

Perioperative Antisepsis Protocol Initiative RURGANDI THOMPSON I PNII: NANCY AMING RN BSN MSHA RC: MARGARET PARR RN RSN CIC



BACKGROUND / PURPOSE

 Surgical site infections (SSI) - 3rd most common resson for readmissions, increased costs, and

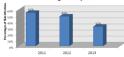
increased morbidities METHODOLOGY

1. Departmental collaboration with Infectious Control found literature review resulting with implementation of evidence based practice.

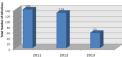
- protocol development
- b. PACLI Leadership Team
- c. Informatics Systems
- a. External Vendors with Infection Prevention
- 4. September 2012 pilot initiated with general
- 5. Protocol Includes: Nasal iodine antisepsis, CHG
- a. Audit of compliance i Suprise XA/ SIS documentation
- 7. Re-evaluation and re-education of staff a. Nurse Managers
- b. Informatics Systems
- 9 Continued monitor SSI rates internal audits

RESULTS

ORMC Surgical Site Infections Skin Organism by Year



ORMC Total Number of Surgical Site Infection by Skin Organism by Year



CONCLUSIONS / DISCUSSIONS

- 35% decrease in skin organism infections CY12 to CY13
- 29% decrease in total number of infections CY12 to CY13
- based on trend · Fully implemented at ORMC by March 2013 for all skin
- incisional procedures Further investigation should or
- could be done to identify if a decrease in LOS, morbidity and cost of this population has

REFERENCES *1. Mangram AJ, Horan TC, Peanson ML, Silver LC, Janvis

Committee. Guideline for the prevention of surgical site

 Cheadle W G. Risk factors for surgical site infection. Surp Infect, 2006;7 Suppl 1:57-11. after hospital discharge. Emerg Infect Dis. February 2013;

 Edmiston CE, Seabrook GR, Johnson CP, Paulson DS percent chlorhexidine pluconate-impregnated cloth with 4 preparation of the skin prior to surgery. Am J Infect Control