

Expert guidance strengthens strategies to prevent most common and costly infection

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Surgical site infections (SSIs) are the most common and costly healthcare-associated infection (HAI) in the United States. New evidence-based recommendations provide a framework for healthcare institutions to prioritize and implement strategies to reduce the number of infections.

The guidelines are published in the June issue of *Infection Control and Hospital Epidemiology* and were produced in a collaborative effort led by the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology, and The Joint Commission. The new practice recommendations are a part of *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Updates*.

SSIs occur in as many as five percent of patients undergoing inpatient surgery, amounting to approximately 160,000-300,000 SSI cases each year in the U.S. However, as many as 60 percent of SSIs are preventable by using evidence-based guidelines. Each case is associated with at least seven days of prolonged hospitalization, accounting for at least \$3.5 billion in healthcare expenditures annually.

"The evidence-based recommendations released today are broader and more inclusive than other clinical guidelines and include 15 strategies for prevention that go beyond standard practices required by the government or other national organizations," said Deverick Anderson, MD, MPH, co-

lead author of the guidelines.

"Formal recommendations can be limited if they rely exclusively on randomized control trial supporting data," said Keith Kaye, MD, MPH, co-lead author of the guidelines. "The current Compendium details strategies that incorporate information from a wider variety of study designs to emulate "real world" scenarios in order to provide practical recommendations for SSI prevention and surveillance."

Below are key strategies included in the guidance:

- Antimicrobial pre-and-post operative therapy: Healthcare professionals should adhere to appropriate antimicrobial prescribing
- Preparation and monitoring protocols: Following protocols for proper hair removal, preoperative skin disinfection, and control of blood glucose levels in cardiac patients provides additional methods to help reduce SSIs.
- Postoperative surveillance: Because the indirect method of SSI surveillance is both reliable and specific, healthcare professionals are urged to use this approach and review microbiology reports, patient medical records, surgeon and patient surveys, and screen for readmission or return to the operating room in an effort to prevent SSIs.

The updated guidelines include a special section on implementation, emphasizing a team-based approach to prevention. These activities include engaging a multidisciplinary team that includes senior leadership and a champion physician in a culture of safety; educating surgical teams, senior leadership, and patients and families on prevention techniques; executing with a focus on reducing barriers and improving adherence with evidence-based practices to lower the risk of SSIs; and evaluating tools, practices and long-term SSI rates.

The 2014 Compendium released today updates the initial 2008 Compendium publication.

More information: Deverick Anderson, Kelly Podgornny, Sandra Berrios-Torres, Dale Bratzler, Patchen Dellinger, Linda Greene, Ann-Christine Nyquist, Lisa Saiman, Deborah Yokoe, Lisa Maragakis, Keith Kaye. "Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update." *Infection Control and Hospital Epidemiology* 35:6 (June 2014)

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