

STAY
AMAZING

NewYork-
Presbyterian

WITH WORLD-CLASS DOCTORS FROM
 COLUMBIA  Weill Cornell
Medicine

New York-Presbyterian SSI SURVEILLANCE METHODOLOGIES

June 29, 2022

Presented by Department of Infection Prevention & Control
New York Presbyterian Hospital

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Surgical Site Infection Facts:

- There were an estimated 110,800 surgical site infections (SSIs) associated with inpatient surgeries in 2015, as per CDC healthcare-associated infection (HAI) prevalence survey,
- While advances have been made in infection control practices, SSIs remain a substantial cause of morbidity, prolonged hospitalization, and death.
- SSI accounts for 20% of all HAIs with 75% of SSI-associated deaths directly attributable to the SSI
- SSI is the most costly HAI type with an estimated annual cost of \$3.3 billion, and extends hospital length of stay by 9.7 days, with cost of hospitalization increased by more than \$20,000 per admission
- Surveillance of SSI with feedback of appropriate data to surgeons has been shown to be an important component of strategies to reduce SSI risk



Surgical Site Infections Surveillance Methodologies at New York Presbyterian

- Daily Microbiology Reports
- Review Readmission Surveillance Reports
- EPIC 30 and 90 day 'possible SSI list'
- Review ICD-10 SSI List
 - Patients with ICD10 codes for Procedure AND infection
- Self-reporting of SSIs
 - Quality, Providers, etc.
- Surveillance of SSIs with OSHs



Surgical Site Infection Notifications

- SSI Review
 - NHSN definitions
 - Reviewed with hospital epidemiologist
- SSI is Confirmed:
 - Formal email to surgeons
 - Smartsheet to 'Periop' team
 - RCA form, known as KEEPSAFE, is submitted
 - Colon surgeries only
 - RCA review by multidisciplinary team



Details of Affected Patient

<u>MRN</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<u>DOB</u>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	mm-dd-yyyy	<input type="text"/>
<u>Gender</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

SSI Clinical Review - Infection Prevention and Control

<u>Specific Event Type</u>	<input type="text"/>
<u>Surgeon</u>	<input type="text"/>
<u>Primary Diagnosis</u>	<input type="text"/>
<u>Procedure</u>	<input type="text"/>
<u>Documented Wound Class</u>	<input type="text"/>
<u>Emergency Procedure?</u>	<input type="text"/>

Record other multiple procedures performed? *

Was the wound primarily closed? *

Brief Factual Description/Synopsis include history, pre-operative and OR course *

Final Disposition *

SSi Bundle Review - Pre Operative

PERIOPERATIVE NURSING

Was active warming by use of Bair Hugger, blanket or PAWS completed in pre-op holding area? *

Patient had a pre-op bath? *

Were oral antibiotics taken at home? *

Bowel prep was completed? *

In patients with diabetes - Was blood glucose less than 200? *

SSI Bundle Review - Intra Operative

PERIOPERATIVE NURSING

Was active warming continued until PACU with maintenance of normothermia? *

INFECTION PREVENTION & CONTROL

Were weight-dosed antibiotics administered within 1 hour of incision time? *

Was redosing antibiotics done appropriately? (within 30 minutes of time that the next dose was due) *

SURGEON

Use of clippers only? *

Use of wound protector? *

Surgeon and any scrubbed-in staff changed gloves prior to wound closure? *

Use of a closing tray or sequestering process? *

Compliance and Opportunities for Improvement

Were there any areas for opportunity related to documentation? *

Were there any other areas for opportunity? *

Summary and Recommendations

Questions?



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Thank you!