Time to Act:

A State of the Nation report on Surgical Site Infections in the UK

Surgical Site Infections (SSIs) present a considerable challenge for healthcare systems across the world and have a substantial impact on patients and healthcare professionals. At a time when the NHS is under a significant amount of pressure, it is vital that we take every measure possible to reduce these largely preventable infections. This is why Mölnlycke commissioned the 'Time to Act' report – a first-of-its-kind analysis into the scale of the SSI challenge in the UK. The report makes a series of recommendations for stakeholders across the health system, and encourages collaborative working to embed these solutions.

The scale of the challenge

60% of SSIs are preventable.[1]

1 in 20 patients undergoing a surgical procedure develop an SSI.[2]

Each infection has been estimated to **cost the NHS between £10,000**[3] **and £100,000**[4] **per patient**.

"When I consent a patient for surgery, I do so in the knowledge that if they do get an infection, then it could ruin their life. An infection can result in months of additional operations. Sometimes, we can never cure the infection. These patients will often go on to lose their jobs, lose their relationships, and sometimes, people lose their homes. It can be devastating."

Professor Mike Reed, Consultant Trauma and Orthopaedic Surgeon, NHS Northumbria Healthcare

Existing best practice

There are extensive guidelines in place across the UK to support the reduction of SSIs. Clear preventative steps can be taken by trusts at all stages of a patients' surgical journey, from using antimicrobial whole-body washes and high-quality personal protective equipment, to making surgeries more efficient, to following appropriate wound care protocols.

World Health Organization (WHO)[5]
global guidelines on the prevention of SSIs (2016)

Getting it Right First Time (GIRFT)[4]
programme in England – value of multidisciplinary approach and annual SSI survey

National Institute for Health and Care Excellence (NICE)[2]
guideline (NG125 - April 2019) includes educational resources, best practice case studies and evidence summaries

Don't just get ahead of SSIs: stop them from catching up with you

Best practice case studies

Quality Improvement for Surgical Teams (QIST) infection collaborative
Supported savings of up to **£6.3 million**[6]

Royal Liverpool and Broadgreen Hospital
reduced infection rates from **5% to 1.6%** in three years[7]

Antrim Area Hospital
95% reduction in post-caesarean SSIs[8]

Ashford and St Peter's
mortality rates reduced by **4%**[4]

The Time to Act report makes recommendations to policymakers, surgical teams and patients amongst other stakeholder groups. Six of these recommendations are specifically targeted at hospitals, and encourage them to:

1. Deliver a **compulsory training and education programme** for healthcare professionals on the importance of infection prevention, and specifically, on reducing preventable SSIs.

2. Prioritise value-based procurement to ensure safety and quality of products are considered above unit cost.

3. Engage in dialogue with healthcare professionals about **what equipment they feel is needed** to best deliver safe, high quality care.

4. Establish a multi-disciplinary approach to reduce infection pre, peri- and post-operatively, assessing the level of risk across the patient pathway to determine what steps should be taken to reduce infection.

5. Participate in the **Getting It Right First Time programme's SSI survey**, with an appointed Trust Champion for SSI.

6. Ensure all wards have **clearly displayed patient information about SSI signs and symptoms**. All patients should be discharged with information on SSIs.

It is now time to act. Collectively we need to reduce the variation in practice across the UK, embed evidence-based examples of best practice, and work collaboratively to help reduce the incidence of SSIs to improve patient outcomes.

Click here for a copy of the report

1. V.Diaz, J.Newman. Surgical Site Infection and Prevention Guidelines: A primer for certified registered nurse anesthetists. 2015. **2.** NICE guideline [NG125]. Surgical site infections: prevention and treatment. April 2019 **3.** Tanner J, Khan D, Aplin C, Ball J, Thomas M, Bankart J. Post discharge surveillance to identify colorectal surgical site infection rates and related costs. J Hosp Infect 2009;72:243e50 **4.** Getting It Right First Time. GIRFT SSI National Survey. 2019. **5.** World Health Organisation. Global guidelines for the prevention of surgical site infection. 2016 **6.** QIST, QIST: Anaemia and MSSA Collaborative, 2019 **7.** NICE, Surgical Site Infection in Orthopaedic Services, 2014 **8.** NHS Education for Scotland, Reducing Surgical Site Infections after caesarean section, 2015

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