# Implementing New Processes With Improved Outcomes

Jeanette Harris MS, MSM, MT(ASCP), CIC
MultiCare Health System – Infection
Prevention
Surgical Services Specialist

# Learning Objectives

- By the end of this presentation the learner will be able to:
- 1. State common etiologies that contribute to infections
- 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
- Right Procedure, Right Surgeon
- Pre-op goals, expectations and needs met
- Pre-op tests and labs completed efficiently
- Planning discharge before admit=DOS discharge
- 6. Pain management
- 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:**

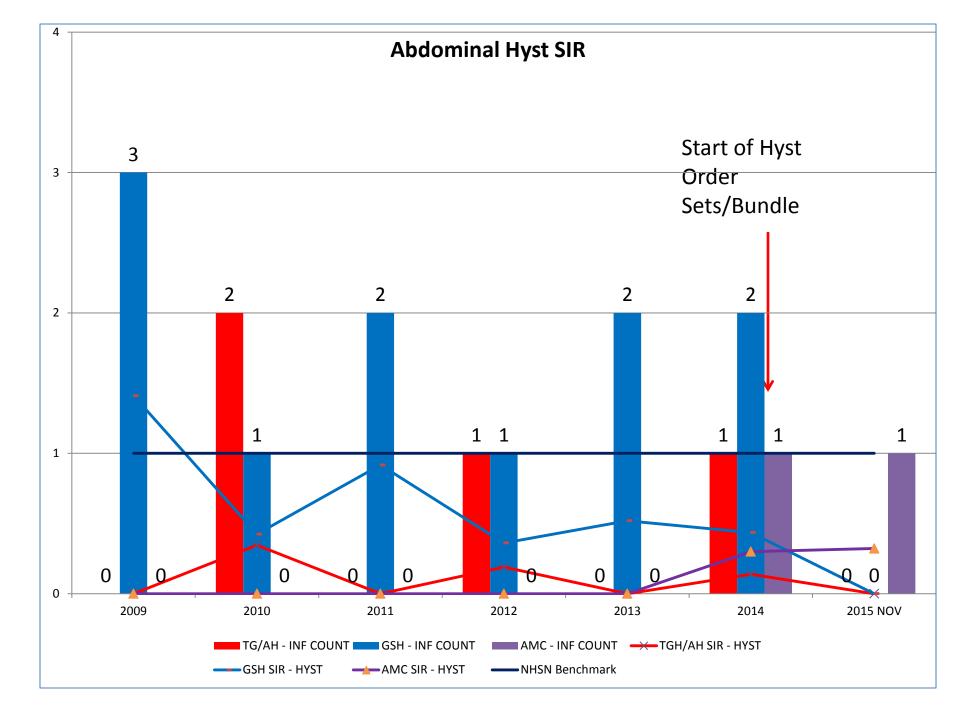
- 1. Office/Billing
- 2. Pre-Op
- 3. OR
- 4. Post –Op (PACU, Surgical Unit, Discharge...)
- Care Pathway/ Metrics
- 6. Patient Experience

#### 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) <a href="http://www.multicare.org/prepare-for-surgery/">http://www.multicare.org/prepare-for-surgery/</a>
    - 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?



## The Colon Bundle

#### Pre-op

- CHG bathing +lodophone 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

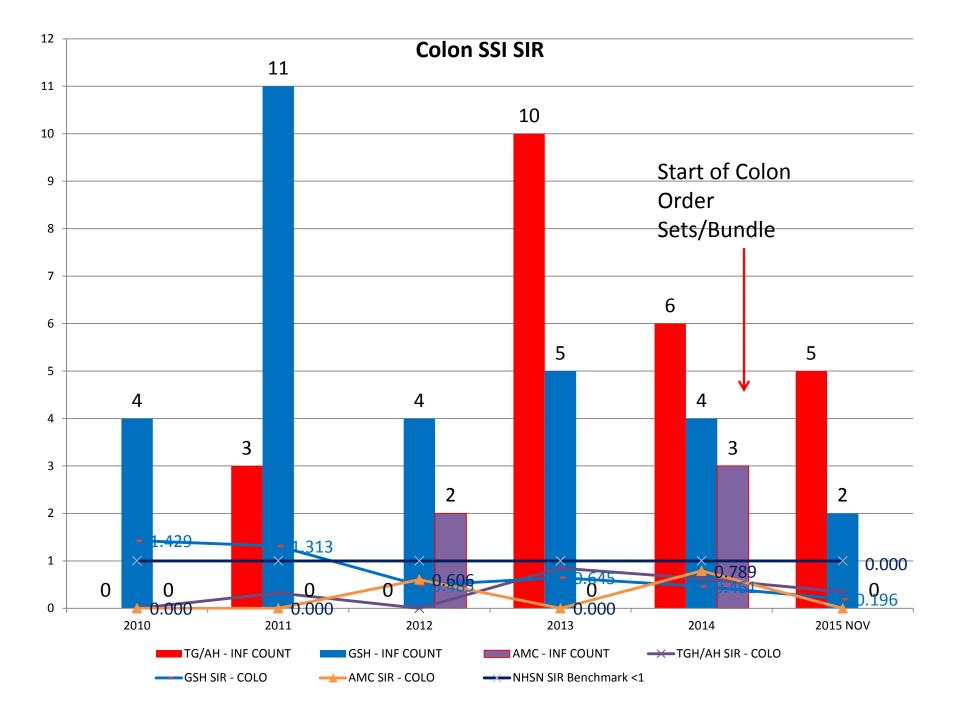
- Low volume negative pressure wound vac
- Nano-crystal silver
- Glucose control
- Patient education
- Wound care

# **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



Lutheran Medical Contor Brooklyn, New York 11228	Name (and Post PUZZE PROPE)		
	Ratio Send Sales		Secon .
AMBULATORY SURGERY SERVICE POST OPERATIVE DISCHARGE INSTRUCTIONS RECORD	Thursday Sans		
Sale 1 of	Palent Ident	Acation Labe	110
Medication and Fain Management Prescription VES ( NO	Diet		
Data to "Medication Reproclation" from the medication in structions provided by the hospital Please below the directions on the medication table! - Do not three white failing plans precognism medication	OResone you name the		
	D'incresse your liquid intake		
	Cl Advance to your diel slowly over the next less days or a directed by your physician.  Wound Care and Showering Instructions.		
. Do not take pain medication on an ampty atomach.			
This may make you nauseated	O Apply on pack to area for 2 your physician	4 to 72 hours	or an directed by
<ul> <li>Use a doot softener or gentle lawarine (such as Cultislax suppositing or pill), as constitution to not</li> </ul>	O Kang cost dry at all times		
uncommon with some pain medication.  If you no longer need your priscoiled pain medication.	OCLEAR ME . THROUGH	BANDAGE	pre former
you may take over the counter pain medication such as	dressing or \$2.24 \$2	46 13	C house
Tylensi (acetame-ophen) or Advil (forgerifen) for pain	Cl - Until follow up with yo		
<ul> <li>Do not disk attored in the immediate perceperative</li> </ul>	DOMEST MANDAGE	to malain W	man de la company
period while taking pain medication Activity	GALLE BANGAGE over the notion Femore distance and their you may briefly shower as		
	G Und below up with yo	48 G 7	2 hours
<ul> <li>You may resume your pre-speciative tever of activity 2s hours after surgery</li> </ul>	m. Over stein 15 may 30	on proyection	
C Do not engage in heavy work until your surgeon gives you permanaum.	Or not remove them unto		
CTY'ou may return to work in	side and almost falling of		
O Going up stars is not a problem	you nak pulling the increa-	on aparts. Yo	numey breefy
© Do not lift anything heavy (over 15 pounds) or as directed by your physician	W1000		
On mot drave a monor vehicle: operate machinery or power hoofs for 24 hours or whole taking pain	Cl Other Instructions	A.	1/10
medications Orthopodica		02.17	
Cities crutches with no weight bearing for, days	1	400	9
Dille crudies with partial weight bearing as hilwated.		- V	4
G Elevate affected part above level of heart to lessen	Call your Ductor It		
swelling for days.  Use sling and hand or arm for comfort or to reduce	<ul> <li>Your temperature is 101° /r not uncommon after surger</li> </ul>	or higher. L	on-grade fever
seeling	* You have new redness: acc	und the into	me or if pur
O Use consister Soct phoneses walking or standing can be removed when not ambibling	Servery bleeding occurs. Ap	only direct one	tore to the ma
Drain Care	K Diabetic check lingerstop	k at night and	
f you figure a streen, record the time and amount of	Fower 180mpid see your o	ductor	
dranage on a piece of paper. Check the drain every few	* If you cannot get in touch o the Lutheran Stedical Errer	gency Room	tor, cast or go to car the nearest
hours and empty as needed	e-mergency reem	100	
Total or up use  O Call Dr	ndler in case of any problem or	enegency	
O Phone munder			
<li>Clinic appointment from been</li>	n made on	torius	
I hereby cortify that I have explained the discharge testraction	es to the patient or any person :		
offered to answer any questions and have fully accounted at the patient hely understands what I have explained and any	and the latest states are the latest states and the latest states and the latest states	12 7 17	on secoring
Nata Spetian Title	Person I person to contract the part	in Improved	
Ponde Signature Provide Print	Sent	D44	Time
	7.5%		100



# CHG Wipes Education Video

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

O You TOLE !



When you are about to have surgery at a MultiCare facility, you will receive a preadmission 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.

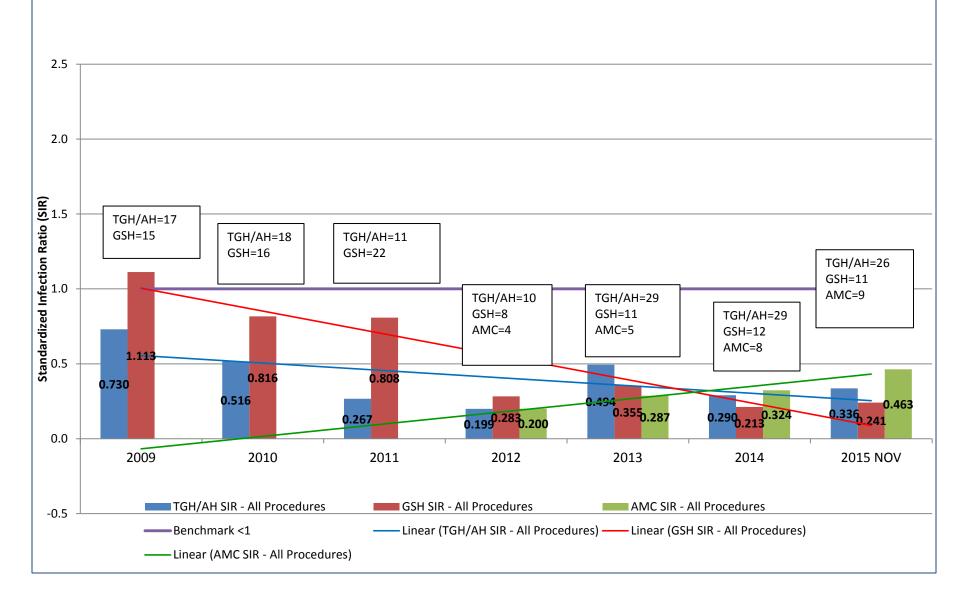
#### Why Prepare Your Skin for Surgery with CHG Wipes:

- · Reduces bacteria on skin that can cause infection after surgery
- · Reduces risk of post-operative infections and injuries
- · Helps you to heal quicker

(a) 0:00 / 7:04

- Kills most bacteria on contact
- · Continues to work to reduce the number of bacteria for up to 12 hours





# Thanks!

