HRET HIIN Surgical Site Infection (SSI)

What Do You See from Where You are Standing?

January 10, 2017
Welcome and Introductions

Emily Koebnick, Program Manager, HRET
Webinar Platform Quick Reference

- Mute computer audio
- Today’s presentation
- Chat with participants
- Download slides/resources
- Register for upcoming events
## Agenda for Today

<table>
<thead>
<tr>
<th>Time</th>
<th>Section</th>
<th>Details</th>
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<tr>
<td>11:00 - 11:10 a.m.</td>
<td>Welcome and Introductions</td>
<td>Happy New Year and review of New Year resolutions/objectives</td>
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|                |                                              | Emily Koebnick, MPH, MPA  
Program Manager, HRET                                                   |
| 11:10 - 11:20 a.m. | What are the Approaches to Reducing SSI?    | What is the current “state of the SSI”?  
What does the evidence tell us to do?  
What do we do if we are doing all of that and still not content with results? |
|                |                                              | Barb DeBaun, RN, MSN, CIC  
Steve Tremain, MD, FACPE  
Improvement Advisors, Cynosure Health                                 |
| 11:20 - 11:40 a.m. | Open Discussion                             | What barriers do you face for SSI reduction? Where do you struggle?  
What does not work? Are they barriers or excuses?  
Tell us your stories                                                    |
|                |                                              | Barb DeBaun, RN, MSN, CIC  
Steve Tremain, MD, FACPE  
Improvement Advisors, Cynosure Health                                 |
| 11:40 - 11:45 a.m. | Future SSI HIIN Education                  | HRET is designing a two-year campaign to reduce SSI by 20 percent. What tools, education and technical assistance would help you achieve this goal?  
What types of future programming would be helpful?                      |
|                |                                              | Barb DeBaun, RN, MSN, CIC  
Steve Tremain, MD, FACPE  
Improvement Advisors, Cynosure Health                                 |
| 11:45 - 11:50 a.m. | Bring it Home                                | SSI resources  
Fellowship                                                             |
|                |                                              | Emily Koebnick, MPH, MPA  
Program Manager, HRET                                                   |
HEN 2.0 SSI Results

Surgical Site Infections (SSI)

91% of Eligible Acute/CAH/Children’s Hospital Reporting Data

18% Reduction in SSI Measures

92% Percent of participants that stated information provided will promote higher quality work

What does that mean?

792 SSI PREVENTED

$16,631,000 TOTAL PROJECT ESTIMATED SSI COST SAVINGS

16 states MEETING THE REDUCTION IN PREVENTABLE HARM GOAL

40%
HEN 2.0 SSI Results

Which is enough money to purchase...

12 GERM ZAPPING ROBOTS THAT CAN RID A HOSPITAL ROOM OF GERMS IN FIVE MINUTES


Met the Partnership for Patients goal of 17.6% REDUCTION IN ALL CAUSE HARM.
WHAT IS THE CURRENT STATE OF SSI PREVENTION?

Barb DeBaun, RN, MSN, CIC
Steve Tremain, MD, FACPE
Improvement Advisors, Cynosure Health
Happy New Year

New Year's Resolutions

1.
2.
3.
2017: Hope Springs Eternal

- “Being a better person”
- Exercising more
- Weight loss
- Spending less money
- Saving more
- Improving one’s health
- Eating healthier
Will We Fail or Succeed?
How Do We Know Where We Are?
What are the Dirty Dozen Must-do’s?
Antimicrobial Prophylaxis

• Selection
• Time
• Dosage – weight based
• Redosing
• Duration after surgery
Blood Glucose Control

• Maintain postoperative blood glucose between 140 and 180 mg/dL
• In selected cases, may target to as low as 110
• Intensive postoperative glucose control (<110 mg/dL) has not been recommended since 2009
Normothermia

- 35.5°C or more
- Mild degrees of hypothermia can increase SSI risk
- Impacts circulation, coagulation, medication metabolism and wound healing
Supplemental Oxygenation

• Pre/intra/post
• Optimizes tissue oxygenation and reduces SSI risk
• Low cost and simple
Skin Antisepsis (Pre and Peri-op)
Hair Removal Practices
Perioperative Safety Checklist

• Communication
• Time-outs
• Promotes safe culture
Culture of Safety
What Really Does Happen Beyond the Red Line?
Surgical Attire: What We Wear Matters
Head Covers
What Do We Do If We Are Doing All This and Still Not Content With Results??
Barriers and Struggles?
<table>
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<th><strong>Is it a barrier?</strong></th>
<th><strong>Is it an excuse?</strong></th>
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<tr>
<td>• A real thing that is preventing us from being successful</td>
<td>• Justification for why we are not willing to do what is expected</td>
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What Is Your Story?
Future SSI HIIN Education

Your excuse is invalid.
SSI Resources

SSI topic page on the HRET HIIN website

Surgical Site Infection (SSI)

Importance: More than 15 million surgeries are performed in the United States annually (Anderson et al., 2014). Between two and five percent of these patients will develop a SSI, totaling anywhere from 160,000 to 300,000 SSIs nationwide every year. SSIs are now the most common and expensive nosocomial infection in the U.S. (Anderson et al., 2013; Lewis et al., 2013; Zimlichman et al., 2013). Nonetheless, 60 percent of SSIs are potentially preventable (Anderson et al., 2014). While statistics certainly communicate the magnitude of the problem, patient stories can help us understand the resounding impacts of SSIs on patients and their families. Listen to Rosie Bartel's experience with knee replacement surgery.

PfP Goal: By 2018, each participating HIIN hospital reduces SSIs by at least 20 percent.

Download the SSI Change Package

Download the SSI Checklist

Watch a Recent SSI Event

Access Additional SSI Resources

www.hret-hiin.org/topics/ssi/index.shtml
Surgical Site Infections
Change Package

Preventing Surgical Site Infections

Drivers in This Change Package

<table>
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<tr>
<th>Prevent SSI</th>
<th>Change Idea</th>
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<tr>
<td>Antimicrobial Prophylaxis</td>
<td>Choose appropriate prophylactic antibiotics</td>
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<tr>
<td>Preoperative Skin Antisepsis</td>
<td>Ensure preoperative skin cleansing</td>
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<tr>
<td>Perioperative Skin Antisepsis</td>
<td>Select perioperative skin antiseptic</td>
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<td></td>
<td>Administer the skin antiseptic correctly</td>
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<tr>
<td>Normothermia</td>
<td>Prevent hypothermia during all surgical phases</td>
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<tr>
<td>Perioperative Safety Checklist</td>
<td>Utilize perioperative safety checklist</td>
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<tr>
<td>Glucose Control</td>
<td>Monitor hyperglycemia preoperatively, perioperatively and postoperatively</td>
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<td>Supplemental Oxygen</td>
<td>Administer supplemental oxygen during and after surgery</td>
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<td>Additional Strategies To Prevent SSI</td>
<td>Adhere to established guidelines to prevent SSI</td>
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<td></td>
<td>Identify staphylococcus aureus-colonized patients and decolonize preoperatively</td>
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<td>Develop guidelines for surgical wound management intraoperatively and postoperatively</td>
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www.hret-hen.org/topics/ssi/HRETHEN_ChangePackage_SSI.pdf
## SSI Resources - Checklist

**2016 SSI Top Ten Checklist**

<table>
<thead>
<tr>
<th>Process Change</th>
<th>In Place</th>
<th>Not Done</th>
<th>Will Adopt</th>
<th>Notes (Responsible and By When?)</th>
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<tr>
<td>Develop and follow standardized order sets for each surgical procedure to include antibiotic name, timing of administration, weight-based dose, re-dosing (for longer procedures) and discontinuation.</td>
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<td>Ensure preoperative skin antisepsis (basic soap and water shower) antisepsic agent (e.g., chlorhexidine gluconate (CHG) cloths).</td>
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<td>Develop standardized perioperative skin-antisepctic practices utilizing the most appropriate skin antisepctic for the type of surgery performed.</td>
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<td>Develop a standardized procedure to assure normothermia by warming ALL surgical patients.</td>
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<td>Develop and implement protocol to optimize glucose control in ALL surgical patients.</td>
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<td>Administer supplemental oxygen during the preoperative, intraoperative and postoperative periods.</td>
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<td>Develop protocol to screen and/or decolonize selected patients with Staphylococcus aureus.</td>
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<td>Adhere to established guidelines (e.g., HICPAC, AORN) to assure basic aseptic techniques (e.g., traffic control, attire) are adhered to uniformly.</td>
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<td>Utilize a Safe Surgery Checklist to drive development of a culture of safety that provides an environment of open and safe communication among the surgical team.</td>
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<td>Establish a system where surgical site infection data are analyzed and shared.</td>
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[www.hret-hen.org/topics/ssi/HRETHEN_Checklist_SSI.pdf](http://www.hret-hen.org/topics/ssi/HRETHEN_Checklist_SSI.pdf)
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- Learn from subject matter experts
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The HRET HIIN offers two fellowship opportunities free of charge for participating HIIN hospitals.

1. Quality Improvement Fellowships
   1. Learn more
   2. Register for Foundations for Change or register for Accelerating Improvement

2. PFE Fellowship
   1. Learn more
   2. Register
Thank You!

Find more information on our website: www.hret-hiin.org

Questions or Comments: HIIN@aha.org