



Surgical Site Infections

Triple the Mortality Rate among Elderly Patients

A study published recently in the *Journal of the American Geriatrics Society* examined the effects of surgical site infections (SSI) on patients age 65+.¹ Dr. Kaye and colleagues performed a retrospective, matched outcome study with 1,337 subjects. Tracking results for only 90 days post-surgery, they found that SSI triples the mortality rate (15.3% vs. 5.2%), increases hospital charges by an average of \$41,124, and increases the rate of hospital re-admission by more than 400%. The authors conclude that because outcomes attributable to SSI are severe, optimal management of SSI is particularly important among elderly patients.

The Centers for Medicare and Medicaid Services (CMS) recently expanded its list of “hospital-acquired” conditions that are non-reimbursable because CMS deems them preventable. Such non-reimbursable SSIs include infections following bariatric surgery, laparoscopic gastric bypass, gastroenterostomy, laparoscopic gastric restrictive surgery, coronary artery bypass grafting, and orthopedic procedures involving the spine, neck, shoulder, or elbow.² However, most patients are sent home with healing wounds and with wound care instructions for the patient/family to follow upon discharge from the acute care facility. Most surgical site infections become manifest in the *home* environment,³ but the exact extent to which home-acquired infections contribute to the prevalence of SSI is unknown.⁴ Having drains in place increases the likelihood that an SSI can be acquired in the home, and it is known that at least some health care related infections are introduced in the home environment.⁴

The literature often comments that physicians and hospitals have no control over post-discharge variables. This



Infections acquired in the home are known to contribute to SSI. Refer to BVNAH to help ensure optimal wound care results at home.

observation should be qualified by the fact that many elderly patients at risk of SSI will qualify for home health services designed to prevent infections, ensure adherence to postsurgical instructions, teach family caregivers, monitor SSI, manage SSI in the home, and/or prevent unnecessary re-hospitalization. While being age 65+ in itself ranks as a significant risk factor for SSI, additional risk factors include poor postoperative glycemic control, obesity, diabetes mellitus, malnutrition, prolonged inpatient stay, infection at a remote site, immunosuppressive drugs, and duration of surgery.⁵

When these patients are homebound, even temporarily due to surgery, home health is often appropriate. Baystate Visiting Nurse Association & Hospice (BVNAH) is prepared to help with a full complement of services to address individual patient needs.

Experienced Wound Care in the Home

The nurses of BVNAH can provide wound care including negative pressure wound therapy, patient and family teaching, skilled wound monitoring, nutritional intervention, assistance with glycemic control, and more. Promptly identifying and managing SSI in the less costly home environment can serve as a major cost saver for patient and payor while also protecting patient safety.

There are different types of treatment options that are more suitable for patients in the home care setting than for those in an acute setting. For example, there are a large number of specialized products available that support moist wound healing and require fewer dressing changes with less disruption to the wound and surrounding skin, thereby reducing the potential for an SSI. BVNAH nurses work with physicians to identify the best option for the patient in the home. BVNAH has wound care certified nurses on staff to assist with the assessment and treatment of wounds, and BVNAH also collaborates with Baystate Wound Care Clinic as needed.

**Consider Baystate Visiting Nurse Association & Hospice for your patients.
To make a referral call: 800-249-8298.**

References

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