Surgical Site Infection Prevention and Operating Room Safety Current Practices Assessment

The following survey is intended to assess your hospital’s existing practices related to operating room safety and the reduction of surgical site infections. Your responses will assist you and your NYSPFP Project Manager to create a tailored work plan for quality improvement activities. Additionally, your responses will help to guide NYSPFP staff in developing targeted educational programming around these areas, and provide a baseline assessment for post-intervention comparison. Please complete and submit only one electronic survey on behalf of your hospital.

Please provide the following information:

Name: __________________________
Title: __________________________
Email: __________________________
Hospital Name: __________________________

Is this survey being completed on behalf of your individual hospital or your hospital system?

☐ Hospital System
☐ Individual Hospital

If the survey is being completed on behalf of your hospital system, what is the name of your hospital system?

_____________________________________________________________________________________

How many surgical procedures were performed in your facility in 2011?

_______

How many surgical procedures were performed in your facility in 2012?

_______
Section I: Current Practices – Preadmission

Q1 Does your hospital perform pre-admission testing?

- Yes
- No

If you answered “Yes” in Q1, please continue to Q1a. If you answered “No” in Q1 please continue to Q1b. Otherwise, skip to Q2.

Q1a What percentage of in-patient procedures have pre-admission testing performed at your hospital?

____% 

Q1b Does your hospital have a modified protocol for patients previously colonized with Methicillin-resistant Staphylococcus Aureus (MRSA)?

- Yes
- No

MSSA

Q2 Does your hospital currently have a protocol that requires all patients undergoing a high risk procedure (e.g. Coronary Artery Bypass Graft [CABG], hip/knee replacement, colorectal surgery, hysterectomy) to be tested for Methicillin Sensitive Staphylococcus Aureus (MSSA) colonization?

- Yes
- No

If you answered “Yes” in Q2, please answer questions Q3 and Q4. Otherwise, skip to Q5.

Q3 What percentage of patients undergoing high risk procedures are tested (approximate percentage for all procedures) for MSSA? Please list the approximate percentage for all procedures.

____% 

Q4 Does your hospital have a protocol to treat patients colonized with MSSA which includes the following? Please select all that apply.

- Decolonize carriers with 5 days of intranasal muciprocin
- Shower or bathe with chlorhexidine gluconate (CHG) soap
- Other

If you answered “Shower or bathe with chlorhexidine gluconate (CHG) soap” in Q4, please continue to Q4a. If you answered “other” in Q4, please continue to Q4b. Otherwise, skip to Q5.
Q4a For at least how many days does your protocol require a shower or bath with chlorhexidine gluconate (CHG) soap?

____

Q4b Please describe the other aspects of your protocol to treat patients colonized with MSSA

________________________________________________________________________________________

MRSA

Q5 Does your hospital currently have a protocol that requires all patients undergoing a high risk procedure (e.g. Coronary Artery Bypass Graft [CABG], hip/knee replacement, colorectal surgery, hysterectomy) to be tested for Methicillin-resistant Staphylococcus Aureus (MRSA) colonization?

☐ Yes
☐ No

If you answered “Yes” in Q5, please answer questions Q6 and Q7. Otherwise, skip to Q8.

Q6 What percentage of patients undergoing high risk procedures are tested (approximate percentage for all procedures) for MRSA? Please list the approximate percentage for all procedures.

____%

Q7 Does your hospital have a protocol to treat patients colonized with MRSA which includes the following? Please select all that apply.

☐ Decolonize carriers with 5 days of intranasal muciprocin
☐ Shower or bathe with chlorhexidine gluconate (CHG) soap
☐ Other

If you answered “Shower or bathe with chlorhexidine gluconate (CHG) soap” in Q7, please continue to Q7a. If you answered “Other” in Q7, please continue to Q7b. Otherwise, skip to Q8.

Q7a For at least how many days does your protocol require a shower or bath with chlorhexidine gluconate (CHG) soap?

____

Q7b Please describe the other aspects of your protocol to treat patients colonized with MSSA

________________________________________________________________________________________
Patient Education

Q8  Does your hospital have a system in place for educating patients and their families about their role in reducing infections?

☐ Yes
☐ No

Q8a  If yes, please describe your system for educating patients and their families about their role in reducing infections.

______________________________________________________________________________
______________________________________________________________________________
Section II: Preoperative Antibiotic Administration

Q9  Does your hospital have any standardized protocols for pre-operative antibiotic administration in the hour before surgery?

- Yes
- No

If you answered “Yes” in Q9, please answer questions Q10 and Q11. Otherwise, skip to Q12.

Q10  For which procedures does your hospital have any standardized protocols for pre-operative antibiotics in the hour before surgery? Please select all that apply.

- Colo-rectal surgery
- Cardiothoracic surgery
- Orthopedic surgery
- Hysterectomy
- Other

If you answered “Other” in Q10, please continue to Q10a. Otherwise, skip to Q11.

Q10a  For which other procedures does your hospital have any standardized protocols for pre-operative antibiotics in the hour before surgery?

______________________________________________________________________________
______________________________________________________________________________

CPOE

Q11  Does your hospital have computerized provider order entry (CPOE)?

- Yes
- No

If you answered “Yes” in Q11, please answer question Q11a. If you answered “No” in Q11, please answer question Q11b.

Q11a  How is the appropriate antibiotic selected?

- Automatic order entry on selection of operative procedures to be performed
- Clinical decision support to prompt selection of correct antibiotics
- Provider orders self-selected antibiotic without prompt
- Other

If you answered “Other” in Q11a, please continue to Q11aa. Otherwise, skip to Q11b.
Q11aa  What other method is used to select the appropriate antibiotic?
______________________________________________________________________________

Q11b  How is the appropriate antibiotic selected?

- Prescribed on surgery specific pro-forma on which the appropriate antibiotics are pre-listed
- Antibiotic selected from guidelines/protocol
- Prescriber self selects antibiotic
- Other

*If you answered “Other” in Q11b, please continue to Q11ba. Otherwise, skip to Q12.*

Q11ba  What other method is used to select the appropriate antibiotic?
______________________________________________________________________________

Q12  Does your hospital designate a specific person to be responsible for administering pre-operative antibiotics to patients?

- Yes
- No

Q13  Does your hospital complete or re-check medication reconciliation in the pre-operative area?

- Yes
- No

Q14  Does your hospital conduct a high risk skin assessment in the OR suite or pre-operative area to identify and/or prevent pressure ulcers?

- Yes
- No

Q15  Does your hospital have a protocol to manage patients requiring anti-coagulation before surgery?

- Yes
- No
Section III: Current Practices – Intra-operative

Q16  Does your hospital have a standardized protocol for any of the following?  
*Please select all that apply.*

- ☐ Checking blood sugar pre-operatively and post-operatively regardless of diabetes status
- ☐ Glucose management of insulin dependent diabetics intra-operatively
- ☐ Anticoagulation
- ☐ Skin preparation pre-operatively in the OR
- ☐ Hair removal (avoiding shaving)
- ☐ Identifying how long an operation has been in progress
- ☐ Foley catheter insertion in the OR
- ☐ Temperature monitoring and warming
- ☐ Prophylactic antibiotic re-dosing for prolonged procedures (> 3 hours)

If you answered “Skin preparation pre-operatively in the OR” in Q16, please continue to Q16a. If you answered “Identifying how long an operation has been in progress” in Q16, please continue to Q16b. Otherwise, skip to Q17.

Q16a  Does your hospital specify use of an alcohol-containing antiseptic agent for pre-operative skin preparation?

☐ Yes
☐ No

A16b  Is information on how long an operation has been in progress used for:  
*Please select all that apply.*

- ☐ Repositioning to prevent skin breakdown
- ☐ Tourniquet time
- ☐ None of these

Q17  Does your hospital have the following equipment standardized across operating rooms?  
*Please select all that apply.*

- ☐ Pulse oximeters
- ☐ Thermometers
- ☐ Radio-frequency/Radiofrequency identification chip /Bar coded sponges to reduce retained products
- ☐ None of these

Q18  Does your hospital use devices to prevent pressure ulcers during long procedures?

☐ Yes
☐ No
Section IV: Current Practices – Post-operative

Q19   A debrief is time set aside for structured feedback at the procedure, to allow teams to reflect on issues, discuss areas for improvement, and can include instructions for management of the patient in the next setting of care.

Does the operative team conduct a debrief, at the end of procedure, while the surgical attending and team are in the OR? Debrief can occur prior to the final count.

☐ Yes
☐ No

If you answered “Yes” in Q19, please answer questions Q20-Q24. Otherwise, skip to Q25.

Q20   When is the debrief completed?

☐ After the sponge count, prior to surgical incision/site being closed
☐ While the surgical incision/site is being closed
☐ After the surgical incision/site is closed
☐ After the final count
☐ When wound dressings are being applied

Q21   How often is the debrief completed with the surgical attending and team present?

☐ Never
☐ Rarely
☐ Sometimes
☐ Most of the time
☐ Always

Q22   Who leads the debrief?

☐ Surgical Attending
☐ Resident (if applicable)
☐ Scrub Nurse
☐ Circulating Nurse
☐ Depends who is available, as there is no designated person
☐ Other team member

If you answered “Other team member” in Q22, please continue to Q22a. Otherwise, skip to Q23.

Q22a   Which other team member leads the debrief?

__________________________________________________________________________________________
Q23 What is included in the debrief? Please select all that apply.

- [ ] What went well
- [ ] Opportunity for improvement
- [ ] Review of post-anesthesia care unit (PACU) orders
- [ ] Review of post-PACU orders
- [ ] Equipment Issues
- [ ] Pathology Confirmation
- [ ] Review and ordering of prevention protocols for hospital-acquired conditions (HACS)
- [ ] Other

If you answered “Other” in Q23, please continue to Q23a. Otherwise, skip to Q24.

Q23a What other information is included in the debrief?

______________________________________________________________________________

Q24 Are the results of the debrief aggregated and reported to the team through departmental meetings?

- [ ] Yes
- [ ] No

Q25 Do you have a standardized protocol for post-operative hand-off to the post-anesthesia care unit (PACU)?

- [ ] Yes
- [ ] No

Q26 Does your hospital have a standardized post-operative protocol for:

Please select all that apply.

- [ ] Wound check and care
- [ ] CLABSI prevention
- [ ] CAUTI prevention
- [ ] Anti-coagulant management
- [ ] Glucose/Diabetes management
- [ ] VAP prevention
- [ ] Falls prevention
- [ ] Pressure ulcer prevention
- [ ] Venous thromboembolism prevention
Section V: Team Culture and Training

Q27 Have you provided any formal safety related team training for your OR staff (i.e. training by external organization/consultant/internal resource)?

○ Yes
○ No

If you answered “Yes” in Q27, please answer questions Q28 and Q29. Otherwise, skip to Q30.

Q28 What program was used (e.g. TeamSTEPPS) and/or who conducted the training?

○ TeamSTEPPS
○ Crew Resource Management
○ CUSP (Comprehensive Unit Base Safety Program)
○ In-House Training Program developed by the hospital
○ Other
○ None of these

If you answered “Other” in Q28, please continue to Q28a. Otherwise, skip to Q29.

Q28a What other program or person conducted the training?
______________________________________________________________________________

Q29 Who participated in training? Please select all that apply.

☐ Surgeon (Attending)
☐ Anesthetist (Attending)
☐ Residents (Surgery)
☐ Residents (Anesthesia)
☐ Nursing Staff
☐ OR Staff
☐ Hospital Administration
☐ Medical Staff Leadership
☐ Quality Improvement Staff
☐ Risk/Legal Staff

Q30 Do all members of the surgical team feel empowered to ask questions or share concerns about the patient or equipment?

○ Yes
○ No
Section VI: Surgical Safety Checklist

Q31 Does your hospital currently use a surgical safety checklist (or a modified version of a standard checklist)?

- Yes
- No

If you answered “Yes” in Q31, please answer questions Q32-Q41. Otherwise, skip to Q42.

Q32 Which checklist do you use?

- World Health Organization (WHO) Surgical safety Checklist (or a modified version of)
- Joint Commission Universal Protocol (or a modified version of)
- New York State Surgical and Invasive Procedure Protocol (NYSSIPP)
- Hospital “home grown” checklist
- Other

If you answered “Other” in Q32, please continue to Q32a. Otherwise, skip to Q33.

Q32a What other checklist do you use?

______________________________________________________________________________

Q33 How often is the checklist used?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

Q34 Did you customize a standardized surgical safety checklist used at your institution to better suit your needs?

- Yes
- No
Q35 Which of the following statements describe the routine use of the checklist at your facility? Please select all that apply.

- [ ] Is used in at least 95% of all OR cases
- [ ] Has been modified for use in specialty areas outside of the OR (for example Interventional radiology, cardiac catheter lab, endoscopy)
- [ ] Has been modified for procedures at the bedside
- [ ] Was used more frequently in the past than it is now
- [ ] Was used for a while, but is no longer in use
- [ ] Other

If you answered “Other” in Q35, please continue to Q35a. Otherwise, skip to Q36.

Q35a Which other statement describe the routine use of the checklist at your facility?

______________________________________________________________

Q36 Which of the following statements describe the use of the checklist at your facility? Please select all that apply.

- [ ] The checklist completion is assigned to one person rather than the entire team
- [ ] The checklist is verbally completed without validating task completion (i.e., reliance on memory)
- [ ] The checklist is completed and recorded (i.e., reliance on hard copy tool)
- [ ] The patient’s name, procedure and the location of the incision are verbally confirmed
- [ ] All team members (surgeon anesthesiologist, nurse, technician etc.) introduce themselves by name and role
- [ ] A discussion among all team members (surgeon anesthesiologist, nurse, technician etc.) is conducted prior to the incision
- [ ] Surgery does not begin until all checklist items under the “Before induction of Anesthesia” and “Before Skin Incision” sections have been reviewed by the surgical team

Q37 If you are using a mechanism to communicate that isn’t verbal, what are you using? Please select all that apply.

- [ ] Paper
- [ ] White Board
- [ ] Electronic
- [ ] iPad
- [ ] Other

If you answered “Other” in Q37, please continue to Q37a. Otherwise, skip to Q38.

Q37a What other mechanism(s) do you use to communicate non-verbally?

______________________________________________________________________________
Q38  Do you have staff from each of the professional disciplines currently championing the checklist?  
  O  Yes  
  O  No

Q39  Is adherence to the checklist included in individual surgeon’s performance reviews?  
  O  Yes  
  O  No

Q40  To what degree has the checklist improved safety in your operating rooms?  
  O  No improvement at all  
  O  Somewhat of an improvement  
  O  Moderate improvement  
  O  Large improvement  
  O  Very large improvement

Q41  Is your hospital collecting data to monitor the effect the checklist has had in your operating rooms?  
  O  Yes  
  O  No

If you answered “Yes” in Q41, please continue to Q41a. Otherwise, skip to Q42.

Q41a  Please describe what type of data you are collecting/analyzing and the frequency. } 
______________________________________________________________________________

Q42  Do surgical/OR staff currently participate in quality improvement committees?  
  O  Yes  
  O  No
Section VII: Data Collection

Q44  Is your hospital currently participating or has it participated in the past in an initiative to reduce SSI other than NYSPFP?

☐ Yes
☐ No

If you answered “Yes” in Q44, please continue to Q44a. If you answered “No” in Q44 please continue to Q44b. Otherwise, skip to Q45.

Q44a  When did this project start and/or end?

______________________________________________________________________________
______________________________________________________________________________

Q44b  Are you enrolled in an SSI project (outside of NYSPFP and IPRO) that has not yet started?

☐ Yes
☐ No

Q45  List the data measures you are collecting that relate to SSI or surgical safety

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Q46  Is data on the rates of SSI fed back to surgical unit/specialty/individual surgeons?

☐ Yes
☐ No

Q47  Is data on surgical safety fed back to the surgical unit/specialty?

☐ Yes
☐ No