



**SSI BASELINE PREVENTION PRACTICES ASSESSMENT TOOL
FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES
USING ARRA FUNDS**

The attached example tool and questions are being sent to State Health Departments for use in your Prevention Collaborative hospitals to assist you in facilitating your shared learning, communication, and feedback efforts. We hope that you will consider administering these 42 questions in each of your participating collaborative hospitals as a way to evaluate the status of the surgical site infection (SSI) control efforts in your State. It also will help you understand what is being done in your State as you develop implementation strategies and determine next steps. The results from these baseline assessment questions can be used to measure practice change(s) as well as to determine the extent to which targets are being met and the effectiveness of outcomes being achieved. The results can and should be shared with members of your multidisciplinary advisory group and participating prevention collaborative stakeholders, partners, and hospitals as an important piece of feedback.

IMPORTANT POINTS TO NOTE:

- Questions/assessment tool should be completed by a member of each participating collaborative hospital's infection control program
- The questions should take no longer than five to ten minutes to complete
- States are encouraged to administer these questions at more than one time point in their Collaborative as part of their evaluation efforts (i.e., baseline [at start of Collaborative] and then six months later)
- States and Collaboratives are encouraged to add additional questions to supplement the 42 example questions as appropriate
- The responses/results to questions can be used both as a "conversation starter" in Collaborative meetings and as a way to sustain momentum among participants (i.e., to learn what works and what does not work)
- The responses/results also can be used to track progress and changes among Collaborative hospitals as well as between states

If you have any questions, please feel free to contact your CDC Prevention Liaison – we are glad to consult on the results and provide technical assistance when needed.



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Please complete the following background questions regarding your facility's current status.

1. What is the total number of staff currently working in infection control at your facility? Please describe using full-time equivalents of people working directly in infection control, do not include support staff (for example, if a facility had one full-time person and one half-time person, this would equal 1.5 staff members). _____
2. Currently, how many active acute care hospital beds does your facility have? _____
3. Currently, how many active adult Intensive Care Unit beds (ICU) does your facility have? _____
4. Currently, how many active pediatric beds (including nursery, NICU beds, etc.) does your facility have? _____
5. Currently, how many post-acute care (such as rehabilitation or assisted living) beds does your facility have?

6. Is your facility a teaching facility (i.e., your facility has physicians-in-training and/or nurses-in-training providing care to patients)?
 Yes
 No
7. What external sources of guidance are used in the development of infection control policies at your facility (please check all that apply)?
 Association for Professionals in Infection Control and Epidemiology (APIC)
 Centers for Disease Control and Prevention (CDC)
 Healthcare Infection Control Practices Advisory Committee (HICPAC)
 Infectious Diseases Society of America
 Institute for Healthcare Improvement (IHI)
 Society for Healthcare Epidemiology of America (SHEA)
 Individual expert opinion
 Other, please specify: _____



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For each item below, please check the answer that best applies on a scale from Never to Always regarding surgical site infection (SSI) policies and practices at your facility.

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
8. Administer antimicrobial prophylaxis in accordance with evidence based standards and guidelines					
9. Administer antimicrobial prophylaxis within 1 hour prior to incision (2 hours for vanco and fluoroquinolones)					
10. Select antimicrobial prophylaxis agents on basis of surgical procedure					
11. Select antimicrobial prophylaxis agents on basis of most common SSI pathogens for the procedure					
12. Select antimicrobial prophylaxis agents on basis of published recommendations					
13. Discontinue antibiotics within 24 hours after surgery end time (48 hours for cardiac procedures)					
14. Redose antibiotic at the 3 hour interval in procedures with duration >3 hours					
15. Adjust antimicrobial prophylaxis dose for obese patients (BMI>30)					
16. Not remove hair at operative site unless it interferes with operation					
17. Use razors for hair removal at operative site					
18. Use of clippers or depilatory agent for hair removal at operative site					
19. Use appropriate antiseptic agent and technique for skin preparation					
20. Mechanically prepare the colon (enemas, cathartic agents)					
21. Administer non-absorbable oral antimicrobial agents in divided doses on the day before the operation					
22. Keep OR doors closed during surgery except as needed for passage of equipment, personnel and patient					
23. Maintain immediate post-op normothermia					
24. Protect primary closure incisions with sterile dressing for 24-48 hours					
25. Control blood glucose level during the immediate post operative period in cardiac procedures					
26. Measure blood glucose level at 6AM on					



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POD#1 and #2 with procedure day = POD#0 in cardiac procedures					
27. Maintain post-operative blood glucose levels at <200mg/dL in cardiac procedures					
28. Screen preop blood glucose levels in patients undergoing select elective procedures (e.g., arthroplasties, spinal fusions)					
29. Maintain tight glucose control POD#1 and POD#2 in patients undergoing select elective procedures (e.g., arthroplasties, spinal fusions)					
30. Nasal screen and decolonize S. aureus carriers undergoing elective CABG procedures					
31. Nasal screen and decolonize S. aureus carriers undergoing other elective procedures					
32. Use increased (at least 50%) fraction of inspired oxygen intraoperatively and immediately postoperatively in select procedures					
33. Identify and treat remote infections (e.g., UTIs) before elective procedures					
34. Postpone operation until remote infection has resolved					

The following questions ask about specific surgical site infection (SSI) prevention practices currently used or in place at your facility. Please complete each question as appropriate at this point in time.

35. How great a priority is the control and prevention of SSIs at your facility? Please indicate how much you agree or disagree with the following statement: **The control and prevention of SSIs is a priority at my facility.**

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

36. Is surveillance for SSI performed at your facility?

- Yes
- No

36a. If YES, for which procedure(s)? Please check all that apply.

- CABG
- Hip arthroplasty
- Knee arthroplasty
- Hernia repairs
- Other (please specify): _____



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37. Is the National Healthcare Safety Network (NHSN) used for SSI surveillance?

- Yes
- No

37a. If NO, are CDC/NHSN surveillance definitions for SSI used?

- Yes
- No

38. Does your facility use crude, unadjusted SSI rates for reporting within the facility?

- Yes
- No

39. Does your facility use the NNIS Risk Index for reporting risk adjusted SSI rates?

- Yes
- No

40. Does your facility use the NNIS Risk Index for comparing facility versus national risk adjusted SSI rates?

- Yes
- No

41. Does your facility use the Standardized Incidence Ratio (SIR) for reporting risk adjusted SSI rates within the facility?

- Yes
- No

42. Does your facility provide feedback to surgeons of SSI rates?

- Yes
- No



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