

## **SUMMARY OF:**

### **REDUCING HARM TO PATIENTS FROM HEALTH CARE ASSOCIATED INFECTION: THE ROLE OF SURVEILLANCE.**

#### **CHAPTER 3: SURGICAL SITE INFECTION – AN ABRIDGED VERSION**

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## **BACKGROUND**

Surgical site infection (SSI) rates vary by procedure and region, but, no matter the circumstances or location, have been shown to lead to morbidity, mortality and significant costs. There are various different surveillance systems used to indicate SSI rates worldwide, many of which are based on the United States National Healthcare Safety Network (NHSN) system.

## **OVERVIEW**

Surveillance systems should be implemented in hospitals to compare SSI rates with benchmark data, other hospitals or within one hospital over time. Most Australian surveillance programs are based on the NHSN but use less rigorous measures of infection and standardized implementation and evaluation of infection control methods. The Victorian Hospital-acquired Infection Surveillance (VICNISS) has modified the program definitions and found higher SSI rates than U.S. hospitals.

## **RESULTS**

Patients with a SSI after coronary artery bypass graft (CABG) spent an average of at least one more day in the intensive care unit. Patients with a SSI after general surgery spent an average of at least six more days in the hospital. The average additional cost incurred due to SSI ranged from A\$12,419 to A\$40,940 per case, depending on the type of procedure and infection. A Tasmanian study showed a reduction of SSIs over 12 years after implementation of a surveillance program, but a unchanging SSI rate when the program was put on hold.

## **CONCLUSION**

SSI surveillance programs have been shown to decrease SSI rates by 35% by incorporating the appropriate elements. In order for a program to be successful, it must include organized surveillance, appropriate preventative practices, supervision by trained infection control professionals, and involvement from physicians with infection control experience.

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**References** 1. Cruickshank et al., Reducing harm to patients from health care associated infection: the role of surveillance. Chapter 3: Surgical site infection – an abridged version *Healthcare Infection* 2009;14:109-114; [http://www.publish.csiro.au/?act=view\\_file&file\\_id=HI09912.pdf](http://www.publish.csiro.au/?act=view_file&file_id=HI09912.pdf)

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