

Texas Health Care-Associated Infections Reporting

Frequently Asked Questions

As of 01/2012

How to begin reporting:

1. **Our facility IP left suddenly, where do we begin?** The first thing you need to do is to learn about the state reporting requirements and determine whether your facility is required to report—you can start by reading the rest of this document.

If you are required to report, you will need to determine where the previous Infection Preventionist left off in the reporting process. To do this, contact NHSN@CDC.gov, explain the situation and verify whether your facility is enrolled in NHSN. If so, NHSN will need to set you up as the new Facility Administrator for your facility. If not, you can check out the “Texas HAI Start-up Checklist,” which can help get you started in NHSN.

2. **Are there any resources for collecting and reporting HAI data?** The following resources can be found on the www.HAITexas.org website under reporting:
 - a. Free NHSN reporting training provided by The Association for Prevention of Infection and Control (APIC)
 - b. Training sessions recommended by the CDC NHSN Program
 - i. <http://www.cdc.gov/nhsn/training.html>
 - c. Texas NHSN course on: Using Excel to Import Knee Surgical Denominator Data
 - d. NHSN spreadsheet example

Who must report:

3. **Which facilities are required to report Health Care-Associated Infections (HAI)?** All Texas licensed general hospitals and Ambulatory Surgical Centers (ASC) are required to report the HAI data related to the specified procedure codes. A general hospital is defined as a hospital licensed under the Texas Health and Safety Code Chapter 241 or a hospital that provides surgical or obstetrical services and that is maintained or operated by the state of Texas. An ASC is defined as a facility licensed under the Texas Health and Safety Code Chapter 243. This does not include a comprehensive medical rehabilitation hospital.
4. **Are critical access hospitals required to report Health Care-Associated Infections (HAIs)?** Yes, critical access hospitals fall under general hospital licensing rules in the state of Texas, and are considered general hospitals for mandatory HAI reporting purposes.
5. **Are Long Term Acute Care facilities (LTACs) required to report Health Care-Associated Infections (HAIs)?** Yes and No. Some LTACs are licensed as General Hospitals and others are licensed as Special Hospitals under Chapter 241. The ones licensed as General Hospitals (provides surgery, OB services or both) are required to report, while the ones licensed as Special Hospitals (do not provide surgery or OB services) are not required to report. Of the LTACs that are required to report, a subset of them will not report HAIs because they do not have an ICU and they do not perform any of the Texas Reportable Procedures (see Question 12 for reportable procedures).
6. **Is the Veterans Affairs (VA) or Department of Defense (DOD) hospitals required to report Health Care-Associated Infections (HAIs) to the state?** No, Veteran Affairs and Department of Defense hospitals are not licensed under the Texas Health and Safety Code and are not maintained or operated by the State of Texas so are exempt from mandatory state reporting of HAI.
7. **What Special Care Settings must report?** A unit or service of a general, pediatric or adolescent hospital that provides treatment to inpatients who require extraordinary care on a concentrated and continuous

basis. The term includes pediatric, neonatal (level III or II/III) and adult critical care units as defined by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) or its successor. See list below.

- Burn ICU or CCU
- Medical cardiac ICU or CCU
- Medical ICU or CCU
- Medical/surgical ICU or CCU
- Neurologic ICU or CCU
- Neurosurgical ICU or CCU
- Neonatal ICU or CCU (Level II/III Nursery)
- Neonatal ICU or CCU (Level III Nursery)
- Pediatric Burn ICU or CCU
- Pediatric Cardiothoracic ICU or CCU
- Pediatric Medical ICU or CCU
- Pediatric Neurosurgical ICU or CCU
- Pediatric Respiratory ICU or CCU
- Pediatric Surgical ICU or CCU
- Pediatric Trauma ICU or CCU
- Pediatric Medical/surgical ICU or CCU
- Prenatal ICU or CCU
- Respiratory ICU or CCU
- Surgical ICU or CCU
- Surgical cardiothoracic ICU or CCU
- Trauma ICU or CCU

8. If an ASC does not do any of the surgical procedures, are they still required to report? ASCs report the same surgical site infections (SSI) as general hospitals. If your facility does not perform any of the surgical procedures then you are not required to report. However, if at any time your facility does perform one of the reportable procedures, you will be required to report at that time.

9. Does a facility need to enroll now even if they are not reporting until a later phase in period? We are encouraging facilities to enroll in NHSN now and start practicing entering data into NHSN, even if you will not be reporting for Texas until a later phase in period. This will give you time to get used to entering data in NHSN, and identify and correct any issues that may occur before your data gets posted to a public website. Also to note, although your facility may not be required to report for Texas, you may need to enroll in NHSN for CMS reporting.

10. Do inpatient rehab facilities have to report? No, inpatient rehabilitation facilities are not required to report to Texas.

11. Does my "swing" unit (a unit with patients at varying levels of acuity) have to report central line associated bloodstream infections (CLABSIs)? No. This unit is considered a Mixed Acuity Ward, not an Intensive Care Unit.

12. Do the reporting requirements for central line associated blood stream infection (CLABSI) in Intensive Care Units (ICUs) include High Observation Units (HOUs) in long term acute care facilities (LTACs)? LTACs are NOT included unless they have an 'ICU' or critical care unit (CCU) within their facility.

13. Who will be required to communicate to the Texas Department of State Health Services (DSHS) if the Infection Prevention (IP) position is vacant? Each hospital and ambulatory surgery center will designate a facility contact that will be responsible for communications with DSHS. Texas requires that all facilities ensure communications with DSHS are maintained and monitored even if the position is vacant for any reason (vacation, illness, etc.).

14. How will I communicate to the Texas Department of State Health Services (DSHS)? Facilities may contact DSHS by email to HAITEXAS@dshs.state.tx.us or by phone (512.776.3773).

15. What types of communications will I receive from DSHS? Designated Facility Contacts may receive emails, letters, faxes or phone calls from DSHS.

When to report:

16. How often must a facility submit data into National Healthcare Safety Network (NHSN)? Data must be entered into NHSN according to NHSN protocols: "Report adverse events/exposures and appropriate summary or denominator data as required for the module(s) indicated on the reporting plan to CDC within 30 days of the end of the month." Texas reporting deadlines in the proposed rule are shown in the table below.

Texas HAI Reporting Deadlines				
Reporting Quarter	Jan 1 – Mar 31	April 1 – June 30	July 1 – Sept 30	Oct 1 – Dec 31
Facility Data submission deadline	According to NHSN rules: within 30 days of end of reporting month			
Departmental data reconciliation (DSHS pulls data from NHSN)	1-Jun	1-Sep	1-Dec	1-Mar
Facility NHSN data corrections due in NHSN	30-Jun	30-Sep	31-Dec	31-Mar
DSHS sends email to facilities to review data summary	NA	15-Oct	NA	15-Apr
Facility comment deadline: Facilities will have until this date to enter a comment related to their facility's data display	NA	30-Oct	NA	30-Apr
DSHS review of comments: DSHS will review comments by this date	NA	15-Nov	NA	15-May
Public posting of summary: Public Data Display will be posted on a public website	NA	1-Dec	NA	1-Jun

What to report:

- 17. What needs to be reported for mandatory state reporting?** All licensed general hospitals and ambulatory surgical centers (ASCs) shall report the number of device days and laboratory-confirmed central line-associated primary bloodstream infections in special care settings (intensive care units & critical care units) including the causative pathogen. The complete ICD-9 Table may be found on the NHSN website (www.cdc.gov/NHSN).

General hospitals and ambulatory surgical centers shall report the Health Care-Associated Infections (HAI) data related to the following surgical procedures. This includes all procedure-related SSIs identified (i.e., superficial, deep and organ space SSIs). The surgical procedure is defined by the National Healthcare Safety Network (NHSN) operative procedure and the ICD-9-CM codes linked to that operative procedure.

1. Colon surgeries (Colon surgery).
2. Hip arthroplasties (Hip prosthesis).
3. Knee arthroplasties (Knee prosthesis).
4. Abdominal hysterectomies (Abdominal hysterectomy).
5. Vaginal hysterectomies (Vaginal hysterectomy).
6. Coronary artery bypass grafts (Coronary artery bypass graft with both chest and donor site incisions; Coronary artery bypass graft with chest incision only).
7. Vascular procedures (Abdominal aortic aneurysm repair; Carotid endarterectomy; Peripheral vascular bypass surgery).

Pediatric and adolescent hospitals shall report the HAI data relating to the following surgical procedures. The surgical procedure is defined by the NHSN operative procedure and the ICD-9-CM codes linked to that operative procedure.

1. Spinal surgery with instrumentation (Spinal fusion; Laminectomy; Refusion of spine).
2. Cardiac procedures, excluding thoracic cardiac procedures (Cardiac surgery; Heart transplant).
3. Ventriculoperitoneal shunts including revision and removal of shunt (ventriculoperitoneal shunt).

- 18. My facility uses CPT codes instead of ICD-9 codes. Is there a reference for CPT codes and ICD-9 codes?** Currently, there are not CPT codes for all of the NHSN procedures. Right now, there are only CPT codes for COLO and HYST procedures. These can be found at

<http://www.cdc.gov/nhsn/PDFs/FINAL-ACH-SSI-Guidance.pdf>. However, NHSN has announced that they will release the CPT codes for the other state reportable procedures as soon as they are approved.

19. When will specific procedures be phased in for reporting? See the table below.

Table 1: DSHS schedule for reporting HAIs

PHASE	HAI	Facility Type/Unit	Start Date
1st	CLABSI	PEDIATRIC and ADULT General Hospital ICUs	October 1, 2011
	KPRO and related SSIs	ADULT General Hospitals and ASCs	
	VSHN and related SSIs	PEDIATRIC General Hospitals	
2nd In addition to phase 1, add:	HPRO and related SSIs	ADULT General Hospitals and ASCs	January 1, 2012
	CBGB and related SSIs	ADULT General Hospitals and ASCs	
	CBGC and related SSIs	ADULT General Hospitals and ASCs	
	CARD and related SSIs	PEDIATRIC General Hospitals	
	HTP and related SSIs	PEDIATRIC General Hospitals	
3rd In addition to phase 2, add:	VHYS and related SSIs	ADULT General Hospitals and ASCs	January 1, 2013
	HYST and related SSIs	ADULT General Hospitals and ASCs	
	COLO and related SSIs	ADULT General Hospitals and ASCs	
	PVBY and related SSIs	ADULT General Hospitals and ASCs	
	CEA and related SSIs	ADULT General Hospitals and ASCs	
	AAA and related SSIs	ADULT General Hospitals and ASCs	
	FUSN and related SSIs	PEDIATRIC General Hospitals	
	RFUSN and related SSIs	PEDIATRIC General Hospitals	
	LAM and related SSIs	PEDIATRIC General Hospitals	

20. What are the reporting requirements for DSHS vs CMS IPPS Ruling? Please see the following Tables. See Question 19 for the DSHS schedule for phasing in the HAIs for reporting. Table 2 has the CMS current/proposed requirements that were updated 08/2011.

**Table 2:
Healthcare Facility HAI Reporting to CMS via NHSN – Current & Proposed Requirements (8/1/2011)**

HAI Event	Facility Type	Start Date
CLABSI	Acute Care Hospitals Adult, Pediatric, and Neonatal ICUs	January 2011
CAUTI	Acute Care Hospitals Adult and Pediatric ICUs	January 2012
SSI	Acute Care Hospitals Colon and abdominal hysterectomy procedures	January 2012
I.V. antimicrobial start (<i>proposed</i>)	Dialysis Facilities	January 2012
Positive blood culture (<i>proposed</i>)	Dialysis Facilities	January 2012
Signs of vascular access infection (<i>proposed</i>)	Dialysis Facilities	January 2012
CAUTI	Inpatient Rehabilitation Facilities	October 2012
CLABSI (<i>proposed</i>)	Long Term Care Hospitals	October 2012
CAUTI (<i>proposed</i>)	Long Term Care Hospitals	October 2012
MRSA Bacteremia	Acute Care Hospitals Facility-wide	January 2013
<i>C. difficile</i> LabID Event	Acute Care Hospitals Facility-wide	January 2013
HCW Influenza Vaccination	Acute Care Hospitals, OP Surgery, ASCs	January 2013
SSI (<i>proposed</i>)	Outpatient Surgery/ASCs	January 2014

- 21. What do Ambulatory Surgical Centers (ASCs) have to report?** ASCs report the same surgical site infections (SSI) as general hospitals.
- 22. Are superficial surgical site infections going to be required for reporting into NHSN?** Yes. A condition of use for NHSN is that facilities enter all infections identified (including superficial SSIs). Texas will report standardized infection ratios (SIRs) based on all (superficial, deep and organ space) SSIs identified. CMS will only report SIRs based on only deep and organ space SSIs identified. But regardless, you will be required to enter superficial SSIs into NHSN. See question 43 for details.
- 23. Are the surgical site infections (SSI) reported for all units?** You are required to report SSIs related to any of the reportable surgical procedures that you perform in your facility.
- 24. We are a small facility that performs less than 50 surgeries a month. Can we choose our three most frequent surgeries for reporting infections if they have a National Healthcare Safety Network (NHSN) operative code?** No. Senate Bill 7 was passed in the 82nd legislative session (2011) and eliminated the alternate reporting criteria for facilities performing less than 50 surgeries a month. Facilities will be expected to report any of the reportable procedures that they perform, even if they only perform one. See question #17.
- 25. What are the details of Respiratory Syncytial Virus (RSV) reporting?** Currently, the state is not including RSV reporting.
- 26. What are the details for reporting the Preventable Adverse Events (PAE)?** Currently, the state is not requiring facilities to report these events. DSHS anticipates PAE reporting in 2013 or later.

Why report:

- 27. What is the penalty (if any) for non-participation in the state mandated Health Care-Associated Infections (HAI) reporting program?** If a facility fails to comply with state mandatory reporting, the state can suspend or revoke a hospital's license or place a hospital on probation.

NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

Enrollment:

28. **What if my hospital system has more than one campus/facility under the same Centers for Medicare and Medicaid Services (CMS) number?** Facilities will be required to report separately for each hospital campus. Each facility should enroll separately in National Healthcare Safety Network (NHSN). One campus may use the shared CMS Certification Number (CCN) during the enrollment process. The other campuses will be required to request a NHSN enrollment number to complete the enrollment process. An enrollment number may be obtained upon request from nhsn@cdc.gov. Once each facility campus is enrolled, you must log into NHSN and enter your facility's CCN in the Facility Information page.

29. **If my hospital has an affiliated Ambulatory Surgery Center (ASC), should I enroll the hospital and the ASC separately into the National Healthcare Safety Network (NHSN)?** It depends. See below.

- 1) A general hospital with an outpatient surgery center within their hospital that is covered under the same general hospital license should **NOT** enroll separately. The outpatient surgery center will be entered as a location in the hospital.
- 2) A general hospital with an outpatient surgery center within their hospital that is licensed separately as an ASC should **NOT** enroll separately. The outpatient surgery center will be entered as a location in the hospital.
- 3) A general hospital with an ASC that is freestanding at a separate location but covered under the hospital license **SHOULD** be enrolled separately.
- 4) A general hospital with an affiliated ASC that is freestanding and not covered under the hospital license **SHOULD** be enrolled separately.

30. **How can I figure out my NHSN facility ID number?** When you enroll in NHSN, you will be assigned an NHSN Facility ID. It can be found on the NHSN landing page. It is shown after the name of your hospital, in parentheses. See below.

The screenshot shows the NHSN landing page with the following elements:

- Header: CDC Department of Health and Human Services, Centers for Disease Control and Prevention. NHSN - National Healthcare Safety Network.
- Section: Welcome to the NHSN Landing Page
- Instruction: Select a facility and component, then click Submit to go to the Home Page.
- User: JVINYARD (ID 13042)
- Facility Selection: Select facility/group from dropdown list: Fac: NHSN State Users Test Facility # (ID 15164)
- Component Selection: Select facility within the above group: NHSN State Users Test Facility #1 (15164)
- Component List: Select component: Patient Safety (dropdown menu with options: Subir, Biovigilance, Healthcare Personnel Safety, Patient Safety)
- Footer: Adobe Reader logo and text: Get Adobe Acrobat Reader for PDF files

31. **If our facility is not required to report, do we still need to get an NHSN facility ID number?** No. If you are returning Attachment 2 of the CEO letter to indicate that you are not required to report, you can NA this question. See the CEO letter under *CEOs Sent Reporting Notification* at http://www.dshs.state.tx.us/idcu/health/infection_control/hai/reporting/

Confer Rights:

32. **What needs to be filled out on the confer rights template?** Template examples can be found on HAITexas.org under reporting.

- [Pediatric Hospital Confer Rights Template \(PDF\)](#)
- [Adult General Hospital Confer Rights Template \(PDF\)](#)
- [ASC Confer Rights Template \(PDF\)](#)

- 33. I made a mistake on the confer rights template, how can I make changes to it?** Log into NHSN. From the blue navigation bar on the left of the screen, select Group → Confer Rights. Select HAITexas (15833) in the box under “Groups that have access to this facility’s data.” Once you click on the group, it should highlight in blue. Then click on Confer Rights. This will bring you to the Confer Rights Template for modification.



- 34. I enrolled my facility but I am not showing up on the DSHS list of enrolled facilities?** The list is updated weekly on the website. If your facility does not show up after an update, you most likely accepted an old Confer Rights template. Log into NHSN and follow the “Guide to Conferring Rights” under reporting on HAITexas.org. You can re-confer rights by selecting HAITexas and clicking on the Confer Rights Button. [Guide to Conferring Rights](#) (PDF 467 KB)
- 35. How do I confer rights to (share my data with) the state of Texas through National Healthcare Safety Network (NHSN)?** Links to the Guide to Conferring Rights and associated documents can be found at http://www.dshs.state.tx.us/idcu/health/infection_control/hai/reporting/.

Data Submission:

- 36. Do we submit our National Healthcare Safety Network (NHSN) plan monthly or annually for the entire year? What are the time frames? Is it by discharge date?** You can submit your plan monthly or annually for the entire year. Once you enter one month’s reporting plan, you can copy it over to the next month. Your plan must be entered into NHSN before it will allow you to enter Healthcare Associated Infection (HAI) data. If you try to enter data before you have a plan for that month, it will prompt you to enter a plan. NHSN asks that you submit data within 30 days of the end of that reporting period.
- 37. When entering data into National Healthcare Safety Network (NHSN), what should I use as the Patient Identifier?** Use the permanent patient identifier (such as Medical Record Number) used by your facility to identify the patient for all facility visits.
- 38. What is the denominator and numerator information for CLABSIs and SSIs in regards to reporting?** SSIs are counted for the month the surgery occurred. CLABSIs are counted for the month the infection occurred.
- 39. How do I calculate central line days for patients with dialysis catheters?** It depends. If the dialysis line is never accessed, then do not count the line towards the unit’s central line days. If the dialysis line is accessed by anyone while in the ICU (i.e., an ICU nurse or contract dialysis staff), count that line on the day it was accessed and all subsequent days according to NHSN protocol.

Health Care-Associated Infection Definitions:

40. Blood cultures are what determine central line associated bloodstream infections (CLABSI), correct? Not culturing the tip of the catheter. What is the reasoning behind this? By National Healthcare Safety Network (NHSN) definition, positive blood culture(s) determine whether an infection is considered a CLABSI or not. A positive catheter tip alone (without positive blood culture) does not meet criteria for CLABSI. In the reporting instructions of the NHSN Manual it states “purulent phlebitis confirmed with a positive semi-quantitative culture of a catheter tip, but with either negative or no blood culture is considered a CVS-VASC, not a BSI.” (Document found at: http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf). Instead, positive catheter tips may be indications of CVS-VASC, an arterial or venous infection (definition on page 318 of the American Journal of Infection Control (AJIC) article: <http://www.cdc.gov/ncidod/dhqp/pdf/nnis/NosInfDefinitions.pdf>), which are counted separately from CLABSIs.

41. What is the NHSN definition of an operative procedure? Answer can be found by clicking on the “SSI protocol” link under reporting on www.HAITexas.org.

An NHSN operative procedure is a procedure:

- 1) That is performed on a patient who is an NHSN inpatient or an NHSN outpatient;
- 2) Takes place during an operation (defined as a single trip to the operating room (OR) where a surgeon makes at least one incision through the skin or mucous membrane, including laparoscopic approach, and closes the incision before the patient leaves the OR; and
- 3) That is included in Table 1 on the document found at <http://www.cdc.gov/nhsn/PDFs/pscManual/9pscSSIcurrent.pdf>.

NOTE: If the skin incision edges do not meet because of wires or devices or other objects extruding through the incision, the incision is not considered primarily closed and therefore the procedure is not considered an operation. Further, any subsequent infection is not considered a procedure-associated infection (i.e., not an SSI or PPP).

42. What is the NHSN definition of a surgical site infection (SSI)? There are 3 types of reportable surgical site infections.

- 1) Superficial incisional SSI
- 2) Deep incisional SSI
- 3) Organ/space SSI

Definitions of the following can be found by clicking on the “SSI protocol” link under reporting on www.HAITexas.org.

43. What is the surveillance definition for superficial surgical site infections (SSI)? A superficial incisional SSI must meet one of the following criteria:

Infection occurs within 30 days after the operative procedure and involves only skin and subcutaneous tissue of the incision and patient has at least one of the following:

- a. Purulent drainage from the superficial incision.
- b. Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision.
- c. At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat, and superficial incision is deliberately opened by surgeon, and is culture-positive or not cultured. A culture-negative finding does not meet this criterion.
- d. Diagnosis of superficial incisional SSI by the surgeon or attending physician.

NOTE: There are two specific types of superficial incisional SSIs:

1. Superficial Incisional Primary (SIP) – a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB)
2. Superficial Incisional Secondary (SIS) – a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site [leg] incision for CBGB)

Further information can be found by clicking on the “SSI protocol” link under reporting on [HAITexas.org](http://www.HAITexas.org). [SSI Protocol](#).

EDUCATION AND TRAINING

44. Where is the best reference and training material for National Healthcare Safety Network (NHSN)?

There are a number of states providing information on NHSN training but the NHSN training site should be your first site <http://www.cdc.gov/nhsn/training.html>

45. What is the Texas Department of State Health Services (DSHS) doing about prevention of Healthcare Associated Infections (HAI)? DSHS is working with public and private healthcare providers to increase the awareness implement reporting and prevention activities for HAIs. A large portion of the prevention efforts include internal and external collaboration between different healthcare facilities. DSHS has currently awarded a contract to work with multiple facilities around the state to determine the effectiveness of prevention collaborative efforts.

CLINICAL/PATIENT SAFETY PROTOCOL/HAI DEFINITIONS

46. Blood cultures are what determine central line associated bloodstream infections (CLABSI), correct? Not culturing the tip of the catheter. What is the reasoning behind this? By National Healthcare Safety Network (NHSN) definition, positive blood culture(s) determine whether an infection is considered a CLABSI or not. A positive catheter tip alone (without positive blood culture) does not meet criteria for CLABSI. In the reporting instructions of the NHSN Manual it states “purulent phlebitis confirmed with a positive semi-quantitative culture of a catheter tip, but with either negative or no blood culture is considered a CVS-VASC, not a BSI.” (Document found at: http://www.cdc.gov/nhsn/PDFs/pscManual/4PSC_CLABScurrent.pdf). Instead, positive catheter tips may be indications of CVS-VASC, an arterial or venous infection (definition on page 318 of the American Journal of Infection Control (AJIC) article: <http://www.cdc.gov/ncidod/dhqp/pdf/nnis/NosInfDefinitions.pdf>), which are counted separately from CLABSIs.

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NOTE: If the skin incision edges do not meet because of wires or devices or other objects extruding through the incision, the incision is not considered primarily closed and therefore the procedure is not considered an operation. Further, any subsequent infection is not considered a procedure-associated infection (i.e., not an SSI or PPP).

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Definitions of the following can be found by clicking on the “SSI protocol” link under reporting on [HAITexas.org](http://www.HAITexas.org). *SSI Protocol*.

49. Are superficial surgical site infections (SSI) reported? Yes. A superficial incisional SSI must meet one of the following criteria:

Infection occurs within 30 days after the operative procedure and involves only skin and subcutaneous tissue of the incision and patient has at least one of the following:

- 1) Purulent drainage from the superficial incision.
- 2) Organisms isolated from an aseptically obtained culture of fluid or tissue from the superficial incision.
- 3) At least one of the following signs or symptoms of infection: pain or tenderness, localized swelling, redness, or heat, and superficial incision is deliberately opened by surgeon, and is culture-positive or not cultured. A culture-negative finding does not meet this criterion.
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Further information can be found by clicking on the “SSI protocol” link under reporting on HAITexas.org. [SSI Protocol](#).

COMPARISON WITH CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

50. Will hospitals have to report infections twice... once for CMS Inpatient Prospective Payment System (IPPS) and once for Texas mandatory reporting? No. You will only need to enter your hospital's data into NHSN once. Then CMS and the Texas Department of State Health Services (DSHS) will pull the data from NHSN, individually.

51. How do I find out more information about what CMS is requiring for reporting? See question 20. For Acute-Care Hospitals, go to <http://www.cdc.gov/nhsn/cms-welcome.html>. There are links to operational guidance for acute care hospitals at the bottom of the page. For other healthcare facilities, please go to http://www.cdc.gov/nhsn/start_here.html and click on the appropriate link.