

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 |
| --- | --- |
| **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. |
| **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. |