Assessing compliance with best practices for the prevention of surgical site infections: Statewide Survey of Infection Preventionists and Perioperative Personnel

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BACKGROUND

An increase in SSI were observed for the calendar year 2015 based on NHSN data. The Nebraska state HAI coordinator wanted to know what led to the increase in SSI, in particular abdominal hysterectomies.

METHODS

A survey tool (Figure 1) of Best Practice Recommendations (BPR) was developed based on the 2014 guidelines update for strategies to prevent SSI in acute care hospitals. Survey was sent out between August and September 2016 to Infection Preventionists (IP) of all hospitals in the state. IPs were also asked to submit a perioperative personnel (PP) contact to receive the same survey. The anonymous survey asked both groups (IPs and PPs) about the presence of policy, staff awareness and audits for each of the 13 BPR assessed in the survey. The variation in the responses by the two groups were compared using two proportions test and one sample T test.

RESULTS

The response rate (see graphs) for IPs was 42.5% (34/80). IPs recommended 28 PP out of whom 13 (46.4%) responded. Most IPs (73.5%) and PP (76.9%) reported having a policy to follow all 13 BPR, but a smaller group (14.7% and 15.4% respectively) reported presence of documentation or audits to verify compliance. PP were more likely (t score=4.52 p=<0.001) to report a policy is in place, staff are aware of this best practice, audits are in place and/or proper action is consistently performed and documented. However, when responses to each statement were compared individually, the differences were not statistically significant. These results may indicate facilities do have PBR in policy but are not adequately auditing if the processes are being followed as stated in policy. The state ICAR assessment would be one place to start identifying this gap. Validation of SSI results entered into NHSN by DPH would indicate if the IP is applying SSI definitions and reporting correctly. Therefore, validation could indicate that the state SIR is correct, inflated, or depressed.

CONCLUSION

IPs are not auditing compliance with many of the BPR for prevention of SSI. They should prioritize this activity in order to identify and mitigate the gaps that might be contributing to SSI. Validation would allow mentoring of new and inexperienced IPs and indicate if these are true gaps or one of reporting errors.

REFERENCES

1 Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update. SHEA/IDSA Practice Recommendation, Infection Control and Hospital Epidemiology, June 2014, Vol. 35, No. 6