

Implementing New Processes With Improved Outcomes

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Nothing to disclose

Learning Objectives

- By the end of this presentation the learner will be able to:
 1. State common etiologies that contribute to infections
 2. State 3 (three) interventions implemented by MultiCare Health System to reduce SSIs
 3. State 2 (two) important points for staff and patient education regarding use of interventions for both high and low risk patients

MultiCare Healthcare System

- 5 Hospitals
- **Tacoma General**
- **Mary Bridge Children's Hospital**
- **Allenmore Hospital**
- **Good Samaritan Hospital**
- **Auburn Hospital**
- **5 ASCs**
- Ambulatory Sites = 250+ sites
- 10,000+ employees
- 6 Counties



Public Reporting – Washington State

- 2008 started public reporting of CLABSI/VAP/CAUTI in ICUs – we also added..
- 2010 SSIs
 - Cardiac
 - Total Hip
 - Total Knee
 - Abdominal Hyst
 - Vaginal Hyst
 - Fusion
 - Laminectomy
 - Vascular
- 2012 CMS reimbursement considerations

Our Patients Have Changed - More High Risk than Low Risk Patients

- Previously limited/no healthcare
- **High BMI (>76)**
- Higher risk for wound healing
 - Diabetes
 - Multiple surgeries (>5-6!)
 - Previous wound healing issues
 - Pre-existing infections
 - Steroids
 - Poor nutrition
 - Smoking
 - Known co-morbidities
- Unknown co-morbidities
 - Hidden Diabetes
 - High blood pressure
 - Drug use

Surgery Interventions

- **2007**
- SCIP measures monitored/reported in meetings
- Scrub change from Iodophore to CHG/alcohol (Chloroprep)
- Work begins on C-Sections (no surveillance prior)
- **2008**
- Pre-op MRSA screening at one facility with high MRSA SSI rates
- **2010**
- Pre-op CHG wipes (night before/morning of surgery)
- Pre-op iodophore nares swabs (before “wheels in”)
 - NOTE: We do NOT decolonize with Mupiricin.
 - See Phillips et al, Infect Control Hosp Epidemiol 2014;35(7):826-832
- **add pediatrics 2013**
- Joint camp for total joint patients
- High Risk/Low Risk wound dressings with nanocrystalline silver strip
- **2013**
- Hyperglycemic testing pre-wheels-in, sporadic management
- System-wide standardized OR education for all OR staff
 - Why, How, When, Where, Who – even surgeons and anesthesia
- **2014**
- Surgery Collaborative begins
- **System-wide order sets – “Surgery Bundles* (yaaaaayyyy!)**

Perfection?

- “Being free or as free as possible from all flaws or defects.”



- “Perfection is not attainable, but if we chase perfection, we can catch excellence.”

Vince Lombardi



A Perfect Hysterectomy?

Patient Experience

1. Given all options and alternatives
2. Right Procedure, Right Surgeon
3. Pre-op goals, expectations and needs met
4. Pre-op tests and labs completed efficiently
5. Planning discharge before admit=DOS discharge
6. Pain management
7. Patient education

Clinical Outcome

- Time out confirms case
- Surgery with no equipment issues
- No intraoperative complications
- Normal PACU course
- Early mobilization and discharge from DS Ward
- No post op complications
- Patient's Goals are met

Hyst Work Groups

WG Title:

1. Office/Billing
2. Pre-Op
3. OR
4. Post –Op (PACU, Surgical Unit, Discharge...)
5. Care Pathway/
Metrics
6. Patient Experience

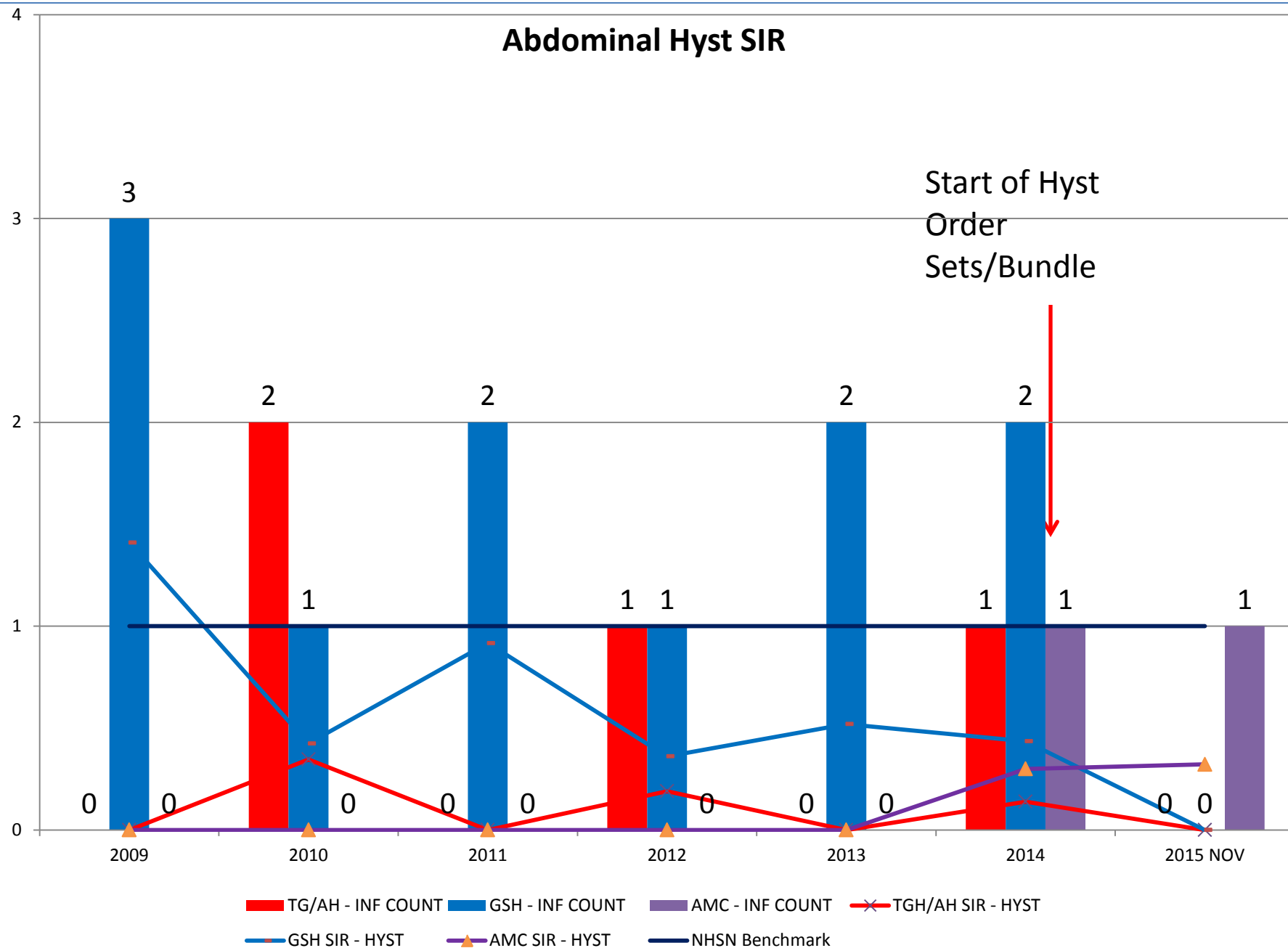
Some issues to address

1. Ease of scheduling, patients financial responsibility, best option of surgery
2. Complete information, follow-up to lab tests, complete and accurate information (consents, DC instructions etc.)
3. Caring admission, complete, accurate and timely admission – Pt is ready for the OR
Patient, OR and OR team are ready on time. Standards (checklists) are followed. Surgery proceeds efficiently and correctly with no complications. Excellent communication.
4. Pain management, catheter mgmt/removal. Post op care & DC instructions known by staff.
5. Patient Centered Pathway developed and followed. Epic changes to support following. Determine in-process metrics along Pathway
6. Patient and family experience – they had good understanding of recovery process and the “perfect hysterectomy”

Hysterectomy Surgery Bundle

- Pre-op Goal: Define a standardized Pre-Op Pathway for patients who will be undergoing a hysterectomy procedure in a MultiCare Facility so that there will be no surprises on Day of Surgery.
- Elements:
 - Pre-op Clinic Visit (yes/no?)
 - Surgery Preparation Requirements
 - Lab Tests required and timing
 - Labs: CBC, UA, CMP, PT, PTT, HCG/UCG, etc.
 - Blood availability?
 - EKG
 - X-Rays
 - PFT's
 - Medicine a/o Anesthesia Consult needed?
 - Correct facility? (Complex patient in Day Surgery?)
 - **Preop Prep instructions and post op Discharge instructions for the patient? (video)**
<http://www.multicare.org/prepare-for-surgery/>
 - Pre-op bathing, CHG wipes (#1), clean jammies, clean sheets - night before surgery
 - Pre-op CHG (#2), iodophore nares swabs, glucose testing – morning of surgery
- Inpatient pathway (To OR from inpatient status)
 - Instructions for Floor Nursing Staff regarding standard preparation of the patient
 - Who brings patient to OR?
- Day of Surgery requirements to get into OR on Time
 - DVT prophylaxis
 - Pulmonary Rx?
 - Pre-op antibiotics?
 - Beta-Blockers?
 - All consents signed prior to admission?
 - Family given information on surgery time, post op location/discharge?

Abdominal Hyst SIR



The Colon Bundle

- Pre-op
 - CHG bathing +Iodophore nares swabs
 - Glucose testing **and control**
 - Patient instructions
 - Warming
 - 2gm abx standard dosing
 - CHG skin scrub
 - “Strong for Surgery” – Carb loading
- Intra-op
 - Warming
 - Redose antibiotic for long procedures
 - Glucose control
 - Wound protector
 - Clean fascia closure – changing gloves/gowns with hand hygiene
- Post-op
 - Low volume negative pressure wound vac
 - Nano-crystal silver
 - Glucose control
 - Patient education
 - Wound care

Peri- and Post-op Wound Care

- Use of wound protector
- Double gloving
- Clean Standardized Fascia Closure
 - Anastomosis "Time Out"
 - Instrument change
 - Glove and gown change for entire team
- Post-op Wound Management
 - Standardized wound care instructions



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AMBULATORY SURGERY SERVICE
POST-OPERATIVE DISCHARGE INSTRUCTIONS RECORD

Page 1 of 1

Form 1001-1001 (01/01/2017)

Table 1: Patient Information

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Table 2: Medication and Pain Management

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Table 3: Activity

Table 3: Activity	Table 3: Activity
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Table 4: Wound Care and Showering Instructions

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Table 5: Other Instructions

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Table 6: Call your Doctor if:

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Table 7: Other Notes

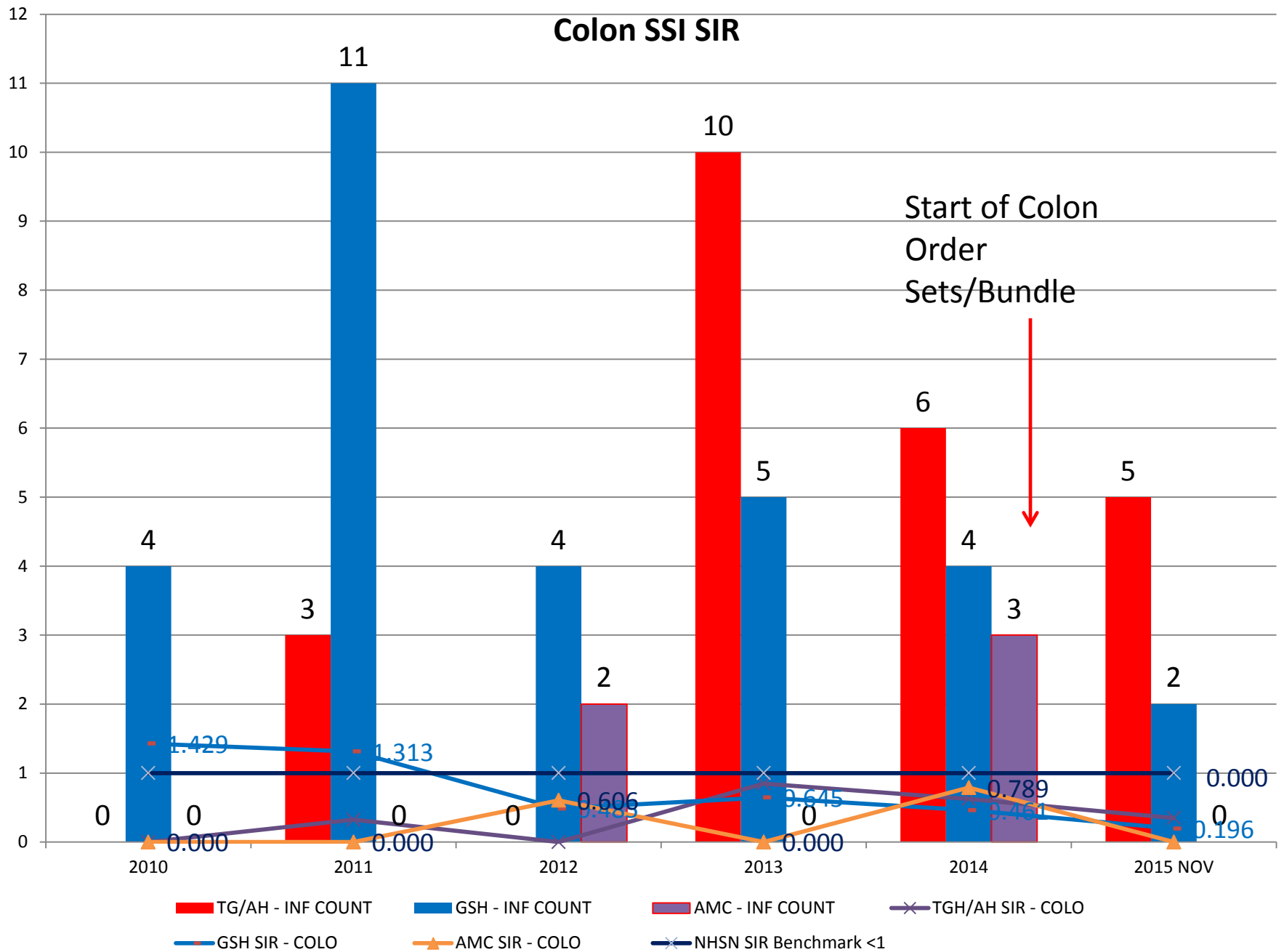
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Table 8: Signature

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Colon SSI SIR



CHG Wipes Education Video

- <http://www.multicare.org/prepare-for-surgery/>

Preparing for Surgery with CHG Wipes at MultiCare

Below is a multistep video with easy to follow steps for preparing your skin the night before your surgery.



When you are about to have surgery at a MultiCare facility, you will receive a pre-admission packet, which will include chlorhexidine gluconate (CHG) wipes. The wipes include a substance called chlorhexidine gluconate (CHG) that helps reduce the number of bacteria on your skin. The bacteria that is normally good for your skin can cause infection after your surgery.

Why Prepare Your Skin for Surgery with CHG Wipes:

- Reduces bacteria on skin that can cause infection after surgery
- Reduces risk of post-operative infections and injuries
- Helps you to heal quicker
- Kills most bacteria on contact
- Continues to work to reduce the number of bacteria for up to 12 hours

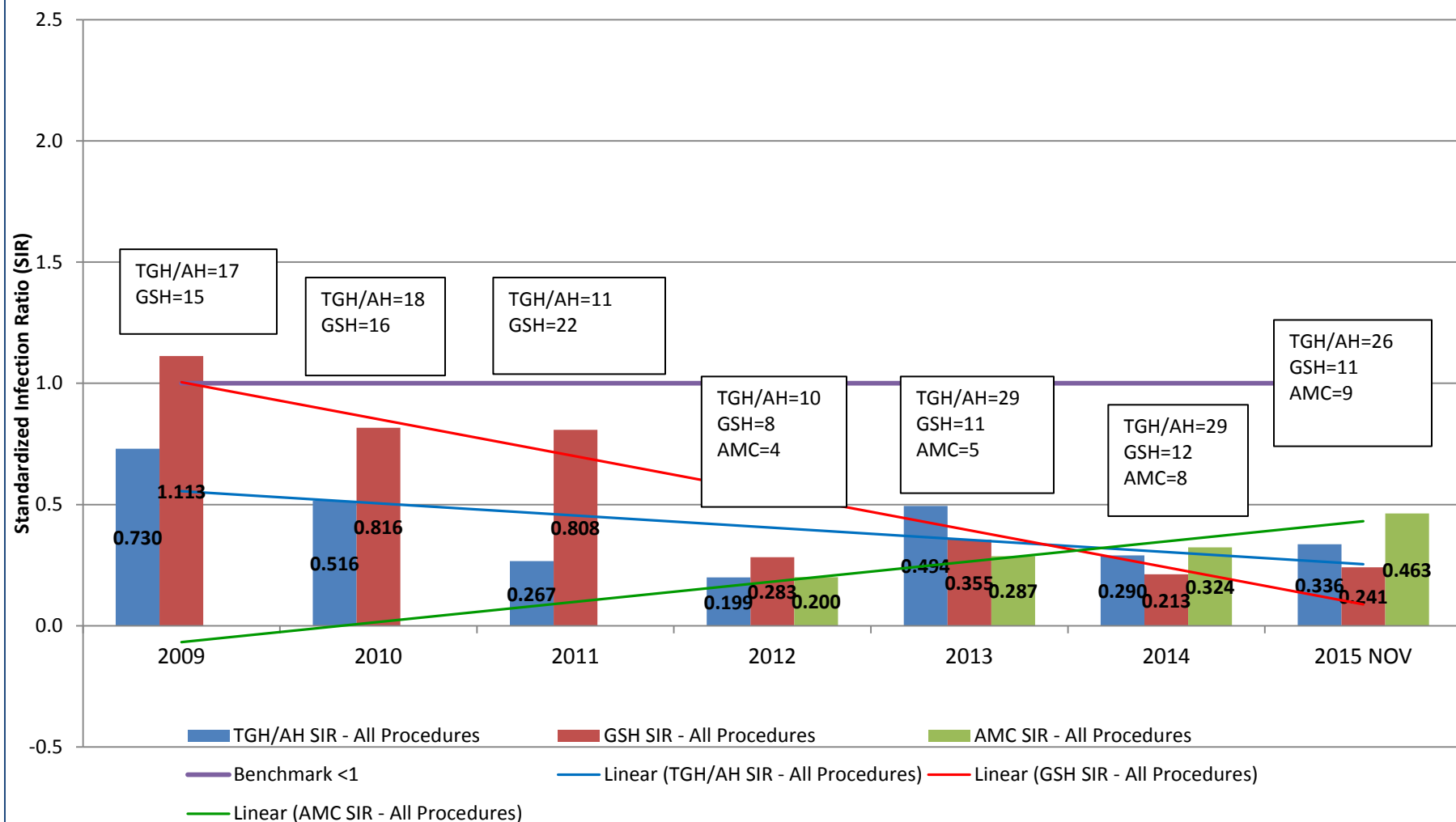
[What to bring the day of your hospital visit >>>](#)

[Video in Spanish](#)



[Ver el vídeo en Español aquí](#)

Surgical Site Infections - Standardized Infection Ratio 2009 - NOV 2015



Thanks!

