

## 2023 HYST Procedure/SSI Medical Record Abstraction Tool

For use in acute care hospital SSI validation following inpatient HYST 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: End Time:	Reviewer Initials:	
Patient ID:	Patient DOB:	Sex at Birth: M F Unknown	Current Gender: M F Other Unknown	Time spent reviewing this record (minutes):
Facility Admission Date 1 (for index HYST Procedure):	Facility Discharge Date 1:	Ethnicity ( <i>select one</i> ): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		Race ( <i>select all that apply</i> ): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown
HYST Procedure Date: ___/___/2023 (USE THIS TOOL ONLY FOR HYSTs PERFORMED IN 2023)		Select all NHSN procedure categories performed during index HYST procedure:		
List all NHSN operative procedure codes assigned to the index procedure. 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>  ICD-10-PCS codes: _____ ; _____ ; _____ ; _____ CPT codes: _____ ; _____ ; _____ ; _____		<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		
Record later admission dates below only if they occur within 30 days of HYST procedure (Procedure date = day 1 of 30).				
Facility Admission Date 2: ___/___/___		Facility Discharge Date 2: ___/___/___		
Facility Admission Date 3: ___/___/___		Facility Discharge Date 3: ___/___/___		

2. NHSN Operative Procedure Criteria	
Did HYST 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 HYST: Did not meet NHSN Inpatient Operative Procedure definition
<input type="checkbox"/> Yes	If Yes, proceed to Section 3.

3. Document HYST Procedure Risk-Adjustment Variables in Medical Record at Time of Procedure for Comparison to NHSN				
Closure Technique (Select one):		Primary	Other than primary	
Diabetes (Select one):		Yes	No	
ASA physical status (ASA score) (Select one):		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) (Select one):		Yes	No	
Scope (Select one):		Yes	No	
Emergency (emergency or urgent procedure per facility protocol) (Select one):		Yes	No	
Trauma (blunt or penetrating injury occurring prior to start of the procedure) (Select one):		Yes	No	
Gender (Select one):		M	F	Other
Age (years):				
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 (Select one):		C	CC	CO D
HYST 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 HYST SSI Surveillance Period	
<input type="checkbox"/> No	If no, proceed to Section 5.
<input type="checkbox"/> Yes	If yes, document additional procedure(s) and dates for consideration and proceed to Section 5.
Invasive procedure 1:	Date 1:
Invasive procedure 2:	Date 2:
<i>Document any evidence of infection during invasive procedures above:</i>	

**5. Outcome of 2023 HYST SSI Validation****5a. Outcome**

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.

(a) Not a candidate HYST: Did not meet NHSN Inpatient Operative Procedure definition

<input type="checkbox"/> (b) SSI	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"/> VCUF – Vaginal cuff 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)

(c) No SSI

**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?**

For details on Infection present at time of surgery (PATOS), refer to NHSN PSC Manual SSI Chapter 9 (SSI Event Reporting Instruction #3).

Yes     No

**6. Attribution of SSI to Procedure**

Was the SSI attributable to the HYST, or was the SSI attributable to another invasive concurrent NHSN Operative Procedure, or was this not an SSI due to invasive manipulation of the HYST operative procedure site after the HYST procedure? (Select one):

- SSI attributable to the HYST  
 SSI not attributable to the HYST; SSI attributable to another invasive concurrent NHSN operative procedure (specify procedure): \_\_\_\_\_  
 Not an SSI; invasive manipulation occurred (specify): \_\_\_\_\_

7. Case Determination	
<input type="checkbox"/> Correctly Reported or Correctly Not Reported	<input type="checkbox"/> Over Reported Event
<input type="checkbox"/> Under Reported Event	
If HYST SSI was misclassified (over- or underreported), identify the reason(s).	
<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 HYST operative procedure site after the HYST 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.**