laboratory</u>
<input type="checkbox"/> Drainage or material [†]	<input type="checkbox"/> Sinus tract	<input type="checkbox"/> Organism(s) identified
<input type="checkbox"/> Pain or tenderness	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Culture or non-culture based testing not performed
<input type="checkbox"/> Swelling or inflammation	<input type="checkbox"/> Apnea	<input type="checkbox"/> Organism(s) identified from blood specimen
<input type="checkbox"/> Erythema or redness	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Organism(s) identified from ≥ 2 periprosthetic specimens
<input type="checkbox"/> Heat	<input type="checkbox"/> Lethargy	<input type="checkbox"/> Other positive laboratory tests [†]
<input type="checkbox"/> Fever	<input type="checkbox"/> Cough	<input type="checkbox"/> Imaging test evidence of infection
<input type="checkbox"/> Incision deliberately opened/drainaged	<input type="checkbox"/> Nausea	
<input type="checkbox"/> Wound spontaneously dehisces	<input type="checkbox"/> Vomiting	
<input type="checkbox"/> Abscess	<input type="checkbox"/> Dysuria	
<input type="checkbox"/> Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam [†]		<u>Clinical Diagnosis</u>
<input type="checkbox"/> Other signs & symptoms [†]		<input type="checkbox"/> Physician diagnosis of this event type
		<input type="checkbox"/> Physician institutes appropriate antimicrobial therapy [†]
[†] per specific site criteria		

SSI Event Form: Additional Details

*most specific site criteria	
*Detected: <input type="checkbox"/> A (During admission) <input type="checkbox"/> P (Post-discharge surveillance) <input type="checkbox"/> RF (Readmission to facility where procedure performed) <input type="checkbox"/> RO (Readmission to facility other than where procedure was performed)	
*Secondary Bloodstream Infection: Yes No	**Died: Yes No SSI Contributed to Death: Yes No
Discharge Date:	*Pathogens Identified: Yes *If Yes, specify on pages 2-3. No
COVID-19: Yes No If Yes: <input type="checkbox"/> Confirmed <input type="checkbox"/> Suspected	
<small>This form and its contents, 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 56a, 56b and 56(c) of the Public Health Services Act (42 USC 262) (a), (b), and (c)(2)(C). Public reporting burden of the collection of information is estimated to average 20 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 OMB, Paperwork Reduction Project (0905-0174), Washington, DC 20503. A776. (PPA 0905-0174) GPO: 2010-000-000-000</small>	

Completing the Procedure (Denominator) Form

Procedure Information

Procedure Details

Outpatient * : Duration (Hrs:Mins) * : :

Wound Class * : General Anesthesia * :

ASA Score:

Emergency * : Trauma * : Scope * :

Diabetes Mellitus * : Closure Technique * :

Surgeon Code:

Height * : or m

Weight * : lbs or kg BMI

Procedure Form: Required and Conditional Requirements

Denominator for Procedure

Page 1 of 2

*required for saving

Facility ID	Procedure #:
*Patient ID:	Social Security #:
Secondary ID:	Medicare #:
Patient Name, Last:	First: Middle:
*Gender: F M Other	*Date of Birth:
Ethnicity (Specify):	Race (Specify):
Event Type: PROC	*NHSN Procedure Code:
*Date of Procedure:	ICD-10-PCS or CPT Procedure Code:
Procedure Details	
*Outpatient: Yes No	*Duration: ____ Hours ____ Minutes
*Wound Class: C CC CO D	*General Anesthesia: Yes No
ASA Score: 1 2 3 4 5	*Emergency: Yes No
*Trauma: Yes No	*Scope: Yes No
*Diabetes Mellitus: Yes No	*Closure Technique: Primary Other than primary
*Height: ____ feet ____ inches	Surgeon Code: _____
(choose one) ____ meters	
*Weight: ____ lbs/kg (circle one)	
CSEC: *Duration of Labor: ____ hours	
Circle one: FUSN	
*Spinal Level (check one)	*Approach/Technique (check one)
<input type="checkbox"/> Atlas-axis	<input type="checkbox"/> Anterior
<input type="checkbox"/> Atlas-axis/Cervical	<input type="checkbox"/> Posterior
<input type="checkbox"/> Cervical	<input type="checkbox"/> Anterior and Posterior
<input type="checkbox"/> Cervical/Dorsal/Dorsolumbar	
<input type="checkbox"/> Dorsal/Dorsolumbar	
<input type="checkbox"/> Lumbar/Lumbosacral	
Circle one: HPRO KPRO	
ICD-10-PCS Supplemental Procedure Code for HPRO/KPRO: _____	
*Check one: <input type="checkbox"/> Total <input type="checkbox"/> Hemi <input type="checkbox"/> Resurfacing (HPRO only)	
If Total: <input type="checkbox"/> Total Primary <input type="checkbox"/> Total Revision	
If Hemi: <input type="checkbox"/> Partial Primary <input type="checkbox"/> Partial Revision	
If Resurfacing (HPRO only): <input type="checkbox"/> Total Primary <input type="checkbox"/> Partial Primary	
*If total or partial revision, was the revision associated with prior infection at index joint? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Data Entry

Data Entry Screens

3 Options: Add, Find, Incomplete

- Click 'Add' to enter data
- 'Find' is used to look for previously entered data forms.
- 'Incomplete' lists the forms that have been started, but all the required fields have not been completed.

NHSN Home

Find Procedure

- Enter search criteria and click Find
- Fewer criteria will return a broader result set
- More criteria will return a narrower result set

Procedure Information

Facility ID: ASC Test Facility for OPC Users (ID 57258) ▼

Procedure #:

NHSN Procedure Code: ▼

CPT Code:

Procedure Date: 3 To: 3

Patient Information

Patient ID:

Last Name:

First Name:

Social Security #:

Secondary ID:

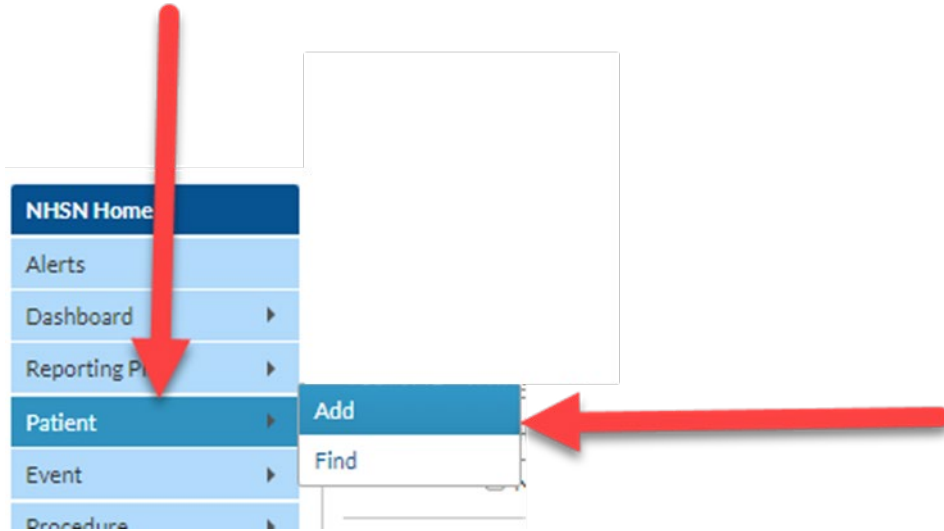
General Information

Completion Status: ▼

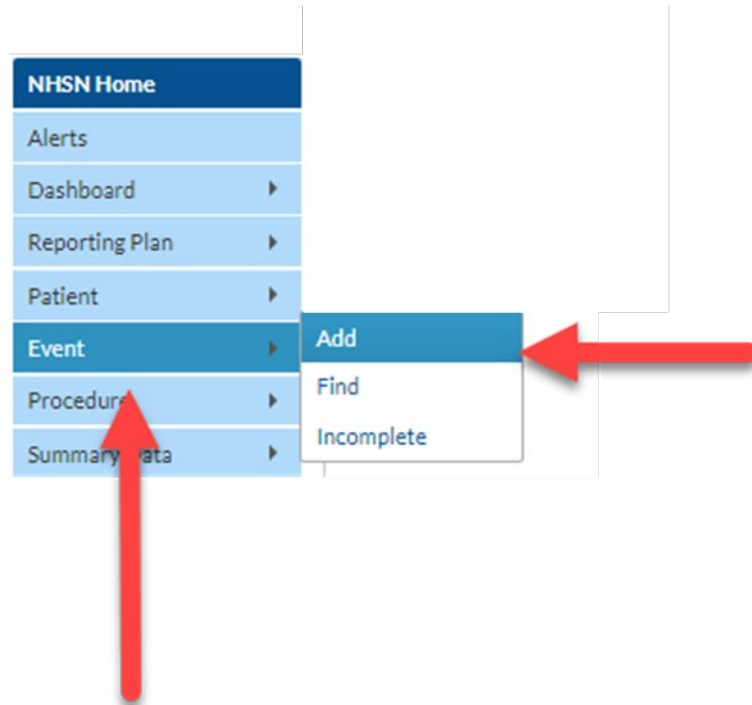
Find Clear Back

The 'Find' and 'Incomplete' options are very useful for investigating data quality issues.

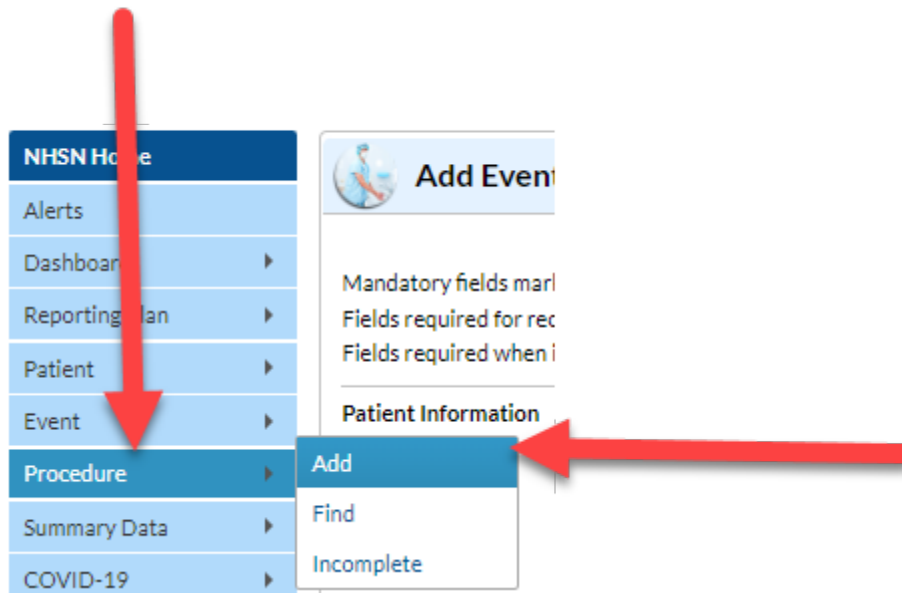
Data Entry Sources: Patient



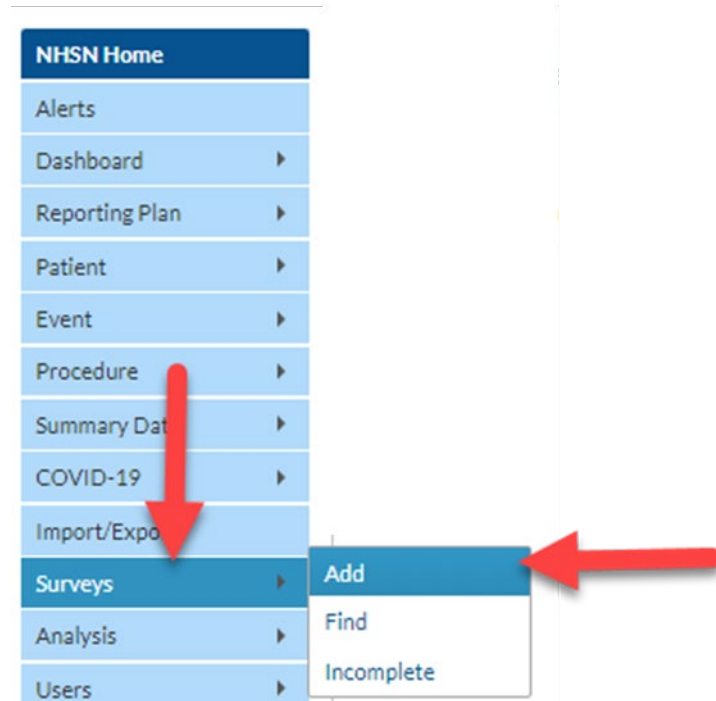
Data Entry Sources: Event



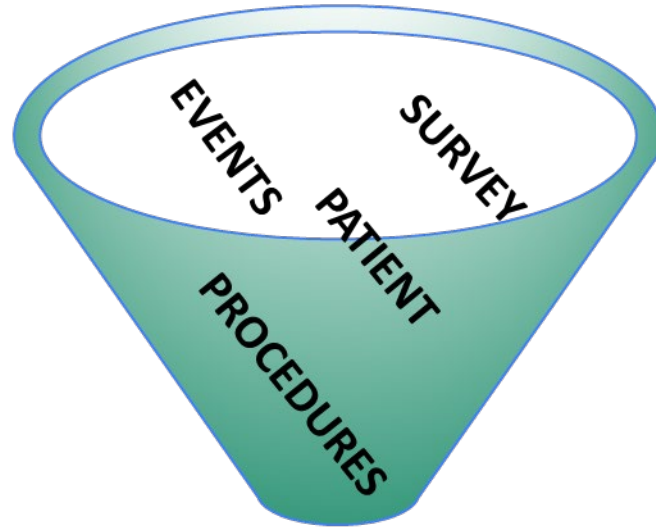
Data Entry Sources: Procedure



Data Entry Sources: Survey



NHSN User Data Entry



**Desired Reports – Rate,
Standardized Infection Ratio (SIR),
Custom, etc.**

CSV Upload

Upload of Procedure Data

- NHSN recommends CSV file
- Supporting Materials on SSI landing page

National Healthcare Safety Network (NHSN) See more

CDC > NHSN Home > Patient Safety Component

Surgical Site Infection (SSI) Events

Protocols

- [Chapter 9: Surgical Site Infection \(SSI\) Event - January 2022](#) [PDF - 1 MB]
- [2022 Summary of Updates](#) [PDF - 200 KB]

Supporting Chapters

- [Chapter 1: NHSN Overview - January 2022](#) [PDF - 350 KB]
- [Chapter 3: Patient Safety Monthly Reporting Plan - January 2022](#) [PDF - 300 KB]
- [Chapter 15: CDC Location Labels and Location Descriptions - January 2022](#) [PDF - 1 MB]
- [Chapter 16: NHSN Key Terms - January 2022](#) [PDF - 300 KB]
- [Chapter 17: CDC/NHSN Surveillance Definitions for Specific Types of Infections - January 2022](#) [PDF - 1 MB]

[Top of Page](#)

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

SSI Event

- [Surgical Site Infection \(SSI\) form - January 2021 \(57.120\)](#) [PDF - 180 KB]
- [Customizable form](#) [DOCX - 80 KB]
- [Table of Instructions](#) [PDF - 150 KB]

Denominator Form

- [Denominator for Procedure - January 2021 \(57.121\)](#) [PDF - 100 KB]
- [Customizable form](#) [DOCX - 60 KB]
- [Table of Instructions](#) [PDF - 200 KB]


Supporting Materials

- [NHSN Organism List \(All Organisms, Common Commensals, MBI Organisms, and UTI Bacterial\) - January 2022](#) [XLSX - 300 KB]
- [Sample Procedure Import File](#) [XLSX - 25 KB]

CSV Upload Reminders

- Header row MUST match variable name
- Fields can be imported in any order
- No duplicates
- Exclude blank spaces
- Those fields marked in yellow are optional

Optional



patID	gender	dob	medicareID	procCode	procCD9Code	procCPTCode	procCD10Cod	procCD10supp	procDate	outpatient	procDurationHi	procDurationMin	svClass	ass	scope
MD-2001	F	6/14/1941	AAA		38.34	33875			1/1/2015	N	2	16	CC	2	N
MD-3001	M	#####		KPRD		0QP00JZ	0SPC09Z		1/15/2015	N	2	10	C	1	N
MD-4001	M	#####	3876543	FUSN		0RFG0070			4/13/2015	N	5	36	C	1	N

Linking a Procedure to Event

Linking a Procedure to an Event

Event Information

Event Type *: ▼

Date of Event *: 28

NHSN Procedure Code *: ▼

Select button for system used

ICD-10 PCS CPT Code Outpatient Procedure *: ▼

Procedure Date *: 28 [Link to Procedure](#) ←

MDRO Infection Surveillance *: ▼

Location: ▼

Date Admitted to Facility >: 28

Event Details

Specific Event >: ▼

Infection present at the time of surgery *: ▼

Detected >: ▼

Secondary Bloodstream Infection >: ▼

COVID-19 *: ▼

Died **: ▼

Discharge Date: 28

Pathogens Identified >: N - No If Yes, specify below ->

Enter the Event Details

Event Details

Specific Event >: **PJI - Periprosthetic Joint Infection** ▼

Infection present at the time of surgery *: **N - No** ▼

Specify Criteria Used * (check all that apply)

Signs & Symptoms (check all that apply)

Any patient

- Purulent drainage from affected area
- Pain or tenderness
- Swelling or inflammation
- Erythema or redness
- Heat
- Fever
- Incision deliberately opened/drained
- Wound spontaneously dehisces
- Abscess
- Sinus tract
- Hypothermia
- Apnea
- Bradycardia
- Lethargy
- Cough
- Nausea
- Vomiting
- Dysuria
- Other evidence of infection found on invasive procedure, gross anatomic exam, or histopathologic exam
- Other signs & symptoms

<= 1 year old

- Fever
- Hypothermia
- Apnea
- Bradycardia
- Lethargy
- Vomiting
- Suprapubic tenderness

Laboratory

- Organism(s) identified
- Culture or non-culture based testing not performed
- Organism(s) identified from blood specimen
- Organism(s) identified from >= 2 periprosthetic specimens
- Other positive laboratory tests
- Imaging test evidence of infection

Clinical Diagnosis

- Physician diagnosis of this event type
- Physician institutes appropriate antimicrobial therapy

Detected >: **RF - Readmission to facility where procedure performed** ▼

Secondary Bloodstream Infection >: **N - No**

COVID-19 *: **N - No** ▼

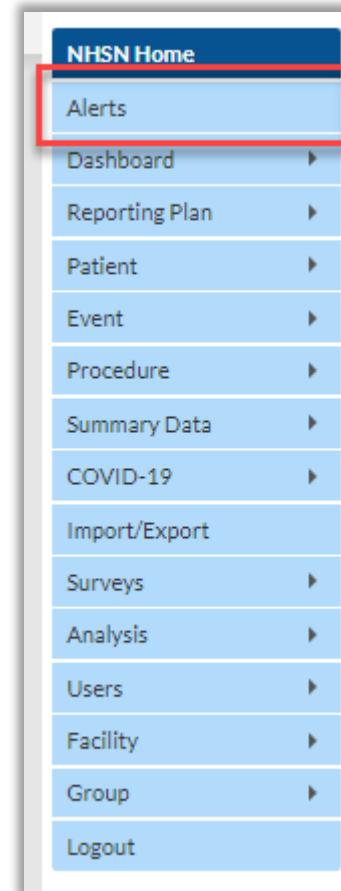
Died **: **N - No** ▼

Discharge Date:

Pathogens Identified >: **N - No** If Yes, specify below ->

Generating Datasets

First Resolve any Alerts



NOTE: Unresolved alerts will prevent data from showing up in SIR reports

Generating Datasets

- After data entry is complete and all alerts are resolved
- Generate datasets so that all data crosses over for use in Analysis reports

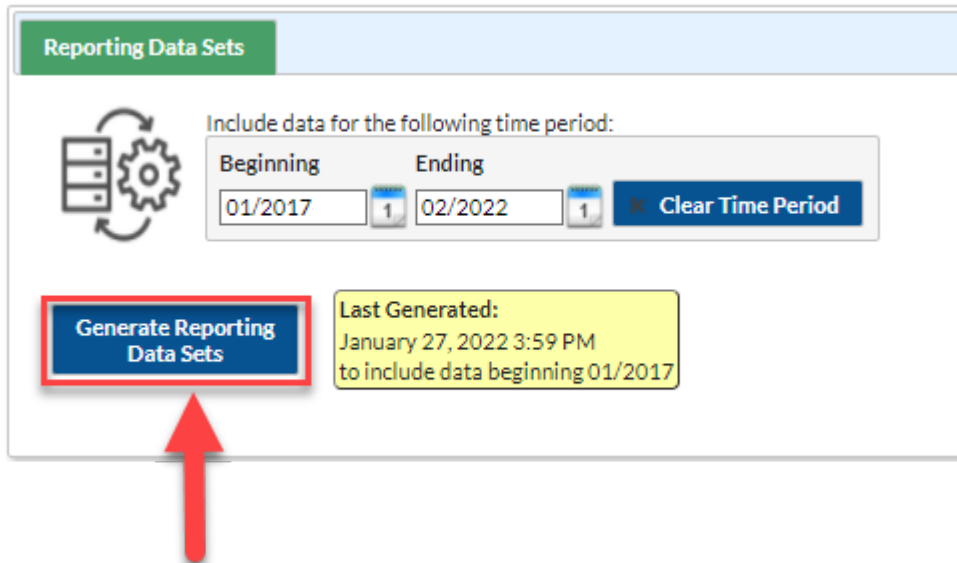
The image shows a vertical navigation menu for 'NHSN Home'. The menu items are: Alerts, Dashboard, Reporting Plan, Patient, Event, Procedure, Summary Data, COVID-19, Import/Export, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Analysis' item is highlighted in a darker blue. A red arrow points down to 'Analysis' from the 'Summary Data' item. A sub-menu is open for 'Analysis', containing 'Generate Data Sets', 'Reports', and 'Statistics Calculator'. A red arrow points left to 'Generate Data Sets' from the right side of the screen.

NHSN Home	
Alerts	
Dashboard	▶
Reporting Plan	▶
Patient	▶
Event	▶
Procedure	▶
Summary Data	▶
COVID-19	▶
Import/Export	
Surveys	▶
Analysis	▶
Users	▶
Facility	▶
Group	▶
Logout	

Generate Data Sets	
Reports	
Statistics Calculator	

Generating Datasets

Reporting Data Sets



The interface shows a 'Reporting Data Sets' section with a gear icon and a refresh symbol. It includes a time period selection area with 'Beginning' and 'Ending' date pickers set to '01/2017' and '02/2022' respectively, and a 'Clear Time Period' button. A 'Generate Reporting Data Sets' button is highlighted with a red box and a red arrow pointing to it. To the right, a yellow box displays the 'Last Generated' information: 'January 27, 2022 3:59 PM to include data beginning 01/2017'.

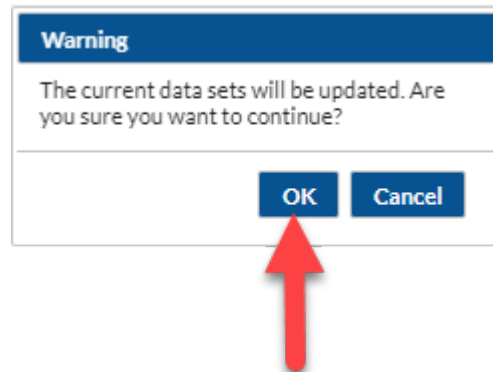
Include data for the following time period:

Beginning: 01/2017 1 Ending: 02/2022 1

Last Generated:
January 27, 2022 3:59 PM
to include data beginning 01/2017

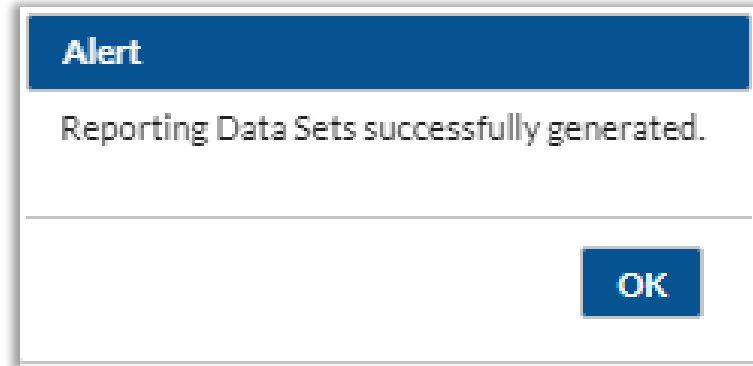
Warning

The current data sets will be updated. Are you sure you want to continue?



A warning dialog box with a blue header and a white body. It contains the text 'The current data sets will be updated. Are you sure you want to continue?' and two buttons: 'OK' and 'Cancel'. A red arrow points to the 'OK' button.

Generating Datasets: Complete



**For any questions or concerns,
contact the NHSN Helpdesk at nhsn@cdc.gov**



For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.