



Previously identified interventions have been shown to reduce the incidence of surgical site infections including, but not limited to use of sterile technique, avoidance of preoperative shaving of the operative site, preoperative decontamination of the surgical site, administration of preoperative prophylactic antibiotics within a prescribed timeframe, maintaining glycemic control in diabetic patients, and providing an increased inspired fraction of oxygen to the patient during and immediately following surgery. As facilities improve their adherence to these infection prevention practices, their SSI events are expected to decrease and their SSI SIRs are expected to decrease.

Reference:

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