Hospitals prepare for SSI reporting as part of trend toward transparency

Do you know your hospital’s surgical site infection (SSI) rate for colon surgery and abdominal hysterectomy? Hospitals must start reporting their SSI rates for these 2 procedures on January 1, 2012, to receive their full Medicare payment update in 2014. The list of procedures is likely to expand.

The new requirement, part of the final FY 2012 Medicare inpatient prospective payment rule, 2011, is one element of Medicare’s quality reporting initiative.

The requirement is in line with the public’s demand to bring infection data into the open.

“It is moving fast and furiously because consumers are pleased with the progress that has been made in reducing central line infections,” says Linda Greene, MPS, RN, CIC, director, infection prevention, Rochester General Health System, Rochester, New York. The public now expects the same transparency for SSIs.

SSI data will be reported through the National Healthcare Safety Network (NHSN) managed by the Centers for Disease Control and Prevention (CDC), a secure, web-based surveillance system for reporting data on infections and other events. The data can then be used for analysis, facility comparisons, and quality improvement.

APIC in support

The Association for Professionals in Infection Control and Epidemiology (APIC) is a “huge proponent” of using NHSN for infection reporting because it is based on standard criteria for identifying infections, says Greene, an APIC board member.

Using the NHSN yields data that can be used to compare hospitals in a sound, standardized manner, she notes.

That’s in contrast to billing data, another method for reporting infections. Billing data is “fraught with problems” for comparing infection rates, she says, because infections identified through billing data aren’t based on standardized criteria.

Participation in NHSN is free and requires no special software. Entering the data can be fairly demanding initially, and training is needed. Most hospitals have already crossed that bridge. Medicare began requiring central line infections to be reported through the NHSN in 2011.

An added benefit of reporting is that hospitals have access to their SSI data at any time. “It’s important that if we are going to use data for quality purposes that it be real time and actionable,” Greene says.

Challenges of reporting

A challenge for reporting SSIs is gearing up to collect the denominator data, Greene says. Hospitals must report both the denominator data—all patients who had a particular procedure—and the numerator—all patients having that procedure who developed an SSI.

For the denominator, hospitals need to collect data elements for every patient who has colon surgery or an abdominal hysterectomy. Among these are demographic data, American Society of Anesthesiologists (ASA) score, procedure time from incision to close, and whether the case was open or endoscopic.

Denominator data is used to stratify risk groups for SSI reporting. For example, a
patient who has a simple colectomy lasting 1 1/2 hours is at lower risk of an SSI than a patient who has a much longer surgery.

The numerator data—patients who developed an SSI—is usually tracked by the infection preventionist (IP).

Unfortunately, many hospitals must still report the data without the benefit of an automated information system.

In New York State, for example, where hospitals have been reporting SSIs since 2007, only 30% are using electronic data entry of OR log information.

Manual data entry isn’t cost efficient or a good use of the IP’s time, Greene says.

Once the data is in an electronic format, it can be uploaded quite easily to the NHSN.

**The OR’s role**

Greene’s advice for perioperative managers on preparing for SSI reporting:

- Get to know your SIR—standardized infection ratio. The ratio compares a hospital’s actual number of infections with the baseline US experience, adjusted for patient risk factors (sidebar).
- Make the nursing staff aware of the SSI reporting rule. “It is absolutely important that they be part of what is happening in the whole arena of quality reporting,” she says.
- Make sure to share SSI data with all stakeholders, including perioperative nurses. That’s important so they understand the hospital’s infection rates and trends.
- Be sure infection prevention is practiced diligently and consistently by the whole surgical team. That includes aspects of the surgical hand scrub, the skin prep, traffic control, draping, and so forth.
- When an SSI occurs, engage the staff in an analysis of the surgical case. Was the right prophylactic antibiotic given at the right time? What skin prep was used? Were there events that could have contributed to an infection?

“We’ve known for years that feedback is an important motivator,” Greene says. Studies dating back to the 1970s have shown reduced infection rates when feedback is provided to surgeons as part of an infection prevention program.

A positive effect of SSI reporting is that it brings more attention to the problem of surgical infection.

“With this heightened awareness, I think we will see more teamwork,” Greene says. “It lets us think outside of our silos and realize how vital every member of the team is in preventing infections.”

—Pat Patterson

**Get to know your SIR**

The standardized infection ratio (SIR) is how Medicare is likely to report hospital-specific surgical site infection (SSI) rates to the public. Hospitals can also review their SIRs to see how they are doing and how they compare to others.

The SIR compares the actual number of health care-associated infections (HAIs) in a facility or state with the baseline US experience, adjusting for risk factors:

- A SIR significantly higher than 1.0 indicates more HAIs were observed than predicted, accounting for the types of patients.
- A SIR significantly less than 1.0 indicates fewer HAIs than predicted were observed.

**Source:** Centers for Disease Control and Prevention.

**References**