



SURGICAL SITE INFECTION RATE SURVEY - 2020 CY

Facility Number _____

Facility Type: Single Specialty _____ Multi-Specialty _____

Number of OR's _____ Number of Procedures _____

Reporting Period (select one)

Annual _____ **(Jan-Dec 2020)**

NOTE – please report infections following procedures performed during 2020 only. This may include infections that were not identified and/or reported until 2021. **PLEASE DO NOT INCLUDE GI for this survey, just the listed Specialties that are provided below.**

In the table below, report the total number of cases in each specialty applicable to your center, and the number of infections reported following those procedures. Enter the TOTAL for both procedures and infections in the last row. If a specialty is not applicable to a center, leave the check box as “Not Applicable” or NA.

Specialty:	# Cases:	#SSI's
Dermatology	_____	_____
General Surgery	_____	_____
Gynecology	_____	_____
Neurosurgery	_____	_____
Obstetrics	_____	_____
Ophthalmology	_____	_____
Oral Surgery	_____	_____
Orthopedics	_____	_____
Otolaryngology/ENT	_____	_____
Pain Management	_____	_____
Peripheral Vascular	_____	_____
Plastic Surgery	_____	_____
Podiatry	_____	_____
Urology	_____	_____
Other	_____	_____
TOTAL, all specialties	_____	_____