

Report and action plan in response to Surgical Site Infection (SSI) exception

**Quarterly epidemiological data on *Clostridium difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infection in Scotland QX YYYY**

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| State | Description |
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| **Situation** | Use data provided in the exception report issued by ARHAI Scotland |
| **Background** | Cite any local changes that may have occurred before or during the quarter being examined |
| **Assessment** | Assessment locally of a boards higher than expected SSI rates may include the following;**Analysis of data*** Ensure data reported correctly reflects the local SSI rate for the reported quarter.
* Check denominator data.
* Ensure standard definitions have been followed to establish the presence of SSI.
* Check data validation been carried out.

**Patient factors*** Examination of SSI patient’s age, gender, and BMI.
* Examination of wound class and ASA score.
* Additional possible intrinsic risks include diabetic status, length of pre-operative stay indicating severity of illness and admission MRSA status.

**Process factors*** Assessment of SSI patients clinical records for commonality regarding theatre staff, consultant, other medical, nursing, and where possible, non clinical staff.
* Investigation into length of operation of SSI patients.
* Assessment of commonality of microorganisms involved in the development of SSI in different patients.
* Assessment of commonality of ward area involved in SSI patients care.
* Assessment of the compliance with the SSI ‘bundle’ (best practice statement):

 **Preoperative*** Risk assessment for MRSA screening.
* Hair not removed (if required, conducted as near to operation as possible and not using a razor).
* Patient has showered using soap on day of operation.
* Prophylactic antibiotic is prescribed (following local and SIGN guidelines).
* Antibiotic is administered within 60 mins prior to operation.

  **Perioperative*** Skin preparation 2% chlorhexidine gluconate in 70% isopropyl alcohol solution.
* Body temperature is maintained above 36°C.
* Diabetic patients glucose level is kept at <11 mmol/L throughout operation.
* Patients haemoglobin oxygen saturation is maintained above 95%
* Wound is covered with a sterile dressing at end of surgery.
* Theatre procedures comply with infection prevention best practice (e.g. Theatre scrub technique, least possible movement in and out of theatre during procedure).

 **Postoperative** * Wound dressing in place for 48hours.
* Aseptic technique is used if excess leakage necessitates a wound change.
* Hand hygiene is performed immediately before every aseptic dressing change.
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| **Recommendations (action plan)** | A local action plan is developed in collaboration between clinicians and the infection prevention team that will detail actions areas of responsibility and timescales This could include:* Carry out a HIIAT assessment
* Local audit to obtain knowledge of processes or procedures.
* Implement a procedure to improve a process.
* A trial of a new product or procedure.
* Request that ARHAI Scotland provide further data analysis or other support.
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