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Surgical site infection leads to lengthy hospital stay, illness, and emotional and financial stress

After a number of admissions to hospital with chest pain, 52 year old Ian Collis was transferred between two district health boards for cardiac surgery in early March 2013, and was discharged home five days later.

But after a week at home all was clearly not well. Ian's temperature soared to 40 °c and he became increasingly unwell. Concerned, his GP sent him to his local hospital for review. From there Ian required further investigations at several hospitals to determine the cause of his ill health. It didn't take long and the finding wasn't good. A diagnosis of post-sternotomy mediastinitis was made – a deep infection involving the tissue around the surgical wound.

Treating the infection involved surgical debridement (removal of infected, damaged or dead tissue to improve the healing ability of remaining tissue) and washout on two occasions, as well as a prolonged course of antibiotics.

After failing to respond to the initial treatment course, lan required further surgery and a longer course of antibiotics. Ten weeks on lan was still in hospital as a result of the surgical site infection. He needed a further two weeks of antibiotics and plastic surgery to repair the area of tissue loss in his chest.

But it's not just lan's health that has been affected by the surgical site infection. It's significantly affected his family, his emotional wellbeing, and his financial wellbeing.



hospital 10 weeks after developing a surgical site infection.

As the main income earner, lan's salary supported the family and paid the bills. Luckily his job was held open for him, but as a result of his infection he used up his annual leave and sick leave entitlement. Once that was gone he was left without an income and it would take time before he was well enough to get back to work.

By improving the processes that occur during the surgical journey, many of these infections may be preventable. Usually it is not a single event that occurs that leads to the infection but a number of events. SSI reduction is, therefore, a key patient safety priority for the New Zealand health sector.

With this in mind, the Health Quality & Safety Commission launched a sophisticated patient safety initiative to prevent harm caused to patients by SSIs.

The Surgical Site Infection Improvement Programme will achieve this through the standardised collection and reporting of SSIs and through culture and practice change improvements that better support the prevention of SSIs. For more information visit: www.hqsc.govt.nz.



