

909. Comparison of three different data sources for Surgical Site Infection (SSI) Surveillance after Colon Surgery

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Background. There is considerable inter-facility variability in SSI rates based on method used for surveillance. NHSN and CMS are expected to propose strategies to standardize SSI surveillance. At our institution, SSI data is currently collected and reported by three methods: 1) NHSN; 2) administrative billing database; and 3) the National Surgical Quality Improvement Program (NSQIP). We compared these three data sources to understand the overlap and discrepancies in SSI reporting.

Methods. Annual colon surgery procedure volumes for all three data sources were compared. All episodes of SSI identified in any data source were reviewed and reconciled using NHSN SSI criteria. The effect on SSI rates was evaluated.

Results. From January 1, 2011 to December 31, 2013, a total of 1723 eligible procedures were identified using the NHSN COLO operative procedure group. A total of

311 SSI were identified. NHSN surveillance captured 1686 of the procedures, administrative billing data identified 1723, and NSQIP reported a sample of 211 colon procedures for the same period. Of the 311 SSI, NHSN identified 295, administrative data identified 194, and NSQIP sampled 20. As a result SSI rates ranged from 9.5% to 17.5%.

	NHSN	Administrative	NSQIP	Gold Standard
Procedures	1686	1723	211	1723
SSI	295	194	20	311
	17.5%	11.5%	9.5%	18.0%

Conclusion. NHSN surveillance and administrative data identify the majority of at-risk procedures. Administrative data sources are less labor intensive but tend to miss a proportion of infections. Development of a standardized surveillance approach for SSI that is practical and accurate will require integration of administrative and NHSN surveillance strategies.

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