

Pacific Infection Prevention and Control Network Meeting

SPC/Health/PICNet1 (2023)

Information Paper N°5
ORIGINAL TEXT: ENGLISH

2023 PACIFIC INFECTION PREVENTION AND CONTROL NETWORK MEETING
24 – 26 May 2023, Nadi, Fiji

Agenda Item N°5.1

SURGICAL SITE INFECTION (SSI) SURVEILLANCE IN KIRIBATI

(Paper presented by Mrs Toata Titaake, Principal Nursing Officer Tungaru Referral Hospital,
Ministry of Health & Medical Services Tarawa)

Summary

With support from the Pacific Community and the Doherty Institute, staff from Nowerewere Hospital were provided training on new data collection tools and methodologies for conducting SSI surveillance. Surveillance for SSI for elective Cesarean Sections commenced from mid-October 2022, resulting in the identification of five (5) SSI cases from a cohort of ninety (90) patients.

Data will be utilised to further improve IPC practices, including the development of databases and improvements to staff and patient education, in order to better prevent, detect and treat SSI

1. Background

1. Surgical Site Infection (SSI) is defined as an infection that occurs within 30 days after the operation and involves the skin and subcutaneous tissue of the incision (superficial incisional) and/or the deep soft tissue (for example, fascia, muscle) of the incision (deep incisional) and /or any part of the anatomy (for example, organs and spaces) other than the incision that was opened or manipulated during an operation (organ/space). SSI is the most frequent type of Health care-Associated Infection (HAI) in low- and middle-income countries, and affects up to one third of patients who have undergone a surgical procedure (WHO 2018).
2. Kiribati is a Micronesian Pacific Island nation located in the Central Pacific Ocean and is made up of 33 low-lying coral islands. The Ministry of Health runs the health care services in Kiribati, and has

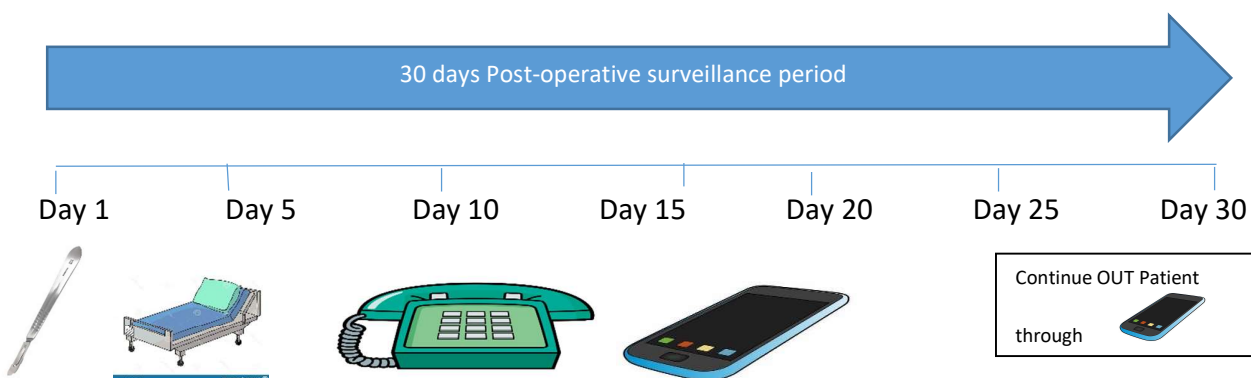
four main hospitals. Two are located on South Tarawa, one in Kiritimati Is, and a new hospital in Tabiteuea Island. Nowerewere hospital, located on Tarawa is where SSI surveillance is conducted, monitored and implemented.

3. In Kiribati, we previously had no standardized methodology and data collection tools and did not carry out any SSI surveillance. With support from the Pacific Community and the Doherty Institute, we were provided training on new data collection tools and methodology to conducted SSI surveillance for elective Cesarean Sections starting from mid-October 2022.

2. Progress & achievement

4. Following training by the Doherty Institute, facilitated by SPC, we began to conduct SSI surveillance using the new standard operating procedure and data collection tools (denominator and numerator forms).

5. This SSI surveillance program involved teamwork by the maternity unit, the operating theatre and public health staff in follow-up of patients care. We begin our SSI surveillance from the 10th of October, 2022, with elective caesarian cases only and as of the 29th April 2023, we have managed to carry out surveillance on ninety (90) elective cases. All these cases were monitored and followed up both in the hospital and via phone call upon discharge for a period of 30 days (as shown in the diagram below).



6. Of the ninety (90 cases), seventy-eight (78) of them have completed their 30 days of SSI surveillance. (5) were categorized as SSIs - four (4) of the cases had superficial incisional SSI, and one (1) had deep incisional SSI.

7. The SSI surveillance program benefits patients because surgical wounds are well monitored for the 30 days period. It also benefits the health system through identifying hospital acquired infection from inappropriate hand hygiene practice and aseptic technique of wound dressings. Through this monitoring we can also determine if patients have been well taught in how to look after their wounds before discharging from the hospital and identifies infections early and allows for treatment.

Challenges

- Difficulties in contacting patients to do follow-up and complete their 30 days of SSI surveillance when no contact details are available, especially for referral cases from outer island.
- Poor feedback from public health nurses on SSI cases who visit their clinics.
- Unable to collect accurate data for readmitted SSI cases (numerator) due to poor communication by the nurses that review the patient and the IPC nurses.
- Unable to use hospital landline phone to contact and do follow-up SSI cases as the landline phone is always busy.

Future direction

- Continued support by SPC for training and awareness of SSI surveillance.
 - Support from SPC on a suitable database for SSI surveillance
 - Improve communication with patients so that they are well informed and educated about prevention of SSI.
 - Establish IPC link program with the public health care (nurses) to ensure ongoing continuum of care of SSI cases in the community.
-