NHS National Services Scotland

# Surgical site infection surveillance protocol

## Edition 7.1

(Updated May 2019)

**Mandatory Requirements for SSI Surveillance.**

## Mandatory requirements for SSI surveillance

Surgical Site Infection (SSI) surveillance has been mandatory since 2002 following the issue by the Scottish Government of Health Department Letter HDL (2001) 57. Further updates have followed within HDL (2006) 38, Chief Executive Letter CEL 11 (2009) and SEHD DL (2015)19.

Mandatory requirements of the SSI surveillance programme:

- In order to achieve comparison across Scotland and beyond, **surveillance of hip arthroplasty, (elective) large bowel, (elective) major vascular and caesarean section procedures are mandatory** for those healthcare providers performing these procedures. Where mandatory procedures are not carried out surveillance must be conducted on at least two operational categories by the addition of voluntary procedures from the list within the SSI protocol.

- **Post Discharge Surveillance** (PDS) **for caesarean section procedures is mandatory until 10 days** following surgery**. For other mandatory procedures** it is **mandatory to conduct prospective readmission surveillance for up to 30 days** following surgery.

Additional voluntary SSI surveillance

- In addition to the mandatory requirements above, healthcare providers can choose to carry out SSI surveillance for any of the eight voluntary procedures listed within the SSI protocol.

- Voluntary SSI procedures, when selected by NHS boards must as a minimum include readmission surveillance to 30 days.

Comparison between light and standard surveillance

The light protocol requires fewer resources to conduct SSI surveillance while the standard protocol allows risk adjustment of SSI rates through the use of the basic (NHSN) risk index for inter hospital comparisons. The light methodology produces descriptive results about infections and produces partially the same indicators as the standard version for follow up of trends as well as the same possibilities for adjustment of differences in post discharge surveillance, but with no possibility for risk adjusted comparisons.

Case definitions and included patients are the same for both versions, however while the standard protocol risk factors are collected for each patient (SSI or not), in the light protocol denominator data are collected at the board/hospital level, with only enhanced surveillance collected for those patients who develop an SSI.

Mandatory SSI surveillance of caesarean section and hip arthroplasty continue as light surveillance with standard SSIS surveillance a requirement for elective large bowel and vascular procedures.