Healthcare Organization Commitment

Contact Details

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Position
Corporate Infection Prevention Coordinator

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Commitment Details

Commitment Name
Getting to Zero – Eliminating Surgical Site Infections

Participants
UPMC System Infection Control Committee members and multidisciplinary representatives from each UPMC facility.

What Patient Safety Challenge does your Commitment address?
Challenge 2C - Surgical site infections (SSI)
How Many Hospitals Will This Commitment Represent

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Commitment Summary
Surgical site infections (SSI) represent a national problem, accounting for 31% of all nosocomial infections in hospitalized patients (1). National Healthcare Safety Network data show an overall SSI rate of 1.9% (2), although rates vary widely by clinical population, type of procedure, and size of hospital, among other factors. Despite widespread infection control efforts, SSIs continue to present a substantial public health risk and are correlated with increased treatment intensity, prolonged hospital stays, increased costs, and a greater possibility of death. These infections are linked with a mortality rate of 3%, and 75% of SSI-associated deaths are directly attributable to the SSI (3). When safe practices are aligned with current evidence-based practices and implemented during the perioperative period, SSIs can be prevented.

References

Commitment Description & Detail
Reduce our system-wide SSI standardized infection ratio (SIR) from 0.676 to 0.60 or less.

Action Plan
Our top six areas of focus in the prevention of SSIs include, but are not limited to: • Standardization of Preoperative bathing instructions - revising the CHG patient bathing instruction sheet, sending the document to the printer for system-wide hospital and surgeon office use. • Proper skin preparation - Skin antisepsis with CHG immediately prior to surgery, evidenced based practice as the standard of care in the prevention of SSIs. • Postoperative wound and incisional care - System-wide postoperative wound and incisional care is being investigated for evidence base practice to standardize the surgical site dressing care and maintenance including incisional care following discharge. • Discharge instructions. • OR traffic/and attire - OR traffic- predetermine staff breaks and traffic are kept at a minimum. Attire to reduce environmental contamination intra-operatively. • Flash sterilization- Flash sterilization is not intended to be used for either reasons of convenience or as an alternative to purchasing additional instrument sets or to save time. Limit the number of flash instrumentation units in OR suites and standardizing accountability and practice when flash sterilization has been utilized.