

Lions Gate Hospital

Preventing Surgical Site Infection (SSI): How do we align with best practice?

PROJECT SUMMARY

- Utilizing data from the National Surgical Quality Improvement Program (NSQIP), it was identified that we had a higher than expected rate of SSI
- The project goal was to assess how we currently use best practice guidelines related to prevention of SSIs in the peri-operative setting, and identify plans for future improvement
- 5 weeks of observations were undertaken using convenience sampling, in our General Surgery and Orthopedics population, to provide a baseline for current practice. A total of 81 cases were observed

MEET THE TEAM!

LGH Operating Room Quality Improvement Committee

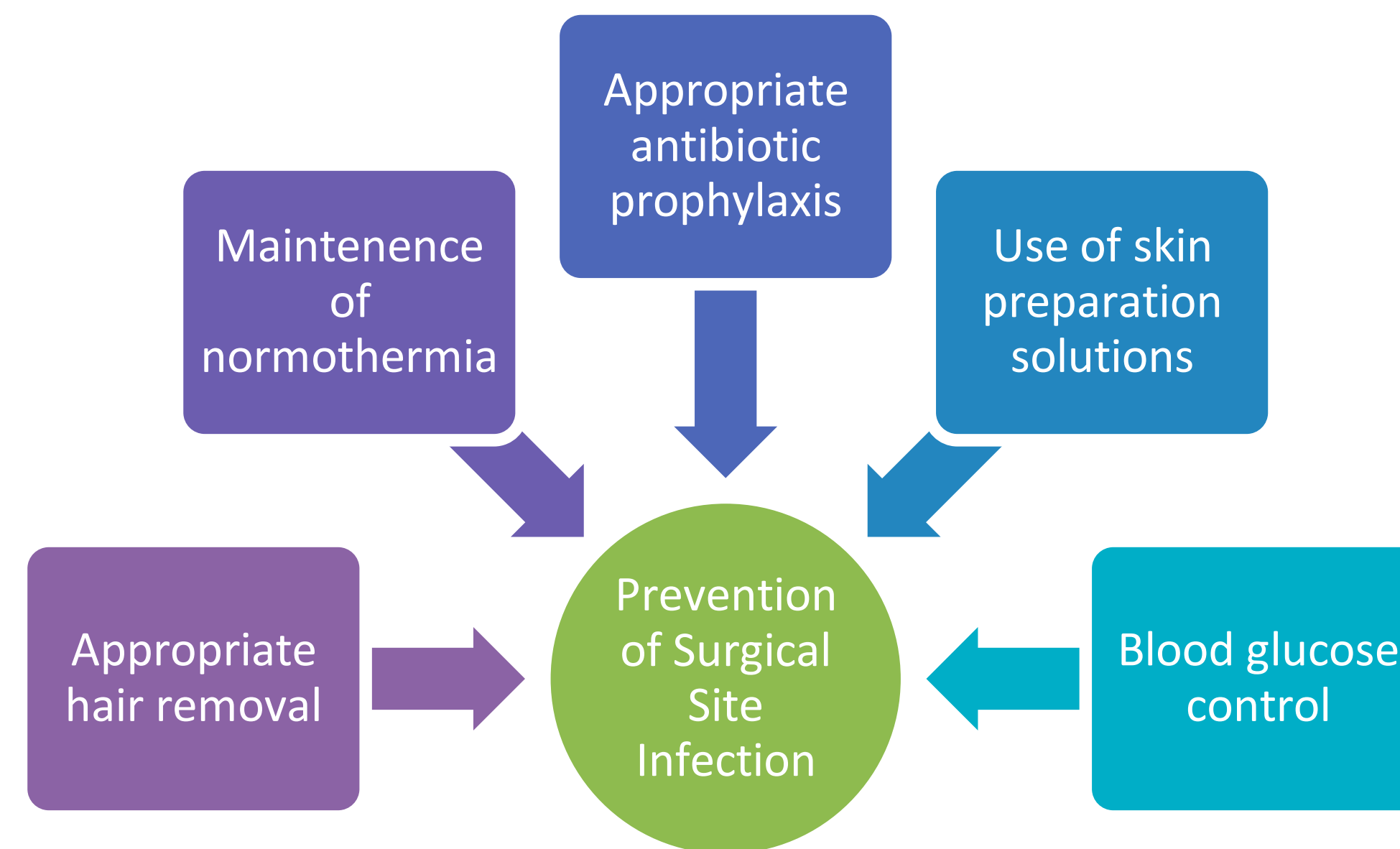
Formed in the spring of 2013 to provide a platform for exploration of topics in safety and quality related to the peri-operative setting. Goal is to use a multidisciplinary approach to ensure best practice for the benefit of both patients and staff



CONTACT US:

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PERI - OPERATIVE BEST PRACTICES



SaferHealthCareNow Prevent at Site Infections Getting Started Kit (March 2011)

OBSERVATIONAL RESULTS & LESSONS LEARNED

Antibiotic Prophylaxis



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| <ul style="list-style-type: none"> Pre-op antibiotics infused within 0-60 minutes prior to incision Intra-op redosing of cefazolin during procedures >4 hours Weight-based dosing—2g cefazolin for patients ≥80kg; 3g for ≥120kg | <ul style="list-style-type: none"> Average = 16 minutes prior to incision. 98% met goal NSQIP sample: 9/581 cases >4 hour duration. 44% met goal Preop Cefazolin: 23 patients ≥80kg. 65% met goal | <ul style="list-style-type: none"> Develop protocol to ensure appropriate re-dosing Finalize and implement standard new weight-based dosing protocol |
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Hair Removal



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| <ul style="list-style-type: none"> Clipper only when pre-op hair removal needed | <ul style="list-style-type: none"> 0% razor use | <ul style="list-style-type: none"> Ensure availability of clippers and eliminate any remaining razor stores Continue education and monitoring |
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Use of Skin Preparation Solutions



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| <ul style="list-style-type: none"> Use of Chlorhexidine Alcohol 2%/70% per manufacturer directions | <ul style="list-style-type: none"> 0% of cases met all criteria | <ul style="list-style-type: none"> Staff education to align with recommended practice Identify barriers to meeting the goal |
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Normothermia



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| <ul style="list-style-type: none"> Patient temperature ≥36°C at surgery stop time or arrival to post-anesthesia recovery (PAR) | <ul style="list-style-type: none"> 79% of cases had a documented post-operative temperature 15% had a temperature below 36°C | <ul style="list-style-type: none"> Aim for 100% documentation of post-op temperatures, Explore use of normothermia protocol |
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