Peer Sharing: Strategies for Reducing Surgical Site Infections Related to Colon Procedures

June 21, 2018
Agenda

• Welcome & FHA Mission to Care HIIN Overview, Trends and Progress: Surgical Site Infections
  • Cheryl Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM, Director of Quality and Patient Safety and Improvement Advisor, FHA

• Strategies for Reducing Surgical Site Infections Related to Colon Procedures
  • Dorin T. Colibaseanu, MD, FACS, FASCRS; A.C. Burke, M.A, CIC, Infection Prevention
    — Mayo Clinic
  • Diane Campbell, MSN, RN, CSSBB, AVP of Regulatory and Medical Affairs, Infection Prevention; Michelle Hunt, BSMT, ASCP, CIC, Manager, Infection Prevention; Daniel Haight, MD, FACP, FSHEA, Medical Director, Infection Prevention
    — Lakeland Regional Health

• Upcoming HIIN Events and Opportunities
HIIN Core Topics – Aim is 20% reduction

- Adverse Drug Events (ADE)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Clostridium Difficile Infection (CDI)
- Central line-associated Blood Stream Infections (CLABSI)
- Injuries from Falls and Immobility
- Pressure Ulcers (PrU)
- Sepsis
  - **Surgical Site Infections (SSI)**
- Venous Thromboembolisms (VTE)
- Ventilator Associated Events (VAE)
- Readmissions (12% reduction)
- Worker Safety
Raise your game: The UP Campaign

Cross cutting set of practices to better engage front-line staff without creating additional burdens
HAND HYGIENE reduces harm in SEVEN focus areas

CDI  CAUTI  SSI  VAE  CLABSI  Sepsis  MDRO

S O A P - U P

http://www.fha.org/soapup
PROGRESSIVE MOBILITY reduces harm in EIGHT focus areas

- Falls
- PrU
- Delirium
- CAUTI
- VAE
- VTE
- Readmissions
- Worker Safety

GET - U P

http://www.fha.org/getup
SEDATION MANAGEMENT reduces harm in
SEVEN focus areas

ADE  Failure to Rescue  Delirium  Falls  Airway Safety  VTE  VAE

WAKE - U P

http://www.fha.org/wakeup
ONGOING EVALUATION OF MEDICATIONS reduces harm in TEN focus areas

- ADE
- Readmissions
- Falls
- CDI
- CAUTI
- SSI
- VAE
- CLABSI
- Sepsis
- MDRO

SCRIPT - UP
FHA Mission to Care Update: Florida | SSI Rates

Rate per 100

<table>
<thead>
<tr>
<th></th>
<th>Colon</th>
<th>Hysterectomy</th>
<th>Knee</th>
<th>Hip</th>
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<tbody>
<tr>
<td></td>
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<td>1.47</td>
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<td>O-16</td>
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<tr>
<td>J-17</td>
<td>3.83</td>
<td>1.40</td>
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<tr>
<td>J-17</td>
<td>4.63</td>
<td>1.47</td>
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<td>A-17</td>
<td>5.31</td>
<td>1.05</td>
<td>0.41</td>
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<td>4.92</td>
<td>1.13</td>
<td>0.46</td>
<td>0.87</td>
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<tr>
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<td>1.08</td>
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<td>3.69</td>
<td>0.95</td>
<td>0.85</td>
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<td>5.24</td>
<td>0.25</td>
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<td>J-18</td>
<td>4.22</td>
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<td>0.53</td>
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<tr>
<td>F-18</td>
<td>4.85</td>
<td>0.53</td>
<td>0.53</td>
<td>0.60</td>
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<tr>
<td>M-18</td>
<td>4.88</td>
<td>0.32</td>
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<td>0.77</td>
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</table>

Source: HRET Comprehensive Data System, April 18, 2018
FHA Mission to Care Update:
SSI - Colon

Source: HRET Comprehensive Data System, April 18, 2018
### FHA Mission to Care Update: SSI - Colon

**Effective Date: April 18, 2018**

All measures calculated per 1,000 unless noted.
* Rate calculated per 100

#### Summary of Progress Meeting 20/12 Goal:

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rate</th>
<th>PTD</th>
<th>Most Recent</th>
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<tbody>
<tr>
<td>CAUTI - all except NICUs</td>
<td>1.00%</td>
<td>0.85</td>
<td>0.75</td>
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<tr>
<td>CAUTI - ICUs except NICUs</td>
<td>1.16%</td>
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<td>0.77</td>
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<tr>
<td>C. diff Rate Facility-wide all except NICUs (per 10,000)</td>
<td>6.95</td>
<td>4.58</td>
<td>4.14</td>
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<tr>
<td>CLABSI - All</td>
<td>0.92</td>
<td>0.68</td>
<td>0.59</td>
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<tr>
<td>CLABSI - ICU</td>
<td>0.89</td>
<td>0.74</td>
<td>0.67</td>
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<tr>
<td>MRSA</td>
<td>0.07</td>
<td>0.07</td>
<td>0.07</td>
</tr>
<tr>
<td>SSI rate, colon surgeries*</td>
<td>4.29%</td>
<td>4.52</td>
<td>4.62</td>
</tr>
<tr>
<td>SSI rate, abdominal hysterectomy*</td>
<td>1.47%</td>
<td>1.07</td>
<td>0.75</td>
</tr>
<tr>
<td>SSI rate, knee surgeries*</td>
<td>0.77%</td>
<td>0.56</td>
<td>0.48</td>
</tr>
<tr>
<td>SSI rate, hip surgeries*</td>
<td>1.44%</td>
<td>0.99</td>
<td>0.80</td>
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<tr>
<td>VAE</td>
<td>6.41</td>
<td>5.14</td>
<td>4.38</td>
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<tr>
<td>Infection-related ventilator-associated condition rate</td>
<td>2.11</td>
<td>1.91</td>
<td>1.27</td>
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</tbody>
</table>

**FHA HIIN Hospital Performance Report**
SSI Resources, Trainings and Tools


http://www.hret-hiin.org

- SSI Change Package
- SSI Top 10 Checklist
- SOAP UP Resources
- Watch Past Webinars
- HRET HIIN Resource Library
- Guides
- Case Studies

Hospital Acquired Infections (HAIs)

Surgical Site Infection (SSI)
Surgical site infections are infections that occur in the wound created by an invasive surgical procedure.

- Colon surgery
- Abdominal hysterectomies
- Knee replacement
- Hip replacement

Goal: By September 27, 2018, a 20 percent reduction in SSI

Resources to prevent SSI:
- SSI Change Package
- SSI Checklist
- Watch Past Virtual Trainings
- HRET HIIN Resource Library
- Success Stories
- SOAP UP
The Odds Ratio has been trending up over the past 5 yrs.

*Note: NSQIP Data; 20% sample size of population; includes all SSI infection types
- Above the target SIR 50% of the past 12 quarters

*Note: Enterprise Quality Scorecard Data; Includes deep and organ space infections identified at surgical hospitalization or readmission
Goal

Prevent CRS postoperative infections from surpassing the expected rate.

Proactively implement a bundle of evidence-based processes across CRS practice, intraoperatively and postoperatively.
Our Interdisciplinary Team

Dorin Colibaseanu
CRS Surgeon

Jacey Fazio
Health Systems Engineer

Kristi Smith
General Surgery ARNP

Kristin Dub
8 South RN

Ingrid Zuzarte
OR Nurse Supervisor

Mackenzie Sutherlin
PACU RN

Erin Markley
8 South Nurse Supervisor
BACKGROUND: 2011 Rochester Project

Overall CRS SSI Rate decreased from 9.8% pre-implementation to 4% post-implementation
Our Project Process

- Mapped current state from preo-op through discharge
- Compared our process to bundle of changes implemented by Rochester
- Prioritized using Impact-Effort Grid
- Gathered process-driven baseline metrics of current state
Impact – Effort Grid

Proceed
- Floor Nurse Education on PACU
- OR Room Temperature
- Regown & Reglove
- Dressing Removal

Investigate
- Closing Tray
- Create Patient Packet & Discharge Education

Consider
- Pre-Op Hibiclens Wipe Process
- APR Orders
- Shower Order
- Reduce Patient Shaving

Disregard
- Chloraprep Process
- Standardize Antibiotic
Data Collection Sheet

Date: ____________________________

MD: ______________________________

Procedure Type: ____________________

Circulating Nurse: ____________________

Room temperature when Patient enters OR: _______________ F

Was the room temperature raised at all during the case? (Circle one)

YES      NO

Patient Temperature upon Closing: _______________ C

Did the surgical team regown and reglove prior to closing? (Circle one)

YES      NO

Was the Closing Tray used in this procedure? (Circle one)

YES      NO

Thank you! Please return to Ingrid Zuzarte.
# OR-Based Interventions

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Objective</th>
<th>Relevant Metrics</th>
<th>Target for Metrics</th>
<th>Sample Size</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Temp in OR</td>
<td>Standardize process to raise OR temperature so patient is 36°C</td>
<td>*If room temp is not 73°F upon patient entering, 43% of cases raised the room temp to maintain patient temp of 36°C *Patient temp was 36°C upon closing for 77% of cases</td>
<td>*If room temp is not 73°F upon patient entering, 70% of cases raise the room temp to maintain patient temp of 36°C *Patient temp is 36°C upon closing for 90% of cases</td>
<td>20</td>
<td>Complete - preference cards include change</td>
</tr>
<tr>
<td>Regown and Reglove</td>
<td>Develop and implement best practice to regown/reglove for abdominal cases</td>
<td>*32% of cases the team regowned AND regloved *28% of cases the team regloved *40% of cases the team neither regowned nor regloved</td>
<td>60% of abdominal cases the team regowns and regloves</td>
<td>20</td>
<td>Complete</td>
</tr>
<tr>
<td>Closing Tray</td>
<td>Develop closing tray to be used during closing</td>
<td>*58% of cases did not using separate closing instruments</td>
<td>75% of abdominal cases use closing tray</td>
<td>20</td>
<td>Complete - preference cards now include closing tray</td>
</tr>
</tbody>
</table>
## Perioperative Interventions

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Objective</th>
<th>Relevant Metrics</th>
<th>Target for Metrics</th>
<th>Sample Size</th>
<th>Status</th>
</tr>
</thead>
</table>
| Floor Nurse Education on PACU   | Education for floor nurses on how to use blue/white forms coming up from PACU | *88% of cases came to floor with blue/white forms  
*70% of nurses on floor did not use blue/white forms  
*41% of blue/white forms were inaccurate times or missing information | 100% of nurses on floor not using blue/white forms because of inaccuracies       | 26          | Complete - all floor nurses have been education not to use blue/white forms due to inaccuracies |
| Dressing Removal                | Standardize who removes dressings from patients at Day 1 Post-Op           | *78% of patients had dressing removed on POD 1, 22% had dressing removed on POD 2  
*56% of patients had dressing removed by RN, 33% by MD/Resident, 11% by WOC | Goal to have 100% of dressings removed by POD 2                                 | 26          | Complete - no intervention necessary as target was met at baseline     |
| Create Patient Packet           | Create patient packet for arrival upon floor including: education on hygiene, Hibiclens, Purell wipes, education on infection symptoms | *0% of patients currently receive infection prevention packet                     | 100% of CRS patients receive infection prevention packet upon arriving to the floor | N/A         | Piloting                                                               |
Where Do We Go From Here?

Implement process changes across providers

Remeasure process-based metrics

Look at SSI rate when data is available
Summary

Identify an opportunity for practice improvement early

Form a multidisciplinary team

Map out and understand current process well

Determine which interventions are practical (must be effective)

Implement

Measure compliance & collect data to augment process
SSI-Colon Webinar and Peer Sharing Opportunity

June 21, 2018
Presenters are:

**Diane Campbell**  MSN, RN, CSSBB  AVP, Regulatory and Medical Affairs, Infection Prevention
**Michelle Hunt**  BSMT, ASCP, CIC  Manager Infection Prevention
**Daniel Haight**  MD, FACP, FSHEA  Medical Director Infection Prevention

Team Members on call for Q&A:

**Cateria Davis-Bruno**  MSN, RN, CNOR  Assistant Director, OR Operations and SPD
**Margie Voyles**  RN, MS, CNOR  AVP, Perioperative and Surgical Services
**Pam Troxell**  MSN, RN, CIC  Infection Preventionist
**Jesse Dang**  MHA, PMP, LSSGB  Senior Management Consultant
How was SSI Colon identified as a priority?

• Lakeland Regional Health’s
  *Institute for Safety, Discovery and Standard Work*

• SSI SIRs Data
Team Members

• Executives:
  – IP Med Dir- Infectious disease physician
  – President-CMO and Emergency Department physician
  – AVP Quality
  – Executive Medical Dir - CMIO and Internal Medicine physician

• Antibiotic Stewardship Team
• Patient Safety Officer
• Infection Prevention Team
• Peri-operative: OR, PACU, Anesthesia
• Industrial Engineers
• IT, Clinical Informatics
• Nurse Practice/UBC
• Education
• Dietary
• Nurse Managers
• Data Scientist
• Surgeons and anesthesiologist
References for Gap Analysis

- Wisconsin Division of Public Health Supplemental Guidance for the Prevention of Surgical Site Infections: An Evidence-Based Perspective January 2017 (Rev. 5/2017)


- CDC Guideline for the Prevention of Surgical Site Infection and Supplement, 2017

- American College of Surgeons and Surgical Society: Surgical Site Infection Guidelines, 2016 update


- Safety Network to Accelerate Performance (SNAP) Topic: Enhances Recovery After Surgery (ERAS), 3/2017
Gaps

- Temperatures- patient and surgical room
- Glucose Control
- CHG Bathing
- Standardized bowel prep
- Standardized antibiotics
- Hyper oxygenation
- Closing trays
- Education- patient and staff (including outpatient)
# Surgical Site Infection Prevention Bundle

<table>
<thead>
<tr>
<th>Pre-Op</th>
<th>Intra-Op</th>
<th>Post-Op</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office / Home / Nursing Unit</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| - Patient Education  
  - Glucose Control  
  - Bowel Prep  
  - Pre-Op Cleansing and with CHG (e.g. Hibiclens®) and Home Prep  
  - Post-Op Care  
- Blood Glucose Optimization  
- Standard Mechanical Bowel Prep with Antibiotics (COLO only)  
- 3x Antimicrobial Cleansing (4x for high BMI) with CHG (e.g. Hibiclens®)  
- MRSA Screening (Cardiac and Ortho implants), decolonization and reporting to hospital  
- Hair Clipping (on Unit)  
**M2 and Holding**  
- Prophylactic Antibiotic (selection, dosing, timing)  
- Patient pre-warmed  
- Completion of any missed skin cleansing with CHG | - Surgical Team Scrub  
- Skin Prep  
- OR room environment  
  - Temperature  
  - Humidity  
- Hyper-oxygenation  
- Antibiotic re-dosing  
- Closing tray with gown and glove change  
- Limiting room traffic | - Hyper-oxygenation (COLO only)  
- Post-Op Glucose Management  
- CHG shower following dressing removal  
- Discharge patient with CHG (COLO and HYST only)  
- Continued *Staph aureus* decolonization if not completed prior to surgery |
Obtaining Surgeon Buy-In

- Surgeons:
  - Included in planning
  - Identified Champions
  - Involved in trials of new processes
- Address their concerns quickly (address rumors/myths)
- Get MEC approval to provide backing
- Present evidence to support change:
  - Surgical Services meetings
  - Individual meetings
- Strong Executive level support:
  - Culture change!
- Included local clinics
Actions Taken:

“small tests of change” implemented

- CHG: Pre-op and Post-Op
- Operating room temperature changes
- ERAS
- Closing tray/gown change
Other Changes

- Patient Pre-warming with new warming devices
  - monthly audit
- Standardized Bowel Prep - Jan 2017
- Glucose Optimization - June 2017
- Patient and Staff initial Education - Summer 2017
- Intra-op Hyper oxygenation
- Standardized antibiotic guidance - Nov 2017
- Comprehensive Patient Education Booklet
ERAS Highlights

- **Pre Op:** education, Carbohydrate loading, smoking cessation, walking regimen
- **Peri Op:** Carbohydrate loading drink 2 hours prior to surgery, pre-warming, oral Gabapentin
- **Intra-op:** active warming, opioid sparing anesthetic, regional TAPP block
- **Post Op:** Limit PCA, early oral nutrition, Tylenol not opioids, early ambulation, early follow up clinic appointment
Q1 Pre-Op (Office): If a patient's A1c is above >8%, the patient's procedure should be postponed for 2-3 weeks to allow for intervention and for their fasting blood sugar to be maintained at 160 mg/dL.

Answered: 17    Skipped: 0
General Surgery and Medicine physicians and office staff,

Lakeland Regional Health is adopting a standardized mechanical bowel preparation and antibiotic bundle for patients undergoing colorectal surgery. This bundle is aligned with guidelines from multiple organizations including the American College of Surgeons, World Health Organization, and American Society of Health-System Pharmacists.

The use of antibiotics along with mechanical bowel preparation is recommended to lower risk of surgical site infections compared to the use of mechanical bowel prep without antibiotics.

Listed below is the preferred bundle as well as alternatives for Erythromycin Allergy or preference for using Colyte instead of Magnesium Citrate.

<table>
<thead>
<tr>
<th>Preferred Bowel Preparation and Antibiotic Bundle</th>
<th>Alternative Antibiotics for Erythromycin allergy</th>
<th>Alternative Bowel Preparation using Colyte</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mechanical Prep:</strong> Magnesium Citrate Dulcolax</td>
<td><strong>Mechanical Prep:</strong> Magnesium Citrate Dulcolax</td>
<td><strong>Mechanical Prep:</strong> Colyte (Golytely) Dulcolax</td>
</tr>
<tr>
<td><strong>Antibiotics:</strong> Neomycin Erythromycin</td>
<td><strong>Antibiotics:</strong> Neomycin Metronidazole</td>
<td><strong>Schedule:</strong></td>
</tr>
<tr>
<td><strong>Schedule:</strong> 9:00 AM</td>
<td><strong>Schedule:</strong> 9:00 AM</td>
<td><strong>Schedule:</strong> 8:00 AM</td>
</tr>
<tr>
<td>1 10-oz bottle, Magnesium Citrate 3 tabs, Dulcolax</td>
<td>1 10-oz bottle, Magnesium Citrate 3 tabs, Dulcolax</td>
<td>3 tabs, Dulcolax</td>
</tr>
<tr>
<td>4:00 PM</td>
<td>4:00 PM</td>
<td>12:00 PM</td>
</tr>
<tr>
<td>1 10-oz bottle, Magnesium Citrate 3 tabs, Dulcolax</td>
<td>1 10-oz bottle, Magnesium Citrate 3 tabs, Dulcolax</td>
<td>Begin drinking refrigerated Colyte. Three to four 10oz cups every hour or one 10oz cup 10-15 minutes apart.</td>
</tr>
<tr>
<td>5:00 PM</td>
<td>5:00 PM</td>
<td>Entire gallon should be completed within 2 - 4 hours</td>
</tr>
<tr>
<td>1 gm Erythromycin 1 gm Neomycin</td>
<td>1 gm Erythromycin 1 gm Neomycin</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>6:00 PM</td>
<td>6:00 PM</td>
<td>1 gm Erythromycin 1 gm Neomycin</td>
</tr>
<tr>
<td>1 gm Erythromycin 1 gm Neomycin</td>
<td>10:30 PM</td>
<td>6:00 PM</td>
</tr>
<tr>
<td>10:00 PM</td>
<td>1 gm Erythromycin 1 gm Neomycin</td>
<td>10:00 PM</td>
</tr>
</tbody>
</table>

**Note:** Alternative timings may be used, but antibiotics should be taken 1hr, 2hr and 8hr after mechanical bowel preparation is finished, and not before.

References:
Effectiveness of actions taken

COLO - Standardized Infection Ratio (SIR)

Data source: Cerner, NHSN
Data updates: Updated monthly
Last Update: 6/5/2018 1:19:01 PM

Goal: < 1

Procedure Date
1/1/2016 3/31/2018

Lakeland Regional Health®

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# Strategies for Sustainability

## Pre-Op

<table>
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<tr>
<th>Strategy</th>
<th>Checklist Details</th>
<th>Dr. Author</th>
<th>Cateye or Melissa</th>
<th>Cateye or Melissa</th>
<th>Cateye or Melissa</th>
<th>Cateye or Melissa</th>
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</thead>
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<tr>
<td>Bowel Prep Orders and ABX given on unit prior to surgery</td>
<td>Documentation needs to be added</td>
<td>Freyja</td>
<td>Documented on Pre-Op Checklist</td>
<td>Documented on Pre-Op Checklist if clipped</td>
<td>Also check intraoperative nursing record</td>
<td>Also check intraoperative nursing record</td>
</tr>
<tr>
<td>Check MRAP (ciclosporin, sirolimus, tacrolimus)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Post-Op

<table>
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</thead>
<tbody>
<tr>
<td>Patient temp during surgery &gt;35</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Post-Op Temp within 1 hr of 36</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relative humidity 30-60%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MET is Anesthesia record reflects 100% oxygenation Found under gas documentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cefotetan - redosed in 6 hours (documentation needs to be added)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Intra-Op

<table>
<thead>
<tr>
<th>Strategy</th>
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<td>Sliding scale ordered &quot;DIAB, subcutaneous orders for medical surgical patients&quot; and, if insulin was indicated, that it was</td>
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<tr>
<td>Post-Op Glucose Management</td>
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<tr>
<td>CHG Shower starting POD 1</td>
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<tr>
<td>Discharge patient with CHG</td>
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**Blood Glucose Optimization**

- **Pre-Op**: Check MRAP (ciclosporin, sirolimus, tacrolimus)
- **Post-Op**: Patient temp during surgery >35, Post-Op Temp within 1 hr of 36, Relative humidity 30-60%
- **Intra-Op**: Sliding scale ordered "DIAB, subcutaneous orders for medical surgical patients" and, if insulin was indicated, that it was
Keys to Our Success

- Standardize Processes
- Audit! Audit! Audit!
- Initial and annual education—include medical floors
- Continuing updates in electronic chart
- Surgeon Champions
- Strong executive leadership involvement and support
- Strong Perioperative collaboration with surgeons
- Determined multidisciplinary PI group
Questions
Contact Information:

Michelle Hunt
Michelle.Hunt@myLRH.org
863-242-8829 ext 2932
# Chasing Zero Infections Series

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 17, 2018</td>
<td>Didactic Webinar</td>
<td>Reducing Infections with Ventilator Associated Events (IVAC) [Access Event Archive: Recording</td>
</tr>
<tr>
<td>Mar. 14, 2018</td>
<td>Interactive Coaching Call</td>
<td>Strategies to Reduce Surgical Site Infections (SSI) [Access Event Archive: Recording</td>
</tr>
<tr>
<td>Apr. 10, 2018</td>
<td>Interactive Coaching Call</td>
<td>Reducing PICC and Central Line Utilization to Eliminate CLABSI [Access Event Archive: Recording</td>
</tr>
<tr>
<td>May 8, 2018</td>
<td>Interactive Coaching Call</td>
<td>Don’t Be Resistant: Reducing MRSA and Other Multi-drug Resistant Organisms [Access Event Archive: Recording</td>
</tr>
<tr>
<td>Aug. 14, 2018</td>
<td>Interactive Coaching Call</td>
<td>Sustaining Zero Infections: Stop the “Whack a Mole” Syndrome [Register]</td>
</tr>
</tbody>
</table>

Check the weekly [MTC HIIN Upcoming Events](#) for details and registration.
Upcoming Virtual and In-Person Events

- **Jun 25** – Infection Prevention NHSN Workshop | Orlando, FL  
  [Register Online]

- **Jul. 13** – Understanding Hospital Star Ratings | Webinar  
  [Register Online]

- **July (TBA)** – IVAC Bi-Monthly Webinar #3

Check the weekly *MTC HIIN Upcoming Events* for details and registration
Contact Us

We are here to help!

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