

Instructions for Completion of Outpatient Procedure Component (OPC) Monthly Denominator for Procedure Form (CDC 57.404)

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.
Sex at Birth (Birth Sex)	Optional. Select the patient's sex assigned at birth. Male Female Unknown
Gender Identity	Optional. Specify the gender identity/identities which most closely matches how the patient self-identifies. Multiple selections are allowed, except when selecting 'Asked but unknown.' Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Gender	Required. Check Female, Male, or Other to indicate the gender of the patient.

Data Field	Instructions for Data Collection
Date of birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	<p>Optional. Specify if the patient is either Hispanic or Latino or Not Hispanic or Not Latino; otherwise select, Decline to respond Unknown</p> <p>Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Race	<p>Optional. Specify one or more of the choices below to identify the patient's race:</p> <p>American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Other Pacific Islander White Decline to respond Unknown</p> <p>Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Language	<p>Optional. Specify the patient's preferred language from the NHSN abridged primary language list available at https://www.cdc.gov/nhsn/pdfs/NHSN-Abridged-Primary-Language-List.xlsx.</p> <p>Choose not to disclose language Unknown</p> <p>Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.</p>
Interpreter Needed	Optional. Select YES, if an interpreter is needed to communicate with the patient in their preferred language; otherwise, select NO.

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	Decline to respond Unknown Note: Select 'Unknown' in the rare circumstance when the patient is non-communicative and/or access to this information is not available.
Event type	Required. Enter the code for the procedure (PROC).
NHSN Procedure Code Category	Required. Enter the appropriate NHSN procedure code name (for example BRST, COLO). For detailed instructions on how to report NHSN operative procedures, see the OPC SSI Protocol.
Date of encounter	Required. Record the date when the NHSN procedure started using this format: MM/DD/YYYY.
CPT procedure code	Required. Enter the CPT operative procedure code for the primary procedure performed. <ul style="list-style-type: none"> • If the CPT code is first entered, the NHSN Procedure Code will be auto-filled by the application. • If the NHSN Procedure Code Category is entered first, you will have the option to select the appropriate CPT code. In either case, entering the CPT code is optional. The current list of NHSN CPT procedure codes are found in the "Supporting Materials" sections of the NHSN OPC webpage. https://www.cdc.gov/nhsn/xls/opc/opc-cpt-pcm-nhsn.xlsx .
Procedure Details	
Wound Class	Required. Check the appropriate wound class from the list. If the wound class is unknown or not listed work with your OR liaison to obtain a wound class for the procedure.
Duration	Required. The interval in hours and minutes between the Procedure/Surgery Start Time, and the Procedure/Surgery Finish Time, as defined by the Association of Anesthesia Clinical Directors (AACD): <ul style="list-style-type: none"> • Procedure/Surgery Start Time (PST): Time when the procedure is begun (for example, incision for a surgical procedure).

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	<ul style="list-style-type: none">• Procedure/Surgery Finish (PF): Time when all instrument and sponge counts are completed and verified as correct, all postoperative radiologic studies to be done in the OR are completed, all dressings and drains are secured, and the physicians/surgeons have completed all procedure-related activities on the patient.

