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

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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)
• 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
• 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?
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”
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

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

Thank you!