Reducing Surgical Site Infections Through Evidence and Standardization

Dr. Michael Barringer, MD and Kristen Chance MHA, MSL
Atrium Health Metro Division

**Project Selection**
Administrative challenge to reduce Elective Colon procedure Surgical Site Infections.

**Objectives**

**Primary Objective**
Decrease Surgical Site Infections (Colon SIR)
Target – 0.737, Stretch – 0.712

**Secondary Objectives**
Decrease cost and LOS.

**Methodology**
- Representative surgeons developed consensus on perioperative care elements to be included.
- Preoperative, Operative and Postoperative administrative and nursing teams evolved supporting infrastructure.
- Process implemented across nine facilities and 80+ surgeons.
- Information and analytical services development of data warehouse with reporting dashboard.
- Process improvement feedback provided to facilities and physicians.

**Colon Bundle Elements**

- Home Nutrition Drinks
- Incentive Spirometer
- Oral Antibiotics
- Bowel Prep
- CHG bath at home x 2
- Preoperative clear carbohydrate liquid
- 2 hours before surgery
- CHG wipes in preoperative area
- Facility
- CHG wipes in preoperative area
- IV Antibiotics

- Intraoperative
  - Skin Prep
  - Wound Edge Protector
  - Sterile Closing Tray
  - Gown/Glove Change
  - Re-drape (defined as creating a clean field)

- Postoperative
  - Early Ambulation and Feeding

**Data Warehouse**

- Case Detail Element Compliance
- Final Cost Data
- Quality Metric Data
- Infection & Antibiotic Data
- Registry Data

- **POWER BI**

**Outcomes**

**Next Steps**

- Automate provider feedback tool.
- Continue monitoring and process improvement.
- Adding and monitoring additional bundle elements, such as, measuring temperature, prophylactic antibiotics, glucose control and other outcomes.
- Spreading the process to other service lines/procedures.

**Contact Info**
Michael.Barringer@atriumhealth.org
Kristen.Chance@atriumhealth.org

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