 **Surgical Site Infection (SSI) Case Review**

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| ***Demographics***  |
| Patient ID | Service | Surgeon | Date of Surgery |
| Age | Gender □ Male □ Female | Source of Admission | Admit Date | Discharge Date |
| Principal Diagnosis | Principal Procedure |
| ***Findings***  |
| Evidence for SSI (culture results with dates) | SSI Classification\*  □ Superficial □ Deep □ Organ/Space | Date of Diagnosis |
| ***Predisposing Factors*** |
| BMI | Diabetes History □ Yes □ No | Smoking History □ Yes □ No  | Chronic Hemodialysis □ Yes □ No | + Nasal Culture □ Yes □ No □ Not done |
| Pre-operative Laboratory Values

|  |
| --- |
| Cr |
| Alb |
| TB |
| WBC |
| Hgb |
| Hct |
| Plt |
| INR |
| Blood Glucose |
| HbA1c |
| Lactate/Lactic Acid |

 | ASA Classification | Concomitant Infection □ Yes  □ NoType of Infection: | On Scheduled Antibiotics Pre-operatively □ Yes □ No |
| Surgical Priority**\*** □ Elective □ Urgent □ Emergent  |
| Surgical Approach □ Laparoscopic □ Laparoscopic converted to Open □ Open □ Robotic □ Robotic converted to  Open  | Wound Classification**\***  □ Clean □ Clean/Contaminated □ Contaminated □ Dirty | Duration of Surgery(surgery start time through surgery finish time)\_\_\_\_\_\_\_\_\_ minutesIn Room Time \_\_\_\_\_\_\_\_\_\_\_Out of Room Time\_\_\_\_\_\_\_\_ |
| Intraoperative Hypotension**\*** □ Yes □ No | Blood Transfusion**\*** □ Yes □ No |  PCA □ Yes □ No | Prosthetic Materials □ Yes □ No |
| ***Perioperative Preventive Measures***  |
| Skin Antisepsis/Skin Prep (type) | Mupirocin  □ Yes  □ No |
| Prophylactic Antibiotic(s) Administered | SCIP-Inf-1 Compliant**\*** □ Yes □ No | SCIP-Inf-2 Compliant**\*** □ Yes □ No | Weight-based Dosing □ Yes □ No | Redosing (procedure > 3 hrs) □ Yes □ No □ N/A |
| Intraoperative Normothermia**\*** □ Yes □ No | Intraoperative Normoglycemia**\*** □ Yes □ No □ N/A | Oral Antibiotics (for colon procedures) □ Yes □ No □ N/A |
| ***Event Determination*** |
| □ Not Preventable1 | □ Possibly Preventable2 |

Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_Event Determination by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_

 (Physician Reviewer)

*\* See attachment for defining criteria*

Insert Your Hospital Confidentiality Statement

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| ***Discussion Questions*** | ***Comments*** |
| □ Is case clean or contaminated?**\***□ Is the organism cultured a skin contaminant or enteric?□ Is the organism cultured drug resistant (example:  CRE)?□ Was CHG used for skin prep?□ Were appropriate antibiotics administered (SCIP-Inf-2 Compliant?\*□ Were antibiotics given timely (SCIP-Inf-1 Compliant)?\*□ Was appropriate antibiotic dose administered?□ Was the patient redosed appropriately (if applicable)?□ Was the patient’s intra-operative glycemic control  satisfactory?\*□ Was intra-operative normothermia maintained?\*□ Were oral antibiotics administered (if applicable)?□ Could blood transfusion have been avoided (if  applicable)? |  |
| ***Big Picture Questions***  | ***Comments*** |
| □ Are our SSIs primarily due to skin contaminants or  enteric organisms?□ Do we have a firm policy to culture all SSIs?□ Is the problem primarily in emergent or elective cases?\*□ Do we have a policy to use CHG-alcohol as skin prep?□ Does our institution have an evidence-based policy regarding intra-operative blood transfusion?□ Do the SSIs seem localized to particular surgeon, or  operating room?□ Do we have a concerted approach to increase bundle compliance?□ Do we need a policy of culturing nares pre-operatively  (if high volume of MRSA cases)?□ Are our high-risk patients enrolled in an Enhanced  Recovery Program? |  |
| ***Additional Comments***  |
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***Data Definitions:***

1 Not Preventable: SSI occurrence whereby the standard of care was met with ALL of the following:

1. Skin Disinfectant
2. SCIP-Inf-1 Compliant\*
3. SCIP-Inf-2 Compliant\*
4. Appropriate Weight-based dosing (if applicable)
5. Appropriate Redosing (if applicable)
6. Intra-operative Normothermia Maintained\*
7. Intra-operative Normoglycemia Maintained\*
8. Oral Antibiotics (if colon case)

2 Possibly Preventable: At least one identified process failure with opportunity for improvement

*\* See attachment for defining criteria*

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