Nursing Infection Prevention Leaders Academy Brown Bag Session – Surgical Site Infections April 22, 2014

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The Definition of a Surgical Site Infection (SSI)

What is it?

An infection occurring within 30 or 90 days after a surgical procedure completed in an Operating Room (This may include an operating room, C-Section room, interventional radiology room, or a cardiac catheterization lab).

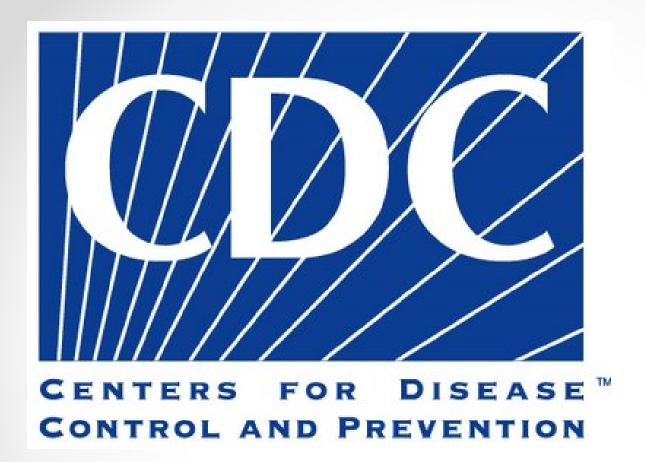
But wait...didn't it used to be up to 1 year?

Yes, however, the NHSN definitions changed in 2013 from 1 year to 90 days for certain procedures.

The majority of SSIs will occur during the first two to three weeks after surgery (Ramos et al. 2008).

The Nuts and Bolts of SSI Surveillance







SSI Surveillance

- AAA
- Appendectomy
- Biliary surgery
- Cardiac
- CABG (CBGB/CBGC)
- Gall Bladder
- Colon
- Craniotomy
- C-section
- Spinal Fusion
- Refusion of Spine
- ORIF
- Gastric
- Hysterectomy (Abdominal and Vaginal)

- Hip Replacement
- Knee Replacements
- Kidney Transplant
- Heart Transplant
- Laminectomy
- Nephrectomy
- Ovary
- Pacemaker
- Rectal
- Small Bowel
- Splenectomy
- Thoracotomy
- Exploratory Laparotomy
- Craniotomy
- Ventricular Shunt

SSI Surveillance methodology at UCLA



#SSI

procedures per surgical category X 100

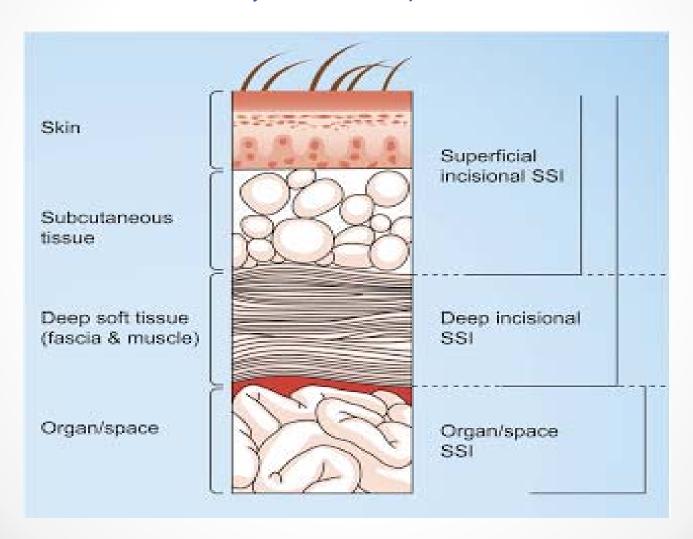
Post-discharge report using 26 ICD-9 codes OR schedule for I & D, revision Admissions Report Positive Cultures (wounds, drains, etc)

Surgical procedure data from Care Connect Cleaned-up by Infection Prevention

CDC considers an infection at surgical site an SSI for **30 days or 90 days depending on procedure**

CDC Classification of SSIs

For surveillance/regulatory reporting, follow CDC's definitions of classifying what type of infection – 3 categories based off of where infection takes place



Superficial SSI

Superficial incisional SSI

Must meet the following criteria:

Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date), including those coded as 'OTH'* and

involves only skin and subcutaneous tissue of the incision and

patient has at least one of the following:

- a. purulent drainage from the superficial incision.
- b. organisms isolated from an aseptically-obtained culture of fluid or tissue from the superficial incision.
- superficial incision that is deliberately opened by a surgeon, attending physician** or other designee and is culture positive or not cultured

and

patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; redness; or heat. A culture negative finding does not meet this criterion.

d. diagnosis of a superficial incisional SSI by the surgeon or attending physician** or other designee.

Deep SSI

Deep incisional SSI

Must meet the following criteria:

Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in <u>Table 3</u> and

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

patient has at least one of the following:

- a. purulent drainage from the deep incision.
- a deep incision that spontaneously dehisces or is deliberately opened by a surgeon, attending physician** or other designee and is culturepositive or not cultured and
 - patient has at least one of the following signs or symptoms: fever (>38°C); localized pain or tenderness. A culture-negative finding does not meet this criterion.
- c. an abscess or other evidence of infection involving the deep incision that is detected on direct examination, during invasive procedure, or by histopathologic examination or imaging test.

Organ Space SSI

Organ/Space SSI

Must meet the following criteria:

Infection occurs within 30 or 90 days after the NHSN operative procedure (where day 1 = the procedure date) according to the list in <u>Table 3</u> and

infection involves any part of the body, excluding the skin incision, fascia, or muscle layers, that is opened or manipulated during the operative procedure and

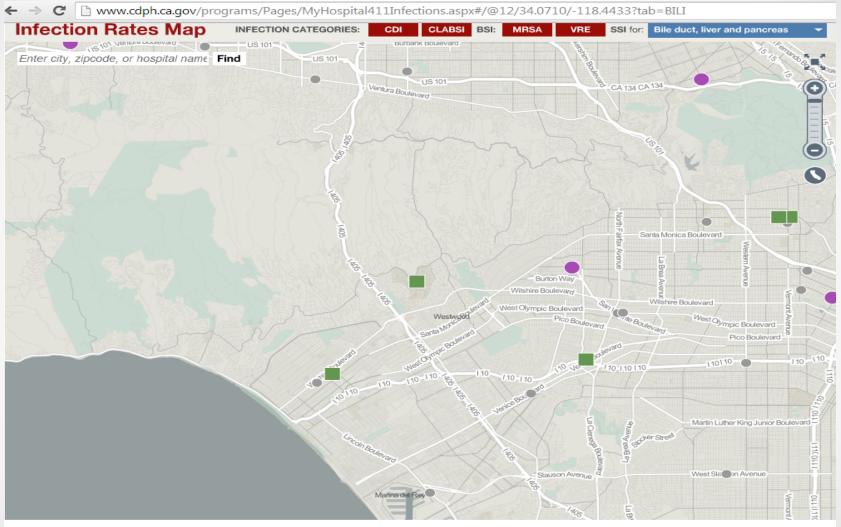
patient has at least one of the following:

- a. purulent drainage from a drain that is placed into the organ/space
- b. organisms isolated from an aseptically-obtained culture of fluid or tissue in the organ/space
- c. an abscess or other evidence of infection involving the organ/space that is detected on direct examination, during invasive procedure, or by histopathologic examination or imaging test

and

meets at least one criterion for a specific organ/space infection site listed in Table 4.

Public Reporting



About This Map

Data for calendar year 2012. If no comparison is available for your hospital, please ask your healthcare providers about their infection rates. Hospitals are responsible for the quality and completeness of their data.

See full HAI reports and prevention information

NO COMPARISON LOWER SAME HIGHER Infection rates in each hospital are compared with the California average for CLABSI and VRE BSI and with the US national average for CDI, MRSA BSI and SSI.

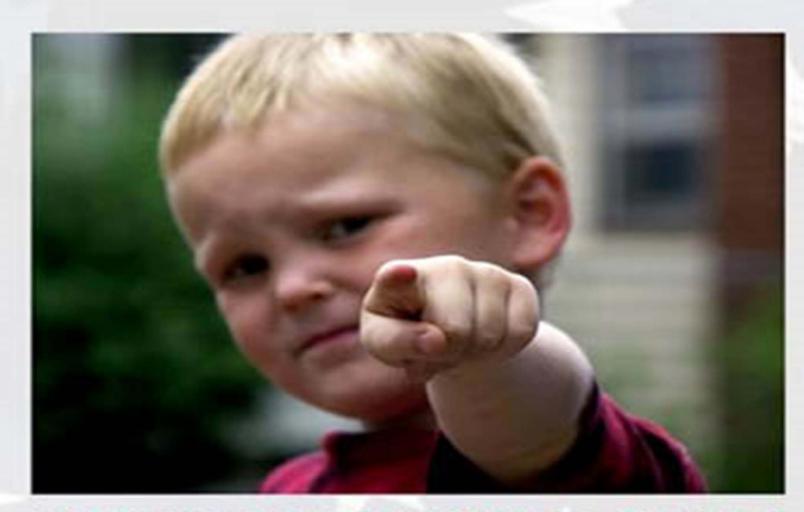
Infection		RRUMC		SMH		
		CDPH ¹	CMS ²	CDPH ¹	CMS ²	
CLABSI		13 same 1 worse	better	10 same 1 worse	same	
	VRE	worse		same		
	MRSA	same		same		
SSI	Liver	better				
	C-section	same		same		
	Colon	better	worse	same	same	
	CAGB	same				
	Fracture repair	same		same		
	Hip Rep			same		
	Knee Rep			same		
	Small Bowel	same		same		
	Spine Fusion			same		
CAUTI			same		Same	

¹CDPH = Califronia Dept of Public Health ²CMS = Medicare Services, Hospital Compare. org



Snapshot: SSI Preventionist's Role

- Time spent in ORs, SPD areas, PACU
- Meeting with different surgical services, anesthesia, surgical departments (includes educational presentations & collaborative projects to reduce SSIs, consultant role)
- Consult with ambulatory areas performing sterilizing/processing or high-level disinfection (HLD)
- Monitor construction projects that involve surgical areas
- Committees (leadership buy-in critical)
- Quality improvement projects and root-cause analysis (when necessary) looking at patient safety concerns as related to surgery



WHY YOU SHOULD CARE!

...SSIs

780,000 SSIs occur each year³

account for 20% of all health care-associated infections in U.S. hospitals.²

35,000 SSIs develop annually after orthopedic surgery

estimated **8,205** annual deaths caused by SSIs²

up to 20,000 knee and hip replacement patients contract an SSI⁴



- 230 million surgeries per year worldwide
- More common than births (36 million per year)
- 1 in 25 people undergo surgery each year
- 25% of in-patient surgeries are followed by complication
- 7 million disabling complications each year
- 0.5 5% of patient deaths following surgery
- 1 million deaths per year
- 50% of all hospital adverse events linked to surgery
- At least 50% of adverse surgical events are avoidable

SSIs...They're Expensive

Increases Length of Hospital Stay

Approx. 7-10 additional postoperative hospital days

Raises Cost

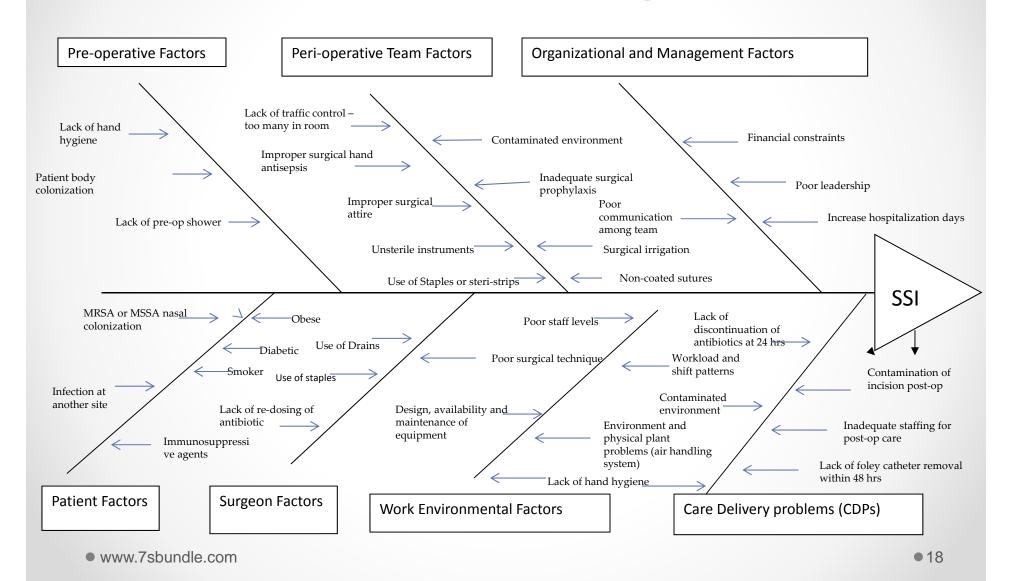
- \$3,000-\$29,000 per SSI (depending on procedure & pathogen)
- Up to \$10 billion annually in the US alone

^{*} Most estimates are based on inpatient costs at time of index operation and do not account for the additional costs of readmissions, post-discharge outpatient expenses, and long term disabilities

...And They Can Destroy Lives

 http://www.ihi.org/resources/Pages/AudioandVideo/Onel sTooManyViewingInfectionDatafromPatientsPerspective. aspx

Risk is a Myriad Event SSI Fishbone Diagram



How can I make a

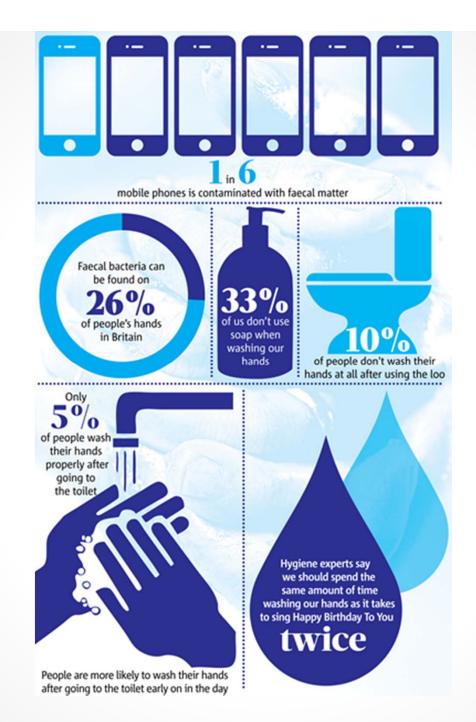
difference?



"Wait, this one's a lawyer. We'd better wash our hands."







Pre-Operative

- Education
- Patient Advocate
- S. aureus decolonization
- Chlorhexidine bathing
- Help patients stay warm prior to going back to the OR

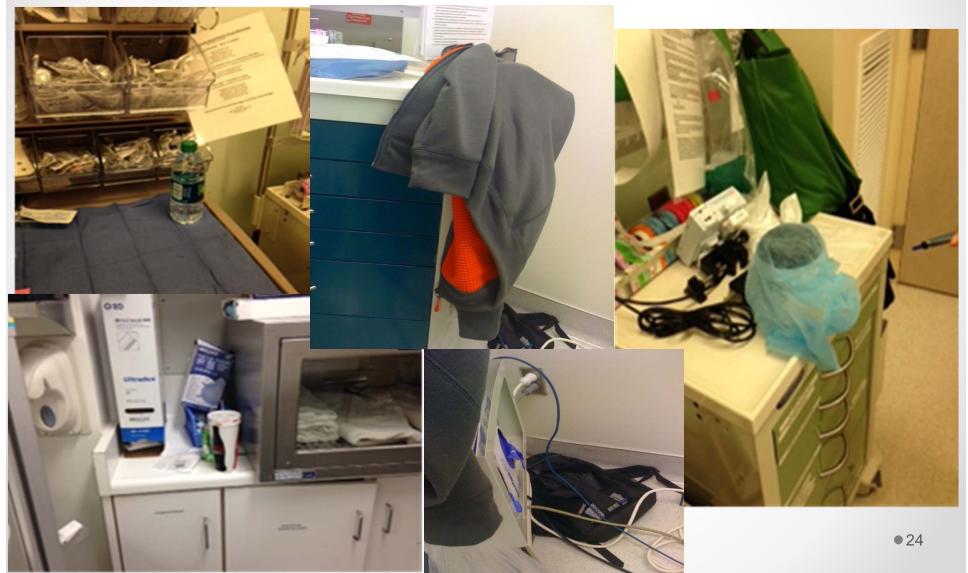
Peri-operative

Evaluate whether you have a safe OR:

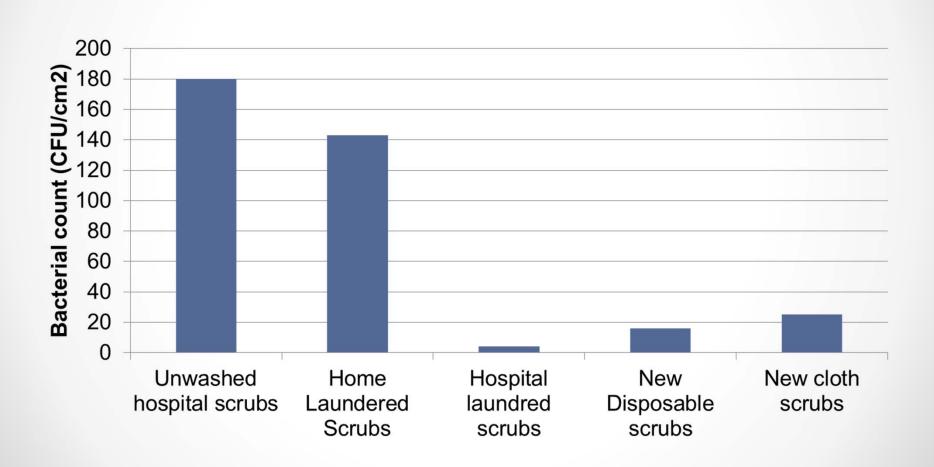
- Traffic control (includes limiting number of staff in the room during surgery, number of in/out doors during surgery; doors should not be propped open)
- Compliance with surgical attire
- Proper surgical skin scrub
- Proper skin prep with alcohol based antiseptics
- Effective sterilization of instruments
- Monitoring and preventive maintenance of air handling systems
- Adequate surgical prophylaxis
- Warming of the patient before and during surgery
- Hair clipping (no shaving) outside the operating room
- Use of wound separators to prevent tissue contamination
- Careful handling of tissues by surgical staff
- Disinfection of the environment during room turnovers and terminal cleaning
- Safe medication handling procedures
- Safe storage of supplies.

www.7sbundle.com

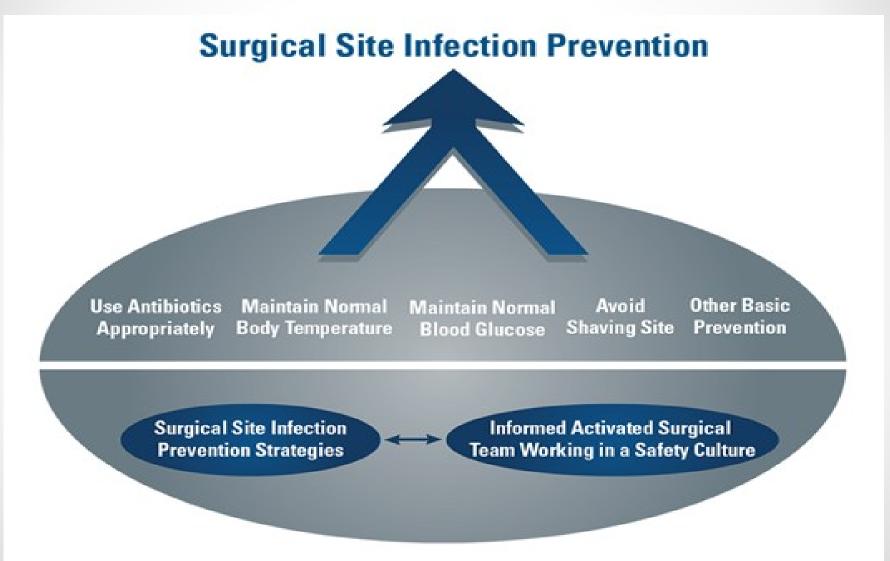
If it were your surgery would you be ok with this?



Home laundered v. hospital laundered scrubs



Peri-operative







OXYGENATION Patients should be administered an FiO2 of 80% during survery

Patients should be administered an FiO2 of 80% during surgery and adequately oxygenated post-operatively

ANTIBIOTICS

Antibiotics consistent with national guidelines should be administered within one hour of surgical incision and discontinued within 24 hours

TEMPERATURE

Colorectal surgery patients should be normothermic (236°C) prior to and within 15 minutes of leaving the operating room

SUGAR LEVELS

Blood sugar levels should be maintained at ≤10mmol/l. preoperatively and until at least 48 hours after surgery

DECREASE SURGICAL SITE INFECTIONS

BEAGLES stands for:

B: Beta Blockers

E: Environmental Control

A: Antibiotics

G: Glucose Control

L: Leadership Support

E: Embolism Prevention

S: Skin Preparation





OXYGENATION

Colorectal surgery patients should be administered an FiO₂ of 80% during surgery and adequately oxygenated post-operatively

TEMPERATURE

Surgery patients should be normothermic (≥36°C) prior to and within 15 minutes of leaving the operating room

ANTIBIOTICS

Antibiotics consistent with national guidelines should be administered within one hour of surgical incision and discontinued within 24 hours

SUGAR LEVELS

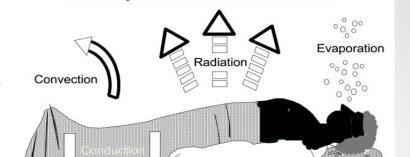
Blood sugar levels should be maintained at s10mmol/L pre-operatively and until at least 48 hours after surgery



Peri-operative

Help to maintain Normothermia

"correlated impaired wound healing, adverse cardiac events, altered drug metabolism with hypothermia"



Intraoperative Heat Transfer

"study by Kurtz, et al (1996), found that incidence of culture-positive surgical site infections among those with mild perioperative hypothermia was three times higher than the normothermic perioperative patients. In this study, mild perioperative hypothermia was associated with delayed wound closure and prolonged hospitalization. In a meta-analysis of outcomes and costs, Mahoney and Odom (1999), demonstrated that hypothermia is associated with a significant increase in adverse outcomes, including an increased incidence of infections. The authors also concluded that hypothermia is associated with an increased chance of blood products administration, myocardial infarction, and mechanical ventilation. These adverse outcomes resulted in prolonged hospital stays and increased healthcare expenditures."

Culture of Safety/Just Culture

LAST YEAR

Thank you for keeping your eyes and ears open. And not keeping your suspicions to yourself.

IF YOU SEE SOMETHING, SAY SOMETHING.

Tell a cop or an MTA employee. Or call 1-888-NYC-SAFE.









SubTalk





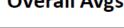
If You See Something Say Something™ used with permission of the NY Metropolitan Transportation Authority.

Safety Attitudes Questionnaire (SAQ)

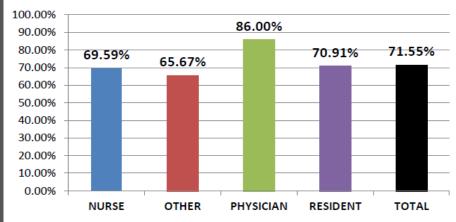
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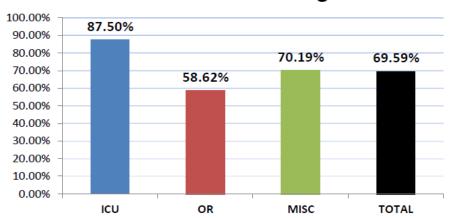
Nurse Input is well Received



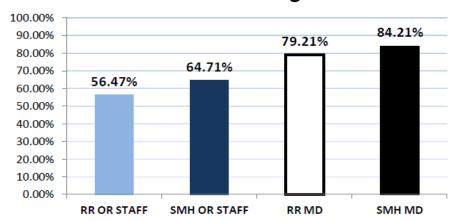




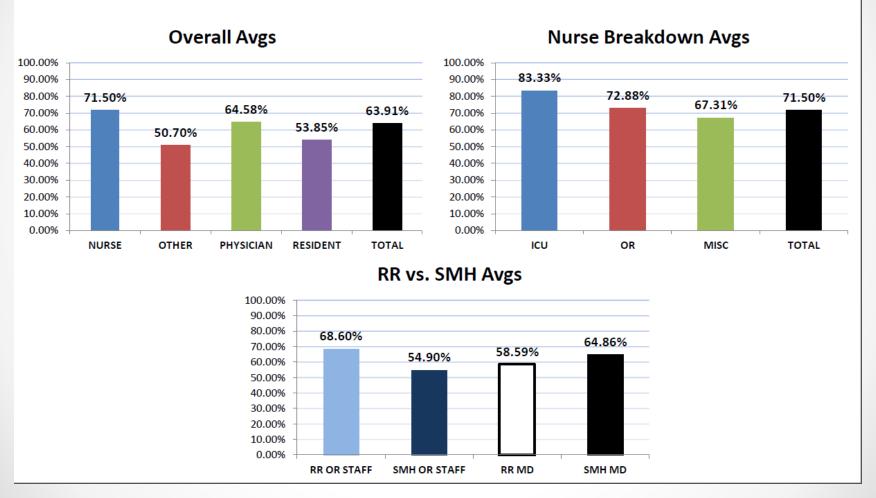




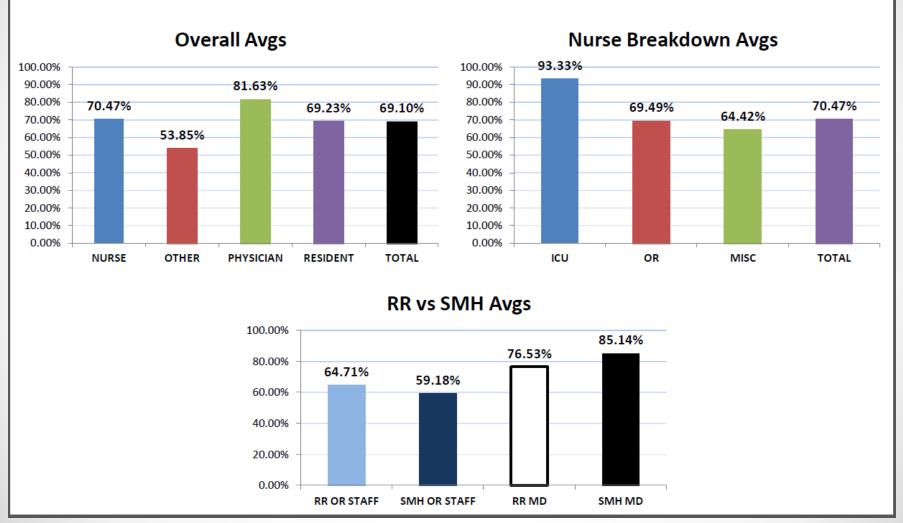
RR vs. SMH Avgs



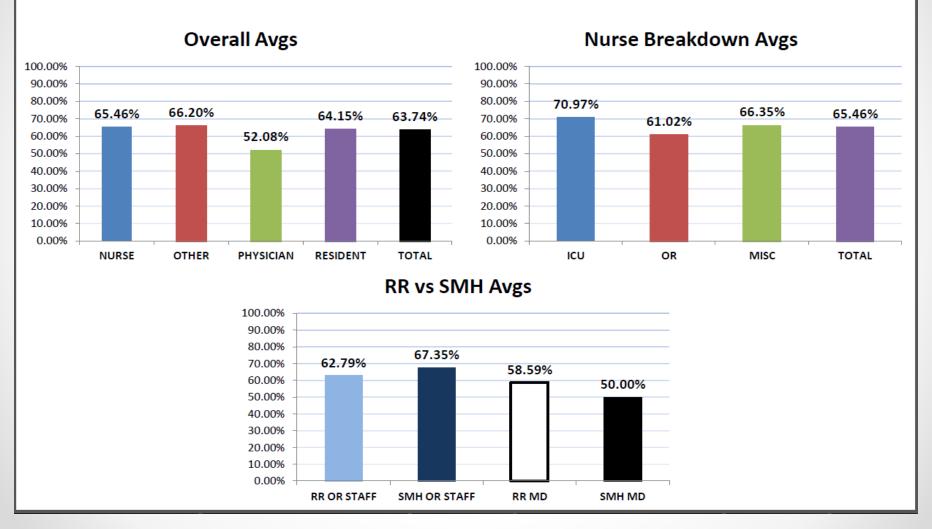
All staff has an equal voice when expressing patient safety concerns



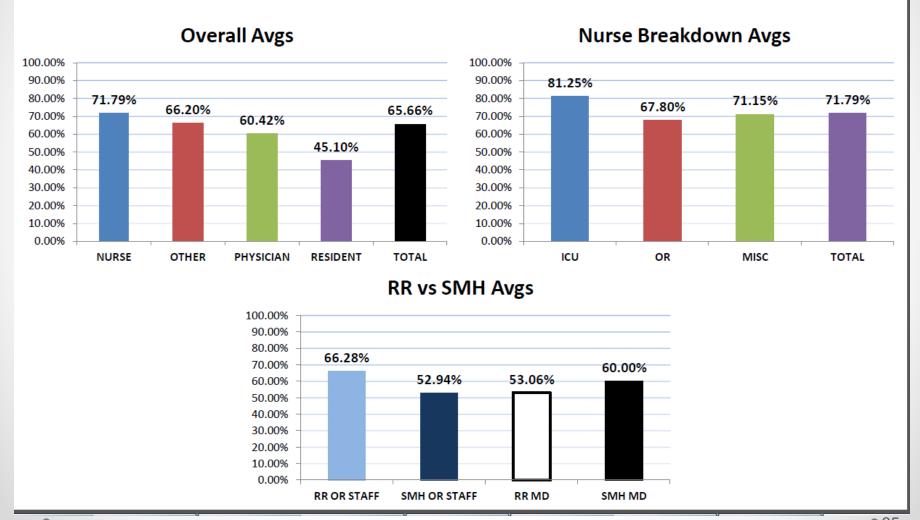
Physicians and nurses work together as a well-coordinated team



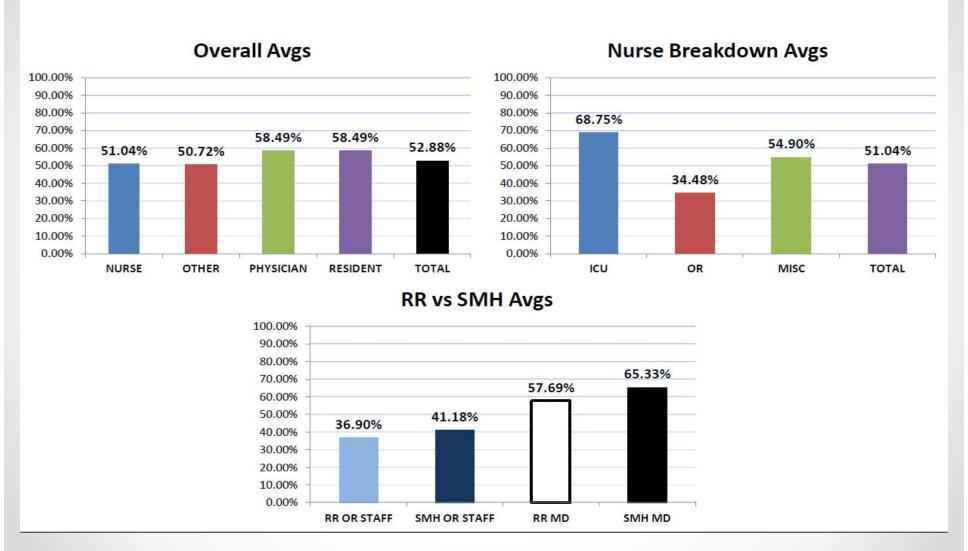
The culture makes it easy to learn from the errors of others



My suggestions about safety would be acted upon if I expressed them here



Staff morale on my unit is high



Post-Operative

- Ensure wounds remain covered with an interactive dressing for at least the first 48 hours post-surgery (allows wound to seal and become impervious to microbial contamination
- Immediately report/record signs of discharge or inflammation in a wound
- Advocate for drains to be removed at earliest possible opportunity
- Teach patient how to care for their wound
 - Includes washing, bathing, details of what to look for and who/when to call if there are concerns

Preventing SSIs UC-wide (CHQI Grant)

Pre-operative

Peri-operative

Post-operative

Pre-operative components

Surgery	Pre-op Patient Education	Pre-op CHG*	Pre-op Mupirocir	Assess Compliance with CHG	If did not complete CHG offer morning of surgery
Colorectal	Х	3 treatments	None	х	x
Hip Arthroplasty	Х	7 treatments	7 days	х	x
Knee Arthroplasty	Х	7 treatments	7 days	х	x
Laminectomy	х	7 treatments	7 days	Х	×
Spinal Fusions	х	7 treatments	7 days	х	x

Peri-operative

SIVIARTLINK OR Counting System Overview

Activity Monitoring System- OR (AMS-OR)

The AMS-OR system provides a record of movement in and out of OR spaces and provides automated reporting 24/7











SMARTLINK ™ Technology

- Activity Counters
- Integrated Wireless Modules
- Repeater

Network Gateway

 Receives data and sends to the Amazon Cloud for processing

Performance Dashboard & Reporting Tools

 Provide near real-time measurements

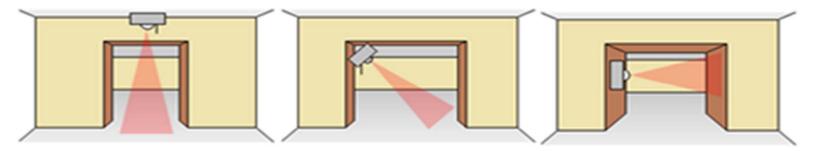
Courtesy Gojo Industries

Peri-operative

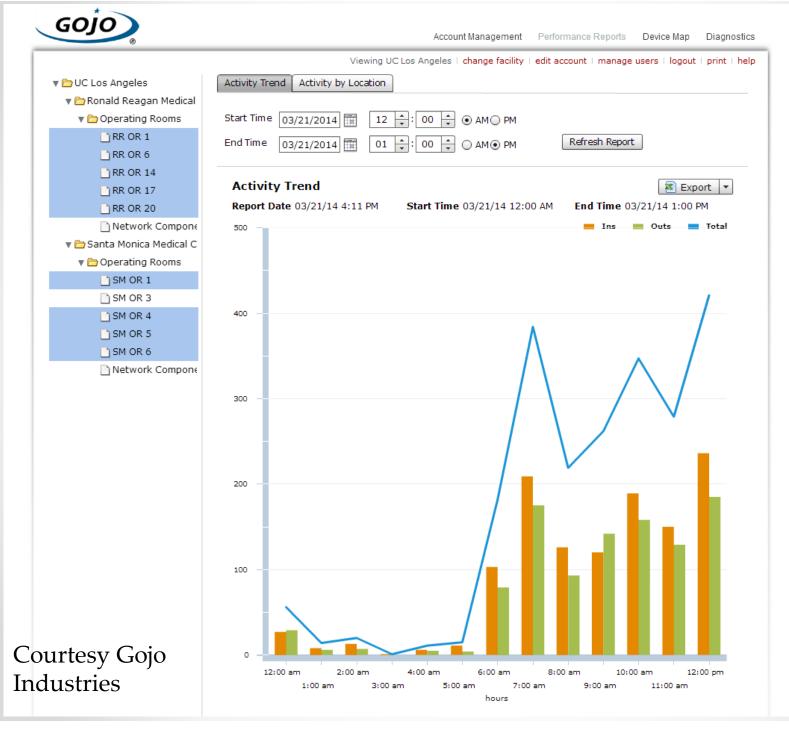
Activity Counter

Selecting a Location

Typically, the Activity Counter will be mounted on the ceiling, either directly or with a mounting bracket, just inside the doorway to a room. Alternatively, the Activity Counter can be mounted on a wall or in a doorway. These alternate mounting arrangements are useful in situations where there are obstructions on the ceiling, or the doorway is sufficiently wide that pedestrian traffic cannot be guaranteed under the Activity Counter.



Courtesy Gojo Industries



Data from midnight last night to today at 1pm. Shows trend of activity for selected time period



Data from midnight last night to today at 1pm.
Compares activity for each OR for the selected time period

Peri-operative Antibiotic Prophylaxis

Antibiotic	Adults	Pediatrics ¹	Re-dosing interval ^{2,3}	Comments ⁴
Cefazolin (Ancef)	2 grams (3 grams if ≥120 kg)	30 mg/kg	4 hours	Administer 60 min prior to incision
Vancomycin	15 mg/kg (maximum 2 grams)	15 mg/kg	N/A	Administer 2 hours before incision
Clindamycin	900 mg	10 mg/kg	6 hours	
Gentamicin 1Pediatric do	5mg/kg ses should not exceed the repol insufficiency ma	2.5 mg/kg ne usual adult dose	N/A	Use adjusted body weight (ABW) for obese

²Patients with renal insufficiency may require prolonged re-dosing intervals **b**

Bratzler DW, Dellinger EP, Olsen KM, et al. Clinical practice guidelines for antimicrobial prophylaxis in surgery. *Am J Health-Syst Pharm.* 2013; 70:195–283.

³If excessive blood loss (>1.5 L) re-dose all antibiotics

⁴If tourniquet is to be used in the procedure, the entire dose of antibiotic should be infused prior to its inflation

Case Study #1

- 45 year-old male patient had colon resection on 6/18
- Three days later...
 - Upper aspect of patient's abdominal wound has purulent drainage with some redness and induration
 - o Wound swabbed and specimen sent for culture; culture ends up growing *Enterobacter* spp. And *E. coli*
 - o Patient started on antibiotics

Is this an SSI?

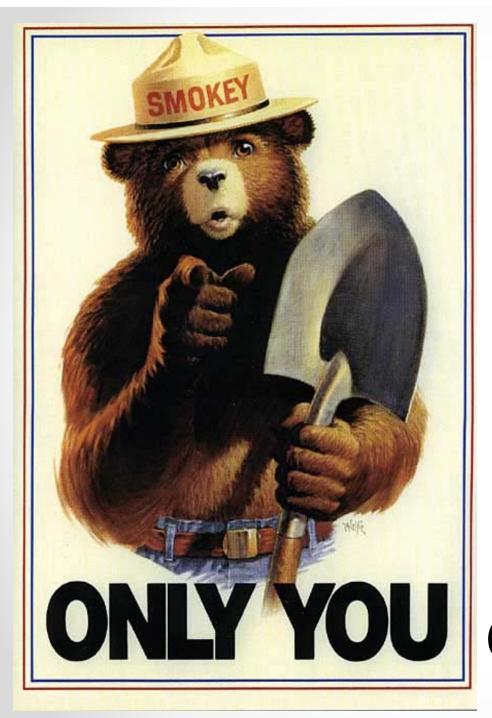
Yes, this is a superficial SSI (purulent drainage from incision, redness, positive culture)

Case Study #2

- Patient presents to ED with acute abdomen and is admitted to the OR on the same day for colon resection (COLO). Peritoneal abscess noted at time of surgery. Incision is closed primarily w/ a JP drain in an adjacent stab wound.
- Even on antibiotics, patient continues to have low-grade fevers, abdominal pain, and purulent drainage via JP drain. Patient returned to OR on 8/6 for new exploration; new abscesses were found.
- Is this an SSI?
- <u>Yes</u>, this is considered an organ space SSI. The patient had known abscess at time of surgery but condition worsened after the surgery.

Case Study #3

- Jane Doe had a spinal fusion (FUSN) on 1/22 performed
- 2/1-Increased back pain; Temp 38°C
- 2/2 MRI reveals abscess in the spinal epidural space
- Surgeon opened wound in the OR & drained abscess; specimen to lab for culture; notes 'infected hematoma"; antibiotics begun for epidural abscess
- Culture positive for *Pseudomonas aeruginosa*
- Would this be an SSI?
- Yes, this would be an organ space SSI.



- It REALLY does begin with 'U'
- We are all responsible for patient safety and helping to prevent SSIs

CAN PREVENT SSIs!

Contact Info

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Clinical Epidemiology and Infection Prevention
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Pager 99335
atrout@mednet.ucla.edu



Wash, wash, wash your hands,

Get them very clean, Do the rub, do the scrub, Germs are very mean.

Wash, wash, wash your hands,
We should sing this twice,
Do the rub, do the scrub,
Being clean is nice!



QUESTIONS?