



OPERATING ROOM SAFETY AND SURGICAL SITE INFECTION PROCESS MAP

Example Improvement Opportunities

The map below illustrates opportunities for surgical teams to reduce the likelihood of a surgical patient developing the specific identified hospital-acquired condition as noted below.

CONDITION	PRE-OPERATIVE		INTRA-OPERATIVE	POST-OPERATIVE	
	PRE-ADMISSION	PERI-OPERATIVE		IMMEDIATELY POST-OPERATIVE	PACU TO UNIT (HAND-OFF)
WRONG SITE/ PATIENT	<ul style="list-style-type: none"> Patient education and involvement in care 	<ul style="list-style-type: none"> Clear identification of patient Clearly mark the operative site 	<ul style="list-style-type: none"> Use Safe Surgery Checklist Use Team STEPPS® 		
SURGICAL SITE INFECTION	<ul style="list-style-type: none"> Patient education <i>Staph. aureus</i> screening and decolonization protocols 	<ul style="list-style-type: none"> Prophylactic antibiotics Glycemic and temperature control Appropriate hair removal 	<ul style="list-style-type: none"> Surgeon's awareness of operative technique to reduce infection Use an adapted Safe Surgery checklist Glycemic* and temperature control Intra-operative re-dose of prophylactic antibiotics to maintain therapeutic levels** 	<ul style="list-style-type: none"> Written wound care instructions Glycemic Control (e.g., insulin protocol activated) Post-operative antibiotics with discontinue orders, as appropriate 	
BLEEDING DISORDERS & VENOUS THROM- BOEMBOLISM (VTE)	<ul style="list-style-type: none"> Stopping aspirin/ clopidogrel Check INR, if on warfarin Pre-op blood type and cross-match (procedure dependent) 		<ul style="list-style-type: none"> Surgeon's awareness of blood loss and preparing blood products as necessary Length of use of intra-operative tourniquet 	<ul style="list-style-type: none"> VTE prophylaxis order "set" written Anticoagulation Protocol implemented For patients previously anti-coagulated (e.g., on warfarin), plan for restarting/ warfarin loading 	
CATHETER- ASSOCIATED URINARY TRACT INFECTION (CAUTI)	Adherence to the CAUTI prevention/Foley insertion bundle: <ul style="list-style-type: none"> Medical necessity criteria to insert Foley catheter Protocol/medical necessity criteria for discontinuing Foley catheter prior to PACU discharge Order set for discontinuing Foley catheter within 48 hours, if appropriate 				
CENTRAL LINE- ASSOCIATED BLOOD STREAM INFECTION (CLABSI)	Adherence to the CLABSI prevention/central line bundle: <ul style="list-style-type: none"> Assessing need for insertion Correct maintenance Reviewing necessity and/or removal 				
VENTILATOR- ASSOCIATED PNEUMONIA (VAP)	<ul style="list-style-type: none"> Optimize breathing (e.g., by stopping smoking at least 10 days pre-operatively) 				<ul style="list-style-type: none"> Prevention bundle implemented (address opiates, if appropriate)
FALLS & PRESSURE ULCERS (PU)	<p>FALLS:</p> <ul style="list-style-type: none"> Pre-admission discharge planning (e.g., physical therapy) 		<p>PU:</p> <ul style="list-style-type: none"> Surgeon and anesthesiology awareness of operative time elapsed, pressure points, and positioning to prevent PU 	<p>FALLS:</p> <ul style="list-style-type: none"> Opiate/pain management written and handed over to reduce fall risk in post-op patients Screening and prevention <p>PU:</p> <ul style="list-style-type: none"> Risk assessment and prevention bundle implemented 	

* If appropriate.

** Especially for antibiotics with short half life in prolonged operations or operations with extensive blood loss.