Infection Preventionist Lunch and Learn

November 11, 2025

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WISCONSIN DEPARTMENT of HEALTH SERVICES

Series Objectives

- Encourage learning, growth, and networking
- Provide non-regulatory education and information
- Discuss topics relevant to new infection preventionists (IPs)

Surgical Site Infection Prevention

Jennifer Kuhn, BSN, RN, CIC
Infection Preventionists

Today's Discussion

- Review surgical site infection (SSI) definition and classifications
- Discuss the importance of SSI bundles based on best practices
- Review updates to the Society for Healthcare Epidemiology of America (SHEA) guidelines

SSIs

SSIs are:

- Infections that occur after surgery, in the area of the body where the procedure took place.
- The most common and expensive HAI.

SSI Classifications

Superficial incisional

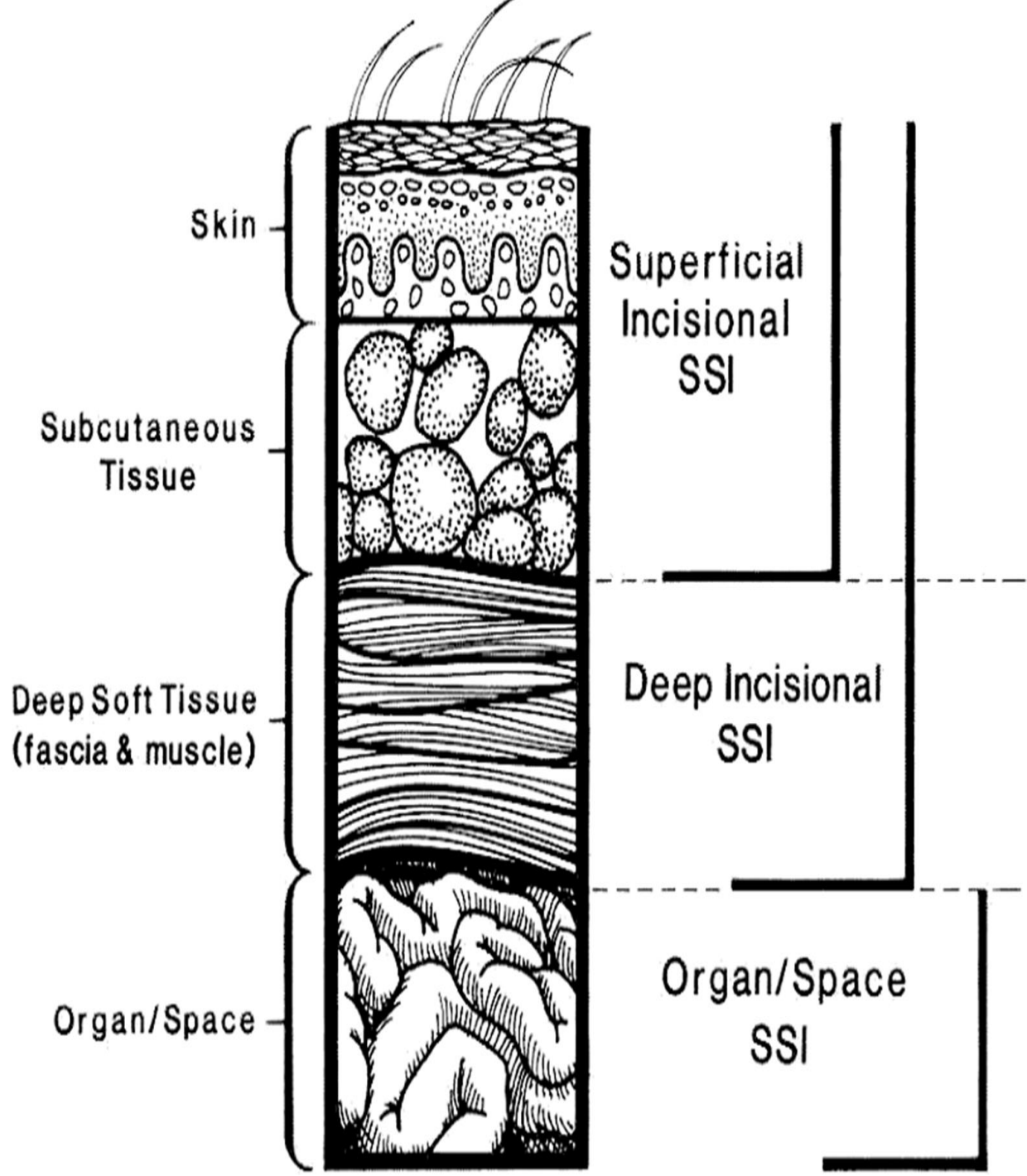
- Involves only skin or subcutaneous tissue of the incision
- Primary or secondary attribution

Deep incisional

- Involves the fascia and/or muscular layers
- Primary or secondary attribution

Organ Space

Involves any part of the body below the skin, fascia or muscles layers that is opened or manipulated during the procedure



SSI Guidelines

SSI Bundles

- Based on high level evidence-based practices.
- Consists of three to five elements.
- Applied reliably and consistently.

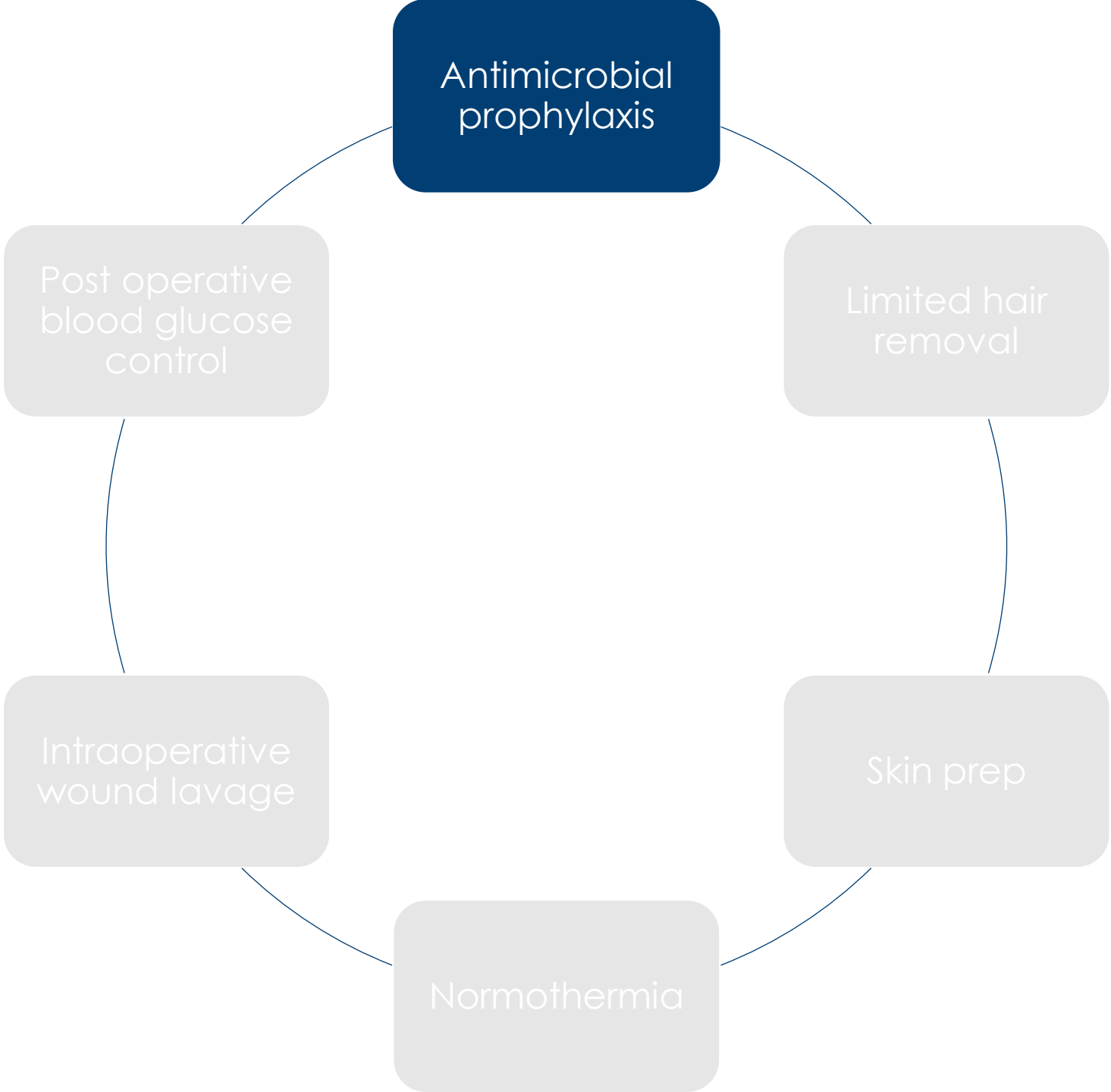
Practice Recommendation Strategies to Prevent Surgical Site Infections in Acute-care Hospitals: 2022 Update

Table 1. Summary of Recommendations to Prevent Surgical Site Infections (SSIs)

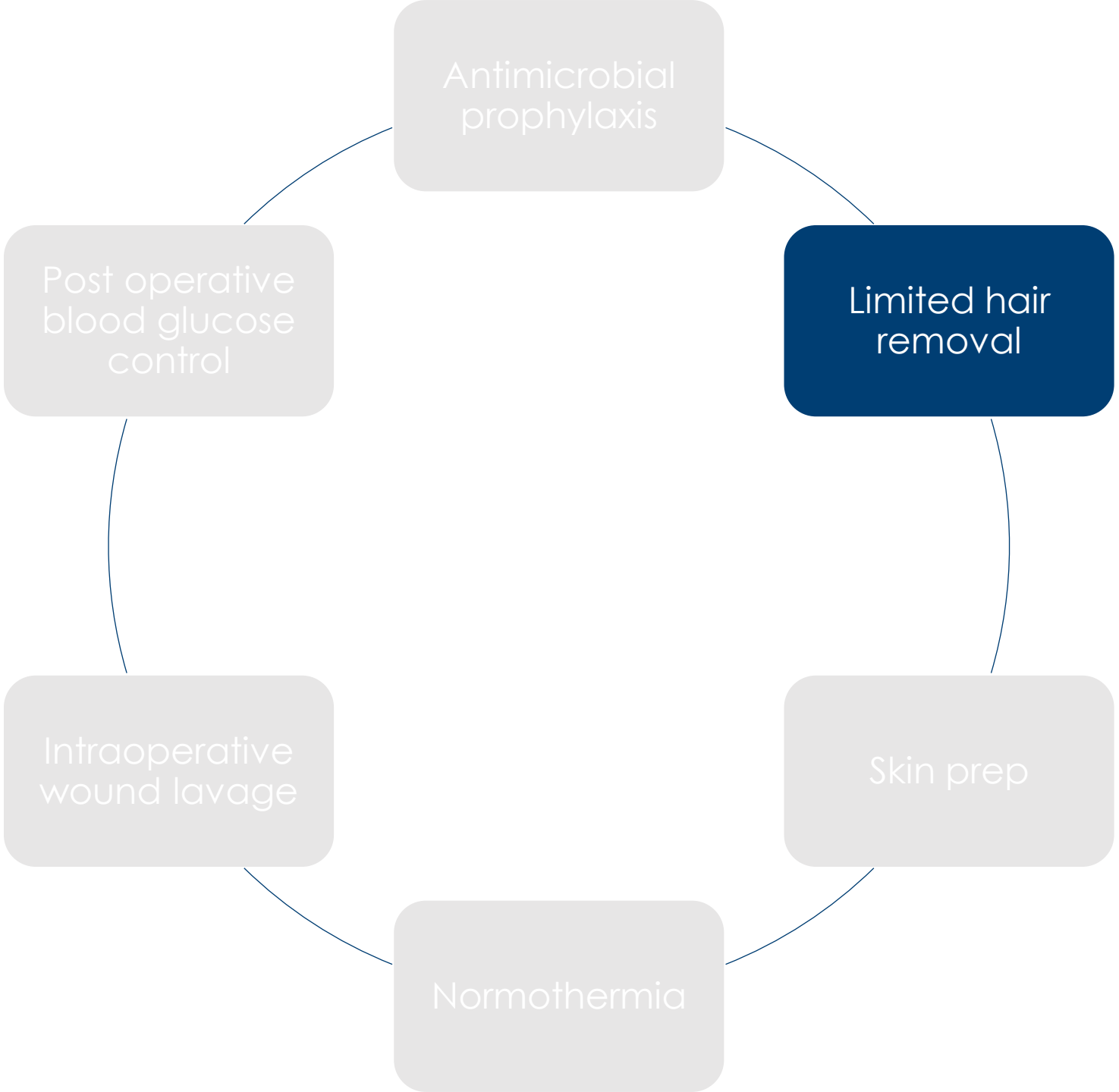
Essential practices
1. Administer antimicrobial prophylaxis according to evidence-based standards and guidelines.[73,75] (Quality of evidence: HIGH)
2. Use a combination of parenteral and oral antimicrobial prophylaxis prior to elective colorectal surgery to reduce the risk of SSI.[115,116] (Quality of evidence: HIGH)
3. Decolonize surgical patients with an anti-staphylococcal agent in the preoperative setting for orthopedic and cardiothoracic procedures. (Quality of evidence: HIGH) Decolonize surgical patients in other procedures at high risk of staphylococcal SSI, such as those involving prosthetic material. (Quality of evidence: LOW)
4. Use antiseptic-containing preoperative vaginal preparation agents for patients undergoing cesarean delivery or hysterectomy. (Quality of evidence: MODERATE)
5. Do not remove hair at the operative site unless the presence of hair will interfere with the surgical procedure. [4,119] (Quality of evidence: MODERATE)
6. Use alcohol-containing preoperative skin preparatory agents in combination with an antiseptic. (Quality of evidence: HIGH)
7. For procedures not requiring hypothermia, maintain normothermia (temperature > 35.5°C) during the perioperative period. (Quality of evidence: HIGH)
8. Use impervious plastic wound protectors for gastrointestinal and biliary tract surgery. (Quality of evidence: HIGH)
9. Perform intraoperative antiseptic wound lavage.[171] (Quality of evidence: MODERATE)
10. Control blood-glucose level during the immediate postoperative period for all patients.[94] (Quality of evidence: HIGH)
11. Use a checklist and/or bundle to ensure compliance with best practices to improve surgical patient safety. (Quality of evidence: HIGH)
12. Perform surveillance for SSI. (Quality of evidence: MODERATE)
13. Increase the efficiency of surveillance by utilizing automated data. (Quality of evidence: MODERATE)
14. Provide ongoing SSI rate feedback to surgical and perioperative personnel and leadership. (Quality of evidence: MODERATE).
15. Measure and provide feedback to HCP regarding rates of compliance with process measures.[94] (Quality of evidence: LOW)
16. Educate surgeons and perioperative personnel about SSI prevention measures. (Quality of evidence: LOW)
17. Educate patients and their families about SSI prevention as appropriate. (Quality of evidence: LOW)
18. Implement policies and practices to reduce the risk of SSI for patients that align with applicable evidence-based standards, rules and regulations, and medical device manufacturer instructions for use.[4,94] (Quality of evidence: MODERATE)
19. Observe and review operating room personnel and the environment of care in the operating room and in central sterile reprocessing. (Quality of evidence: LOW)

Quality of Evidence

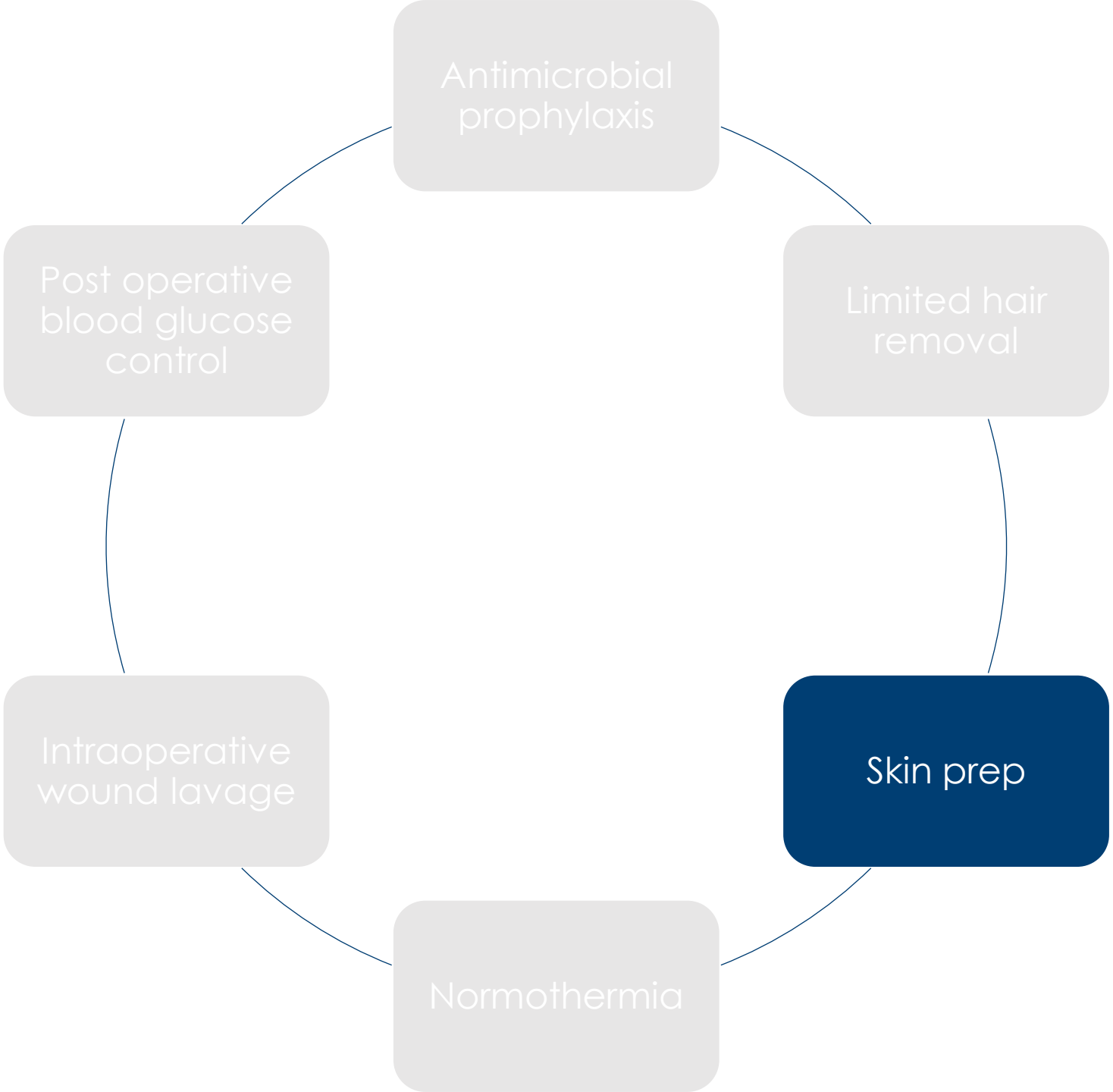
Essential Practices



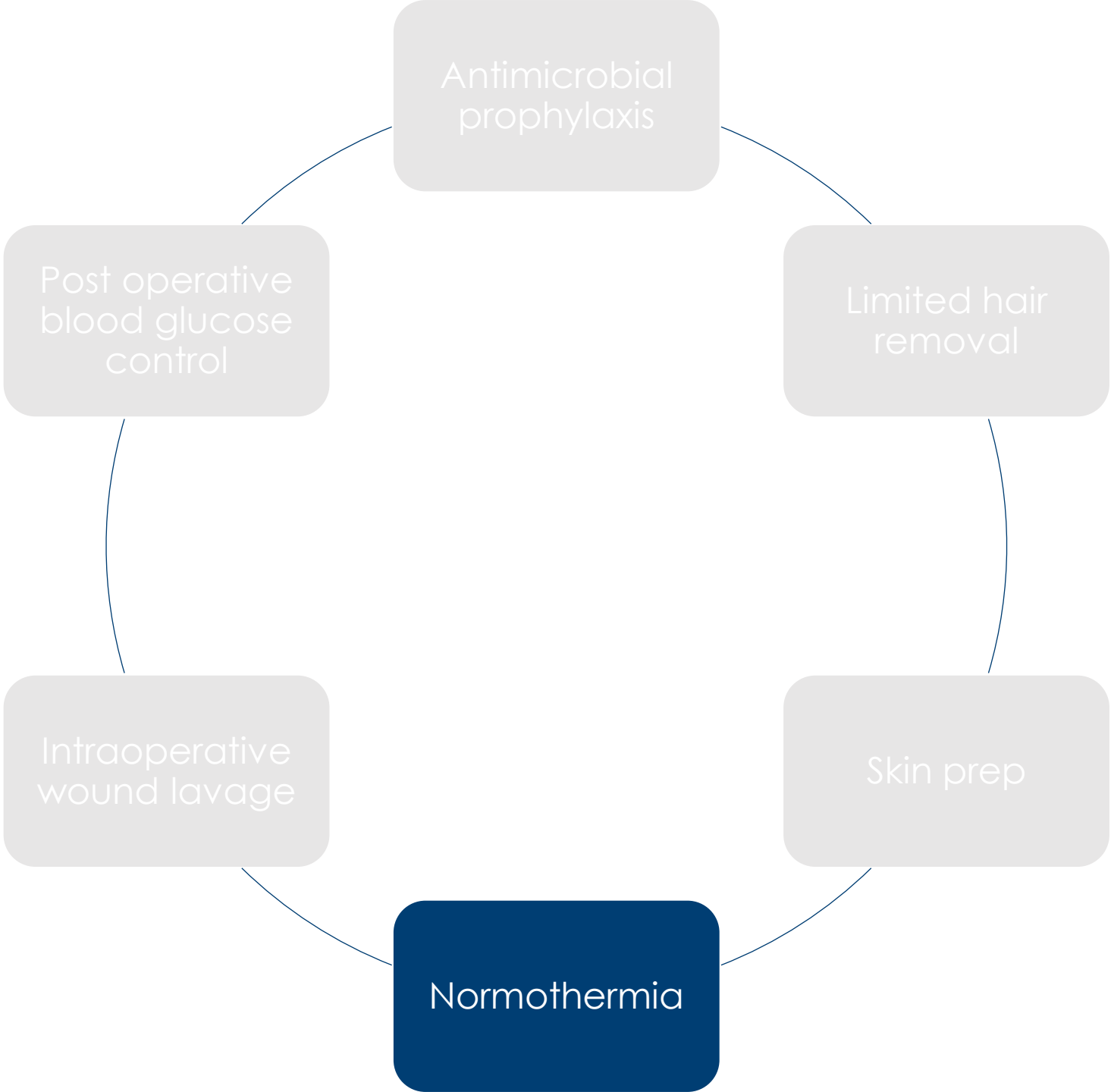
Essential Practices



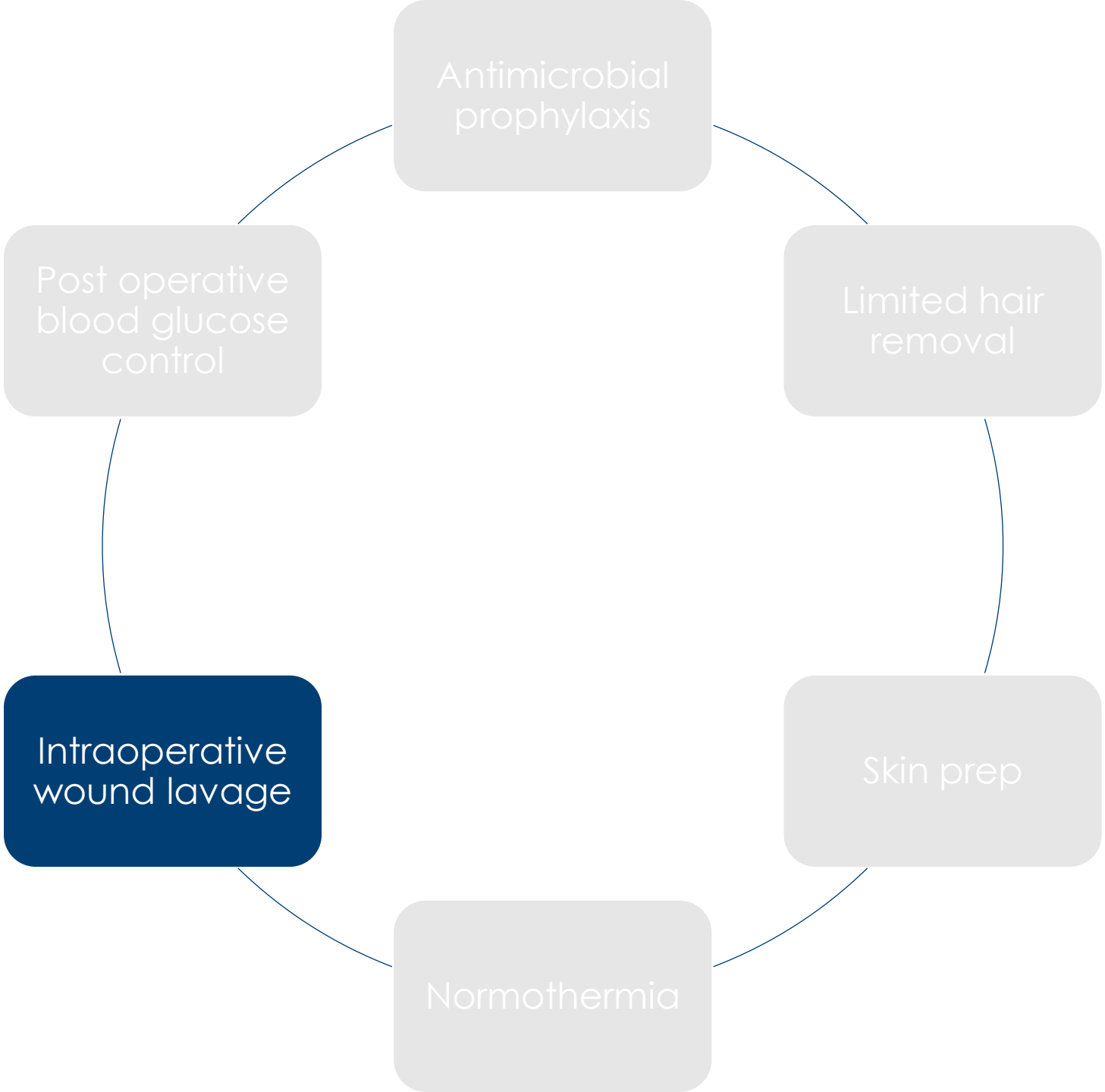
Essential Practices



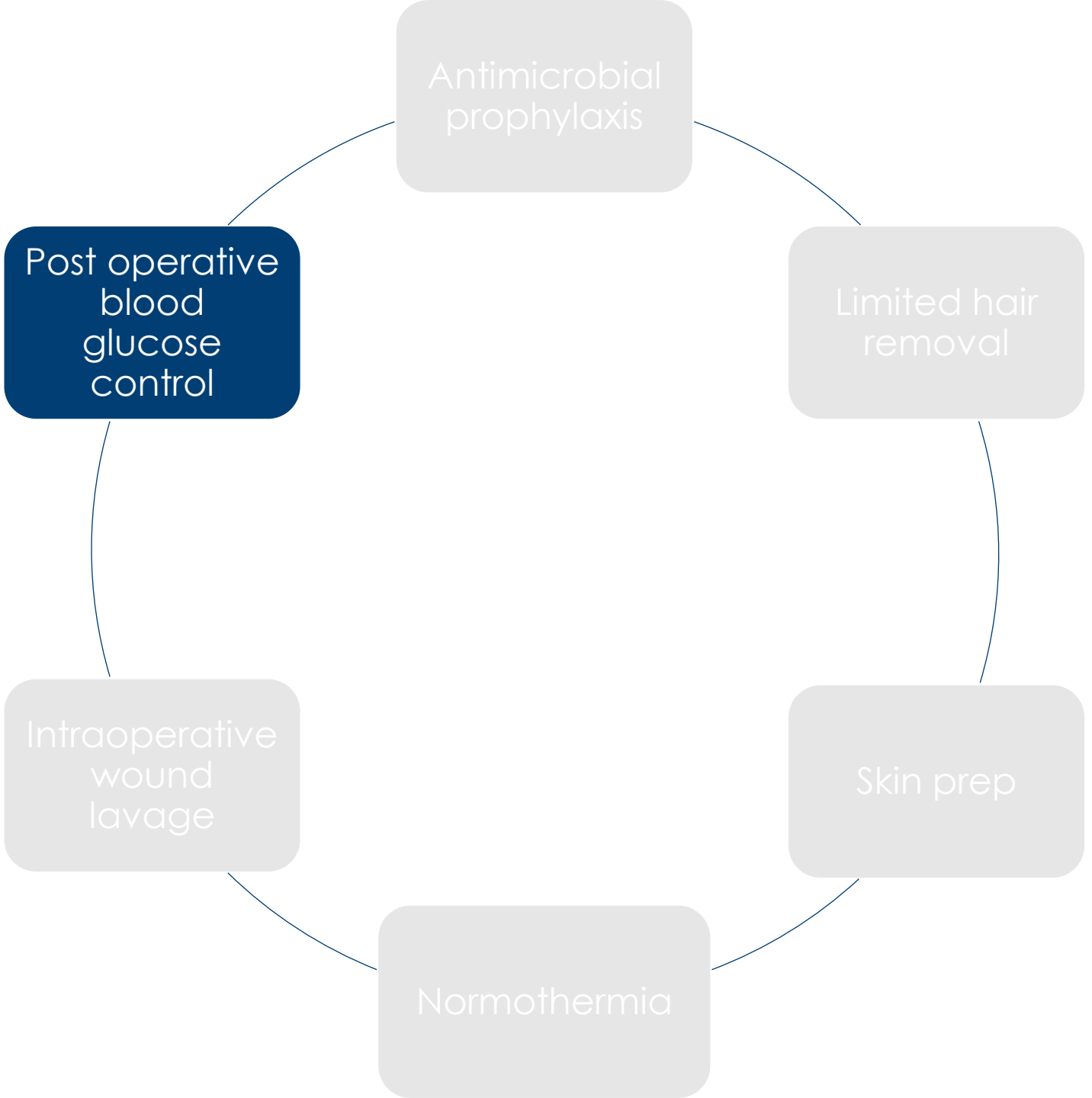
Essential Practices



Essential Practices



Essential Practices



Essential Quality Practices

Surveillance / Feedback / Education

Essential Quality Practices

Policies and procedures

Observations

Additional Approaches

- SSI Risk Assessment
- Negative pressure dressings
- Observations in Pre-op/PACU, and surgical units
- Antiseptic-impregnated sutures

Discouraged Routine Approaches

Do not routinely:

- Use Vancomycin
- Delay surgery for parenteral nutrition
- Use antiseptic drapes

Unresolved Issues

- Tissue oxygenation
- Chlorhexidine gluconate (CHG) decolonization for cardiothoracic procedures
- Gentamicin-collagen sponge use
- Antimicrobial powder use
- Surgical attire use

Take Aways

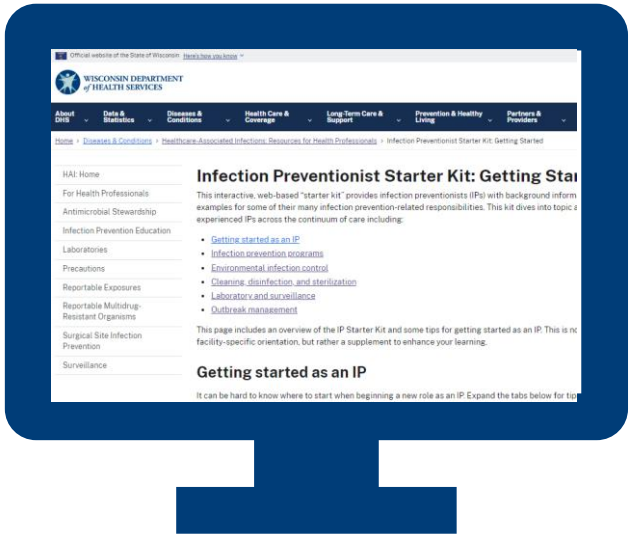
- Review current SSI bundle utilized in your facility.
- Review compliance with current bundle elements.
- Compare current SSI bundle with updated resources.
- Update bundle elements and continue to monitor for reliability, if necessary.

Questions?

Thank you!

IP Starter Kit

- Interactive, web-based resource
- Background information, resources, and templates
- Covers topics applicable to IPs across care settings



HAI Prevention Program Contact Information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Website: www.dhs.wisconsin.gov/hai/contacts.htm

Send your questions and topic suggestions.

Submit your ideas to Ashley O'Keefe at ashley.okeefe@dhs.wisconsin.gov.

Upcoming Lunch and Learn Session

Date: Tuesday, December 9

Topic: Hand Hygiene