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## November 11, 2009—Track 1: SCIP & VTE, MRSA, CLBSI and Sepsis Mortality

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### Prevention of Surgical Site Infection

- Dr. Kamal Itani presented on ways to prevent surgical site infections and the current evidenced-based processes.
  - Surgical Site Infections are the most common nosocomial infections among surgical patients (38%) with 7.3 mean additional postoperative days at an additional cost of \$3,152 per patient.
  - Because the majority of inappropriate antibiotic timing is due to early administration, processes should be considered to give the preoperative antibiotic in the perioperative area or the operating room
  - Redosing antibiotics for procedures that exceed the antibiotic half life is important to prevent infection and should be initiated by the anesthesiologist.
  - Higher body mass index leads to poorer antibiotic tissue levels and require appropriate dosing for the patient's weight
  - To reduce length of stay and the incidence of surgical wound infection, emphasis should be placed on perioperative normothermia and adequate tissue oxygenation
  - Studies of the use of chloroprep versus povidone-iodine for prevention of SSI demonstrate trends of lower rates of deep incisional infection, organ/space infection, sepsis, and sepsis with organ failure.
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### Sustainability and Sepsis:

- Dr. Bruce Spurlock used sepsis as an example to present important aspects of creating sustainability of improvements:
  - *Self reinforcing* (success begets success, ongoing learning from successes and failures, recognition programs, stopping the line or “peer policing”);
  - *Focus on Failure* (make failure obvious, look for weak signals of failure, instead of success rate, failure rate, don't be afraid to be wrong);
  - *People Support Systems* (roles and responsibilities well defined, resources dedicated to project, people are trained and capable, method to measure and share ongoing performance of the process); and
  - *Work and Systems are automatic* (building them using reliability/human factors principles, assuring broad participation in the design, utilizing process mapping to understand weaknesses and waste, and addressing anti-drift).
  - Examples with Sepsis given: Awareness replaced with screening triggers...reduce reliance on memory; 2-liter bags of IV fluids...make the right thing the easy thing;
  - Most important is the approach to all patients in the ED: Assume they are septic until proven otherwise. Creates mindfulness and prevents missing many septic patients.

### VTE Measures within SCIP

- Dr. Howard Pitluk focused on the impact of Venous Thromboembolism prophylaxis on patient safety:
  - Pulmonary embolism, a serious complication of VTE, is the 3<sup>rd</sup> most common cause of hospital-related deaths in the U.S.
  - Deep Vein Thrombosis and Pulmonary embolism can lead to up to 44% monthly readmission rates that could cost up to \$16,000 annually.
  - Hospitals should develop a formal and active strategy to address VTE prevention such as a hospital-wide VTE prophylaxis policy, preprinted order sets, and periodic audit and feedback.

### Additional Sessions included Sepsis, TeamSTEPPS, and Hospital Leadership Quality Assessment Tool.

**Presentations and additional materials from this meeting will be made available at <http://www.socalpatientsafety.org>**

**Mark your calendars: the next Track 2 meeting will be held December 15, 2009 at The California Endowment**