



New York State
Partnership for
Patients



Advanced Colon Surgery Bundle
Gap Analysis

ESSENTIAL BUNDLE ELEMENT	BUNDLE ELEMENT SPECIFICS		IS THE ELEMENT A ROUTINE PART OF PRACTICE AT MY HOSPITAL (YES/NO)	ACTION PLAN
Pre-operative Mechanical Bowel Preparation with Oral Antibiotics	Provide pre-operative mechanical bowel preparation for patients	<ul style="list-style-type: none"> Physician office or Pre-admission testing (PAT) Physician office or PAT 		
	Prescribe pre-operative oral antibiotics or patients to take following mechanical bowel preparation.	<ul style="list-style-type: none"> Physician office or PAT 		
	Provide patient and family education on: <ul style="list-style-type: none"> How to use mechanical bowel preparation and take oral antibiotics pre-operatively Why pre-operative bowel preparation and oral antibiotics is important to reduce risk of surgical site infection 	<ul style="list-style-type: none"> Physician office or PAT 		
	Document whether the patient was able to complete pre-operative mechanical bowel preparation in combination with oral antibiotics or not.	<ul style="list-style-type: none"> Pre-operative holding area 		
Normothermia Maintain core temperature $\geq 36^{\circ}\text{C}$ during the perioperative period.	Active patient warming (e.g., forced air warming device) in:	<ul style="list-style-type: none"> Pre-operative holding area 		
		<ul style="list-style-type: none"> OR 		
		<ul style="list-style-type: none"> PACU 		

ADVANCED COLON SURGERY BUNDLE GAP ANALYSIS *continued*

ESSENTIAL BUNDLE ELEMENT	BUNDLE ELEMENT SPECIFICS		IS THE ELEMENT A ROUTINE PART OF PRACTICE AT MY HOSPITAL (YES/NO)	ACTION PLAN
Normothermia Continued	Mechanism to check and maintain patients' core temperature >36°C in:	<ul style="list-style-type: none"> · OR · PACU 		
Glucose Control Maintain blood glucose level < 200 mg/dl on the day of sur-gery and through the postopera-tive period.	Glucose control protocols for use throughout peri-operative and opera-tive process.	<ul style="list-style-type: none"> · Pre-operative holding area 		
		<ul style="list-style-type: none"> · OR 		
		<ul style="list-style-type: none"> · PACU 		
		<ul style="list-style-type: none"> · Surgical Unit 		
	Identify known diabetics and potential hyper-glycemics in the PAT.			
	Frequent monitoring of blood glucose (all patients, both known diabetics and non-diabetics) beginning in the pre-operative holding area, in the OR, and in the PACU and surgical units			
Blood glucose management protocol to maintain blood glucose between 50–200 mg/dl				
Antimicrobial Prophylaxis Maintain therapeutic levels of the prophylactic antimicrobial agent in serum and tissues throughout the operation, using weight-based dosing and re-dosing, as appropriate.	Prophylactic antibiotic protocol is present.			
	Antibiotic protocol has guidance on weight-based dosing and re-dosing for long cases.			
	More than 98% of prophylactic antibiotics administered within one hour prior to surgical incision. (N.B. Vancomycin or a fluoroquinolone should be administered within 60–120 minutes before the initial incision due to the longer infu-sion time of these antimicrobials.)?			
	Prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac surgery).			

ADVANCED COLON SURGERY BUNDLE GAP ANALYSIS *continued*

ESSENTIAL BUNDLE ELEMENT	BUNDLE ELEMENT SPECIFICS		IS THE ELEMENT A ROUTINE PART OF PRACTICE AT MY HOSPITAL (YES/NO)	ACTION PLAN
<p>Increased Peri-operative Oxygenation Maintain optimal tissue oxygenation throughout peri-operative period by administering supplemental oxygen intra-operatively and post-operatively.</p>	<p>In patients with normal pulmonary function administer increased FiO₂, (e.g., up to 0.80 FiO₂).</p>	<ul style="list-style-type: none"> · In OR 		
		<ul style="list-style-type: none"> · In PACU or receiving unit for two hours post-operatively 		
<p>Skin Preparation Use an antiseptic agent with alcohol for skin preparation, unless contraindicated.</p>	<p>Chlorhexadine gluconate with isopropyl alcohol or iodine povacrylex with alcohol (70%) stocked as standard for skin preparation in the OR.</p>			
	<p>Standardize processes for hair removal prior to surgery. If hair removal is required, use clippers.</p>			
<p>Clean Standardized Fascia Close Change gown, gloves, and surgical instruments for closure of fascia.</p>	<p>Clean closing trays and instruments used routinely for closing of fascia</p>			
	<p>Standardized closing of abdominal wound for all colorectal surgeons (e.g., with a subcuticular closure except type IV cases, where skin is left partially open).</p>			
<p>Wound Management Standardize wound management strategy for all types of colorectal surgeries.</p>	<p>Standardized intra-operative application of wound dressing.</p>			
	<p>Standardize post-operative wound care.</p>			
	<p>Provide patient and caregiver education on optimal post-discharge wound care as standard.</p>			