

Surgical Site Infection (SSI) Prevention Strategies

Component of SAFE HAI 2.0 Roadmap

| Gap Analysis Questions | Yes | No | If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete. |
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| Patient/family education | | | |
| 1a) Prior to procedure, the patient/family is educated on SSI prevention including identifying modifiable risk factors e.g., smoking, obesity, diabetes management, and preoperative skin care. 1b) The patient has been educated about symptoms of a surgical site infection, what the health care personnel (HCP) and prescribers are doing to prevent an infection, and what the patient can do to help prevent an infection. 1c) Prior to discharge, the patient/family is educated using teach back on post-op surgical care e.g., when to resume showering, swimming and other activities, hand hygiene, wound care and signs and symptoms of infection to report to provider. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Cleaning surgical equipment & environment | | | |
| The facility manages use of immediate use steam sterilization. 2a) Limit immediate use steam sterilization (IUSS) to instances when there are not other viable options (i.e., do not use for convenience, preference or when adequate inventory could eliminate the need for it). 2b) Audit IUSS practices. 2c) Review IUSS audit data on a quarterly basis and consider improvement activities. 2d) Follow appropriate preparation methods for IUSS. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Appropriate cleaning and disinfection of the surgical environment. The facility has a process in place to: 3a) Follow AAMI guidelines, Spaulding scale definitions and other nationally recognized guidelines, e.g., The Joint Commission, AORN, HICPAC in determining appropriate cleaning and disinfection practices. 3b) Assign responsibility for cleaning and disinfecting the surgical environment. 3c) Routinely evaluate and audit the cleaning and disinfection process. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Undergoing surgery pre-procedure | | | |
| The facility has clearly communicated to providers that they are expected to address the following: 4a) Pre-op planning which includes assessment of modifiable risk factors and offering education and services for risk reduction (e.g., smoking cessation, weight loss, glucose management). 4b) The patient's pre-op physical is in the patient medical record and reviewed by pre-op team prior to surgery. 4c) The pre-op physical includes evaluation for existing infections including, but not limited to; skin, urinary tract, sinus and periodontal. 4d) If identified, infections are treated before elective surgery and surgery is postponed until resolution of infection (excludes emergency surgery). | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

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| Operative normothermia. The facility has a process in place to: 10a) Maintain the patient's body temperature at >96.8° F/ 36° C during surgery. 10b) Measure the patient's temperature just prior to or shortly after anesthesia has ended. | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| 11a) The facility maintains perioperative glycemic control with blood glucose target levels <200mg/dL for diabetic and non-diabetic patients during surgery. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12a) The facility has a process in place to ensure antibiotic dose is repeated during surgery at the appropriate time if indicated. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Closing trays: 13a) For all class II and higher clean/contaminated open laparotomies, including extracorporeal bowel anastomoses, clean instruments, water, and gloves/gowns are to be utilized for wound closure. 13b) The need for closing trays is to be added to the preoperative briefing or timeout script. | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |

Post-procedure

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| Postoperative wound care. The facility sets expectations for: 14a) Maintaining the sterility of the incision until protected. 14b) Surgical sterile dressings are to be left intact 24–48 hours unless there is bleeding or a reason to suspect early infection. 14c) Where postoperative dressing changes are necessary, sterile gloves and dressings should be used. 14d) Hand hygiene products will be provided at the patient bedside for patients, visitors, and, health care workers. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| Postoperative normothermia: 15a) The facility has a process in place to maintain the patient's body temperature at >96.8 F/ 36 C in the post-anesthesia care area. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Postoperative glycemic control for diabetic and non-diabetic patients. The facility has a process in place to: 16a) Communicate baseline and intra-op glucose during post-op hand-offs. 16b) Maintain post-operative glucose level at <200 mg/dl for 72 hours post-operatively for diabetic and non-diabetic patients while an inpatient. | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
| Timely discontinuation of postoperative antibiotics 17a) The facility has a process in place to ensure all antibiotics are discontinued within 24 hours after end of surgery unless otherwise indicated. (Exceptions: CABG and other cardiac surgery or current or suspected infection). | <input type="checkbox"/> | <input type="checkbox"/> | |

OR team accountability/communication

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| 18a) The facility has a process in place to conduct a pre-op briefing prior to incision that includes discussion on antibiotic, timing, need for re-dosing, need for closing tray; any special considerations and equipment/supply needs to minimize the need to bring in additional equipment/ supplies during the procedure. 18b) The facility clearly define "Hard Stops" (key steps that if not completed the staff do not move forward with the next process steps) e.g., patient refuses pre-operative warming, antibiotic is not given within appropriate timeframe, organizationally approved antiseptic prep is not used to prep the site. | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | |
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|---|--------------------------|--------------------------|--|
| Health care personnel (HCP), prescribers education | | | |
| 19a) SSI prevention education and competencies have been incorporated into new employee orientation for all HCP and prescribers caring for surgical patients. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19b) Ongoing SSI prevention education is incorporated into training at least annually for all HCP and prescribers in-volved in the care of surgical patients. | <input type="checkbox"/> | <input type="checkbox"/> | |
| The facility has set and enforces clear expectations for surgical attire in restricted and semi-restricted areas, including: | | | |
| 20a) Fresh, hospital-laundered surgical attire are donned upon arrival before entering the restricted and semi-restricted areas each day. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20b) Surgical attire is changed if it becomes visibly soiled. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20c) Scrubs are not to be worn outside the hospital. This applies to all HCP, prescribers and vendors. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20d) Personal attire worn in a restricted/semi-restricted area must be completely covered by hospital-provided attire. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20e) Jewelry that is not covered by surgical attire is removed prior to entering restricted and semi-restricted area. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20f) Scalp and hair is completely covered by disposable caps or caps that are hospital laundered and changed daily. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20g) Non-scrubbed HCP and prescribers in the OR wear hospital- laundered long sleeved cover jackets. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20h) The "Just Culture" model will be applied when HCP and prescribers are observed not following facility expectation for appropriate surgical attire. | <input type="checkbox"/> | <input type="checkbox"/> | |

