Timing of Intravenous Antibiotic Administration for Surgical Antimicrobial Prophylaxis

Measure Type	Antibiotic Administration for Surgical Antimicrobial Prophylaxis Process		
Intent	To capture whether antibiotics administered intravenously for prevention of surgical site infection were administered on time.		
Numerator/Denominator	Numerator: Number (#) of ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection, who received the prophylactic antibiotic on time.		
	Denominator: All ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection.		
	Numerator Exclusions: None		
Inclusions/Exclusions	Denominator Exclusions: ASC admissions with a preoperative order for prophylactic IV antibiotic for prevention of infections other than surgical site infections (e.g. bacterial endocarditis); ASC admissions with a preoperative order for a prophylactic antibiotic not administered by the intravenous route.		
Data Sources	ASC operational data, including medical records, medication administration records, nursing notes, IV flow sheets, clinical logs, incident/occurrence reports and quality improvement reports.		
	Admission: Completion of registration upon entry into the facility.		
	Prophylactic antibiotic: an antibiotic prescribed with the intent of reducing the probability of an infection related to an invasive procedure.		
	Intravenous: Administration of a drug within a vein, including bolus, infusion or IV piggyback.		
Data Element Definitions	Order: A written order, verbal order, standing order or standing protocol.		
	Antibiotic Administered on time: Antibiotic infusion is initiated within one hour prior to the time of the initial surgical incision (e.g. introduction of endoscope, insertion of needle inflation or tourniquet) or the beginning of the procedure or two hours prior if vancomycin or fluoroquinolones are administered.		
Antibiotics Prophylactic for SSI	1 hour antibiotics: Ampicillin/sulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefoxitin, Cefuroxime, Clindamycin, Erythromycin, Gentamicin, Metronidazole, Neomycin 2 hour antibiotics: Ciprofloxin, Gatifloxacin, Levofloxacin, Moxifloxacin, and Vancomycin.		

Surgical Antimicrobial Prophylaxis Mandatory Reporting Instructions

Instructions	Specifics		
Reporting Instructions	File out the Total tab. Report the data annually to the NH DHHS HAI program email, haiprogram@dhhs.state.nh.us , by March 15th. If there were		
	Enter all procedures in which a prophylactic antibiotic was administered		
	ID: Please enter a unique number for each patient that can be linked back to		
	Date of procedure: Date of the surgery or procedure (e.g. endoscope, surgery, insertion of needle, tourniquet)		
	Type of procedure: Enter ICD-10 code associated with the procedure.		
Calculations Tab (Only use if you do not have a method to collect this data)	Prophylactic antibiotic: Enter the antibiotic used as prophylactic.		
	Start of Administration of IV Antibiotic: The time at which the IV antibiotic was started, including hour/s and minute/s using 24 hour time (e.g., 10:42 or 13:30)		
	Start of Procedure: The time at which the procedure is started or first incision is made, including hour/s and minute/s using 24 hour time (e.g., 10:42 or 13:30).		
	Antibiotic Administered on Time: Enter 1 if the antibiotic was administered on time according to measure definition. Enter 0 if the antibiotic was not administered on time. The total number of of IV Antibiotics prophylaxis administered on time is the numberator. The total number of IV Antibiotic prophylaxis administed is the denominator. The numberator and denominator need to be reported to the HAI Program by March 15th.		

IV Antibiotic Reporting Form

ID	Date of Procedure	Type of Procedure	Prophylactic Antibiotic	Start of Administration of IV Antibiotic (hour:minute)	Start of Incision (hour:minut	Timing between Start of Incision and Start of	Antibiotic Administered on Time (Yes=1 or No=0)
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O Total Number of Antibiotics Administered On Time

⁰ Total Number of IV Antibiotics Administed

Facility Name: Contact Person:

Number of IV Antibiotic Administed on Time*	Total number of IV Antibiotics Administered			