

Gap Analysis

- No specific care pathway for colon patients
- No standardization of care in perioperative care phases
- No metrics established to measure care elements
- No coordination in the collaboration of care among care givers

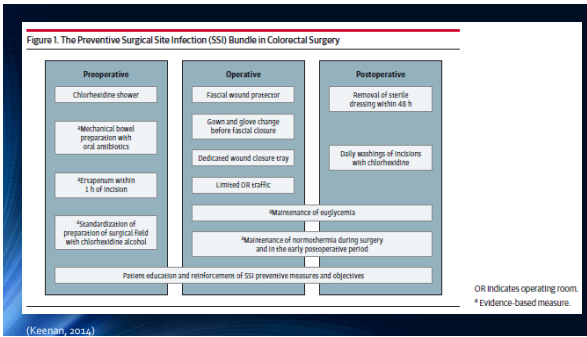


Task Force Development


- Crucial to include all pertinent stake holders and contributors
- Physician champion is a must for buy in of program
- Communication is essential to success
- Multidiscipline collaboration
- Evidence Review
- Establish elements, metrics, and goals for outcomes

Planning/Task Force Work

- Review evidence from literature search
- Discuss and decide on elements included in the bundle
- Review order sets and EHR to decide what changes need to be made to support the surveillance program
- Place work requests to build order sets
- Make changes to the EHR documentation fields
- Place work request for report of fields that capture metrics to assess outcomes



Implementation



- Physician champion educates and informs surgeons
- Nursing education completed for PAT, Pre-Op, Intra Op, and Post Op
- Infection Prevention will support by providing SIR data and real time data on all SSIs with colons
- Workflow in OR evaluated for efficiency and workability with closure trays versus segregation.

Outcomes

- Compliance with bundle elements increased from 27% to 87% from Jan – July 2017.
- SIR rates were reduced from 1.275 to 0.51 from Jan – July 2017.
- Consistent compliance rates were maintained from Aug-Dec 2017 of 81–92% with bundle elements.
- SIR rates had a spike from Aug – Dec 2017 up to 1.45, with the national average of SIR being at 0.99.
- Deep dive analysis conducted with surgeon and quality involvement.

Tools

- <https://www.cdc.gov/hai/surveillance/data-reports/2015-HAI-data-report.html>. (for state specifics)
- Case comparison chart
- NHSN SIR rates: <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

This screenshot shows two pages from the CDC Texas Acute Care Hospitals 2015 report. The left page displays various infection prevention metrics categorized by facility type (Acute Care Hospital, Long-Term Care Facility, etc.) and includes a map of Texas. The right page features a table comparing Texas' performance against national benchmarks for several key metrics.

Facility Type	2015	2014	2013	2012	2011	2010	National Benchmark
All Facilities	316	339	347	353	353	353	353
Acute Care Hospitals	292	300	307	313	313	313	313
Long-Term Care Facilities	24	39	40	40	40	40	40
Overall	340	378	387	393	393	393	393

Summary	Diabetes	Obesity	Nicotine Use	Significant Ix	OR Time	Intra-Op Antibiotic	SSI Bundle Elements
25 yr male Elective Procedure			smoke status unknown uses quit 100?	Previous UTIs	74 min	X	Compliant

Resources

Centers for Medicare & Medicaid Services. Hospital-Acquired condition (HAC) Reduction Program. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HAC/Hospital-Acquired-Conditions.html>. Accessed Jan 27, 2018.

Keenan, J., Speicher, P., Thacker, J., et al. The Preventive Surgical Site Infection Bundle in Colorectal Surgery. *JAMA Surg*, 2014; 149(10):1045-1052. Accessed Nov 14, 2017.

Hewitt, D., Tannour, S., Burkhart, R., Altmann, R., et al. Reducing colorectal surgical site infections: A novel, resident-driven, quality initiative. *The American Journal of Surgery*, 2017, 213, 36-42.

2015 HAI Data Report: <https://www.cdc.gov/hai/surveillance/data-reports/2015-HAI-data-report.html>. Accessed Jan 28, 2018.
