



NYS PARTNERSHIP FOR PATIENTS GUIDING PRINCIPLES

FOR REDUCING SURGICAL SITE INFECTIONS AND ENHANCING OPERATING ROOM SAFETY



INNOVATE

Test innovative strategies to reduce harm to the surgical patient.

- Implement a Surgical Safety Checklist and Advanced Colon Bundle^{1,2}
- Implement standard processes to ensure continuity of information from the physician office through the pre-operative and intra-operative phases, post-operative surgical unit, and at discharge.
- Implement a communication protocol in the operating room to reduce surgical complications (e.g., TeamSTEPPS).
- Develop an internal business case for re-organized processes to reduce harm to surgical patients. For example, conducting a safe surgery checklist with time out/brief and de-brief can reduce complication rates,³ reduce delays⁴ during a procedure, and reduce potential harm to the patient.
- Conduct observational monitoring of communication protocols (i.e., surgical checklist, brief/debrief, and time out).



ENGAGE

Target total stakeholder engagement to redesign surgical processes with the goal of reducing patient harm in the operative setting.

- Ensure leadership support for redesigning surgical process, including developing multi-disciplinary communication protocols and integrating interventions into daily work flow through changes to documenting electronic medical records (EMR) or medical records.
- Share surgical site infection (SSI) data with the full multidisciplinary team, and discuss best practice clinical interventions for consideration.
- Designate a surgeon, anesthesiology, and nurse lead(s) to champion the interventions and spread change in each surgical service department.
- Engage patients and families through all stages of surgical care using a patient-centered care model to improve operating room (OR) safety across the continuum.
- Consider using videos or written and verbal Teach Back tools to educate patients on how to reduce risk(s) from common surgical complications in various settings.
- Involve patients and families in discharge planning preparation.
- Design a multidisciplinary approach to surgical harm reduction activities with clear team member responsibilities and accountability to reduce patient harm and optimize surgical patient outcomes.



INTEGRATE

Build best practices and mechanisms to enhance OR Safety and prevent procedural harm into the standard workflow.

- Integrate care processes into the workflow to prevent hospital-acquired harm or common complications, including (but not limited to):
 - Surgical site infections;
 - Venous thromboembolism;
 - Catheter-associated urinary tract infections;
 - Catheter-associated central line infections;
 - Adverse drug events;
 - Pressure ulcers;
 - Falls;
 - Wrong site or wrong patient; and
 - Ventilator-associated events.
- Provide staff education to integrate standardized communication protocols⁵ using agreed upon tools to ensure "Right Patient, Right Surgery," and post-discharge communication from patient and caregiver across the continuum of care.

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2. NYS Partnership for Patients. "NYSPPF Advanced Colon Surgery Bundle," (2014) New York, New York

3. Haynes, A., Wesler, T.G., Berry, W.R., Lipsitz, S.R., Breizat, A., Dellinger, E.P., et al. "A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population." *New England Journal of Medicine* (2009); 360: 491–499.

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5. Timmel, J., Kent, P.S., Holzmüller, C.G., Paine, L., Schulick, R.D., Pronovost, P.J. "Impact of the Comprehensive Unit-based Safety Program (CUSP) on Safety Culture in a Surgical Inpatient Unit." *Joint Commission Journal on Quality and Patient Safety* (2010); 36(6): 252–260.



HARDWARE

Standardize policies and practices to reduce preventable surgical site infections and complications.

- Ensure consistent use of the Safe Surgery Checklist.
- Ensure a standard brief/debrief process with the entire surgical team.
- Monitor use and effectiveness of interventions; provide regular performance feedback to staff.
- Incorporate all Surgical Care and Advanced Colon Bundle evidence and associated best practices into the EMR, protocols, materials, the safe surgery checklist, and other resources.
- Build internal, standardized systems to routinely capture and disseminate data on relevant surgical safety measures, and track adherence to clinical and communication protocols.
- Adopt clinical decision support tools, such as EMR trigger tools, order sets, and nurse-driven protocols to sustain the standardization of protocols across the surgical continuum.
- Establish a standard process for comprehensive hand-offs to the post-anesthesia care unit from the operating room team.