



Canadian Nosocomial Infection Surveillance Program

Surveillance of Surgical Sites Infections (SSIs) Following Hip and Knee Arthroplasty

Contact Information

Please direct all questions to:

Public Health Agency of Canada

Canadian Nosocomial Infection Surveillance Program (CNISP)

E-mail: cnisp-pcsin@phac-aspc.gc.ca

Working Group

John Conly, Ian Davis, Johan Delport, Jennifer Ellison, Tara Ferguson, Jennifer Happe†, Lynn Johnston, Kevin Katz, Elisa Lloyd-Smith, Dominik Mertz (Chair), Robyn Mitchell*, Anada Silva* (Epi Lead), Stephanie Smith

* Public Health Agency of Canada (PHAC)

† IPAC

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OBJECTIVES

1. Determine the incidence of complex hip and knee SSIs among patients whose procedures were performed in CNISP participating hospitals
2. Describe the microbiology and epidemiology of complex hip and knee SSI
3. Describe the outcome associated with complex hip and knee SSIs
4. Provide antimicrobial resistance data

METHODS

Eligibility

All hospitals that are part of the CNISP network and that perform hip and knee arthroplasty procedures are eligible to participate.

The following inclusion criteria apply:

- Primary total, hemi and other (e.g. unicondylar) arthroplasties
- Only clean procedures
- Admitted patients and patients undergoing same-day surgery

The following exclusion criteria apply:

- Revisions and resurfacings
- Surgeries in which the patient died in the operating room or within 24 hours of surgery
- Surgeries where the skin incision is not entirely closed at procedure's end

Surveillance Period

Infections that develop within 90 days (3 months) of procedure will be included and reported retrospectively **based on the date of procedure.**

Numerators

The primary outcome measure is a healthcare associated complex¹ SSI following hip or knee arthroplasty. Please complete a patient questionnaire ([APPENDIX 2 - HIP & KNEE SSI PATIENT Questionnaire](#)) when an infection is identified. The definitions used to classify SSIs as deep incisional or organ space can be found in ([APPENDIX 3 - DATA Dictionary](#)).

Denominators

Each participating hospital will submit the number of procedures for total and hemi hip arthroplasties and total, hemi and other knee arthroplasties. Revision procedures are to be excluded from the denominator. Please complete a quarterly denominator form ([APPENDIX 4 - HIP & Knee Denominator Form](#)).

[APPENDIX 4 - HIP & Knee Denominator Form](#)).

Data Submission

Cases

All patient data are to be entered/uploaded online through the Canadian Network for Public Health Intelligence (CNPHI) at www.cnphi-rcrsp.ca. Instructions on uploading data onto CNPHI can be found in [APPENDIX 6 – DATA UPLOADER ON CNPHI](#). For technical assistance, questions or comments, please contact CNISP at cnisp-pcsin@phac-aspc.gc.ca

When entering data into CNPHI, please ensure that the case is entered in the correct surveillance year based on the date of procedure and NOT the date the infection was identified (e.g. procedure Dec 20, 2019; infection identified Jan 17, 2020 – this is a 2019 case).

CNISP HK-SSI Data Submission Timeline



Numerator (cases)				
Zero Report (if no cases)	Data due by Sept 30 th	Data due by Dec 31 st	Data due by March 31 st of following surveillance year	Data due by June 30 th of following surveillance year
Denominator				

Zero Report

For any quarter with no cases at your site, a zero report must be submitted in the CNPHI HK-SSI module so that quarters with zero counts can be differentiated from missing data. If no cases are submitted and you are missing zero reports for a surveillance year, your hospital data will not be included in rates.

New Zero Report

One Zero report is required for each quarter

Required fields are marked with an asterisk (*)

Site Number*

Year*

2020

Quarter*

Q1 Q2 Q3 Q4

Denominators

Denominators must be submitted quarterly in CNPHI under “Profiles and Denominators”.

ETHICS

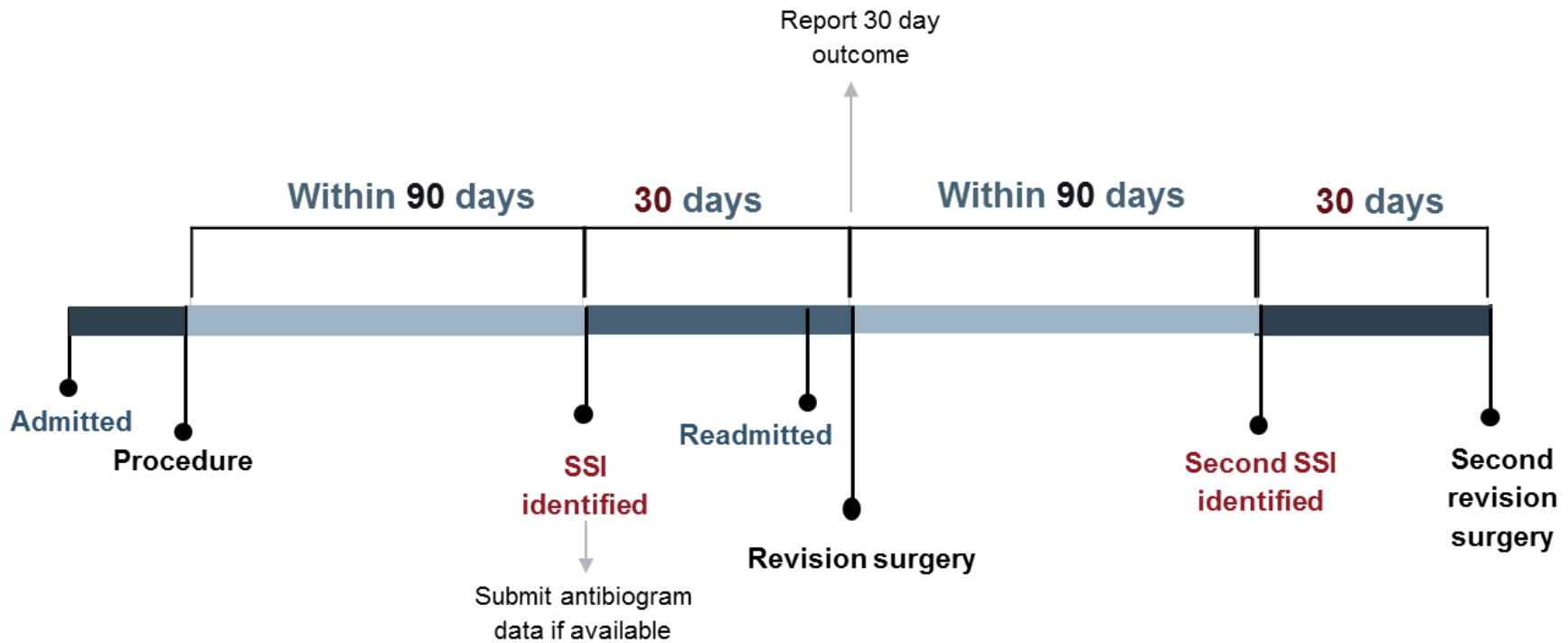
This surveillance project is observational and does not involve any alteration in patient care. Surveillance for healthcare associated infections is a routine component of quality assurance and patient care in Canadian healthcare institutions and therefore informed consent will not be required. All data submitted to the Public Health Agency of Canada are kept strictly confidential. Each questionnaire will be identified by a unique number and no personal identifiers will be transmitted to the Public Health Agency of Canada. This unique number will be linked to the patient's name or hospital number only at the local CHEC site and will be kept strictly confidential under secure conditions.

PRIVACY

There is current demand for public disclosure of healthcare-associated infections. Any data released by CNISP will be in summary format and will not identify individual hospitals. Hospital administrators should be made aware that national reporting of aggregate data will occur.

Appendix 1 - Surveillance Timeline

HK SSI Protocol: Timeline



Appendix 2

Appendix 2 - Hip & Knee SSI Patient Questionnaire

Please complete for all complex cases of HK-SSI. Please see data dictionary ([APPENDIX 3 - DATA Dictionary](#)) for definitions and notes.

1.	CHEC Site: _____	
2.	Unique Patient ID: _____ YY _____ (e.g. 99Z20001) (CHEC site #) (year) (case number)	
3.	Age in years: _____ years	
4.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5.	<p>a. Procedure (please select one of the following):</p> <p><input type="checkbox"/> Hip – total arthroplasty</p> <p><input type="checkbox"/> Hip – hemi arthroplasty</p> <p><input type="checkbox"/> Knee – total arthroplasty</p> <p><input type="checkbox"/> Knee – hemi arthroplasty</p> <p><input type="checkbox"/> Knee – <i>Other</i> (e.g. unicondylar): _____</p>	<p>b. Please select the number of joints replaced during the procedure:</p> <p><input type="checkbox"/> One</p> <p><input type="checkbox"/> Two</p> <p><input type="checkbox"/> Unknown</p>
6.	Date of admission: ____ / ____ / ____ DD MMM YYYY CNISP 2020 HK-SSI EN	
7.	Same-day surgery: <input type="checkbox"/> Yes <i>*If yes, please enter the <u>same date</u> for date of admission, procedure, and discharge</i> <input type="checkbox"/> No	
8.	Date of procedure: ____ / ____ / ____ DD MMM YYYY	
9.	Date of discharge: ____ / ____ / ____ DD MMM YYYY	
10.	Date infection was identified: ____ / ____ / ____ DD MMM YYYY	
11.	Does this patient have or meet the criteria for (please check ONE the following):	
	<input type="checkbox"/> DEEP incisional SSI <input type="checkbox"/> ORGAN/SPACE SSI	

12.	<p>a. Was antibiotic prophylaxis ordered?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Data not available</p>	<p>b. If YES, was the antibiotic administered?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Data not available</p>
13.	<p>What was the outcome 30 days post SSI identification?</p> <p><input type="checkbox"/> Patient discharged or transferred alive, please specify date: ____ / ____ / ____ DD MMM YYYY</p> <p><input type="checkbox"/> Patient still alive and in hospital</p> <p><input type="checkbox"/> Patient died, please specify date: ____ / ____ / ____ DD MMM YYYY</p> <p><input type="checkbox"/> Unknown</p>	
14.	<p>a. Was the patient re-admitted for management of SSI within 30 days of SSI identification?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <i>*If no or unknown, skip to Q19</i></p> <p><input type="checkbox"/> Unknown</p>	<p>b. If YES, date of re-admission:</p> <p>____ / ____ / ____ DD MMM YYYY</p>
15.	<p>a. Did the patient receive revision surgery within 30 days of SSI identification?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <i>*If no or unknown, skip to Q18</i></p> <p><input type="checkbox"/> Unknown</p>	<p>b. If YES, date of revision surgery #1:</p> <p>____ / ____ / ____ DD MMM YYYY</p>
16.	<p>Was a SSI identified within 90 days of revision surgery?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <i>*If no or unknown, skip to Q18</i></p> <p><input type="checkbox"/> Unknown</p>	
17.	<p>a. Did the patient require a second revision surgery?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>b. If YES, date of revision surgery #2:</p> <p>____ / ____ / ____ DD MMM YYYY</p>
18.	<p>Date of discharge (from re-admission) ____ / ____ / ____ DD MMM YYYY</p>	
19.	<p>Please indicate the organism(s) AND their susceptibility/resistance for any of the following antimicrobials/anti-fungals listed below: (R for resistant, S for susceptible, I for intermediate):</p>	

Please specify the organism:	Organism 1: _____	Organism 2: _____
Amikacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Amphotericin B	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Ampicillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Amoxicillin-clavulanic acid	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Caspofungin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Cefazolin (Ancef)	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Cephalexin (Keflex)	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Cefepime	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Cefotaxime	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Ceftriaxone	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Cefuroxime	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Ciprofloxacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Clindamycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Cloxacillin / Oxacillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Ertapenem	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Erythromycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Fluconazole	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Gentamicin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Imipenem	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Levofloxacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Linezolid	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Meropenem	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Micafungin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Moxifloxacin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Penicillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Piperacillin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Piperacillin-tazobactam	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Rifampin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Ticarcillin-clavulanic acid	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Trimethoprim-sulfamethoxazole	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Tobramycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Vancomycin	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Voriconazole	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S
Other, specify: _____	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S	<input type="checkbox"/> R <input type="checkbox"/> I <input type="checkbox"/> S

Specimen not collected

Organism not identified, no growth

20.	<p>During this original admission or in the 14 days prior to this original admission for the patient’s hip/knee arthroplasty, did this patient test COVID-19 positive for the first time?</p> <p><input type="checkbox"/> Yes – if your site participates in VRI surveillance, please provide the PID for the COVID-19 patient questionnaire: _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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Appendix 3

Appendix 3 - Data Dictionary

Definitions and notes for Patient Questionnaire (see **APPENDIX 2 - HIP & KNEE SSI PATIENT Questionnaire**)

1. CHEC Site #

This will be the **3-character** alphanumeric number assigned to your institution. It will always begin with the two digit number assigned to your CHEC member e.g., 07, 15, and a letter assigned by the CHEC member for that specific institution e.g., A, B, C, etc. The CHEC site # for each institution should always be the same for all the CHEC/CNISP surveillance projects and will always have all three alphanumeric digits reported as the CHEC site #, e.g., 07A, 15A.

2. Unique identifier code

The 8 characters should consist of the 3 character CHEC site # (e.g., 09A), the surveillance year (e.g., 20), and a consecutive number starting at 001 and continuing on with each additional case. An example of the first case in a hospital would be 09A20001. An example of the thirty-fifth case would be 09A20035, and so on.

3. Age (years)

Please enter the patient’s age in years.

4. Sex

Check male or female

5. Procedure

- a. Procedure type:** Please indicate the procedure as either primary or hemi hip arthroplasty (THA) or primary, hemi or other knee arthroplasty (TKA).
- b. Number of joints:** Please indicate the number of joints replaced during the procedure.

6. Date of admission

Please indicate the date the patient was admitted to the hospital.

7. Same-day surgery

Defined as the patient was admitted and discharged on the same day as the procedure. If yes, please enter the same date for date of admission, procedure and discharge.

8. Date of procedure

Please indicate the date of procedure.

9. Date of discharge

Please indicate the date the patient was discharged from the hospital.

10. Date infection was identified

Please enter the date that the infection was identified. The date the infection was identified may be defined as the onset date of infection, the date of positive culture or the date of diagnosis.

11. Category of SSI

Please select **ONE** of the following types of infection: *deep incisional SSI* or *organ/space SSI*. Note that all procedures included in this surveillance projects involve an implant. Superficial incisional SSI are no longer reportable.

*A **deep incisional SSI** must meet the following criterion:*

Infection occurs within 90 days after the operative procedure (where day 1 = procedure date)

AND

involves deep soft tissues of the incision (e.g., facial and muscle layers)

AND

patient has at least **ONE** of the following:

- a) purulent drainage from the deep incision;
- b) deep incision that spontaneously dehisces or is deliberately opened or aspirated by the surgeon, physician* or physician designate

AND

organism(s) identified from the deep soft tissues of the incision by a culture or non-cultured based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment or culture or non-culture based microbiologic testing method is not performed. A culture or non-culture based test from the deep soft tissues of the incision that has a negative finding does not meet this criterion.

AND

- patient has at least one of the following signs or symptoms: fever (>38°C); localized pain or tenderness;
- c) an abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam or imaging test.

**Surgeon, infectious disease physician, emergency physician, other physician on the case, or physician's designee (nurse practitioner or physician's assistant).*

An organ/space SSI must meet the following criterion:

Infection occurs within 90 days after the operative procedure (where day 1 = procedure date)

AND

involves any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure

AND

patient has at least **ONE** of the following:

- a) purulent drainage from a drain that is placed into the organ/space (for example, closed suction drainage system, open drain, T-tube drain, CT-guided drainage);
- b) organism(s) identified from fluid or tissue in the organ/space by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment;
- c) an abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam, or imaging test evidence suggestive of infection.

Adapted from the 2020 NHSN definitions: <https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscsscurrent.pdf>

12. Antibiotic prophylaxis

- a. **Antibiotic prophylaxis ordered:** Please indicate if antibiotic prophylaxis was ordered prior to procedure
- b. **Antibiotic prophylaxis administered:** Please indicate if antibiotic prophylaxis was administered prior to procedure

13. Outcome at 30 days

Please indicate the patient's outcome at 30 days following identification of the first SSI.

14. Re-admission

- a. **Re-admission for management of SSI:** Please indicate if the patient was re-admitted within 30 days of SSI identification
- b. **Date of re-admission:** If the patient was re-admitted, please indicate the date of re-admission.

15. Revision

- a. **Revision surgery:** Please indicate if the patient had a revision surgery within 30 days of SSI identification
- b. **Date(s) of revision surgery:** If the patient had a revision surgery, please indicate the date of procedure.

16. SSI identified within 90 days of revision surgery

Please indicate if a deep or organ/space SSI was identified within 90 days of the revision surgery.

17. Second revision

- a. **Second revision surgery:** Please indicate if the patient required a second revision surgery.
- b. **Date of second revision surgery:** If the patient had a revision surgery, please indicate the date of procedure.

18. Date of discharge from re-admission

If the patient was re-admitted, please indicate the date of discharge.

19. Antibiogram results for first infection

Please indicate the organism(s) AND their susceptibility/resistance to the antibiotics tested.

(S = Susceptible, I = Intermediate or R = Resistant). Please list all microorganism(s) identified for the first infection as reported by the laboratory. If a specimen was not collected, please specify "specimen not collected". If a specimen was collected but an organism was not identified, please specify "organism not identified, no growth".

Appendix 4

Appendix 4 - Hip & Knee Denominator Form

Please submit denominator data to CNPHI: www.cnphi-rcrsp.ca

CHEC site #: _____

Surveillance period (e.g. January 1 – March 31): _____

Please provide the total number of procedures (*excluding revisions*) for the surveillance period specified above

	Hip arthroplasties		
	Total	Hemi	Other
Total procedures			

	Knee arthroplasties		
	Total	Hemi	Other
Total procedures			

Appendix 5 - Instructions on Completing Denominator Form Definition and note for completing Denominator Form (*see* **APPENDIX 4 - HIP & KNEE Denominator Form**)

1. CHEC Site

This will be the 3-character alphanumeric number assigned to your institution. It will always begin with the two digit number assigned to your CHEC member e.g., 07, 15, and a letter assigned by the CHEC member for that specific institution e.g., A, B, C, etc. The CHEC Site # for each institution should always be the same for all the CHEC/CNISP surveillance projects and will always have all three alphanumeric digits reported as the CHEC Site #, e.g., 07A, 15A.

As revisions are excluded from surveillance, please exclude revision procedures from the denominator.

Please enter/upload data to CNPHI: www.cnphi-rcrsp.ca

Appendix 6 – Data Uploader on CNPHI

CNPHI – UPLOAD DATA FILES

How to submit data using the uploader on CNPHI



Step 1.

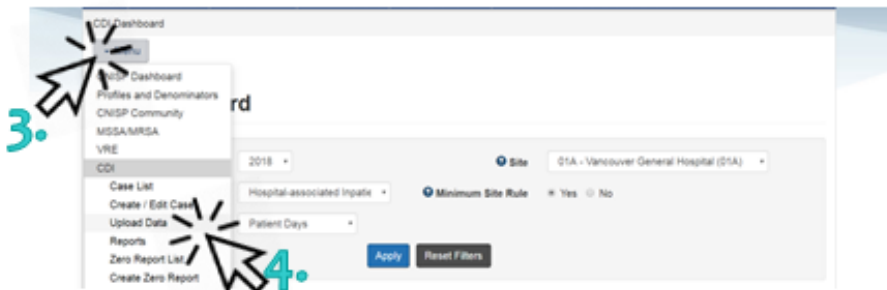
Surveillance

Canadian Nosocomial Infection Surveillance Program



Step 2.

Choose an application



Step 3.

Menu

Step 4.

Upload Data



***Select surveillance year**

***Choose your file**

Step 5.

Upload Epi Data

Revision History

Date	Revisions Made
Jan 20, 2015	<ul style="list-style-type: none"> • Update to the surveillance period from 12 months to 90 days. Only infections that develop within 90 days of procedure are to be reported.
Dec 3, 2015	<ul style="list-style-type: none"> • Question 11 related to pathogen(s) identified has been removed as this will be captured under new Question 12 related to antibiogram results by pathogen. • Question 12b on type, dose and time of prophylactic antibiotic(s) was removed.
Oct 14, 2017	<ul style="list-style-type: none"> • Updated protocol to reflect quarterly reporting for infections and denominator data into CNPHI.
Oct 30, 2017	<ul style="list-style-type: none"> • The following updates were made to the protocol for 2018: <ul style="list-style-type: none"> ○ Risk stratification was removed (ASA score, procedure start and end time). ○ Discontinue surveillance for superficial infections. ○ Added the following clinical outcomes: length of stay (admission and discharge dates), re-admission, revision surgeries and 30-day outcome. ○ Removed question on repeat intra-operative dose of antibiotics given for surgeries lasting \geq 4 hours (Q14b). ○ Under type of procedure, 'other' response option added.
Oct 18, 2018	<ul style="list-style-type: none"> • Added postal code (first 3 digits) to patient questionnaire • Removed references to calendar year.
Nov 14, 2019	<ul style="list-style-type: none"> • Removed postal code (first 3 digits) from patient questionnaire • Extended submission deadline by one quarter • Admitted patients as well as patients undergoing same-day surgery are included • Added question whether a SSI was identified following revision surgery
Nov 24, 2020	<ul style="list-style-type: none"> • Added question to link COVID-19 and HK SSI patient questionnaire data
Dec 1, 2021	<ul style="list-style-type: none"> • Added clarification to COVID-19 question to specify that it is related to the original admission for the patient's hip or knee arthroplasty (and not referring to the readmission)