

Winning the Battle Against Surgical Site Infections

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Winning the Battle Against Surgical Site Infections

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Rationale for Change

- In January 2012 Class IV Superficial Wound Infection average was 4.8% compared to national average of 2.5%
- Optimal patient care and best practice
- Decreased Federal government reimbursement for surgical site infections

Common Site Infection Prevention Battle

- Preoperative CHG baths on all incisional surgical candidates
- Implementation of a prophylactic pre-operative antibiotic protocol
- All hair clipping preformed in pre-operative unit
- Chloraprep use on all applicable surgical procedures
- Delayed closure of Class IV wounds
- Room temperature maintained between 68° to 72°
- Humidity maintained between 30% to 60%
- Hand hygiene compliance monitoring
- Maintenance of blood glucose levels
- Postoperative surgical room disinfection (TRU-D Machine)

Future Initiatives

- Preoperative patient warming with warm forced air
- Preoperative nasal antiseptic spray
- Use of Chloraprep on all surgical procedures

Implementation

- Created a multidisciplinary Infection Control Task Force
- Conducted environmental infection control safety rounds
- Researched evidence based practices
- Revised appropriate operating room policies and standard work
- Educated perioperative staff on Infection Control Task Force recommendations
- Piloted CHG baths and Choraprep use in selected specialties before implementing in all specialties

Challenges

- Compliance with:
 - Antibiotic ordering for selected surgical procedures
 - Hair clipping outside the operating room
 - Routine hand hygiene
 - Room temperature maintenance
 - Mandatory use of Cloraprep
 - 100% CHG baths on all surgical patients
 - 100% delayed Class IV wound closure

Outcome

- Successful implementation and compliance with all recommendations in every specialty
- Standardization of practices at four different campuses
- Improved patient safety
- Decreased Class IV superficial wound infections to 1.4%

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