

## Root cause analysis in surgical site infections (SSIs)

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**ABSTRACT:** *Surgical site infections (SSIs) are wound infections that usually occur within 30 days after invasive procedures. The development of infections at surgical incision site leads to extend of infection to adjacent tissues and structures. Wound infections are the most common infections in surgical patients, about 38% of all surgical patients will develop a SSI. The studies show that among post-surgical procedures, there is an increased risk of acquiring a nosocomial infection. Root cause analysis is a method used to investigate and analyze a serious event to identify causes and contributing factors, and to recommend actions to prevent a recurrence including clinical as well as administrative review. It is particularly useful for improving patient safety systems. The risk management process is done for any given scenario in three steps: perioperative condition, during operation and post-operative condition. Based upon the extensive searches in several biomedical science journals and web-based reports, we discussed the updated facts and phenomena related to the surgical site infections (SSIs) with emphasis on the root causes and various preventive measures of surgical site infections in this review. The web based pubmed, openpdf, Elsevier and other journals were used to retrieve the information.*

**Keywords**—*Surgical Site Infections (SSIs), Patient Safety Systems, Root Cause Analysis, Risk Management Process.*

### I. INTRODUCTION

Surgical site infections are the most common health care associated infections. A number of factors affect the occurrence of these infections such as old age, disease, malnutrition caloric, non-compliance with the standard and transmission based precautions, use objects contaminated during surgery, extended stay in hospital and the long duration of surgery. Root cause analysis is a method used to investigate and analyze a serious or sentinel event (an unexpected occurrence involving death or serious physical or psychological injury or risk) to identify causes and contributing factors, and to recommend actions to prevent a recurrence including clinical as well as administrative review. It is particularly useful for improving patient safety systems (Sherwin, J., 2011).<sup>1</sup> The common pathogens cause infections (sepsis) in surgery are *Staphylococcus aureus*, *Streptococcus milleri*, *Enterococcus faecium*, *Escherichia coli*, *Candida albicans* and *Pseudomonas aeruginosa*. Root cause analysis focuses primarily on system and processes not individual performance (Holloway, 2004).<sup>2</sup> The organisation include perioperative nurses, surgeons, anaesthesiology care providers, risk managers, quality improvement coordinators and other related staff members should overhaul perioperative assessment care plans and multidisciplinary planning records to reduce the risk of sepsis in the patients (Anderson, Fagerhaug and Beltz, 2010).<sup>3</sup>

The main cause of the appearance of surgical wound infection is the entrance of a microorganism during surgical intervention. A result of study conducted in United States shows that from all the nosocomial infection the surgical wound infection is most common. Reports show about 14 to 16% wound infection occurs in hospitalized patients and 38% of the surgical patients (Owens & Stoessel, 2008).<sup>4</sup> During the surgical procedure microorganisms can penetrate the body through various ways such as contaminated environment, which mainly includes operating room and non-sterile techniques like unsanitary hands and non-sterile items. Moreover, at the same time if patient's body is not sterile, that is also act as a door for entry of microbes. Most

# Root Cause Analysis In Surgical Site Infections Ssis

**Gerard A. Berlanga, Brock C.  
Husby, Heather K. Anderson**



### **Root Cause Analysis In Surgical Site Infections Ssis:**

*Quality Measures* Deeb N. Salem, 2020-03-11 While the healthcare system continues to shift towards more emphasis on quality metrics there remains a substantial gap between the expectations of healthcare policies and standards of hospital administrations vs the realistic care provided by the average healthcare provider This book offers the perspective of the healthcare provider and aims to fulfill the unmet need to educate other healthcare providers on recognizing quality measures and understanding how to achieve them to meet standards of quality care This book covers the historical perspective of quality measures the context of their existence their utility and the contemporary issues related to their use Simultaneously it critically addresses the quality of these quality metrics and presents the evidence available to date on the efficacy and the limitations of these quality measures This text is all inclusive and is organized into chapters that include the evolution of quality metrics in healthcare the practical role of hospitals as well as the practical role of individual healthcare providers in addressing quality metrics The chapters also include assessment of quality metrics that uniquely pertain to medical and surgical practices as well as non clinical quality metrics that specifically target undergraduate and graduate medical training Finally the book reflects on the use of contemporary quality metrics and their impact on outcomes patient care and public health and policy making In these chapters tables and illustrations including algorithms will be used to provide systematic approaches to common issues related to quality metrics In addition historical anecdotes and case presentations will be used to address pearls in contemporary practice of quality metrics *Quality Measures* is the definitive reference on quality metrics in healthcare and is a valuable resource for healthcare providers trainees administrators and public health agencies

**Youmans and Winn Neurological Surgery E-Book** H. Richard Winn, 2022-01-21 Widely regarded as the definitive reference in the field Youmans and Winn Neurological Surgery offers unparalleled multimedia coverage of the entirety of this complex specialty Fully updated to reflect recent advances in the basic and clinical neurosciences the 8th Edition covers everything you need to know about functional and restorative neurosurgery deep brain stimulation stem cell biology radiological and nuclear imaging and neuro oncology as well as minimally invasive surgeries in spine and peripheral nerve surgery and endoscopic and other approaches for cranial procedures and cerebrovascular diseases In four comprehensive volumes Dr H Richard Winn and his expert team of editors and authors provide updated content a significantly expanded video library and hundreds of new video lectures that help you master new procedures new technologies and essential anatomic knowledge in neurosurgery Discusses current topics such as diffusion tensor imaging brain and spine robotic surgery augmented reality as an aid in neurosurgery AI and big data in neurosurgery and neuroimaging in stereotactic functional neurosurgery 55 new chapters provide cutting edge information on Surgical Anatomy of the Spine Precision Medicine in Neurosurgery The Geriatric Patient Neuroanesthesia During Pregnancy Laser Interstitial Thermal Therapy for Epilepsy Fetal Surgery for Myelomeningocele Rehabilitation of Acute Spinal Cord Injury Surgical Considerations for Patients

with Polytrauma Endovascular Approaches to Intracranial Aneurysms and much more Hundreds of all new video lectures clarify key concepts in techniques cases and surgical management and evaluation Notable lecture videos include multiple videos on Thalamotomy for Focal Hand Dystonia and a video to accompany a new chapter on the Basic Science of Brain Metastases An extensive video library contains stunning anatomy videos and videos demonstrating intraoperative procedures with more than 800 videos in all Each clinical section contains chapters on technology specific to a clinical area Each section contains a chapter providing an overview from experienced Section Editors including a report on ongoing controversies within that subspecialty Enhanced eBook version included with purchase Your enhanced eBook allows you to access all of the text figures and references from the book on a variety of devices     Assurance of Sterility for Sensitive Combination Products and Materials Byron J. Lambert, Stan Lam, Joyce M. Hansen, Trabue D. Bryans, 2019-11-30 Assurance of Sterility for Sensitive Combination Products and Materials New Paradigms for the Next Generation of Medical Devices and Pharmaceuticals discusses the medical device industry and existing challenges regarding the exciting new world of sensitive combination products SCPs and their terminal sterilization This book reassesses the current assumptions to assure the patient's best interests are met in the development of increasingly rigorous sterilization methods used to counteract MRSA and other super bugs In addition the book discusses the special challenges faced with implantable medical devices sterilization requirements and further methods needed for material selection and the design process This book is unique in taking a holistic end to end approach to sterilization with a particular focus on materials selection and product design

General Surgery Risk Reduction Brendon J. Coventry, 2014-01-13 General Surgery Risk Reduction is part of the series Surgery Complications Risks and Consequences edited by Brendon Coventry     **Jonas' Introduction to the U.S. Health Care System** Raymond L. Goldsteen, Raymond Goldsteen, Karen Goldsteen, 2024-04-08 Now in its 10th edition this best selling introductory text valued for its balanced overview of the U S health care system has been fully updated to help students stay at the forefront of the dynamic and complex health care field Jonas Introduction to the U S Health Care System continues to offer a foundational framework that concisely explains the core elements and functions of the system The text provides an essential understanding of the current state of the health care system as well as the factors influencing its future state Students also benefit from the special emphasis given to the evolution of the health care system and to identification of the underlying values that influence health care policy Well organized and easily accessible the 10th edition prepares the next generation of health care leaders from health care management public health medicine nursing allied health and health policy to comprehend the variety of forces that shape the field in which they will practice so they can navigate change and improve the health system's record on quality safety value access and equity New to the 10th Edition Expanded coverage of telehealth advanced consumer medical devices apps and remote patient monitoring Updated treatment of the social and political determinants of health Discussion of the COVID 19 pandemic including the health care system's resiliency in the

face of adversity Updated content on the diverse health care workforce and its functions Discussion of important financing issues including value based care and alternative payment models as well as the impact of private equity funding consolidation and consumerism Significantly updated sections across the continuum of care including self care adult day services hospice long term care and others Key Features The most concise and balanced introduction to the U S health care system Engaging visual content including cartoons graphs and tables that consolidate key information about health care system performance workforce trends health care financing and policy changes Qualified instructors have access to this edition s expanded Instructor Resources featuring new learning activities engaging case studies and additional resources to supplement students dynamic learning and interaction with the text *Hoshin Kanri for Healthcare* Gerard A.

Berlanga,Brock C. Husby,Heather K. Anderson,2018-05-11 The best healthcare organizations have developed effective approaches to develop compelling strategic visions and strategies based on long term thinking and continue to apply Lean principles across their organizations to create a culture of continuous improvement Establishing effective strategies and Toyota style Hoshin Kanri enables healthcare organizations to align everyone in the organizations and creates a unique competitive advantage This book follows a regional hospital s journey through the creation of long term strategic goals and Toyota Style strategy deployment *Quality Management in Nursing and Health Care* June A. Schmele,1995 In this thought provoking compendium 40 experts representing various disciplines examine quality management both as a philosophy that is integral to health care and as it applies specifically to nursing The book considers quality management in both domestic and international settings and attempts to reconcile the polarities of quality care and cost concerns 170 illus **An Up-To-Date**

**Nationwide Analysis On Surgical Site Infections After Total Knee Arthroplasty** Hiba Anis,2017 Background Surgical site infections SSIs after total knee arthroplasty TKA can be a potentially catastrophic outcome There has been a large push to develop and implement SSI infection prevention strategies However the question remains as to whether these changes in practice have led to fewer SSIs in TKA The purpose of this study was to track the annual rate and trends of 1 overall 2 deep and 3 superficial SSIs following TKA using a large nationwide database Methods The NSQIP database was queried for all primary TKAs CPT code 27447 between 2012 and 2016 This yielded 197 192 cases which were then stratified into years A steady increase in total number of primary TKA cases was observed from 2012 to 2016 22 655 vs 59 197 261% Figure 1 Cases with reported superficial and or deep SSI were analyzed as individual cohorts and then combined to evaluate overall SSI rates The infection incidence for each year was calculated Pearson correlation coefficients and chi squared tests were used to determine correlation and statistical significance which was maintained at a p value less than 0 05 Results Overall there was a downward trend in SSI rates over the 5 years In total there were 1 287 cases out of 197 192 0 65% of all cases complicated by any SSI The lowest incidence of SSI was found to be during the most recent year 2016 n 370 0 63% while the greatest incidence was in the first year analyzed 2012 n 155 0 68% The combined SSI rate in 2016 decreased by 6% when

compared to 2015 0.63% vs 0.67%  $p = 0.05$ . A larger 9% decrease in rate was found between 2016 and 2012 0.63% vs 0.68% in 2012  $p = 0.05$ . Table 2A The rate of deep SSIs also decreased over the 5 year period with the lowest rate occurring in the most recent year 2016 0.11%. The overall 5 year deep SSI incidence was found to be 0.14% 278 out of 197 192 cases. There was a 28% decrease in deep SSI rate from 2016 to 2015 0.10% vs 0.15%  $p = 0.05$ . A larger and significant 47% decrease was seen between 2016 and 2014 0.10% vs 0.20%  $p = 0.001$ . Table 2B During the 5 year period 1 017 cases out of 197 192 were complicated by a superficial SSI an incidence of 0.52%. The lowest superficial SSI incidence occurred in the most recent year 2016  $n = 172$  0.47% while the latest year analyzed 2012 had the greatest incidence  $n = 121$  0.53%. Table 1 The superficial SSI rate in 2016 decreased by 1% when compared to 2015 0.52% vs 0.53%  $p = 0.05$ . A 2% decrease in rate was observed between 2016 and 2012 0.52% vs 0.53%  $p = 0.05$ . Table 2C Conclusion An overall trend of decreasing SSI rates was observed nationwide over the 5 year study period. A similar decreasing trend was also noted specifically for deep SSI which can be potentially more complicated to manage and result in decreased implant survivorship. The down trending rate give credence to the value in new and developing SSI preventative therapies as well as improved medical and surgical patient management.

Nevertheless there is still room for improvement to further lower and potentially prevent all SSIs after TKAs. **Infections in Surgery** Stefano Bartoli, Francesco Cortese, Massimo Sartelli, Gabriele Sganga, 2024-10-14 Infections in surgery commonly known as surgical site infections SSIs are complications that may occur after a surgical procedure. SSIs represent a serious problem leading to increased morbidity, mortality and healthcare costs highlighting the need for continued efforts to improve surgical practices and reduce their incidence. Several factors can contribute to the development of SSIs: patient related factors such as obesity, advanced age, diabetes, immunosuppression, pre-existing infections etc; preoperative preparation related factors such as incomplete skin antisepsis or failure to administer appropriate antibiotic prophylaxis; microbial contamination despite sterile techniques; microorganisms can infect the surgical site; surgical procedure related factors: duration and complexity of the surgeries; postoperative care related factors such as inadequate wound care or infection control measures. To prevent SSIs healthcare facilities implement various strategies including optimization of patients conditions before surgery, preoperative antibiotic prophylaxis, strict sterile technique, postoperative wound care, surveillance and monitoring to identify and address SSIs early, preventing their spread and complications. Despite the evidence supporting the effectiveness of best practices many clinicians fail to implement them and evidence based practices that optimize both the prevention and treatment of SSIs tend to be underused highlighting the importance of ongoing research and improvement in surgical techniques and infection control practices. This open access book provides a practical toolkit for surgeons and intensivists to improve their daily clinical practices in order to reduce the risk of SSIs. Surgical Site Infection Andrew Welsh, 2008 Infections that occur in the wound created by an invasive surgical procedure are generally referred to as surgical site infections SSIs. SSIs are one of the most important causes of healthcare associated infections.

HCAIs A prevalence survey undertaken in 2006 suggested that approximately 8% of patients in hospital in the UK have an HCAI SSIs accounted for 14% of these infections and nearly 5% of patients who had undergone a surgical procedure were found to have developed an SSI However prevalence studies tend to underestimate SSI because many of these infections occur after the patient has been discharged from hospital SSIs are associated with considerable morbidity and it has been reported that over one third of postoperative deaths are related at least in part to SSI However it is important to recognise that SSIs can range from a relatively trivial wound discharge with no other complications to a life threatening condition Other clinical outcomes of SSIs include poor scars that are cosmetically unacceptable such as those that are spreading hypertrophic or keloid persistent pain and itching restriction of movement particularly when over joints and a significant impact on emotional wellbeing SSI can double the length of time a patient stays in hospital and thereby increase the costs of health care Additional costs attributable to SSI of between 814 and 6626 have been reported depending on the type of surgery and the severity of the infection The main additional costs are related to re operation extra nursing care and interventions and drug treatment costs The indirect costs due to loss of productivity patient dissatisfaction and litigation and reduced quality of life have been studied less extensively

**Predictors of Surgical Site Infection Following Adult Cardiac Surgery at the Jewish General Hospital** Victoria Allen, 2014 Background Surgical site infections SSI are the second most common cause of nosocomial infections and thus constitute a major concern to hospitals SSIs of the sternal and graft site wounds following cardiac surgery are associated with increases in hospitalisation costs length of in hospital stays and mortality Objective To identify modifiable risk factors for the development of SSIs within up to one year of surgery following invasive cardiac surgery at the Jewish General Hospital in Montreal JGH Quebec SSIs of interest include both sternal wound infections SWIs and leg incision infections LIIs Methods Using the Quebec Registry in Adult Cardiac Surgery QRACS the cohort of all patients undergoing cardiac surgery at the JGH between 1 April 2011 and 31 October 2013 was identified Outcomes of interest included all surgical site infections identified in the QRACS during a maximum of one year of follow up with particular attention paid to SWIs and LIIs Survival analysis using the Cox proportional hazards model was used to estimate the hazard ratios HRs of SSI associated with pre and intraoperative risk factors The Kaplan Meier method for survival data was employed to estimate cumulative incidence of sternal and leg SSIs Results The cohort included 1 210 patients who were on average 67 years old at the time of surgery and 72 1% were male SWIs constituted 77 9% of all SSI and LIIs 22 1% In multivariate analysis failing to remove hair from surgical sites prior to surgery HR 2 30 95% CI 1 18 4 48 surgeon B HR 1 87 95% CI 1 08 3 23 and use of immunosuppressants steroids HR 3 20 95% CI 1 36 7 54 were significantly associated with all varieties of infection In addition use of alpha blockers HR 3 62 95% CI 1 39 9 48 and immunosuppressants steroids HR 9 40 95% CI 2 65 33 42 were associated specifically with SWI and LII respectively Conclusion Patients with the identified modifiable risk factors should be monitored closely The usefulness of the QRACS in monitoring SSIs was

demonstrated Keywords Surgical site infections SSI Cardiac surgery Sternal wound infections SWI Quebec Registry in Adult Cardiac Surgery QRACS      Surgical Infections Manal M. Baddour, 2020      **Development of Risk-index Tool to Predict Surgical Site Infections** Angeliki Karellis, 2013 Surgical site infections SSI are one of the most common complications following surgery SSIs can incur many consequences for the patient including extended hospital stay increased hospital costs increased risk of entering the ICU as well as increased risk of morbidity and mortality There are three types of SSIs superficial incisional SSIs the most common yet the least severe deep incisional SSIs and organ space SSIs the most life threatening Due to the high emergence of resistant bacteria treatment with common antibiotics is ineffective in the majority of patients with an SSI Therefore more attention must be paid preoperatively and intraoperatively to prevent SSIs rather than to treat these infections The data of the literature have identified risk factors that predispose surgical patients to SSIs however validated risk index tools have not been developed to quantify the risk of SSI The data for this study was obtained from the NSQIP National Surgical Quality Improvement Program database established at the JGH and included patients undergoing surgery at this institution between November 2009 and December 2011 The database was selected because it is prospective non biased and comprehensive Bivariate analyses and stepwise multivariate logistic regression were used to identify the following five risk factors that were independently and significantly associated with the risk of an SSI male gender inpatient status hypertension corticosteroid use and partial or total dependence for everyday activities prior to surgery Logistic regression models with an ROC curve analysis were used to develop a risk scoring tool for SSI and limits for incremental risk categories Patients with a score below 43 17 were at low risk those with a score between 43 17 and 63 40 were at moderate risk and those with a score above 63 40 were at high risk for SSI development Compared to low risk patients moderate risk patients had a relative risk of 3 963 p      **Updating and External Validation of a Surgical Site Infection Risk-index Tool** Angeliki Karellis, 2018 Introduction Surgical site infections SSIs represent an important threat in surgical settings as they are associated with significant clinical and economic burden on a patient and societal level Due to the increasing emergence of resistant bacteria focus must be shifted to SSI prevention as opposed to therapeutic intervention following SSI development We therefore created the JSS SSI Risk Scoring Tool which identifies low moderate and high risk SSI patients Following development of the risk tool this study aimed to update and validate the model using an external population Methods This retrospective study utilized surgical patient level data from the National Surgical Quality Improvement Program between 2012 and 2014 Discrimination calibration and overall fit of the original model were assessed with the aid of the Receiver Operating Characteristic ROC area under the curve AUC sensitivity specificity calibration plot Hosmer Lemeshow test and Brier score Twelve updating methods were conducted The final JSS SSI Risk Scoring Tool was selected following the comparison of discrimination calibration and overall fit of the updated tools Variable score values were calculated for all included risk factors Threshold values were established with ROC analysis The discrimination calibration

and overall fit of the final JSS SSI Risk Scoring Tool were evaluated. Multivariate logistic regression assessed the relative rate of observed SSIs in moderate and high risk patients in comparison to the low risk group. Results: The external population included 1 459 481 patients of which 3 4% developed an SSI. The original risk tool yielded an AUC 0 657 sensitivity 79 6% specificity 58 3% calibration slope 0 37 and intercept 0 02 a Hosmer Lemeshow p 0 001 and mean SD Brier score 0 0331 0 1606. Among the twelve updating methods assessed the tool produced by Method 11 which solely included the risk factors with an odds ratio OR above 1 5 when associated with SSIs had the highest predictive accuracy mean SD Brier score 0 0318 0 1602 and was thusly retained as the final JSS SSI Risk Scoring Tool. The SSI predictors included discharge destination other than home OR 1 732 16 points surgery duration above 3 hours OR 2 139 19 points inpatient status OR 2 690 24 points general gynecologic otolaryngologic thoracic or urologic surgery OR 2 525 22 points and Class III contaminated or Class IV dirty infected operative wound OR 2 169 19 points. Following ROC analysis threshold values of 42 997 and 58 468 were selected therefore patients with scores of 0 42 43 58 and 59 100 points had a low moderate and high SSI risk respectively. The final JSS SSI Risk Scoring Tool demonstrated superior discrimination calibration and overall fit than the original risk tool. As per the established threshold values 60 7% 21 6% and 17 8% of patients had a low moderate and high SSI risk of which 1 4% 3 7% and 9 9% of patients developed an SSI respectively. Patients with a moderate and high risk were 2 776 and 7 919 times more likely to develop an SSI respectively when compared to low risk patients both p 0 001. Conclusion: This study updated and externally validated the JSS SSI Risk Scoring Tool in a large external population. Applicability and implementation of this validated tool in surgical settings is henceforth advised to assist the decision making of healthcare professionals during the identification of patients with an increased SSI risk.

Examination of the Feasibility of the HOW2TRAK® Surgical Site Infection Tool in the Assessment of Surgical Site Infections in a Home Care Setting Corrine McIsaac, 2018. Surgical site infections (SSIs) are the most common of hospital acquired infections occurring in 2 5% of patients undergoing inpatient surgery. SSIs are expensive for the healthcare system and cause significant morbidity and mortality among surgical patients. At present most SSI surveillance is completed in the acute care setting and hospital infection control programs do not always include a standardized methodology for post discharge surveillance. PDS. However approximately 60% of SSIs occur following discharge and therefore the true rate of SSI is likely underreported. Moreover the lack of standardization for post discharge data collection has resulted in a limited understanding of SSIs in the post acute and home care areas. This study evaluated the feasibility of a web based surgical site infection SSI tool how2trak that used the 1999 United States Centers for Disease Control and Prevention guidelines for the detection of SSIs. Mangram et al 1999. Feasibility was evaluated by measuring concordance a measure of inter rater reliability within paired RN assessors and RN assessor feedback regarding the usefulness of the tool. Patient referral and recruitment RN pair assessments using the how2trak SSI tool and follow up visits with the patients occurred from March 2015 through July 2016 at 3 Calea Home Care Clinics in

Toronto Discussion groups were carried out in 2 sessions via teleconference on September 6 and 7 2016 Overall high concordance within pairs of RN assessors was demonstrated in many instances concordance rates were reported above eighty percent Discussion groups reported that the how2trak tool was a user friendly and useful data collection tool in the clinical setting and that it made tracking patient outcomes more efficient than the traditional paper based tool Using the CDC guidelines for the identification of an SSI the prevalence of SSIs post discharge in the Calea Clinic was found to be 34.6 % Overall this study demonstrated that the how2trak tool is a feasible data collection tool for RNs in the Calea Clinics Therefore the how2trak tool provides a feasible option for standardizing data collection and analysis for the assessment of SSIs post discharge across clinic settings

### **Impact of Perioperative Temperature on Postoperative Surgical Site Infections**

Hanako Misao,2002 Educational Prevention Program of Surgical Site Infections at a Metropolitan Pediatric Hospital

Myra Hasan,2018 Surgical site infections SSI are a common cause of healthcare associated infections HAI They remain a significant problem as they are associated with increased morbidity and mortality and cause an increase in demand for several healthcare resources In order to address this problem hospitals have implemented several protocols and policies that are aimed to reduce these infections However the rates of SSIs continue to rise Healthcare team members have found that while it is their responsibility to enforce preventative measures to the patient in the preoperative and surgical room patient compliance to preventive measures at home also plays a role At a pediatric metropolitan hospital a group of CNL students conducted a quality improvement project that focuses on the implementation of an educational pamphlet for preoperative patients The purpose of this pamphlet was to educate preoperative patients on proper hygiene methods that can reduce surgical site infections A SSI Prevention Assessment Tool was created in order to survey the amount of preoperative patients who were clean and dirty Results from these surveys indicated that majority of the preoperative patients were found to be clean The CNL students were unable to collect and analyze data from the implementation of the educational pamphlet as it is still under review from the Patient and Family Education Committee However results from the SSI Prevention Assessment Tool surveys indicate that patient education is needed The CNL students believe that the implementation of Preventing Surgical Site Infections at Home will decrease rates of SSIs

Wound Protectors in Reducing Surgical Site Infections in Lower Gastrointestinal Surgery: An Updated Meta-Analysis of Randomized Controlled Trials Lisa Zhang,2017

Wound Protectors in Reducing Surgical Site Infections in Lower Gastrointestinal Surgery An Updated Meta Analysis of Randomized Controlled Trials Background Surgical site infection SSI is a common complication in gastrointestinal surgery affecting up to 25% of patients SSIs increase length of stay incur increased costs to the healthcare system and contribute to postoperative morbidity and mortality Wound protection devices or *Surgical Site Infections and the CDC Guidelines* Steven H. Press,2007 Surgical site infections SSI are the second leading cause of nosocomial infections A patient that develops a SSI will incur increased hospital costs increased mortality rate and an increased length of stay Prevention is paramount The CDC

has published recommendation guidelines to help prevent SSI development Therefore as a patient advocate nurse practitioners must ensure these guidelines are being followed In this study a quantitative descriptive retrospective medical chart review was performed to examine if the CDC guidelines for the prevention of SSIs were being utilized and followed Eighty randomly selected patient charts from four different surgical services were reviewed The Iowa Model of Research in Practice was the theoretical framework utilized for this study The findings of this study showed these recommendations appear to be followed and the infection rate for post operative patients is low      **Surgical Site Infection** National Institute for Health and Clinical Excellence (Great Britain),2008

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