



SURGICAL INFECTION PREVENTION (SIP) MEASURES DATA REQUIREMENTS

Note:
 This document lists data elements as shown in Chapter 59B-15, Florida Administrative Code (F.A.C.), effective November 27, 2005. For more information, please call (850) 922-5771, or <http://ahca.myflorida.com/SCHS/sip.shtml> . To obtain a complete copy of Chapter 59B-15, F.A.C., please visit <http://fac.dos.state.fl.us/faconline/chapter59.pdf>

DATA ELEMENT	DESCRIPTION
Hospital Contact Information	The hospital contact information must be reported in a text file using a tab between each data element. Each hospital must include the following information when submitting a SIP report to the Agency for Health Care Administration:
Name of Hospital	Name of hospital that performed the surgery and administered /discontinued the prophylactic antibiotic represented by the data and which is responsible for the reporting of data. If a combined report is submitted, report the name of the hospital required in subsection 59B-15.005(1), F.A.C., for each of the hospitals included in the report.
AHCA hospital Identification Number	Identification number of the hospital as assigned by AHCA for reporting purposes (8 – 10 character numeric.) If a combined report is submitted, report AHCA hospital identification number required in subsection 59B-15.005(1), F.A.C., for each of the hospitals included in the report.
Reporting year	Year of data in the format YYYY
Reporting quarter	Quarter of the data, 1, 2, 3, or 4, where 1= first quarter of calendar year, 2= second quarter of calendar year, 3= third quarter of calendar year, and 4= fourth quarter of calendar year
Contact Name	Contact person name (First name last name format)
Contact Title	Contact persons title
Contact Address	Mailing address (Including city, US Postal Service state abbreviation, and zip code)
Contact telephone number	Contact direct telephone number AAA-XXX-XXXX-EEEE, for the area code, business number and extension, if applicable)
Hospital telephone number	Hospital telephone number AAA-XXX-XXXX, for the area code and business number
Contact E-mail address	E-mail address (janesmith@Generalhospital.org)
Contact fax number	Contact fax number AAA-XXX-XXXX, for the area code and fax number
Hospitals shall report the population size, rate, numerator value, and denominator value as specified by CMS for each type of surgery to include:	Hospitals shall report the following measures for all <i>eligible</i> patients, as defined per Chapter 59B-15.002, regardless of type of payer:
Coronary artery bypass surgery (CABG)	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time
Cardiac surgery	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time
Hip arthroplasty	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time
Knee arthroplasty	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time

Colon surgery	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time
Hysterectomy	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time
Vascular surgery	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time
All reportable surgeries overall	(a) Prophylactic antibiotic received within 1 hour prior to surgical incision (b) Prophylactic antibiotic selection for surgical patients (c) Prophylactic antibiotic discontinued within 24 hours after surgery end time

The methodology used to prepare the measures must meet the standards specified by the Centers for Medicaid and Medicaid Services (CMS) in the Specifications Manual for National Hospital Quality available on the CMS website at: www.cms.hhs.gov/quality/hospital. Hospitals must use the SIP methodology specified by CMS for the applicable reporting period to determine the SIP measures reported to the Agency. If the hospital uses sampling, the hospital must follow the sampling protocol specified by CMS.

The data must be submitted in a text file, using a tab between each data element. Start a new line for each type of surgery and related measure. Order the rows of data by type of surgery as listed with three consecutive rows of data for each measure reported for each type of surgery.

Each line of data shall state the name of the type of surgery or state all of the above surgeries overall and state the name of the type of measure followed by the population size, rate, numerator value and denominator.

The rate must be reported as a decimal number greater than or equal to zero (0) and less than or equal to one hundred (100) using the format X.XX, XX.XX, or XXX.XX as required.