

Surgical Site Infection (SSI) Surveillance Protocol: Saskatchewan Quick Instruction Guide for Regional Infection Control Professionals (ICPs)

1. Determine Surveillance Approach

Light Surveillance	Standard Surveillance
<ul style="list-style-type: none"> Undertaken by Regional Health Authorities (RHAs) that perform fewer than 100 per year of the procedure under surveillance 	<ul style="list-style-type: none"> Undertaken by RHAs that perform 100 or more per year of the procedure under surveillance

2. Collect Denominator Data (Class I and Class II wounds only)

Light Surveillance	Standard Surveillance
<ul style="list-style-type: none"> Collect number of caesarean sections performed per month 	<ul style="list-style-type: none"> Collect wound class, ASA score, and duration of procedure for each caesarean section performed per month

3. Collect Numerator Data/Case Finding [see Table 1 in the Saskatchewan SSI Surveillance Protocol for details]

Light and Standard Surveillance
<ul style="list-style-type: none"> RHAs are required to use the following <u>mandatory</u> case finding methods to identify an SSI: <ul style="list-style-type: none"> Microbiology reports Admission lists Bed lists SSI Case Report Form RHAs may choose to use the optional and enhanced case finding methods to identify SSIs. This will be at the discretion of the health region. Use the Centers for Disease Control and Prevention / National Healthcare Safety Network (CDC/NHSN) definitions to confirm a surgical site infection [see Table 2 in the Saskatchewan SSI Surveillance Protocol]

4. Identification of a Surgical Site Infection

Light and Standard Surveillance
<ul style="list-style-type: none"> Once an SSI has been confirmed (i.e., met the criteria of an SSI using the CDC/NHSN definitions), the Regional ICP will: <ul style="list-style-type: none"> Complete an SSI Case Report Form Complete an SSI Report for Surgeons and send with the Memorandum for Surgeons. E-mail, mail or fax as soon as possible. If an SSI has been identified, but the procedure was performed in another health region, complete an SSI Case Report Form and fax it to the facility where the procedure was originally performed

5. Submit Monthly Data to the Infection Control Coordinator (ICC)

Light and Standard Surveillance
<ul style="list-style-type: none"> E-mail the following to the ICC: <ul style="list-style-type: none"> Number of surgical procedures (caesarean sections) Number of SSIs (caesarean sections) Timeline for monthly data submission: 45 days (e.g., April data is due June 15)

6. Stratification using the NHSN SSI Risk Index

Light surveillance	Standard Surveillance
<ul style="list-style-type: none"> • Not <u>required</u> to calculate an SSI risk index (may proceed to step 7) • If an RHA is able to collect risk factor information, then follow the standard surveillance procedure 	<ul style="list-style-type: none"> • Enter risk factor information (i.e. wound class, ASA score, and duration of procedure) into the Infection Details portion of the Provincial SSI Surveillance spreadsheet, and it will perform the Risk Index calculation NOTE: If any of the risk factors are unavailable, a Risk Index cannot be calculated and will appear as Insufficient Data

7. Enter Data into Excel Workbook

Light and Standard Surveillance
<p>The Saskatchewan Infection Prevention and Control Program will provide a Provincial SSI Surveillance spreadsheet that will allow ICPs to:</p> <ul style="list-style-type: none"> • Enter details of surgical site infections identified in a reporting period (Infection Details) • Enter data/risk-stratified data into the applicable SSI Rate Calculator for the same reporting period. RHAs conducting Light Surveillance and voluntarily collecting risk factor information will enter data into both Rate Calculators.

8. Calculate SSI rates

Light Surveillance	Standard Surveillance
<ul style="list-style-type: none"> • Input the following into the SSI Rate Calculator for Light Surveillance: <ul style="list-style-type: none"> ○ The number of patients who had that surgical procedure during a quarter ○ The number of SSIs that occurred following that same surgical procedure during the same quarter (this will be the total number of SSIs entered into the Infection Details portion of the Provincial SSI Surveillance spreadsheet) 	<ul style="list-style-type: none"> • Input the following into the SSI Rate Calculator for Standard Surveillance: <ul style="list-style-type: none"> ○ The number of patients for each Risk Index who had that surgical procedure during a quarter ○ The number of SSIs that occurred for each Risk Index following that same surgical procedure during the same quarter (this can be collected from the Risk Index column of the Infections Details portion of the Provincial SSI Surveillance spreadsheet)

9. Submit Quarterly Data to the Infection Control Coordinator

Light and Standard Surveillance
<ul style="list-style-type: none"> • E-mail the following to the ICC: <ul style="list-style-type: none"> ○ Provincial SSI Surveillance spreadsheet, with data entered into Infection Details and applicable SSI Rate Calculator(s)
<p>Quarterly Data Submission Deadlines: Q1 (April 1 – June 30) data to be submitted by August 31 Q2 (July 1 – September 30) data to be submitted by November 30 Q3 (October 1 – December 31) data to be submitted by February 28 Q4 (January 1 – March 31) data to be submitted by May 31</p>