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Development of a Risk Severity Score Predicting Surgical Site Infection in Early Onset Scoliosis

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Disclosures



- Michael G. Vitale: Consultant/Royalties Stryker, Biomet; Research –SRS, POSNA, CSSG, OSRF, Broadwater; Divisional OMeGA, Biomet; Positions– CSSG, POSNA, IPOS; Travel Biomet, Fox, CSSG
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- John Smith: Biomet: Paid consultant, Chest Wall and Spine Deformity Research Foundation: Board or committee member, DePuy, A Johnson & Johnson Company: IP royalties; Paid consultant, Ellipse Technologies: Paid consultant, Globus Medical: Paid consultant, Spineguard: Paid consultant
- Amer Samdani: Children's Spine Study Group: Board or committee member DePuy, A Johnson & Johnson Company: Paid consultant Ethicon: Paid consultant Globus Medical: Paid consultant Misonix: Paid consultant Scoliosis Research Society: Board or committee member Setting Scoliosis Straight Foundation: Board or committee member Stryker: Paid consultant Zimmer Biomet: Paid consultant
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- Jeff Sawyer: AAOS: Board or committee member, Campbell Foundation: Board or committee member DePuy, A Johnson & Johnson Company: Paid presenter or speaker, Mosby: Publishing royalties, financial or material support, Nuvasive: Paid presenter or speaker Pediatric Orthopaedic Society of North America: Board or committee member Wolters Kluwer Health Lippincott Williams & Wilkins: Publishing royalties, financial or material suppo
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Introduction



EOS RSS SSI

NDATION

Pediatric Surgical Site Infections (SSI) lead to:

- Lengthy hospital admissions
- Return to the OR
- Hospital charges for delayed SSI: \$154,537 - \$961,722
- Economic burden: healthcarerelated infections cost \$4.5 billion annually





Purpose



Develop a Risk Severity Score (RSS) to predict Surgical

Site Infection (SSI) in patients with Early Onset Scoliosis





Methods



Setting:

 Retrospective cohort study involving 15 academic institutions (participating in the CSSG registry) between 2002 - 2009

Inclusion Criteria

- Growing spinal instrumentation, lengthenings, and fusion
- Minimum 5 year follow-up

SSI Case Definition:

- 2014 <u>CDC</u> National Healthcare Safety Network Guidelines
 - Superficial (30 days)
 - Deep (90 days)



Results



Of the 171 patients (45% male, 55% female) identified, etiologies included:

- 1. Congenital (44%)
- 2. Neuromuscular (26%)
- 3. Syndromic (18%)
- 4. Idiopathic (12%)
- The SSI rate was 22.8%





EOS Model



	Beta	Odds Ratio
Congenital Etiology	1.0	2.6
Syndromic Etiology	0.2	1.2
Major Coronal Curve > 70°	0.8	2.3
Hypokyphosis	0.5	1.6
G-Tube	1.5	4.3
Non-ambulatory Status	1.0	2.9
Pulmonary Comorbidity	0.3	1.3

exp [-4.48 + 0.97(Congenital Etiology) + 0.16(Syndromic Etiology) + 0.82(Major Coronal Curve >70°) + 0.48(Hypokyphosis) + 1.47(G-Tube) + 1.07(Non-ambulatory) + 0.30 (Pulmonary Comorbidity)] Probability_

1 + exp [-4.48 + 0.97(Congenital Etiology) + 0.16(Syndromic Etiology) + 0.82(Major Coronal Curve >70°) + 0.48(Hypokyphosis) + 1.47(G-Tube) + 1.07(Non-ambulatory) + 0.30 (Pulmonary Comorbidity)]

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of SSI

Predictive Ability of Regression Model

• Receiver Operating Characteristic (ROC) curve



Predictive Ability: 74%







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Online RSS Application

- The Risk Severity Score App, is now live:
 - o It is based on patient characteristics
 - You can now access it online:
 - > www.bit.ly/eos-rss

Columbia			
Orthopedics EOS Risk Severity Score for SSI			
Congenital Etiology	No		
Syndromic Etiology	No		
Major Coronal Curve >70 Degrees	No		
Hypokyphosis	No		
G-Tube	No		
Non-ambulatory Status	No	-	
Pulmonary Comorbidity	No		
Probability of	1.12%		

Conclusions



- RSS provides a means of predicting SSI risk in the EOS population using known preoperative patient characteristics
 - It will improve shared decision making with patients and families
- RSS also provides an objective metric for fair comparison of quality outcomes based on variable patient complexity.



Thank You





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