INNOVATIONS TO REDUCE SURGICAL SITE INFECTIONS IN POST-CESAREAN PATIENTS
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Background:
Surgical site infections (SSI) cause patient harm and discomfort. They cost hospitals thousands of dollars each year. CMS has declared them preventable and has declined to pay for them. National Patient Safety Goals have strongly supported interventions to minimize or eliminate SSI’s.
CSM noted an increase in SSI in post-cesarean patients in the first half of 2012. Prior to that, the cesarean section SSI rate was at or slightly below the expected rate.

Purpose of the project:
The purpose of the project was to identify gaps in care that could lead to infection, develop interventions to close the gaps, and implement them.

Population:
Women who delivered via cesarean section whether emergent or scheduled

Setting:
Columbia – St. Mary’s Hospital, Labor and Delivery and Mother/Baby Units

Method/Design & Procedures:
Over a period of four months, care of patients having a cesarean delivery was reviewed from preadmission instructions through discharge home. National benchmarks were reviewed. Gaps and potential gaps in care, which could affect infection rates, were identified. Literature was reviewed. Practitioners in infection prevention, wound care and obstetrics were contacted for best practice suggestions. In key areas, evidence based interventions were developed involving surgical attire, preadmission showers, pre-op skin preparation, surgical skin preparation, post-op wound care education, and the use of an antibacterial wicking fabric to keep the incisional area dry post-op. Staff education was completed and the interventions were initiated.

Results:
The expected SSI for our patients is 6 in 6 months. In 2011, we had 11 in 12 months. In the first 6 months of 2012, we had 9 SSI’s. We implemented our interventions and had only 1 SSI after implementation. In 2013, we have had 2 SSI’s so far. This gives us an SIR of 0.147 (expected SIR is 1) p = .0088 with a CI of 0.004 to 0.821.

Conclusions:
Decreasing SSI’s requires a big picture focus. Increased consistency of patient education along with heightened vigilance on the part of the staff helped to decrease our SSI’s. Interventions during the entire length of stay from all practitioners united to achieve a lower SSI’s rate.