



# Improving practices and reducing the risk of SSIs in African hospitals

Preventing surgical site infections (SSIs) is very complex, since the problem results from a number of factors affecting the patient's entire surgical journey, including after hospital discharge. However, as with other hospital acquired infections (HAIs), SSIs are largely avoidable.



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In developing countries, SSIs are most frequently occurring in the healthcare delivery journey. Infections are also the most frequent complication following surgery to occur across Africa.

To reduce SSIs, surgical and infection prevention and control teams in five hospitals in Kenya, Uganda, Zambia and Zimbabwe implemented the surgical unit-based safety programme (SUSP) from July 2013 to December 2015. Supported by WHO and the Johns Hopkins Armstrong Institute for Patient Safety and Quality (Baltimore, USA), these teams implemented a multimodal intervention consisting of implementing or strengthening multiple SSI prevention measures combined with an adaptive approach aimed at facilitating the adoption of these measures and the promotion of a wider patient safety culture. The prevention measures identified by local teams according to risk assessment were:

1. preoperative patient bathing;
2. avoiding hair removal or performing this with clippers as opposed to shaving;
3. appropriate surgical hand preparation;
4. appropriate patient skin preparation;
5. optimal antibiotic prophylaxis; and
6. improving discipline in the operating room.

Implementing this strategy, including SSI surveillance, proved to be feasible in these settings with limited resources, apart from one hospital where the programme was discontinued for specific reasons. Most importantly, the strategy was very successful at improving preventive measures and reducing the risk of SSI. The [SUSP results](#) were published in *The Lancet*. The success of SUSP in improving clinical practice and outcomes is mainly attributable to the strong ownership of the programme by local teams, with high motivation of staff in these institutions involved, keen to improve their practices, and the influential role of project leaders across the facility.

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