Winning the Battle Against Surgical Site Infections

Lisa Farthing MSN, RN, CNOR
Lehigh Valley Health Network, Lisa.Farthing@lvhn.org

Michelle Reigard RN, CNOR
Lehigh Valley Health Network, Michelle_D.Reigard@lvhn.org

Follow this and additional works at: http://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Diseases Commons, Infectious Disease Commons, and the Nursing Commons

Published In/Presented At

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.
Winning the Battle Against Surgical Site Infections
Lisa Farthing, MSN, RN, CNOR and Michelle Reigard, RN, CNOR
Lehigh Valley Health Network, Allentown, Pennsylvania

**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 Chloraprep 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 Chloraprep
  - 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%