



YOUR ROLE IN PREVENTING SURGICAL SITE INFECTIONS



Maureen Spencer, MEd, BSN, RN, CIC, FAPIC is an independent Infection Preventionist Consultant with over 40 years of experience and is board certified. Maureen was previously the Director, Clinical Education at Accelerate Diagnostics, Corporate Director, Infection Prevention for Universal Health Services, Infection Control Director at New England Baptist Hospital, and Director of the Infection Control Unit at Mass General Hospital.

Peter Graves, BSN, RN, CNOR is an independent perioperative consultant. Peter has chaired several national AORN committees¹ and served on the AORN national board of directors. He has extensive clinical and medical device leadership experience and is the Treasurer/Secretary for the CCI Research Foundation.

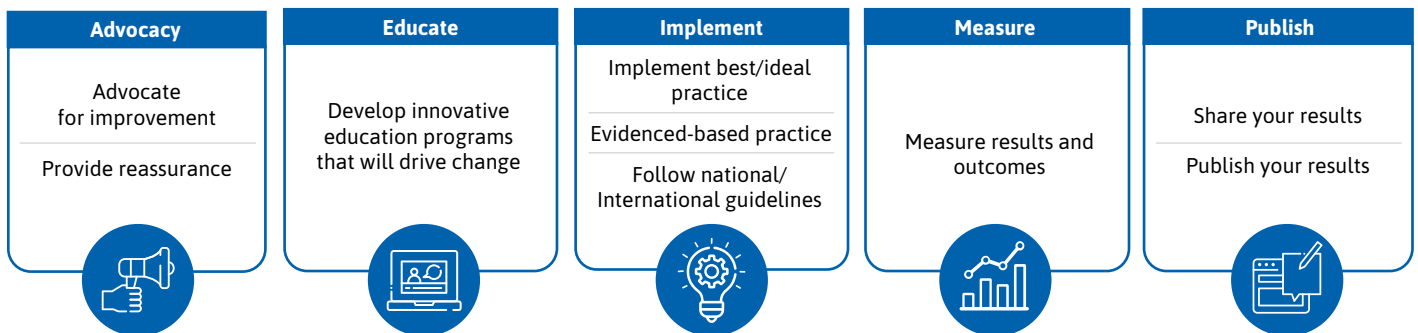


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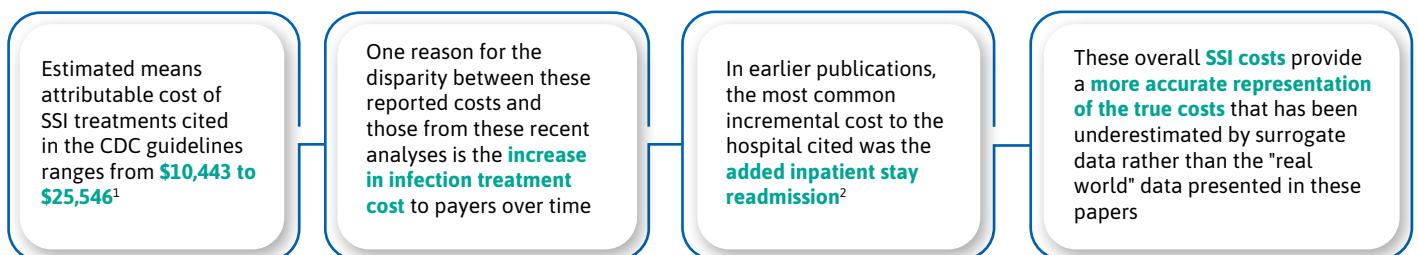
1 CE for RNs,* CSTs, CSFAs, and other Associate members of AST**

Defining Surgical Stewardship

Surgical Stewardship is focused on the optimization of patient outcomes. This can be achieved through the adoption of a culture where optimal perioperative care and evidence-based practices are utilized – **every day, everywhere, by everyone.**

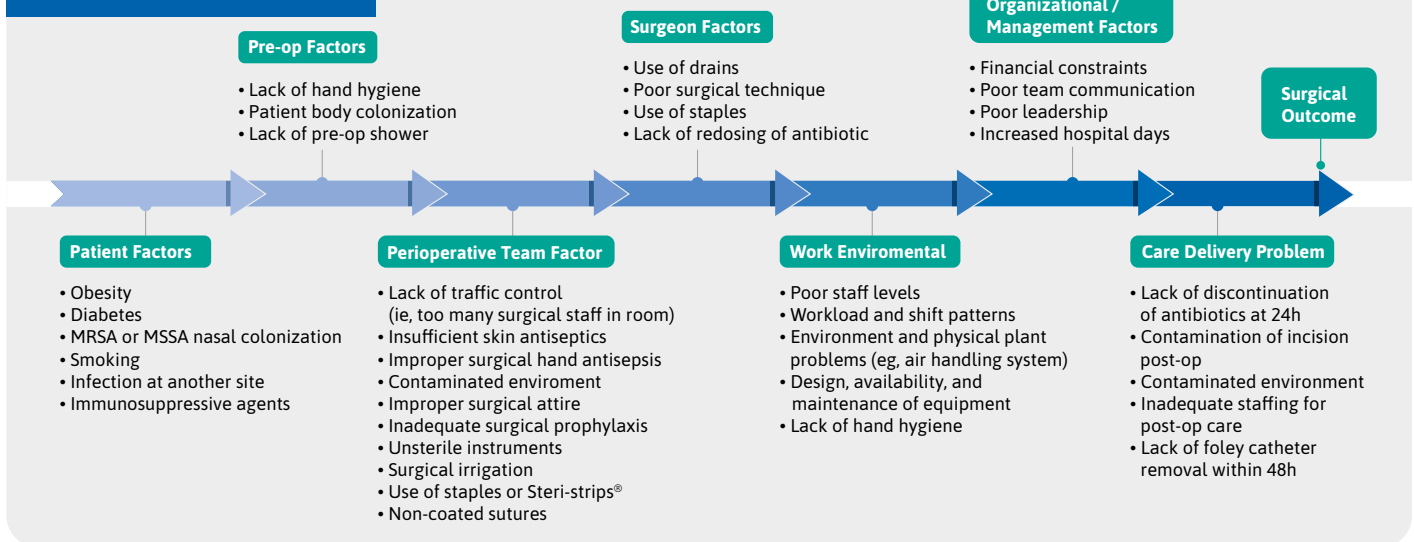


True Costs of a Surgical Site Infection are Underestimated



- Real-world cost of managing superficial, deep-incisional/organ space infection in surgery was significantly higher than previously reported, with payer costs escalating over a 12-month post-operative period¹
- Surgical approach, payer type, and comorbid risk factors contributed to increased risk of infection and economic burden
- SSI occurred most frequently following revision THA and revision TKA and resulted in substantial incremental costs
- There is often a need for prolonged care for patients who experience an SSI, especially in the case of deep incisional infection or organ space infection or leak
- The adoption of a robust evidence-based surgical care bundle to mitigate risk of surgical site infection and economic burden is warranted

IDENTIFY RISK FACTORS



Use Dissemination and Implementation Science

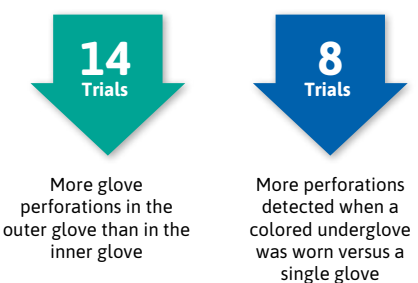
- The field of dissemination and implementation science (D&I) bridges the gap between public health, clinical research, and everyday practice by providing a knowledge base about how health information, interventions, and new clinical practices and policies are translated in specific settings
- D&I explores new and innovative approaches, such as behavior change, engaging leaders, and adapting culture
- D&I focuses on the social and behavioral aspects of moving discoveries from an experimental environment into widespread everyday practice
- D&I focuses on what helps and what hinders the uptake, effective implementation, and sustainability of evidence-based programs in clinical practice

Implement A Colorectal Wound Closure Bundle

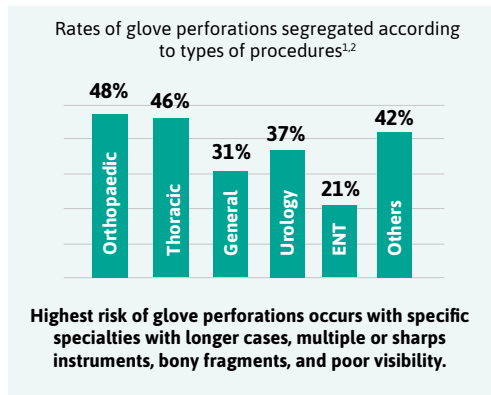
- Glove change prior to wound closure
- Dedicated wound closure tray
- Use of antibacterial (triclosan antiseptic) sutures for wound closure
- Application of skin adhesive following subcuticular wound closure
- Remove surgical drape after applying dressing
- Comprehensive post-operative patient instructions

Double Gloving Should be the Standard of Care in Surgery

The 2006 Cochrane Review demonstrated that double gloving reduced cross infection.



Double gloving significantly reduces perforations to the innermost glove



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Educate on the Published Guidelines



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A 2022 Meta-Analysis evaluating surgical site infections and the use of a wound closure tray reported:

- Overall SSI risk was reduced by **46%** after a wound bundle was implemented (n=8,000 patients)
 - Using a wound bundle had a significant effect on the SSI rate (p<.00001)
- Superficial SSIs were reduced by **54%** (n=20,806)
 - Using a wound bundle had a significant effect on superficial SSI rates (p<.00001)
- Organ space SSIs were reduced by **42%**
 - Using a wound bundle significantly reduced organ/space SSI rates (p=.0006)

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