

Reducing Colon SSIs in the Acute Care Setting

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Why Focus Our Efforts?

- ❖ 160,000-300,000 SSIs occur each year in the United States
- ❖ SSIs are the most common and costly hospital acquired infection
- ❖ They account for \$3.5 billion to \$10 billion annually in healthcare expenditures using the consumer price index for inpatient hospital services with all cost estimates adjusted for 2007 dollars
- ❖ Each SSI is associated with approximately 7-11 additional postoperative hospital days
- ❖ SSI rates after colorectal surgeries are disproportionately higher than other surgeries

The Big Picture

We strive to provide quality care and foster an environment of patient safety and satisfaction

Our Journey...

National Quality Improvement Efforts

Standardized Care

Bundled Approach

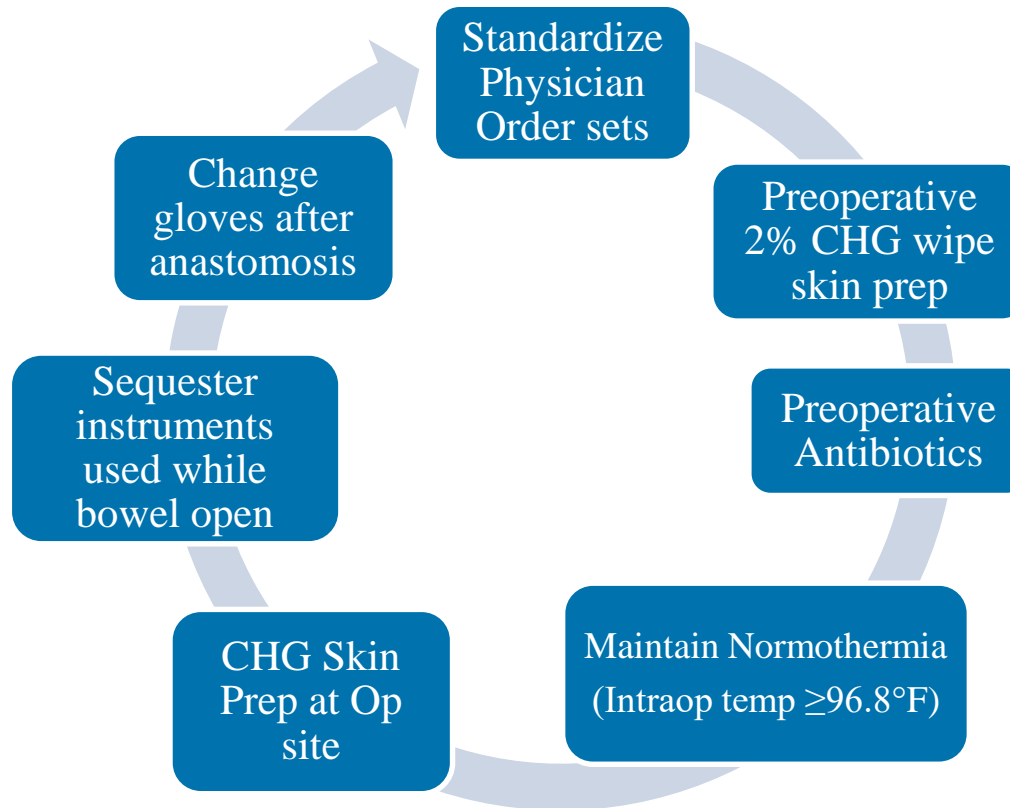
Measurable Goals

Increase Engagement of Key Stakeholders

- ❖ CMS Quality Reporting Program requires inpatient colon procedures and surgical site infections to be reported using CDC's National Healthcare Safety Network in 2012
- ❖ Joint Commission Center for Transforming Healthcare launches project for reducing colorectal surgical site infections in collaboration with the American College of Surgeons (ACS)
- ❖ OhioHealth implements preventative measures as bundle to standardize care and reduce infections for our colorectal population

Phase 1

Riverside implements a bundle of care approach based on TJC and ACS project



Continuous Improvement & Measuring Success



Strive to Improve



Phase 2

Be Specific. Pull out measurable pieces of the bundle and measure success



First PDSA Cycle



Assess antibiotic administration time based on SHEA guidelines

Measure % of patients who received the correct antibiotic at the correct time to allow adequate tissue perfusion

Share data with Anesthesiologists

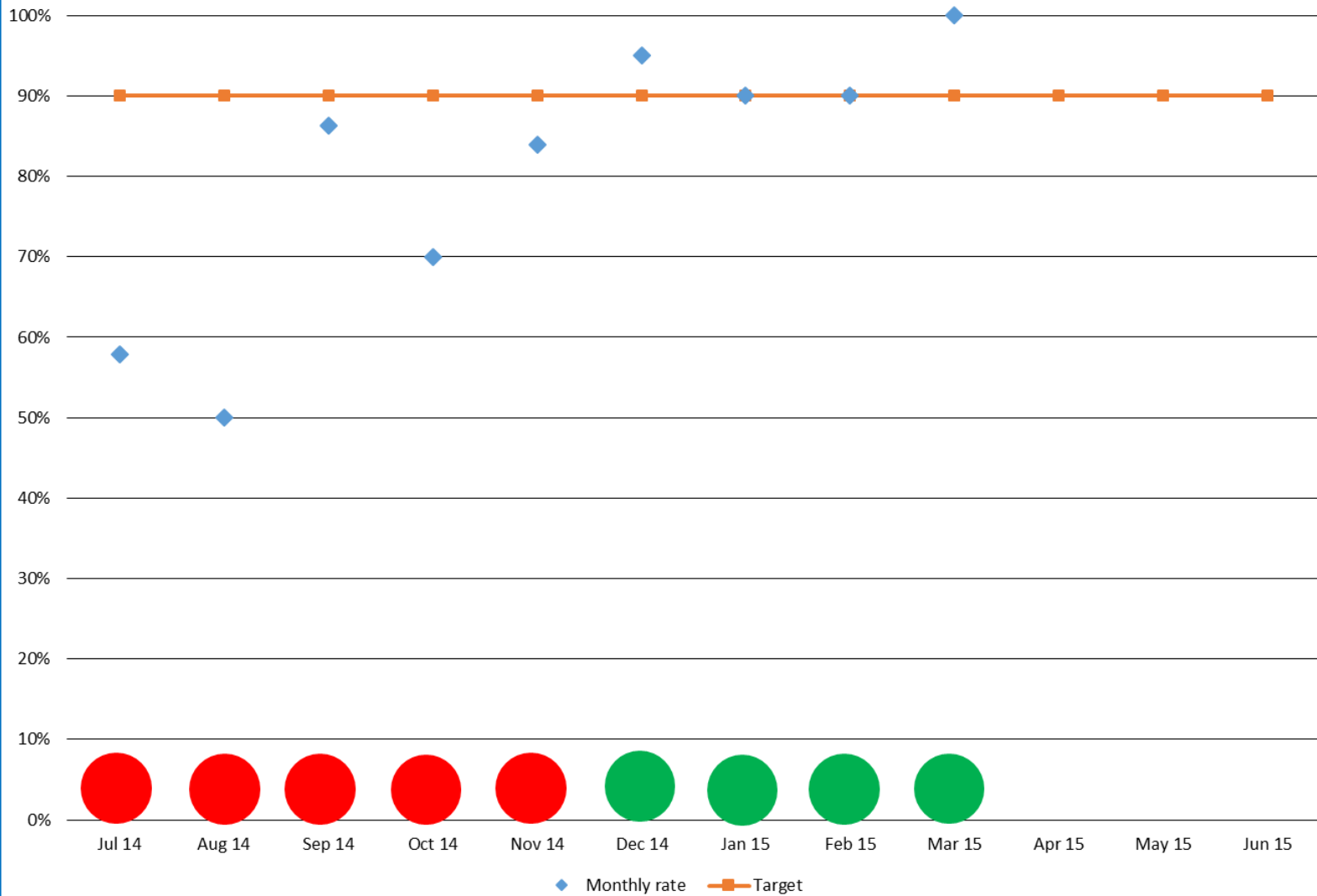


Measure monthly until goal of 90% is obtained and sustained for at least 3 months

Components of Success

- Assess percentage of incidences when antibiotic was given too close to incision time
- Look for commonalities in misses by provider
- Share data with Anesthesiologist and work with them to develop action plan
- Anesthesiologist agreed to start ATB immediately upon patient entering room for colon cases
- Circulators agreed to write ATB administration time on white board and update room when redosing was required.

Pre-op antibiotic (selection/timing for tissue perfusion and redosing) for colon surgeries



Second PDSA Cycle



Spend time observing process in the OR

Identify opportunity for improvement

Work with OR team to develop standard work for sequestering dirty instruments and changing gloves

Set a goal, measure success, and share data with stakeholders

Components of Success

- OR observations
- Regular meetings with surgeons and OR management to determine where to focus efforts
- Self audit tool for staff members
- Created team of OR nurses, surgeon, infection prevention, and OR management to develop standard work for sequestering dirty instruments and closing table
- Assess progress and share data with OR staff

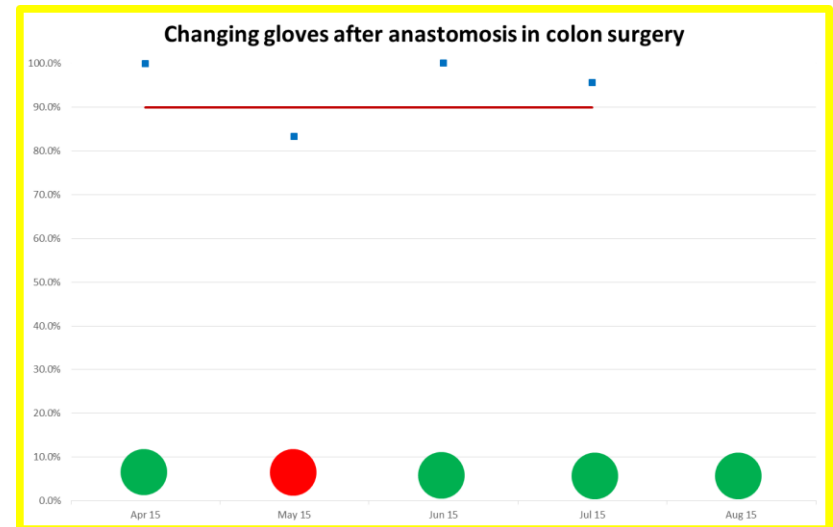


Riverside Methodist Hospital
Surgery Department
Process Measure Form

Name: _____ Date: _____

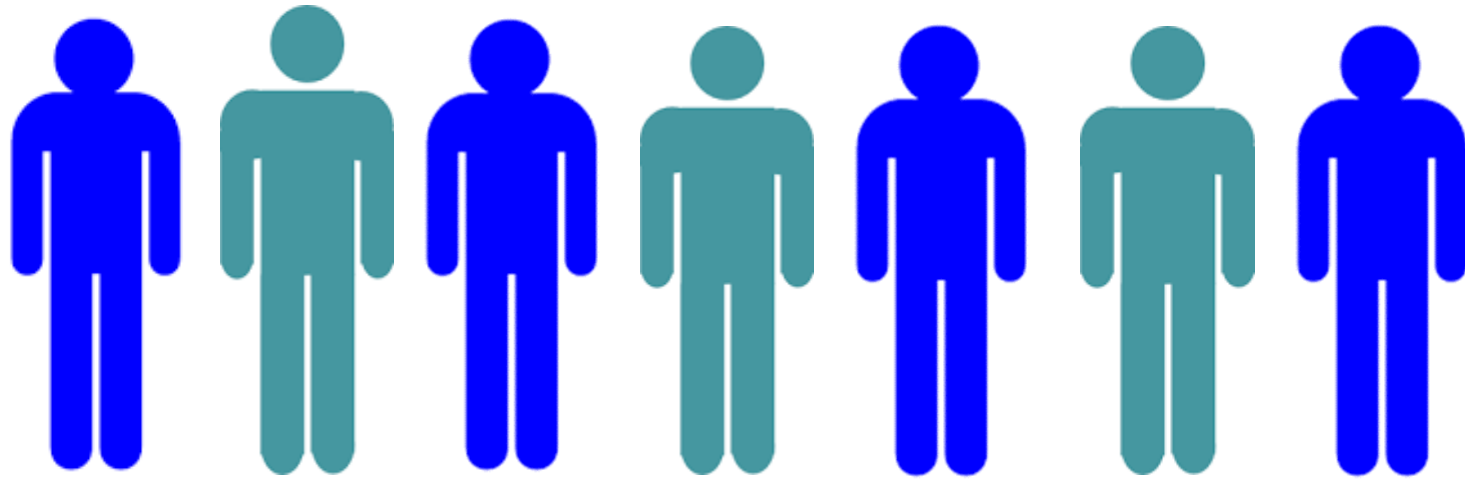
Process Measure	Yes	No	Notes
Did scrub RN/Tech designate area for dirty instruments to be placed?			Any instrument used during anastomosis or coming into contact with a contaminated area during surgery
Were dirty instruments removed/separated from clean instruments prior to fascia closing?			
Did resident and scrub change gloves prior to fascia closing?			
Did surgeon change gloves prior to closing?			
Were only clean instruments used to close fascia?			

Operating Room: _____ Time: _____



- Daily self audits
- Standard practice for sequestering dirty instruments implemented
- Set up a closing table at beginning of every case
- Scrub RN/Tech initiates glove change after anastomosis

Engaging Key Stakeholders



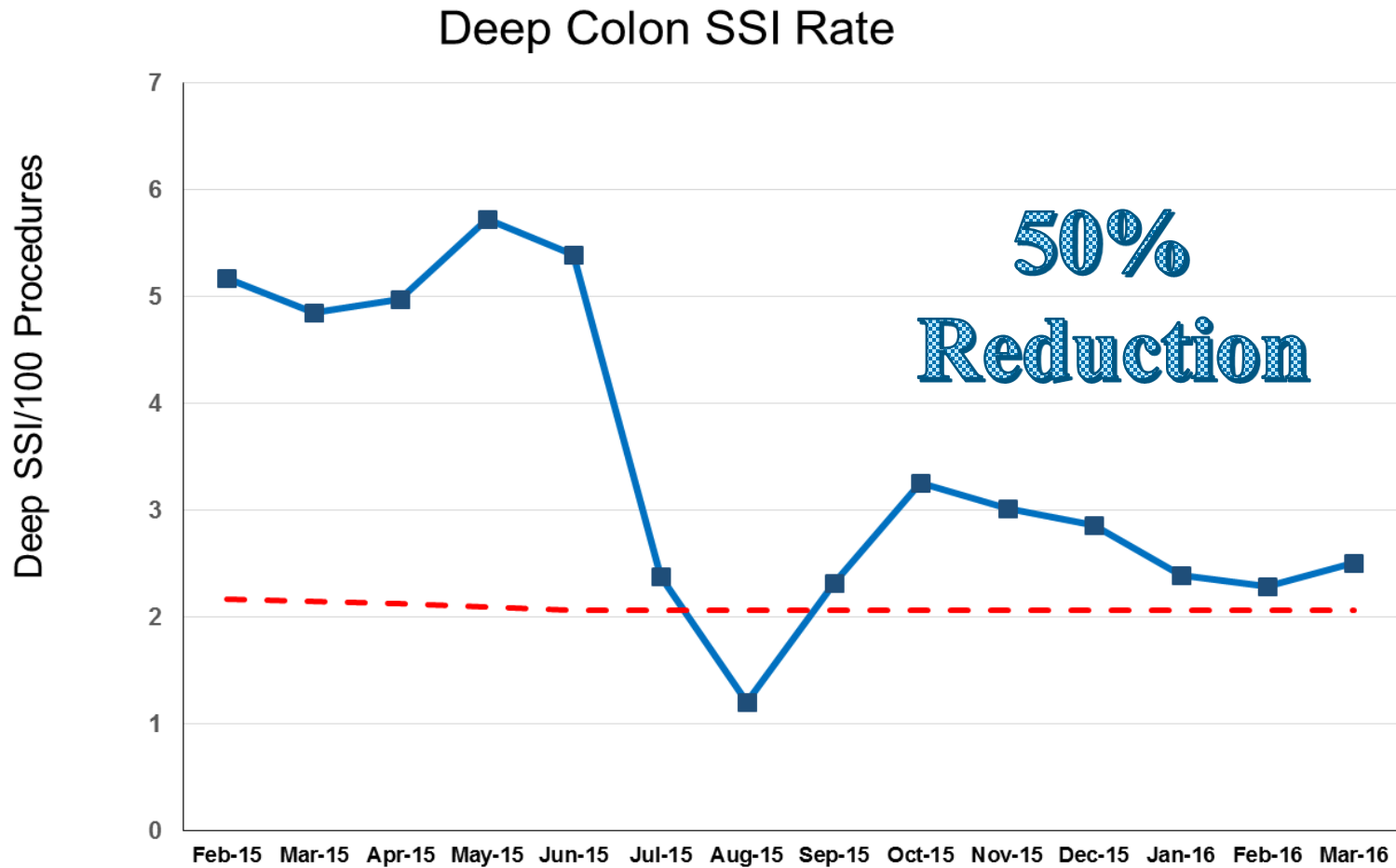
Continue Improving!

- Determine your next PDSA cycle
- Keep key stakeholders involved
- Measure your success and failures along the way
- Be able to tell the story!

Successfully Integrating Standard Work

- Develop self audit tools for OR staff to report current state
- Assess compliance and share current data
- Spend time doing observations in OR
- Return compliance rate to physicians, nurse managers, and senior leadership
- Let the people doing the work decide how the work should be done
- Facilitate don't dictate

Celebrating Sustained Success!





A FAITH-BASED, NOT-FOR-PROFIT HEALTHCARE SYSTEM

RIVERSIDE METHODIST HOSPITAL + GRANT MEDICAL CENTER + DOCTORS HOSPITAL

GRADY MEMORIAL HOSPITAL + DUBLIN METHODIST HOSPITAL + DOCTORS HOSPITAL–NELSONVILLE

HARDIN MEMORIAL HOSPITAL + MARION GENERAL HOSPITAL + REHABILITATION HOSPITAL + O'BLENESS HOSPITAL

MEDCENTRAL MANSFIELD HOSPITAL + MEDCENTRAL SHELBY HOSPITAL + WESTERVILLE MEDICAL CAMPUS

HEALTH AND SURGERY CENTERS + PRIMARY AND SPECIALTY CARE + URGENT CARE + WELLNESS

HOSPICE + HOME CARE + 28,000 PHYSICIANS, ASSOCIATES & VOLUNTEERS