

Surgical Site Infection (SSI) Case Review

Demographics					
Patient ID		Service		Surgeon	Date of Surgery
Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Source of Admission		Admit Date	Discharge Date
Principal Diagnosis			Principal Procedure		
Findings					
Evidence for SSI (culture results with dates)			SSI Classification* <input type="checkbox"/> Superficial <input type="checkbox"/> Deep <input type="checkbox"/> Organ/Space		Date of Diagnosis
Predisposing Factors					
BMI	Diabetes History <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoking History <input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Hemodialysis <input type="checkbox"/> Yes <input type="checkbox"/> No	+ Nasal Culture <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not done	
Pre-operative Laboratory Values		ASA Classification	Concomitant Infection <input type="checkbox"/> Yes <input type="checkbox"/> No		On Scheduled Antibiotics Pre-operatively <input type="checkbox"/> Yes <input type="checkbox"/> No
Cr	Surgical Priority* <input type="checkbox"/> Elective <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent	Type of Infection:			
Alb		Surgical Approach <input type="checkbox"/> Laparoscopic <input type="checkbox"/> Laparoscopic converted to Open <input type="checkbox"/> Open <input type="checkbox"/> Robotic <input type="checkbox"/> Robotic converted to Open	Wound Classification* <input type="checkbox"/> Clean <input type="checkbox"/> Clean/Contaminated <input type="checkbox"/> Contaminated <input type="checkbox"/> Dirty		Duration of Surgery (surgery start time through surgery finish time) _____ minutes In Room Time _____ Out of Room Time _____
TB					
WBC					
Hgb					
Hct					
Plt					
INR	Blood Transfusion* <input type="checkbox"/> Yes <input type="checkbox"/> No	PCA <input type="checkbox"/> Yes <input type="checkbox"/> No		Prosthetic Materials <input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Glucose		Intraoperative Hypotension* <input type="checkbox"/> Yes <input type="checkbox"/> No			
HbA1c					
Lactate/Lactic Acid					
Perioperative Preventive Measures					
Skin Antisepsis/Skin Prep (type)				Mupirocin <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prophylactic Antibiotic(s) Administered		SCIP-Inf-1 Compliant* <input type="checkbox"/> Yes <input type="checkbox"/> No	SCIP-Inf-2 Compliant* <input type="checkbox"/> Yes <input type="checkbox"/> No	Weight-based Dosing <input type="checkbox"/> Yes <input type="checkbox"/> No	Redosing (procedure > 3 hrs) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Intraoperative Normothermia* <input type="checkbox"/> Yes <input type="checkbox"/> No		Intraoperative Normoglycemia* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Oral Antibiotics (for colon procedures) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Event Determination					
<input type="checkbox"/> Not Preventable ¹			<input type="checkbox"/> Possibly Preventable ²		

Reviewed by: _____ Date: _____ Event Determination by: _____ Date: _____
(Physician Reviewer)

* See attachment for defining criteria

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Discussion Questions	Comments
<ul style="list-style-type: none"> <input type="checkbox"/> Is case clean or contaminated?* <input type="checkbox"/> Is the organism cultured a skin contaminant or enteric? <input type="checkbox"/> Is the organism cultured drug resistant (example: CRE)? <input type="checkbox"/> Was CHG used for skin prep? <input type="checkbox"/> Were appropriate antibiotics administered (SCIP-Inf-2 Compliant)?* <input type="checkbox"/> Were antibiotics given timely (SCIP-Inf-1 Compliant)?* <input type="checkbox"/> Was appropriate antibiotic dose administered? <input type="checkbox"/> Was the patient redosed appropriately (if applicable)? <input type="checkbox"/> Was the patient's intra-operative glycemic control satisfactory?* <input type="checkbox"/> Was intra-operative normothermia maintained?* <input type="checkbox"/> Were oral antibiotics administered (if applicable)? <input type="checkbox"/> Could blood transfusion have been avoided (if applicable)? 	
Big Picture Questions	Comments
<ul style="list-style-type: none"> <input type="checkbox"/> Are our SSIs primarily due to skin contaminants or enteric organisms? <input type="checkbox"/> Do we have a firm policy to culture all SSIs? <input type="checkbox"/> Is the problem primarily in emergent or elective cases?* <input type="checkbox"/> Do we have a policy to use CHG-alcohol as skin prep? <input type="checkbox"/> Does our institution have an evidence-based policy regarding intra-operative blood transfusion? <input type="checkbox"/> Do the SSIs seem localized to particular surgeon, or operating room? <input type="checkbox"/> Do we have a concerted approach to increase bundle compliance? <input type="checkbox"/> Do we need a policy of culturing nares pre-operatively (if high volume of MRSA cases)? <input type="checkbox"/> Are our high-risk patients enrolled in an Enhanced Recovery Program? 	
Additional Comments	

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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