A Framework for Reducing Harm from Surgical Site Infections

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Regional Surgical Services

Objectives & About Us

- Describe our journey for reducing harm from surgical site infections
- Introduce concept of "Plus Measures"
- Share outcome measures

Tests & What we Learned

Our Hospital Overtime

5.0
4.0
3.0
2.0
1.0
0.0

06/06 12/06 06/07 12/07 06/08 12/08

4.5
4.0
3.5
3.0
2.5
2.0
1.5
1.0
0.5
0.0

Our Hospital

Exemplary

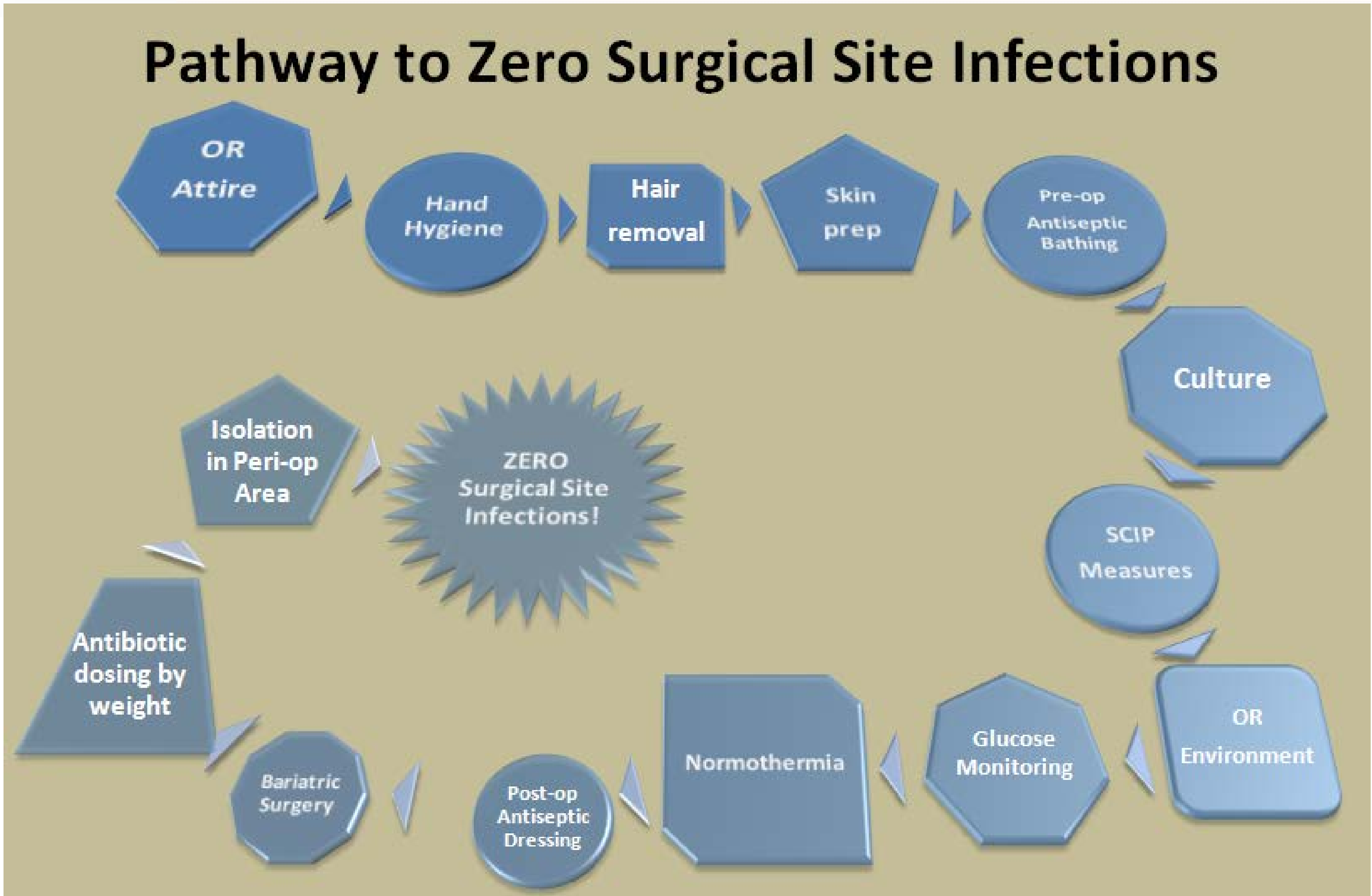
Needs Improvement

Barriers & How we Resolved

- Multidisciplinary team with project manager
- Creation of Pathway & Bundle adapted for our situation
- Separate team to tackle culture
- Surgical Summit
  - Call to Action
  - Unity of Purpose – The Patient Story

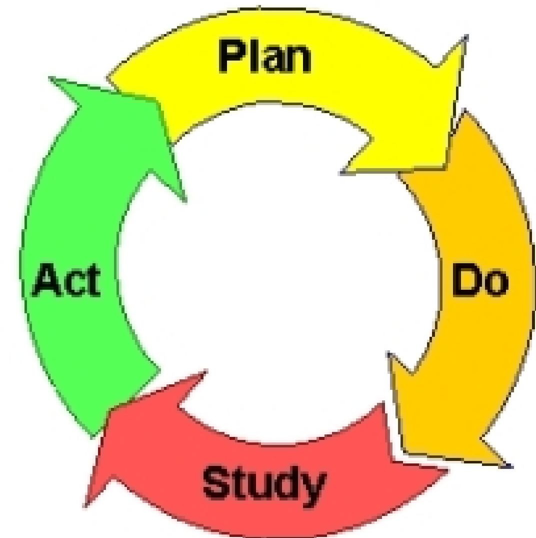
PARTNERSHIP FOR PATIENTS
HealthCare.gov

Barriers & How we Resolved



Barriers & How we Resolved

- Data collected for each intervention
- Chart audits and observations
- Communication of findings
- Intervention



Barriers & How we Resolved

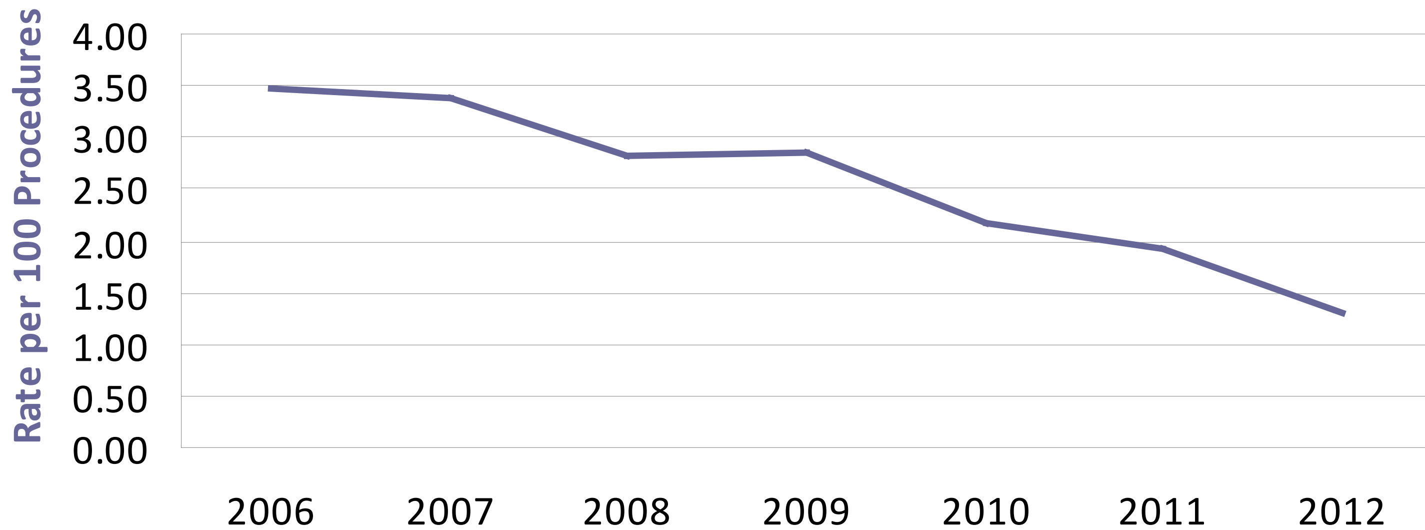
REGIONAL SURGICAL SERVICES
Quality Measure Report-Out

Initiative	2010 YTD	2011 YTD	March 2012	Course Correction
Antibiotic Timing	95%	97%	98%	• 100% chart audit for ASCs / KSMC remains with SCIP - Individual Anesthesiologist / CRNA's are being called-out per site with case/antibiotic time vs. incision timings for tracking and educational opportunities.
Appropriate Surgical Prep	73%	88%	93%	• Conversations have been made with each specialty who presented needs for an exception to the use of preferred prep solutions. • Letters are being sent to individual surgeons who present on the fall-out list.
Appropriate Hair Removal	70%	81%	81%	• All SPA Staff have been educated on hair clipping expectations and preference books were created with diagrams showing areas to be clipped per surgical sites. • Crucial Conversations have been made with each specialty arena who presented needs for exceptions to the use of preferred prep solutions. • Individual SPA / OR / and Surgeons are being called out in a report when they are noted on the fall-out report for individual educational opportunities. • Agreement with OR that transport float will clip prior to going from floor to OR (Half of fall-out report involves inpatients coming from floor setting). Automated report 100% case review available- New! Will change future audits after June cases.

Barriers & How we Resolved

Hand Hygiene	95%	89%	97%	• Regional UBT Team rolled out new audit form in April 2011 using the **Self Efficacy**; working with the culture of change to move initiative items.
Briefing / Time-Out- All areas met (changed to two callouts Briefing / Time-Out : all areas met in Jan 2012 due to Op-Time documentation changes)	90%	90%	Brief 99% Time-Out 97%	• CIS manager role created / hired. SME team to develop guidelines / protocols / policies around expected documentation. • Individual Circulator's are being called out in a report when they are noted on the fall-out report for individual educational opportunities. • Creating consistency in documentation.
Debriefing-Documented (changed to" performed" Y/N in Jan 2012 due to Op-Time documentation changes) Time-Out Documented	85%	88%	Debrief 98% Time-Out 99%	• **Debrief 100% chart audit for all sites** • Debrief process changing from conversation to check-list format. • Individual Circulator's are being called out in a report when they are noted on the fall-out report for individual educational opportunities. • Creating consistency in documentation • **Time-Out documented – 100% chart audits all sites**
OR Attire	98%	99%	100%	• Regional UBT Team added this to the debriefing form. Debriefing goal is 100% capture of surgical patient case (every case every time will be debriefed and documented).
Normothermia (SCIP)	98.1 %	99.4	100%	• Letters are being sent to individual surgeons who present on the fall-out list.
CHG Wipes -KSMC	NEW	69%	80%	• SPA re-educated in asking patients. Floor nurses to be educated in performing/documentation • Currently working on consistent charting within Op-time.

Outcome Measure



Advice for others

- **Engage the team**
  Set the tone, set expectations, open two-way communication

- **Introduce the patient**
  Enable the team to think about the patient, not just the case

- **Make safety a focus**
  Role-model safety measures (e.g. respect to time-out, sterility & count policies)

- **Empower the team to speak up**
  Solicit feedback and input

Advice for Others

- Cleary identify problem (patient & unity of purpose)
- Look at best practice and adopt/adapt
- Create a robust plan with support
- Don't forget about culture
- Measure, communicate & act
- Celebrate
- Sustain

Wrap Up & Next Steps

- KSMC reduced surgical site infections by 45%
- Questions?
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