#### Lehigh Valley Health Network

#### **LVHN Scholarly Works**

Department of Medicine

#### Have You Been to the Operating Room Lately?

Terry Lynn Burger MBA, BSN, RN, NE-BC, CIC Lehigh Valley Health Network, Terry\_Lynn.Burger@lvhn.org

Deborah A. Fry MT(ASCP), MBA, CIC Lehigh Valley Health Network, Deborah.Fry@lvhn.org

Stephanie DiGiovanni RN, BSN, CNOR Lehigh Valley Health Network

Follow this and additional works at: https://scholarlyworks.lvhn.org/medicine



Part of the Medical Sciences Commons

#### Let us know how access to this document benefits you

#### Published In/Presented At

Burger, T. L., Fry, D. A., & DiGiovanni, S. (2011). Have You Been to the Operating Room Lately?. LVHN Scholarly Works. Retrieved from https://scholarlyworks.lvhn.org/medicine/27

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

# Have You Been to the Operating Room Lately?

Terry Burger, MBA, BSN, RN, NE-BC, CIC; Deborah A. Fry, MT(ASCP), MBA, CIC; Stephanie DiGiovanni, RN, BSN, CNOR; Lehigh Valley Health Network, Allentown, Pennsylvania

#### Issue

- Surgical site infection (SSI) represent 1/4 of all health care associated infections (HAIs) that occur each year. The operating room is generally not on the path of daily surveillance activities. Many Infection Preventionists (IPs) are uncomfortable entering the protective environment of the operating room and interacting in the unique culture of the surgical team.
- The Infection Control and Prevention
   Department identified a need to increase transparency and enhance collaboration with the operating room to improve surgical site infection prevention practices.

# Project

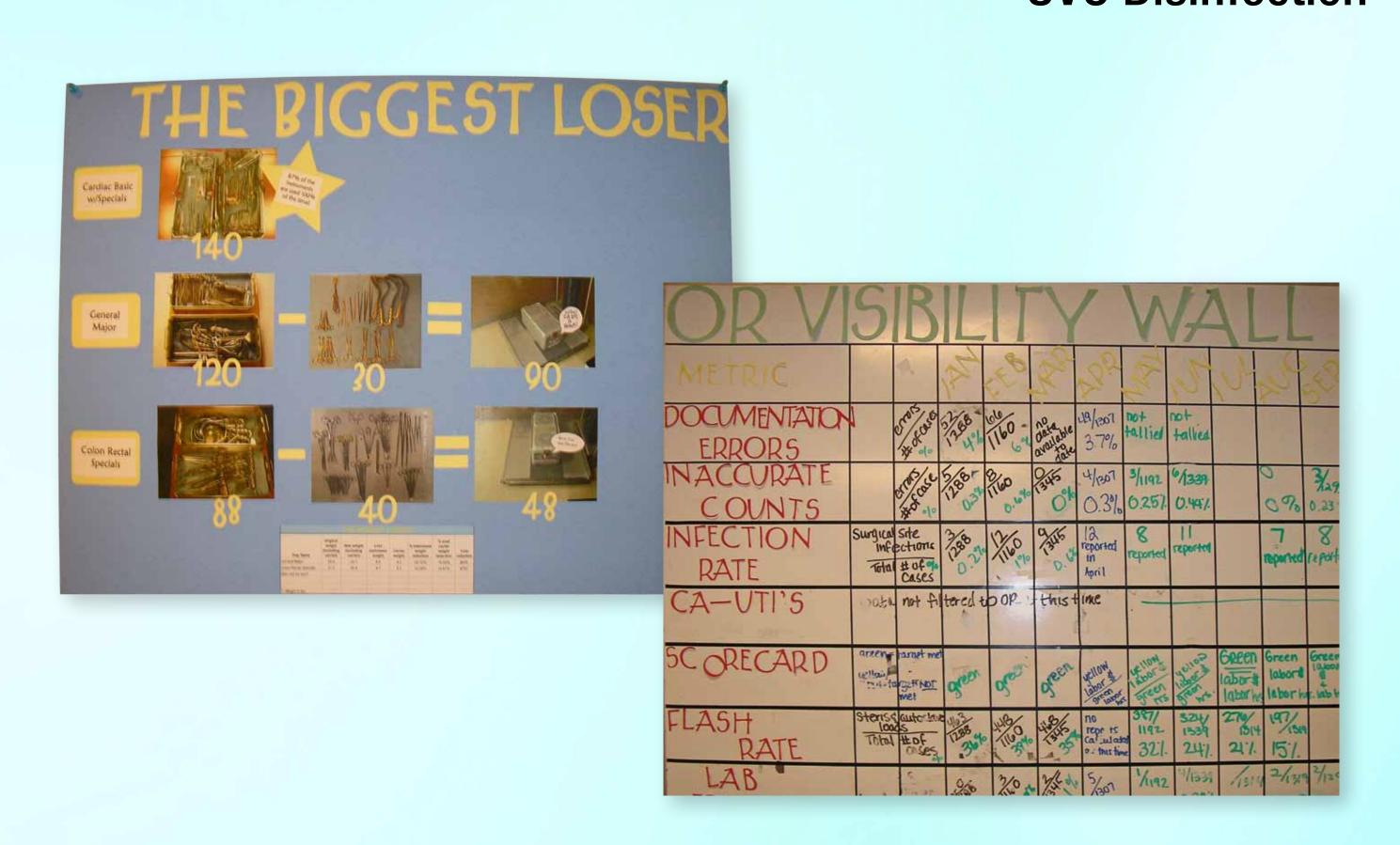
 An operating room nurse was hired that demonstrated an interest in infection prevention, was self motivated, and possessed the interpersonal skills to interact with operating room personnel and facilitate projects. The new IP's responsibilities were focused principally on improvements in the perioperative division.

## Results

Within 12 months the new IP was able to identify, standardize, coordinate and facilitate the adoption of new products, procedures and practices that improved infection prevention and quality outcomes including:

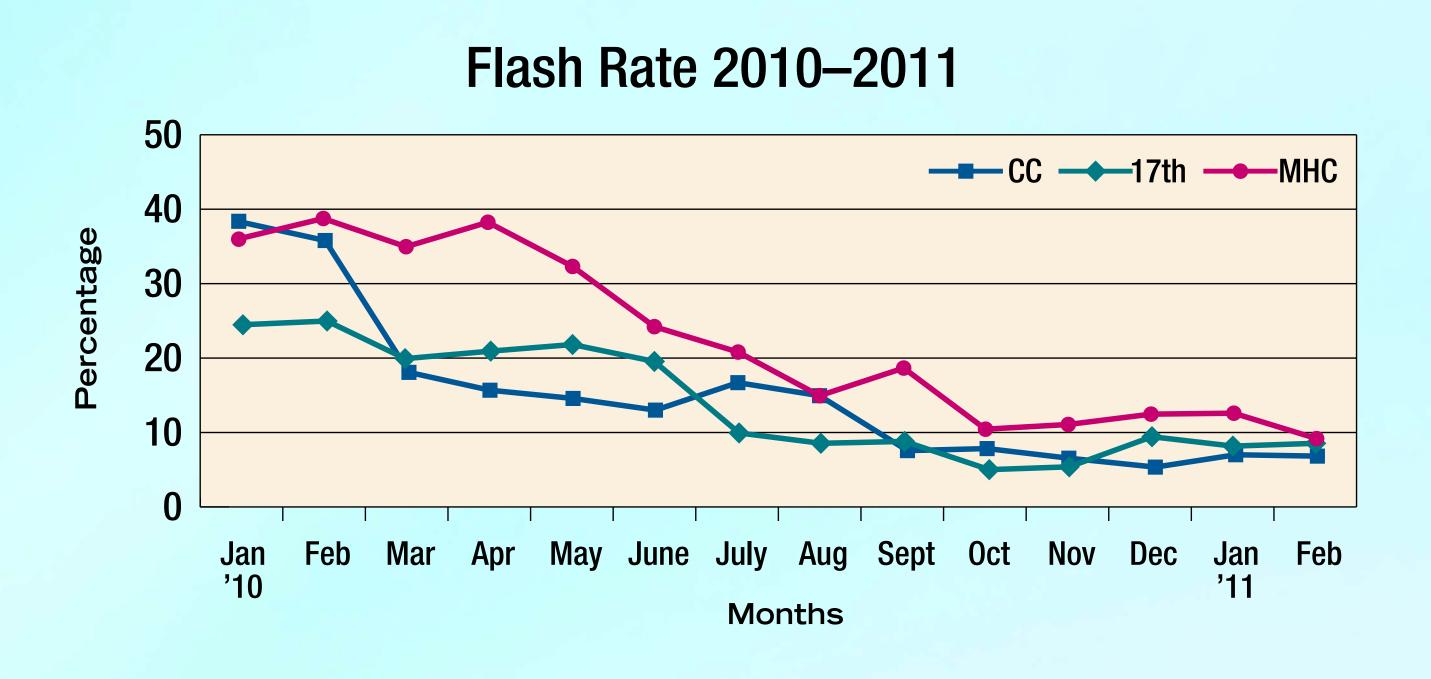
- Terminal cleaning schedule of operating rooms with UVC disinfection
- Environmental rounds and measurement of cleaning efficacy of anesthesia equipment
- Reduction of flash sterilization
- Implementation of a medical device reprocessing program
- Transition to chlorhexidine as the preferred surgical skin prep
- Posted SCIP measures, SSI rates, and Catheter Associated Urinary Tract Infection rates on Visibility Walls
- Reduction in the weight of instrument carriers

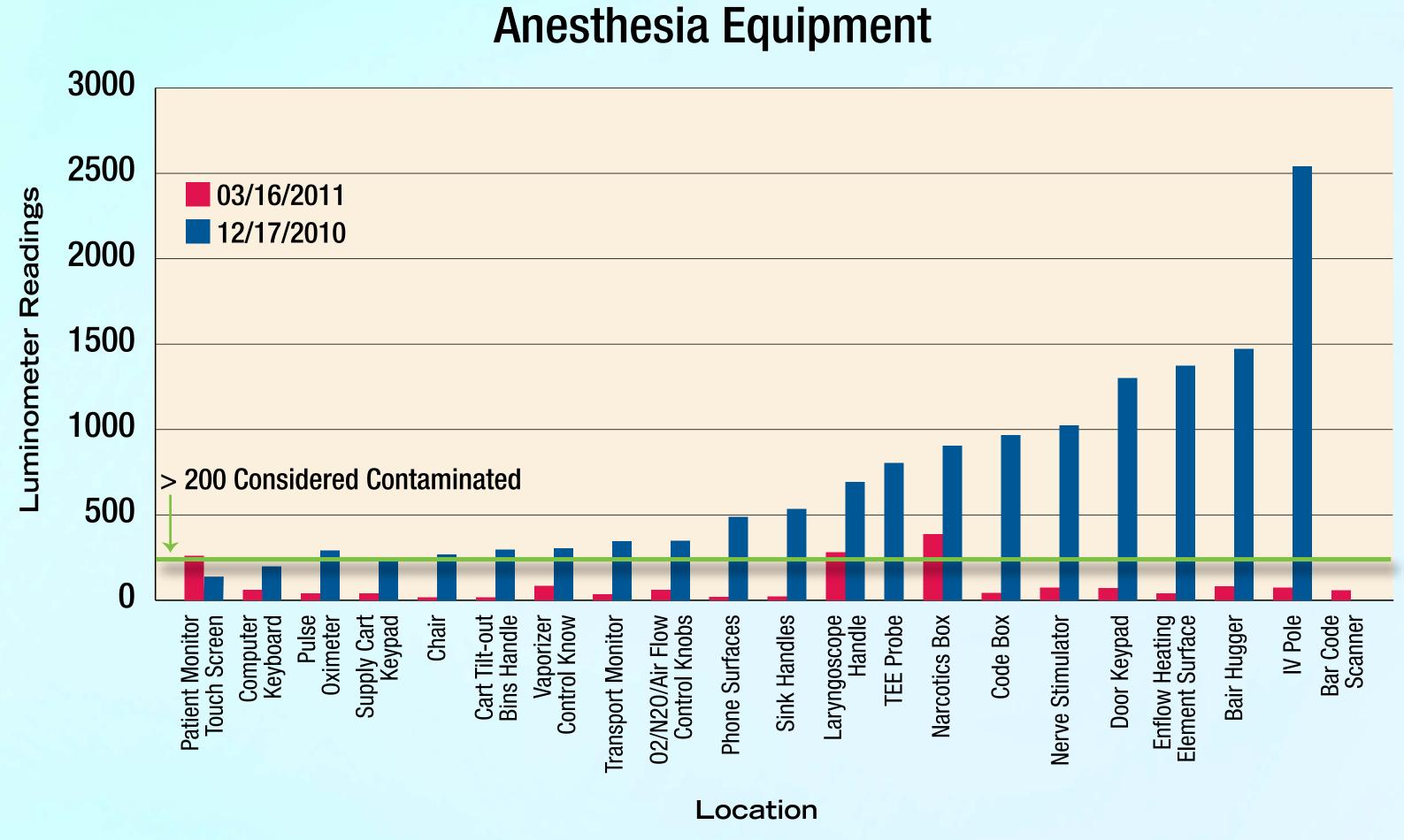
### **UVC** Disinfection





## Reduction of Flash Sterilization

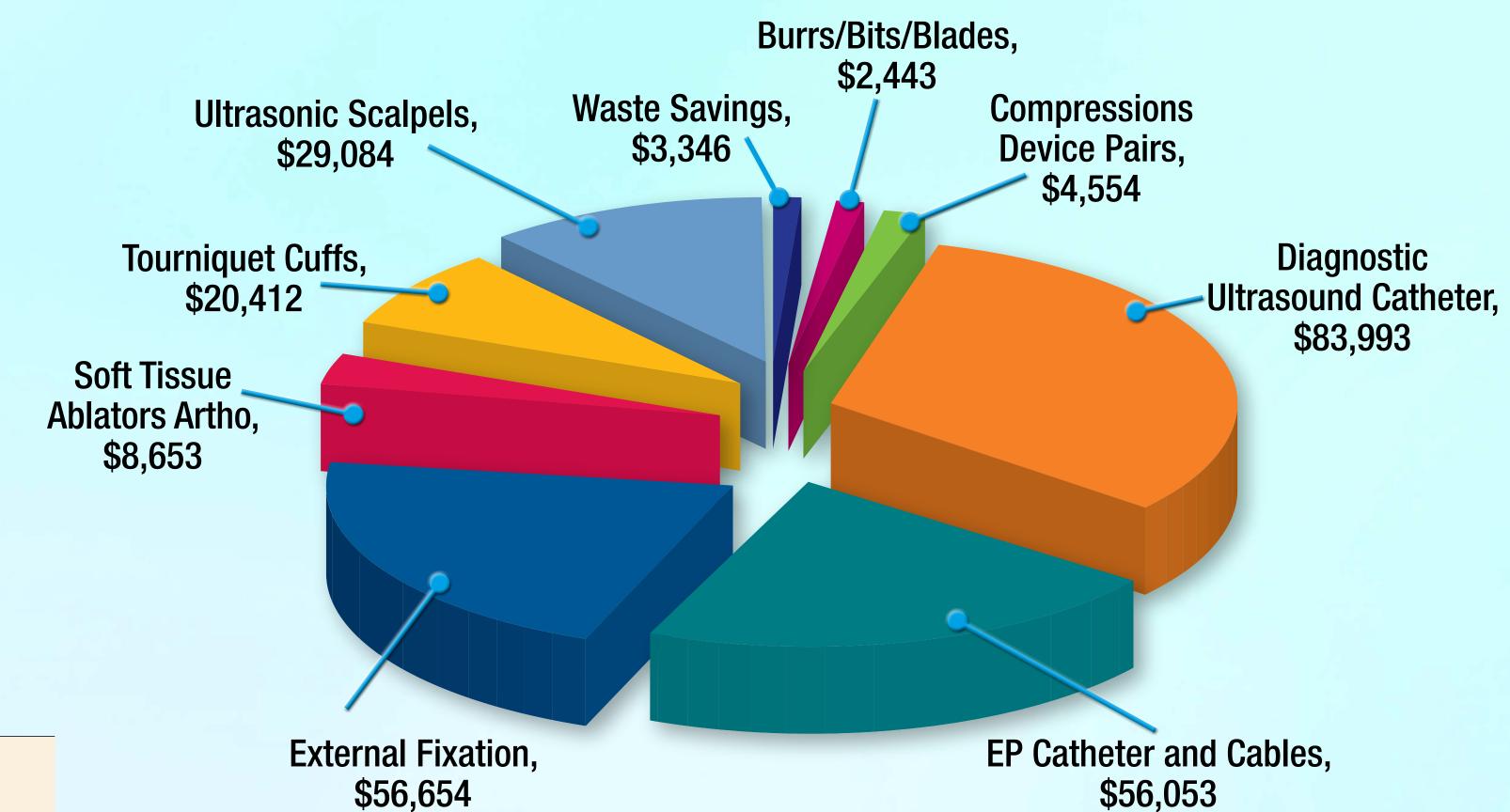




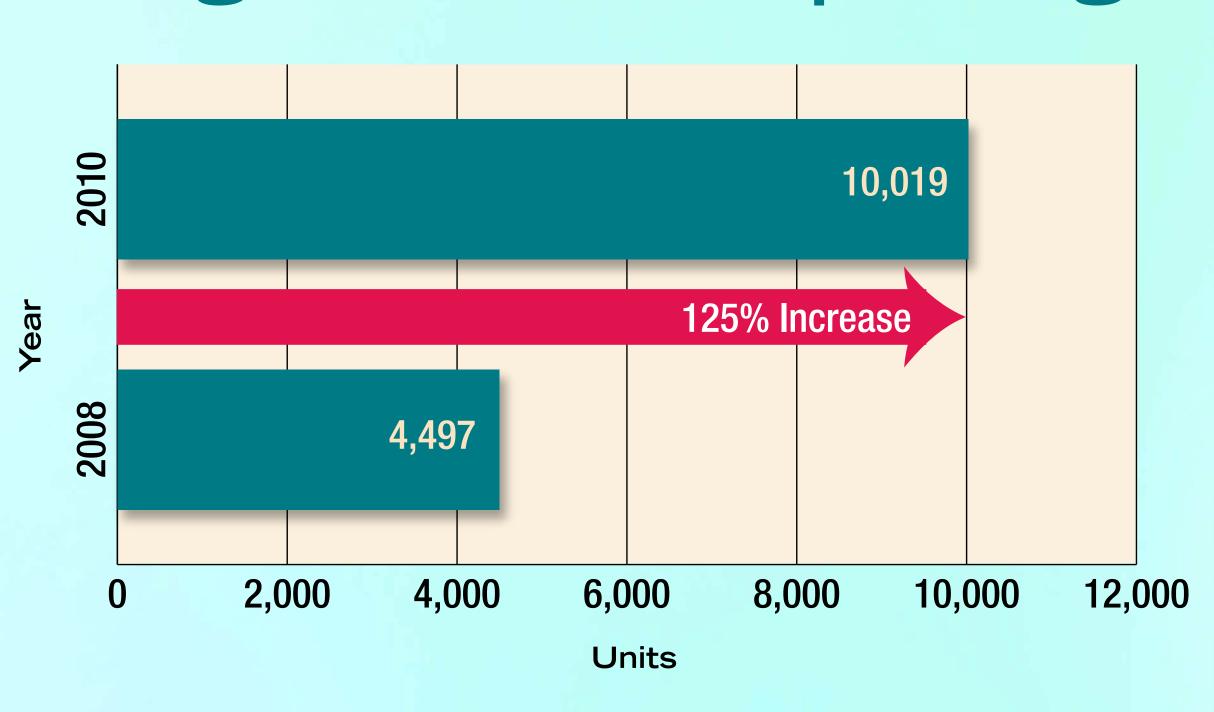
#### **ASCENT Medical Device Reprocessing**

Device Savings	0ct 2010	Nov 2010	Dec 2010	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Total Savings
Burrs / Bits / Blades									Savings
	\$0	\$0	\$0	\$0	\$2,289	\$154	\$0	\$0	\$2,443
Compression Device - Pairs	\$134	\$538	\$672	\$672	\$672	\$538	\$672	\$656	\$4,554
Diagnostic Ultrasound Catheter	\$0	\$1,528	\$16,806	\$7,639	\$16,439	\$21,389	\$7,639	\$12,553	\$83,993
P Catheters & Cables	\$0	\$6,367	\$14,288	\$1,000	\$9,744	\$11,849	\$8,001	\$4,804	\$56,053
external Fixation	\$0	\$0	\$0	\$0	\$0	\$44,478	\$0	\$12,176	\$56,654
Soft Tissue Ablators - Arthro	\$0	\$0	\$0	\$2,155	\$1,796	\$1,796	\$0	\$2,906	\$8,653
ourniquet Cuffs	\$0	\$1,223	\$3,667	\$2,200	\$3,666	\$4,522	\$1,956	\$3,178	\$20,412
Ultrasonic Scalpels	\$0	\$0	\$2,769	\$11,880	\$14,435	\$0	\$0	\$0	\$29,084
	\$134	\$9,656	\$38,202	\$25,546	\$49,041	\$84,726	\$18,268	\$36,273	\$261,846
Vaste Savings	0ct 2010	Nov 2010	Dec 2010	Jan 2011	Feb 2011	Mar 2011	Apr 2011	May 2011	Savings Totals
Vaste Savings	\$0	\$110	\$358	\$563	\$483	\$719	\$573	\$540	\$3,346
otal Weight (lbs)	0	366	1,194	1,876	1,608	2,396	1,907	1,802	11,149

# Medical Device Reprocessing



# Chlorhexidine Surgical Skin Prep Usage



## Improvement Efforts in Progress

- Decrease red bag waste
- Implement Isolyser
- Reduce potential exposure to blood and body fluid
- Enforce sharps management
- Improve environmental sanitation
- Establish routine environmental rounds
- Employ the luminometer
- Install disinfectant wipes in every OR
- Improve hand hygiene compliance
- Install alcohol hand sanitizers in every OR

## Lessons Learned

- Rapid cycle improvement in the operating room can be accomplished with the expertise of an "insider" in this case a former operating room nurse hired as an IP.
- Assigning an IP to work exclusively on perioperative initiatives accelerated the identification and execution of infection prevention projects.
- Dissemination of performance outcomes to the end users is paramount to engage staff in performance improvement and to function as change agents.



A PASSION FOR BETTER MEDICINE."