

Surgical Site Infection (SSI) Debriefing Form

Instructions: Initial analysis of an SSI is to be completed by the Infection Prevention (IP) Department. Upon completion, the IP Department will forward this debriefing form to the assigned departmental manager/director for an action plan summary. The assigned department will submit the form back to the IP Department for final review.

Admission date:	Admitting diagnosis:	MRN:	Surgeon name:
Date of infection:		Specify depth: ___ superficial ___ deep ___ organ space	
Describe events leading to the infection. Tell the story/summary using pertinent facts:			
Surgery date:		Procedure code (e.g., COLO):	
Date/time positive wound culture was obtained:		Site wound culture was obtained from:	
*ASA score (circle one): 1 2 3 4 5		**Wound class (circle one): C CC CO D	
Comorbidities/patient factors that contributed to SSI (e.g., concurrent infections, hyperglycemia, obesity, etc.):		Organism(s) identified by positive wound culture:	

	Yes	No		Yes	No
1. MDRO organism identified upon admission prior to surgery?			2. Pre-op skin cleansing with CHG was completed prior to surgery?		
3. Was the surgical case emergent?			4. Surgical skin prep was done with CHG?		
5. Was an infection at surgical site present at time of surgery?			6. Were antibiotics administered timely prior to incision? If no, explain:		
7. Was hair removal done by clippers prior to entering surgical suite?			8. Was antibiotic dosing/redosing done per facility guidelines?		
9. Upon ___ initial admission ___ readmission were there wounds/drains/lines? If yes, specify:			10. Are there instances of non-compliance with environmental factors during rounds (e.g., attire, terminal clean)?		
11. Was normothermia and glucose control maintained according to facility policy?			12. Was there documented integrity of site/dressing every shift?		
13. Was SSI prevention education given and documented?			14. Was this compliant with Colorectal Bundle? If no, which elements were not met?	N/A	
15. Was the patient discharged to a skilled nursing facility after the initial surgery?			16. Are there any other concerns identified? If yes, please list:		

Surgery Leadership to Answer:

	Yes	No		Yes	No
Was there a break in surgical technique documented?			Was immediate use/flash sterilization used?		

Action plan by department leadership:

Definitions:

MRN = medical record number

Procedure code COLO = colon surgery

CHG = Chlorhexidine Gluconate

*ASA Score = American Society of Anesthesiologists (patient’s health before surgery. Higher score = greater risk).

ASA Class 1 = completely healthy. ASA Class 6 = brain-dead.

**Wound Class = Centers for Disease Control and Prevention (CDC) surgical wound classification system, categorizes operative wounds by level of contamination to predict risk of SSI at the end of procedure.

- C (Clean—Class I): An uninfected operative wound with no inflammation, and the respiratory, alimentary, genital, or uninfected urinary tracts are not entered. These are primarily closed.
- CC (Clean-Contaminated—Class II): Operative wounds in which the respiratory, alimentary, genital, or urinary tracts are entered under controlled conditions. There is no unusual contamination.
- CO (Contaminated—Class III): Open, fresh, accidental wounds; or operations with major breaks in sterile technique or gross spillage from the gastrointestinal tract.
- D (Dirty/Infected—Class IV): Old traumatic wounds with retained devitalized tissue, or those involving existing clinical infection or perforated viscera.

ASA Physical Status Classification System: <https://www.ncbi.nlm.nih.gov/books/NBK441940/table/article-17453.table0/?report=objectonly>