

Infection Control



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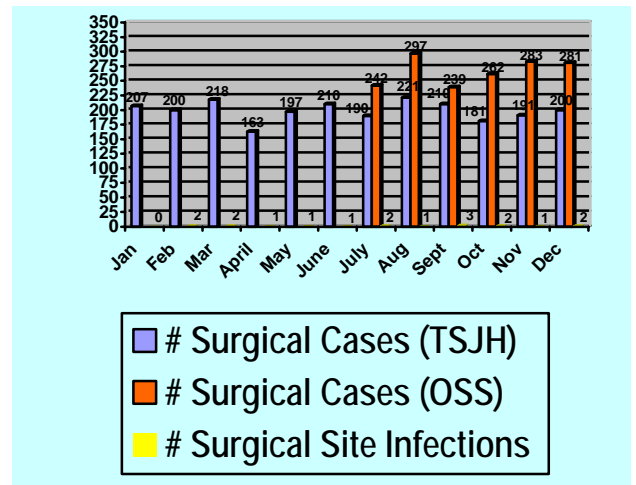
The second most frequent site of infection is at the surgical incision

Infection Rates For 2005

What a great job everyone has done at TSJH. For the third year we have kept our surgical site infection (SSI) rate below 1%.

We have had 18 reported infections out of 3992 surgical procedures performed

The National Nosocomial Infection Surveillance (NNIS) report shows a national overall average of 3.1% for the same types of surgeries that we perform at TSJH.



Hospital-acquired infections kill 103,000 each year

Hospital-acquired infections cost hospitals an added \$30 billion each year, according to a new study by the National Center for Policy Analysis (NCPA).

The study revealed that hospital-acquired infections also kill 103,000 people each year, as many deaths as from AIDS, breast cancer, and auto crashes combined, reports the

Wichita (KS), Eagle. Most of the infections are preventable, according to the NCPA.

"The biggest news of the study was how simple in theory it is to do this, but how complicated it is in practice because it takes willpower," said Devon Herrick, a senior fellow with the center. "It takes dedication to say: 'I'm going to wash my hands after every patient. I'm

going to change gloves repeatedly.'"

Each infection costs the hospital an average of \$15,275, according to the study.

First reliable MRSA estimates are staggering

About two million people carry a strain of *Staphylococcus aureus*, including methicillin-resistant *Staphylococcus aureus* (MRSA), according to research the CDC recently conducted.

This is the first reliable estimates of MRSA colonization.

Matthew J. Kuehnert, MD, and other CDC researchers collected samples from 10,000 volunteers in the 2001-2002 National Health

and Nutritional Examination Survey, a sample section of the U.S. population. The researchers found that nearly one-third of the population are colonized with staph bacteria. (From *Infection Control Weekly*)

National Surgical Infection Prevention Project (SCIP)

Antimicrobial Prophylaxis

- Choose appropriate drug , dose and duration for prophylaxis
- Assure that timing of infusion and incision time are at the drugs therapeutic levels

Optimize Oxygen Tension

- Maintain a intra-operative FI02 > 80%

Glucose Control

- May be necessary to utilize sliding scales to maintain at < 200 mg/dl

Maintain Normothermia

- Limit heat loss—Keep core temps at 36° C

Flash sterilization

- Minimize use

Avoid Shaving

- Use clippers only to prevent micro-abrasions;
- Prep skin with appropriate agent

Basic Prevention Strategies

- Keep OR doors closed;
- Wear appropriate attire;
- Apply sterile dressings for 24-48 hrs,
- Instruct patients to shower with antimicrobial soap the night before and morning of surgery

*Recommendations
from Literature
Review*

Recommended Antimicrobial Use:

Cefazolin:

30 to 60 min from infusion to incision cut
Give Ancef 2gr unless patient t weighs less than 70kg
Re-dose if surgery longer than 3 hr

Vancomycin:

120 min from start of infusion to incision
Recommendation: patients need to be in pre-op at least 3 hrs prior to surgery

Screen for true β -lactam allergy

Antimicrobial should be completely infused prior to inflation of any tourniquets

Discontinue post op antibiotics after 24 hrs