Surgical Site Infection Surveillance – Advancing the Prevention Agenda

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Hosted by Vanessa Whatley
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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?

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“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

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

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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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Prof. Judith Tanner, De Montfort University
A Webber Training Teleclass

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http://www.webbertraining.com/schedulep1.php
8 February (FREE WHO Teleclass) Behavioural Change in Infection Prevention and Control
Speaker: Prof. Andreas Voss, Nijen  University, Netherlands

15 February (South Pacific Teleclass) Outbreak of Vaccine-Preventable Diseases – Communicating the Science and Closing the Gaps
Speaker: Dr. Nikki Turner, University of Auckland, New Zealand

23 February The Biofilm Hypothesis of Chronic Infection
Speaker: Dr. Phillip Stewart, Center for Biofilm Engineering, University of Montana

1 March Developing a Sustainable and Effective Approach to Hygiene and Infection Prevention in Home and Everyday Settings

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