Surgical Site Infection Surveillance – Advancing the Prevention Agenda

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Session plan

- The importance of rigorous surgical site infection (SSI) surveillance
- · Limitations of current SSI surveillance
- An ideal SSI surveillance programme
- Benefits arising from rigorous SSI surveillance

Why do we need rigorous surveillance?

- Identify scale of the problem
 - underestimate SSI rate
 - not important
 - no funding for interventions
 - underestimate cost of SSIs
- · Benchmarking not valid

Commonest HCAIs

- Gastrointestinal 22%
- Respiratory 20%
- Urinary Tract 19.7%
- Surgical site 13.8%
- Skin and soft tissue 10.5%
- Primary blood 6.8%
- Other 3%

Third prevalence survey of HCAIs in Acute Hospitals 2006

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Limitations of current system?

"The Department's approach to mandatory national surveillance means there is still no grip on surgical site infections."

"Progress is being hit by a lack of decent data."

House of Commons Public Accounts Committee, November 2009

Limitations of current system



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- In-patients, re-admissions, post discharge
- Various methods used
- 3 month duration
- · Voluntary versus mandatory

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Monthly SSI rate Monthly SSI rate 45.00 45.00 30.00 20.00 Apr. May- Jun- Jul- Aug- Sep- Oct- Nov- Dec- Jan- Feb- Mar11 11 11 11 11 11 11 12 12 12 — 2011-12 — 2010-11

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The ideal SSI surveillance programme

- Full 30 day follow up in patient, readmission, post discharge
- Same method
- Duration ?
- Mandatory?
- · Level I and Level II data
- The deep / superficial debate
- · Compliance data
- Feedback

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The benefits of rigorous surveillance

- Rapid surveillance feedback
- Improve practice
- Trusts prepared to share data
- · 'Real' SSI rates
- Benchmarking, commissioning, patient choice
- Effectiveness of interventions to reduce SSIs (including multicentre studies)

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