

Courage to Improve

Franklin Square Hospital Center
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Chairman, Department of Surgery

Franklin Square Hospital Center

340 beds teaching community hospital

Northeast Baltimore County

Residencies in IM, FP, OB & Surgery

Part of Medstar Health

>28000 admissions/yr (3rd in MD)

>100000 ED visits/yr (2nd in MD)

18000 procedures/yr

All surgical specialties except Trauma, Cardiac &
Transplant

Project Aim

Reduction in Perioperative morbidity & mortality
using 3 indicators:

Surgical site infections (SSI)

VTE prophylaxis

Pneumonia prevention

Project aim (details): SCIP

- SSI prophylaxis
- Glycemic control
- Normothermia in colorectal patients
- Skin preparation
- VTE prophylaxis
- Pneumonia prevention

Leadership

- Chairman of Surgery: D.L. Picard, MD
- Executive sponsor VPMA: A. Sclama, MD
- PI leader: M. Gruver-Byers, RN
- OR collaborative team:
 - RN'S
 - Anesthesia
 - Endocrine
 - Infection control

Measures

- Compass-Care Science
- Relational database
- Risk adjusted
- Commercial product > 180 hospitals in database

Measures

- Inpatient surgical population
- SSI prophylaxis (CMS)
 - Joints
 - Vascular
 - Hysterectomy
 - Colorectal
- Glycemic control: vascular surgery
- VTE prophylaxis: everybody

Strategies: Antibiotics

- **Timing:**
 - Passport to surgery
 - Drugs in Pixis
 - RN's hang the bag
 - Anesthesia delivers the drug
- **Correct drug:**
 - CDC guidelines based order set
 - Procedure specific
- **Discontinuation:**
 - Pathways
 - Postop. Order set for non pathway patients

Strategies: Skin Prep

- Eliminate razors (Except craniotomies)
- Clippers
- No hair management in the OR
- Duraprep
- Scrub+duraprep

Strategies: Glycemic control

- Endocrinology participation
- Pathway
- Protocol & order set
- Patient identification: Vascular diabetics
- Glucometers
- Inservice RN's & Anesthesia
- Software for data gathering

Strategies: VTE prophylaxis

- Hospital wide pathway
- ACC consensus guidelines Sept.2004
- Risk adjusted
- Mechanical & chemical prophylaxis

Strategies: Pneumonia

- TICU initiative
- HOB > 30 degrees
- Respiratory therapy

Keys to success

- Leadership
- Institutional commitment
- Teamwork
- Information dissemination:
 - MEC
 - Business meeting
 - Newsletter
 - Posters
- Adherence to protocol

Barriers

Adherence to protocol

Commitment (Anesthesia)

Attention to details (Supply room)

Data collection

Results

- **Abx prophylaxis:**
 - Timely administration > 90%
 - Correct drug 99%
 - Discontinuation 90%
- **Glycemic control:**
 - Target < 200mg/dl
 - 90% success
- **VTE: 100% in OR**
- **Infection rates:**
 - 0 joints in past 6 mos (2-4 /yr)
 - 0 vaginal hysterectomies

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**CATS Decrease
Surgical Site Infections**

Clippers
Hair Removal:
If hair must be removed from the surgical site, clippers are the best option. *Never use a razor.*

Antibiotics
Prophylactic Antibiotics:
Antibiotics consistent with national guidelines should be administered within 1 hour of incision time and discontinued within 24 hours, in most cases.

Temperature
Normothermia:
Colorectal surgery patients should be normothermic (96.8–100.4° F) within the first hour after surgery.

Sugar
Glucose Control:
Cardiac surgery patients should have controlled 6 a.m. serum glucose (<200 mg/dL) on postoperative Day 1 and Day 2.

Additional information about reducing surgical site infections is available at www.medqic.org.

 HEALTH SERVICES ADVISORY GROUP

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- **Glycemic control**
 - All diabetics
 - All vascular patients
 - Education of nursing staff
 - Anesthesia on board
 - Need for more glucometers
- **Antibiotic prophylaxis**
 - New order form with new dosing
 - Anesthesia champion
 - Streamlined process: infusion & timing
 - Close to 90%
- **Temperature control in colorectal surgery**
 - 100% within correct range
- **B blockers**
 - In house study
- **VTE prophylaxis**
 - Hospital wide initiative

Next steps

- 100% adherence to protocols
- Glycemic control protocol data collection on all diabetics +screening
- Glucose target: <120mg/dl
- IV insulin protocol
- B blocker protocol
- MRSA eradication