

You Have the SSI Guidelines, Now What? Putting the Guidelines into Action

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Infection Preventionist

one family of care



HSBS
St. Mary's

HSBS
St. Vincent

HSBS
St. Nicholas

HSBS
St. Clare

PREVEA
health

The content and/or presentation of the information will promote quality or improvements in health care and will not promote commercial interests.

Objectives

- Introduction to HSHS and Our SSI Journey
- Focusing Scope of Project
- Creating Project Plan
- Preparing for Implementation
- Anticipating Barriers



Hospital Sisters Health System (HSHS)



Quick Facts:

Population Served:	3 million people in two states
Inpatient Admissions:	78,759
Emergency Department Visits:	320,820
Inpatient Surgeries:	18,453
Outpatient Surgeries:	50,173
Physicians on Medical Staff:	2,201
Total Colleagues:	14,626
Volunteers:	3,509

HSHS – Eastern Wisconsin Division (EWD)



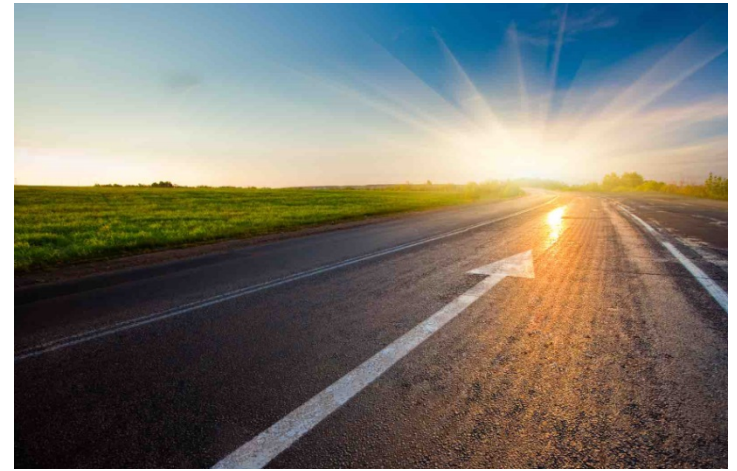
Prevea Health

- Physician-owned, integrated multi-specialty group
- More than 40 health centers in Eastern and Western Wisconsin
- Partners with HSHS St. Vincent and St. Mary's Hospitals in Green Bay; HSHS St. Nicholas Hospital in Sheboygan; HSHS St. Clare Memorial Hospital in Oconto Falls; HSHS Sacred Heart Hospital in Eau Claire; and HSHS St. Joseph's Hospital in Chippewa Falls



Our Early Journey of SSI Prevention

- Participated in WHA Partners for Patients and previous WI SSI Summits
- Engaged surgeons on EWD IP Committee and other action-orientated committees
- Implemented evidence-based practice elements:
 - Appropriate antibiotic prophylaxis (selection, weight-based dosing)
 - Normothermia throughout perioperative period
 - Appropriate hair removal
 - Chlorhexidine gluconate (CHG)/EtOH Skin Prep
 - Adequate Supplemental O2
 - Smoking cessation 30 days prior to surgery



EWD Newest Phase of SSI Prevention: Bundle for Orthopedic Surgery

- Pre-admit **CHG shower/wipes** (night before and morning of surgery)
- **Nasal povidone-iodine** in preoperative area
- Optimized **antibiotic prophylaxis** (selection, **weight-based dosing, and redosing**)
- **MRSA surveillance** for high risk patients (CABG, joint arthroplasty, spine; expand to Vascular, other implant cases (e.g. Orthopedic, Urology))
- Perioperative **glycemic control**



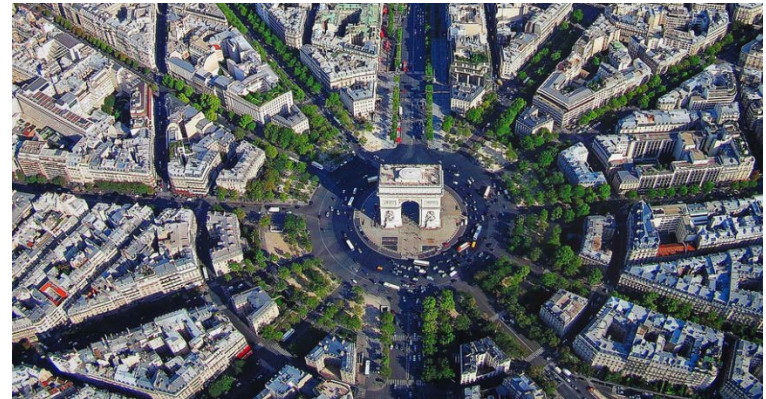
EWD Bundle for General Surgery

- Pre-admit **CHG shower/wipes** (night before and morning of surgery)
- **Nasal povidone-iodine** in preoperative area
- Optimized **antibiotic prophylaxis** (selection, **weight-based dosing, and redosing**)
- **MRSA surveillance** for high risk patients (CABG, joint arthroplasty, spine; expand to Vascular, other implant cases (e.g. Orthopedic, Urology))
- Perioperative **glycemic control**
- **Mechanical bowel prep/oral antibiotics**
- **Wound protector/retractor**
- **Dedicated wound closure tray**
- **Glove change** prior to wound closure



Focusing Scope of Project

- Decisions to make:
 - All surgical procedures or by service line?
 - One hospital or entire system or division?
 - Bundle approach or adding single interventions over time?



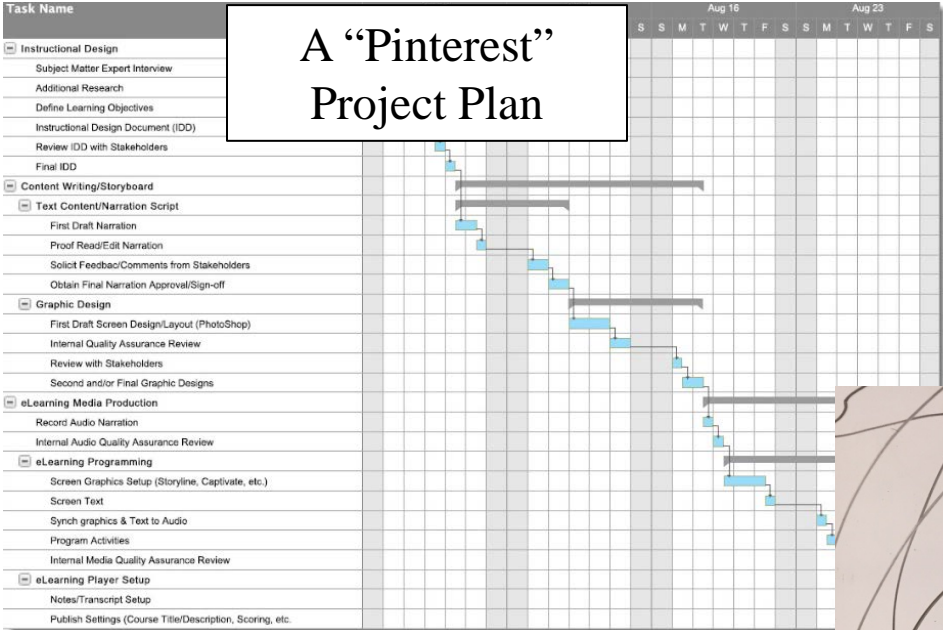
Focusing Scope of Project

Factors to consider:

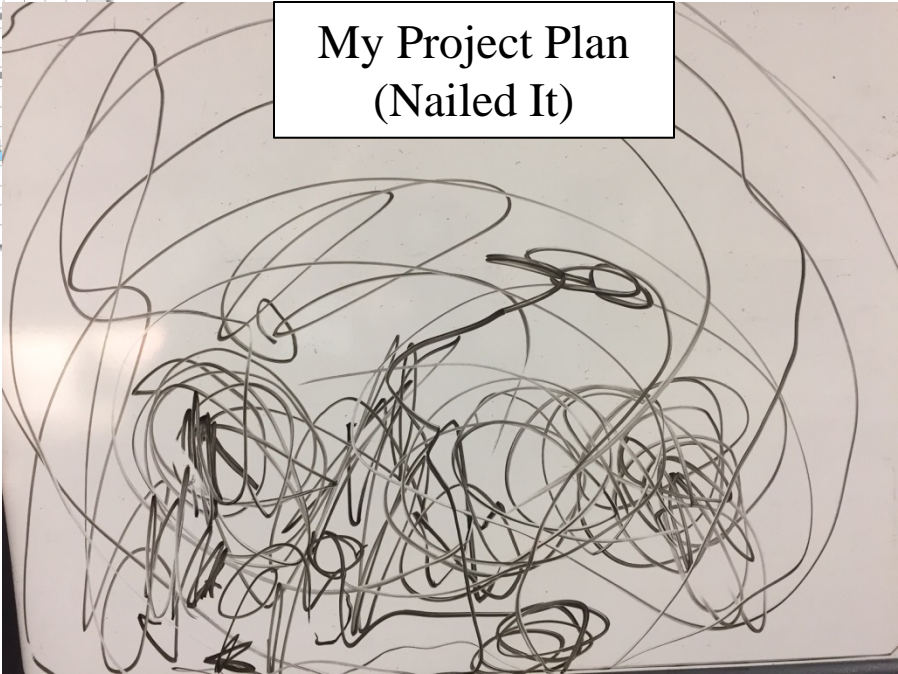
- Baseline data
- Organizational culture
- Size and diversity of team doing work
- Provider engagement
- Support from leadership
- Current state of practices within OR



Creating Project Plan



A "Pinterest" Project Plan



My Project Plan (Nailed It)

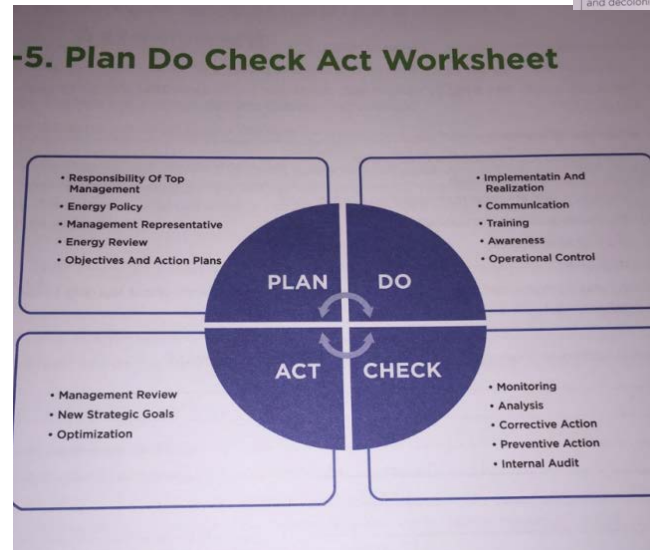
Creating Project Plan: Tools to Use

- APIC Surgical Site Infection Gap Analysis Template
- “Lean” process improvement tools
- Failure Modes Effects Analysis
- Project Management software
- Visual Management
- “Blitz Team”

5-1. Surgical Site Infection Gap Analysis Template

SSI GAP ANALYSIS/STRATEGY ASSESSMENT TEMPLATE

Strategy	Current Status	Goal	Gap	Action - responsible person, date action due
General Strategies:				
Antibiotic Prophylaxis (Level I)				
Within 60 minutes pre-incision				
Re-dose for procedure longer than 4 hours				
Appropriate agent, discontinue within 24 hr, dosing weight based				
CHG cloths - 6 night before surgery; 6 day of surgery				
Screen for S. aureus and decolonize with				



Further Reading

- *4th Generation Management* by Brian Joiner
- *Diagnosing and Changing Organizational Culture* by Kim Cameron and Robert Quinn
- *The Tipping Point: How Little Things Can Make a Big Difference* by Malcolm Gladwell
- *Firing on All Cylinders: The Service/Quality System for High-Powered Corporate Performance* by Jim Clemmer



Preparing for Implementation

- Setting a timeline
- Colleague education
- EMR changes
- Communicating changes
 - MD groups, executives, front line



Anticipating Barriers

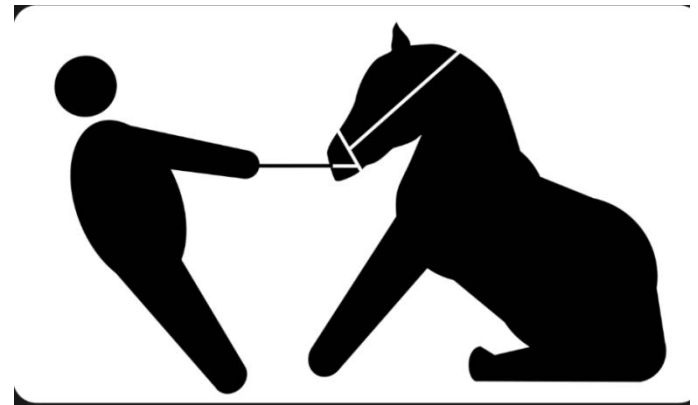
- Barriers to expect:
 - Stakeholder push back
 - Timeline delays
 - Workflow inconsistencies
- What is process for getting organization's culture to accept the change?



Stakeholder Push Back

- Demonstrate how patient is at center of changes
- Create a business case for change
- Focus message on changing perception that intervention is adding time and extra work for front line

“Where there are those who do not feel that the evidence is sufficient or where there are “nonbelievers,” arrange smaller meetings to review the evidence and attempt to find common ground.”



Preas, M, O’Hara, L & Thom, K., 2017 HICPAC-CDC Guidelines for Prevention of Surgical Site Infection: What the infection preventionist needs to know. *Infection Prevention Strategist*, Fall 2017

Timeline Delays and Workflow Inconsistencies

- Change the plan vs delay implementation
- Manage deviations
 - Invoke accountability
 - Standardize new processes that were unanticipated to be affected by change
- Evaluate returning to preliminary phases of project cycle



References

Centers for Disease Control and Prevention (2017). Guideline for the Prevention of Surgical Site Infection. *Journal of American Medical Association*, Published online May 3, 2017.

Preas, M, O'Hara, L & Thom, K., 2017 HICPAC-CDC Guidelines for Prevention of Surgical Site Infection: What the infection preventionist needs to know. *Infection Prevention Strategist*, Fall 2017

Association for Professionals in Infection Control and Epidemiology (2017). *Forms & Checklists for Infection Prevention, Volume 1*. pg. 143, 154.

Thank you!

