

BUNDLE UP: REDUCING THE RISK OF SURGICAL SITE INFECTIONS

Susan M. Scott

MSN RN WOC Nurse

Presentation Disclaimer

I am a paid consultant for Molnlycke. The information presented herein is provided for educational and informational purposes. It is for the attendees' general knowledge and is not a substitute for medical advice. The material provided herein is not comprehensive for all medical developments and may contain errors or omissions. If you need advice regarding a specific medical situation, please consult a medical professional.

Objectives

- Identify current trends in incidence, impact, cost, and regulations for surgical site infection (SSI).
- Describe the evidence-based recommendations for reducing the risk of surgical site infection.
- Illustrate the bundle approach for reducing risks of surgical complications at each stage of perioperative care



SSI Impact

48.3 M
Procedures
16 M > age
65

Incidence:
160,000 –
300,000
yearly
25% of HAIs
are SSI

Average
\$25,000 up
to \$90,000
US Costs
\$3.5B to
\$10B

1. Ban KA, Minei JP, Laronga C, et al. American College of Surgeons and Surgical Infection Society: Surgical site infection guidelines, 2016 update. *J Am Coll Surg*. 2017;1:59-74. 2. Shepard J, Ward W, Milstone A, Carlson T, Frederick J, Hadhazy E, Perl T. Financial impact of surgical site infections on hospitals: the hospital management perspective. *JAMA Surg*. 2013;148(10):907-914. 3. Berríos-Torres SI, Umscheid CA, Bratzler DW, et al. Healthcare infection control practices advisory committee. Centers for Disease Control and Prevention guideline for the prevention of surgical site infection, 2017. eAppendix. *JAMA Surg*. Published online May 3, 2017. 4. Stone PW. Changes in Medicare reimbursement for hospital-acquired conditions including infections. *Am J Infect Control*. 2009;37:17A-18A. 5. Centers for Disease Control and Prevention. <https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscscssicurrent.pdf>. Accessed 07/06/20.

SURGICAL SITE INFECTION



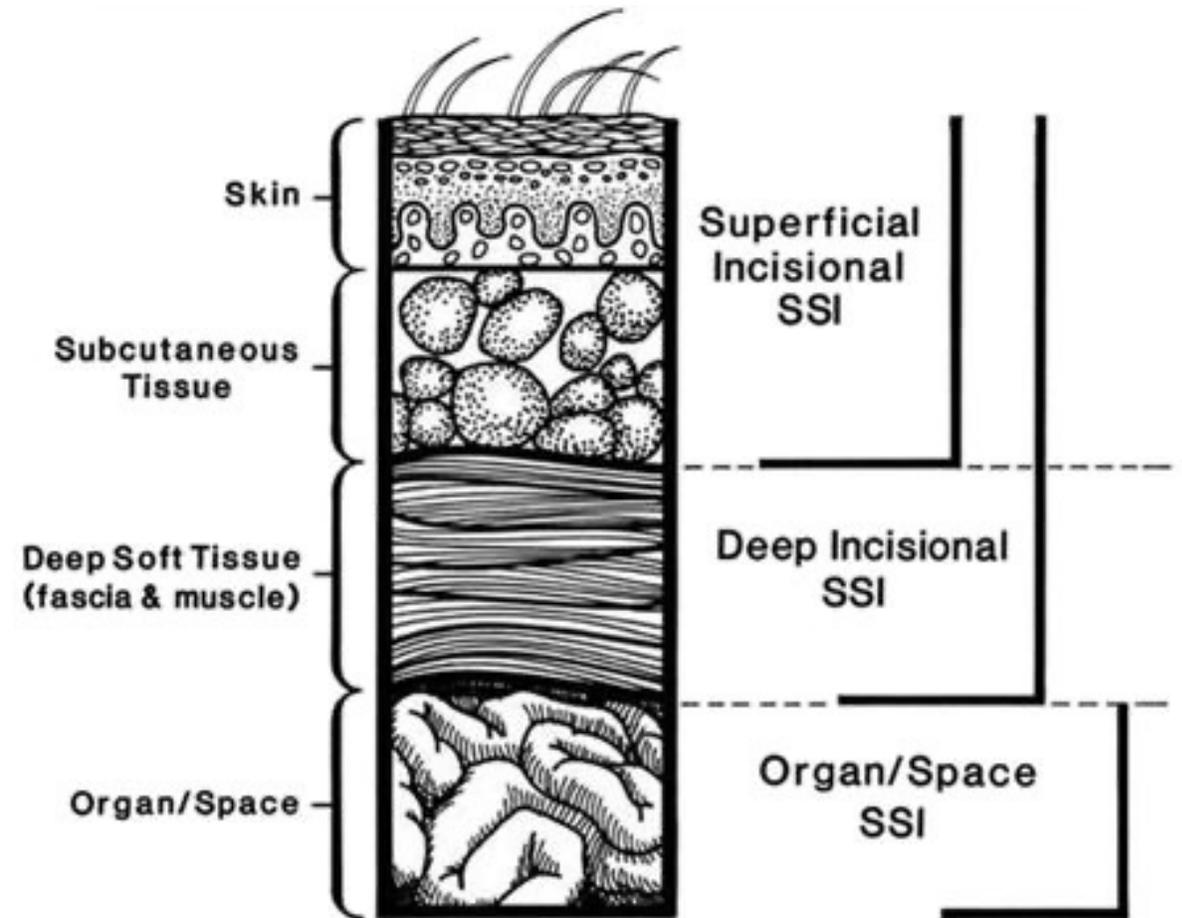
**50-60%
ARE
PREVENTABLE**

Berrios-Torres SI, Umscheid CA, Bratzler DW, et al. Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017. *JAMA Surg.* 2017;152(8):784–791. doi:10.1001/jamasurg.2017.0904 Available at

<https://jamanetwork.com/journals/jamasurgery/fullarticle/2623725>

Types of Surgical Site Infection

- Superficial Incisional
 - *Involving only skin or subcutaneous tissue*
- Deep Incisional
 - *Involving fascia and/or muscle layers*
- Organ/Space SSI
 - *Accounts for 1/3 of SSIs*
- Surveillance
 - 30 days after surgery
 - 90 days after procedure
 - Implants 1 year
- Standardized Infection Rates (SIR)



2020 Quality Metrics

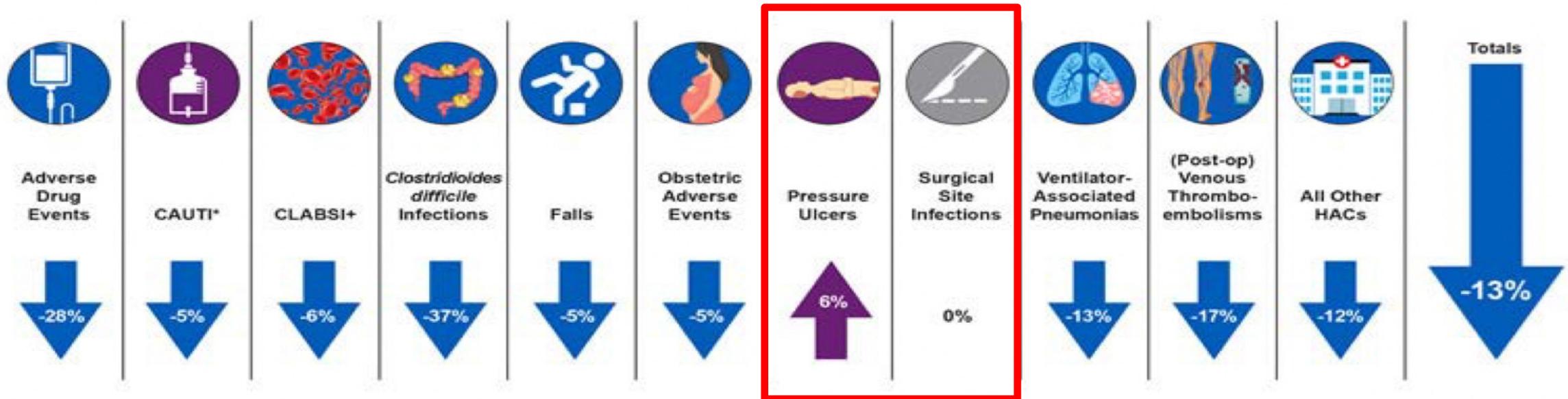
- SCIP - Retired
- AHRQ National Scorecard on Hospital Acquired Conditions (HAC)
 - Surgical Site Infection for 17 procedures w/CDC SCIP =5 data 80,157 cases in 5,999,045 sample.
 - Obstetric Adverse Event
 - Pressure Ulcer/Pressure Injuries
 - CLABSI
 - CAUTI
- Ambulatory Surgery Centers (ASC)
 - Normothermia
- AHRQ PSI 90 v2020 (3,6,8-15)
 - Pressure Ulcer Rate*
 - Postoperative Sepsis*
 - Postoperative Respiratory Failure Rate*
 - Postoperative Wound Dehiscence
 - Perioperative Hemorrhage, PE or DVT
 - Postoperative VTE
- AHRQ Quality Indicators
 - Mortality Rates AAA, CABG, Carotid Endarterectomy, ect

* Indicates higher weighted component

Declines in Hospital-Acquired Conditions



National efforts to reduce hospital-acquired conditions such as adverse drug events and injuries from falls helped prevent 20,500 deaths and saved \$7.7 billion between 2014 and 2017.



*CAUTI - Catheter-Associated Urinary Tract Infections

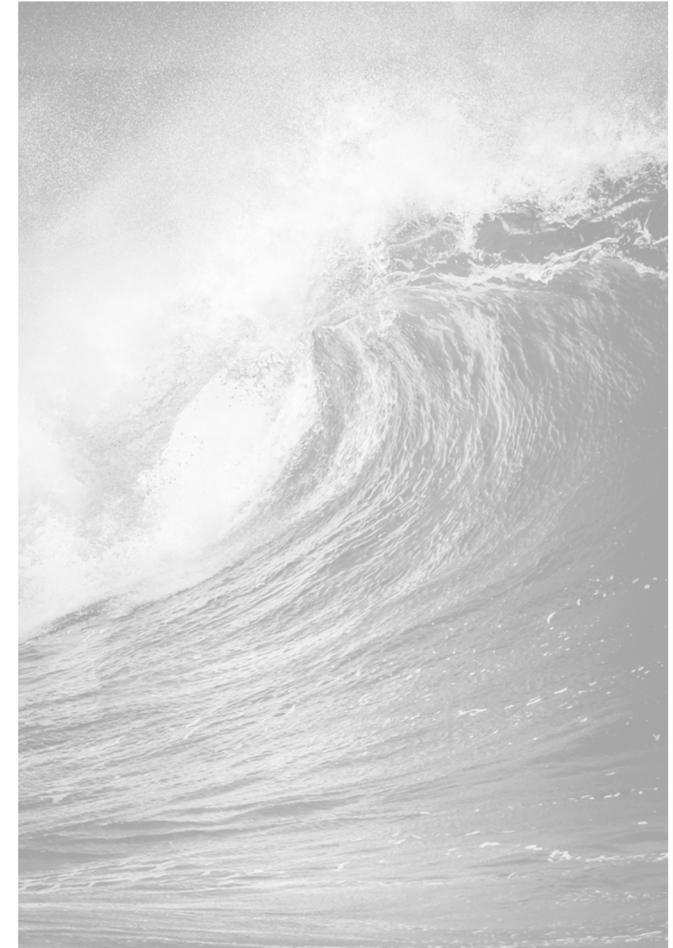
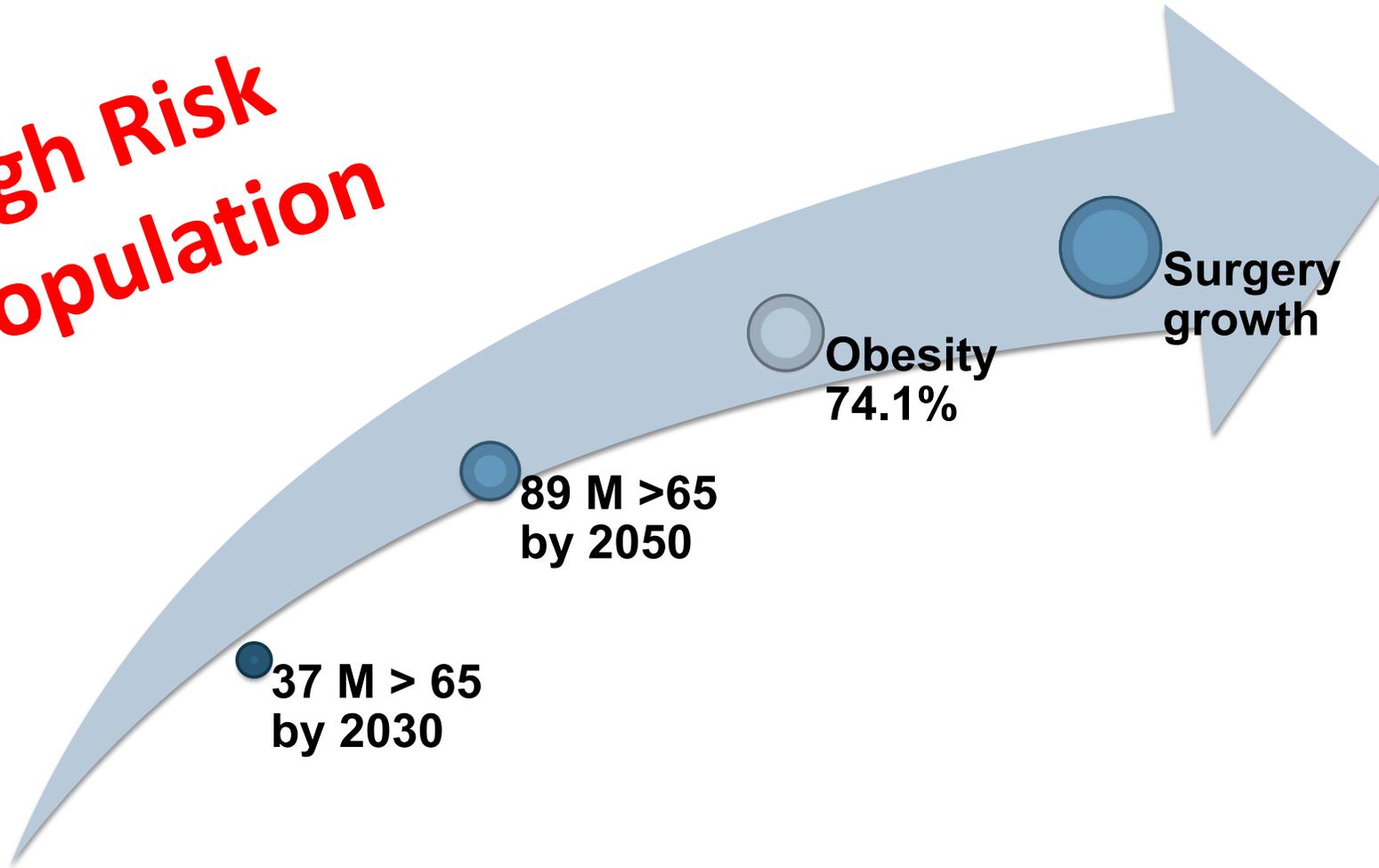
+CLABSI - Central Line-Associated Bloodstream Infections

**The percent change numbers are compared to the 2014 measured baseline for HACs.

Source: AHRQ National Scorecard on Hospital-Acquired Conditions Updated Baseline Rates and Preliminary Results 2014-2017

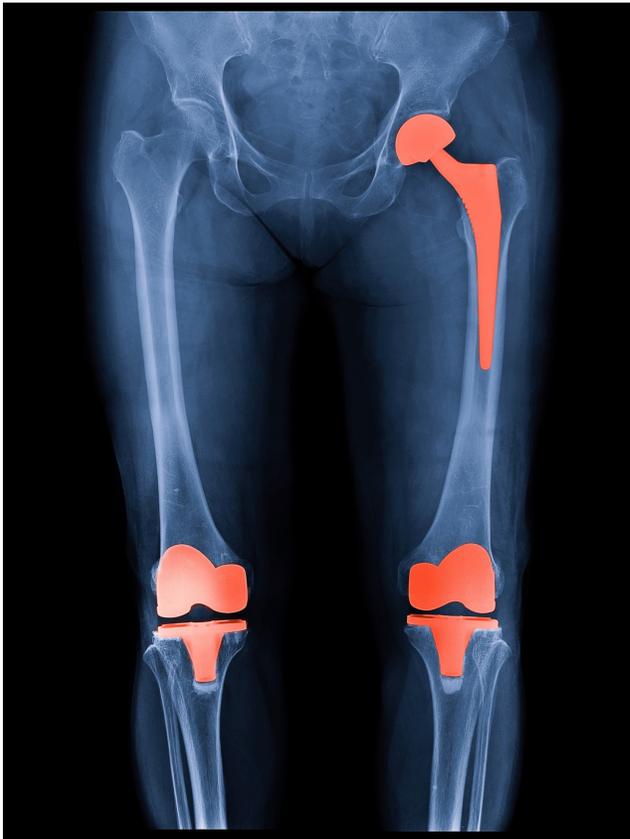
Silver Tsunami

**High Risk
Population**



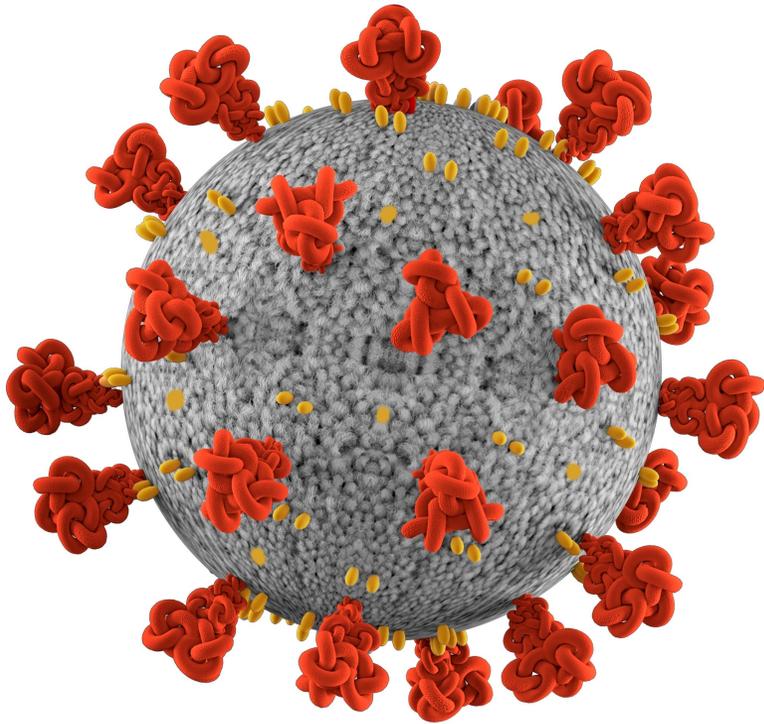
1. American Geriatric Society. Optimal Perioperative Management of the Geriatric Patient: Best Practice Guideline from ACS NSQIP® / American Geriatric Society 2015. <https://www.facs.org/~media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx> Accessed December 31, 2018.
2. NCHS Data Brief Hospitalization for Total Hip Replacement Among Inpatients Age 45 and Over: United States, 2000-2010 Retrieved 12-07-2016 from <http://www.cdc.gov/nchs/data/databriefs/db186.pdf>
3. Dall TM, Gallo PD, Chakrabarti R, West T, Semilla AP, Storm MV. An aging population and growing disease burden will require a large and specialized health care workforce by 2025. *Health Aff. (Millwood)*. Nov 2013;32(11):2013-2020.

Prosthetic Joint Arthroplasty



- By 2030:
 - 174% growth Total Hip Arthroplasty (THA)
 - 673% growth Total Knee Arthroplasty (TKA)
 - Surgical Site Infection (SSI) is leading cause of revisions in TKA and 3rd in THA
 - Infection will increase by 221,500 cases
 - Total Joint revision \$1.62 Billion

Covid-19 (Coronavirus)



- Challenges
- Elective Surgery
- Infection Prevention and Control
- Standardize Process
- PPE



Set the Vision

How do we provide safe care across the continuum?



Strategy

Keys to Success

- Administration
- Bundles and Toolkits
- Culture Change, and Communication,
- Documentation and Artificial Intelligence
- Education and Competency
(Knowledge, Skills and Attitude)



Gap Analysis

Current State VS Desired State

- QI Data, SIRs, bundle compliance
- Root Cause Analysis and Action (RCA²)
- Key Drivers Process, timing, environment, teamwork

Centers for Disease Control (CDC) The NHSN Standardized Infection Ratio (SIR) 2019 Available at <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>

Charles R, Hood B, DeRosier J, et al. Root cause analysis and actions for the prevention of medical errors: Quality improvement and resident education. *Orthopedics*. 2017;40(4):e628-e635.

National Patient Safety Foundation. RCA2: Improving Root Cause Analyses and Actions to Prevent Harm. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/endorsed-documents/endorsed-documents-improving-root-cause-analyses-actions-prevent-harm.ashx?la=en&hash=65A4C5C79395296F8CA816716CCB9B7AC20C7C6E> Accessed December 31, 2018.

Scott SM, Bennett J. Avoiding pressure injuries with root cause analysis and action. *AORN J*. 2018;108(5):15-16.



***“IS THE JUICE
WORTH THE
SQUEEZE?”***

- Unknown, mid 1900s

SSI Continuum of Care



•Preoperative



•Intraoperative

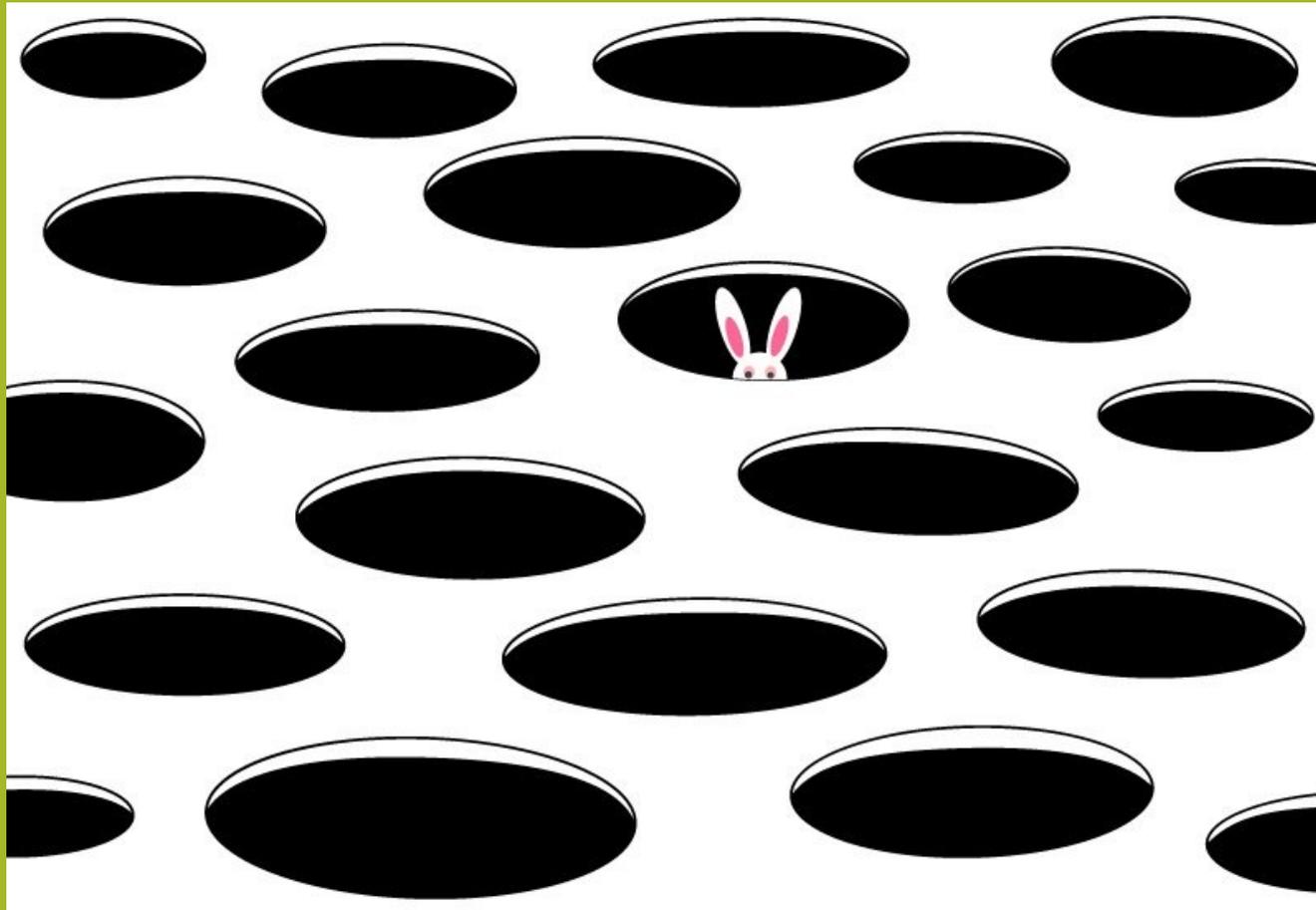


•Postoperative



•Home

CONTRIBUTING FACTORS



Pathogenesis and Risk Factors for SSI



Patient
Risk Factors



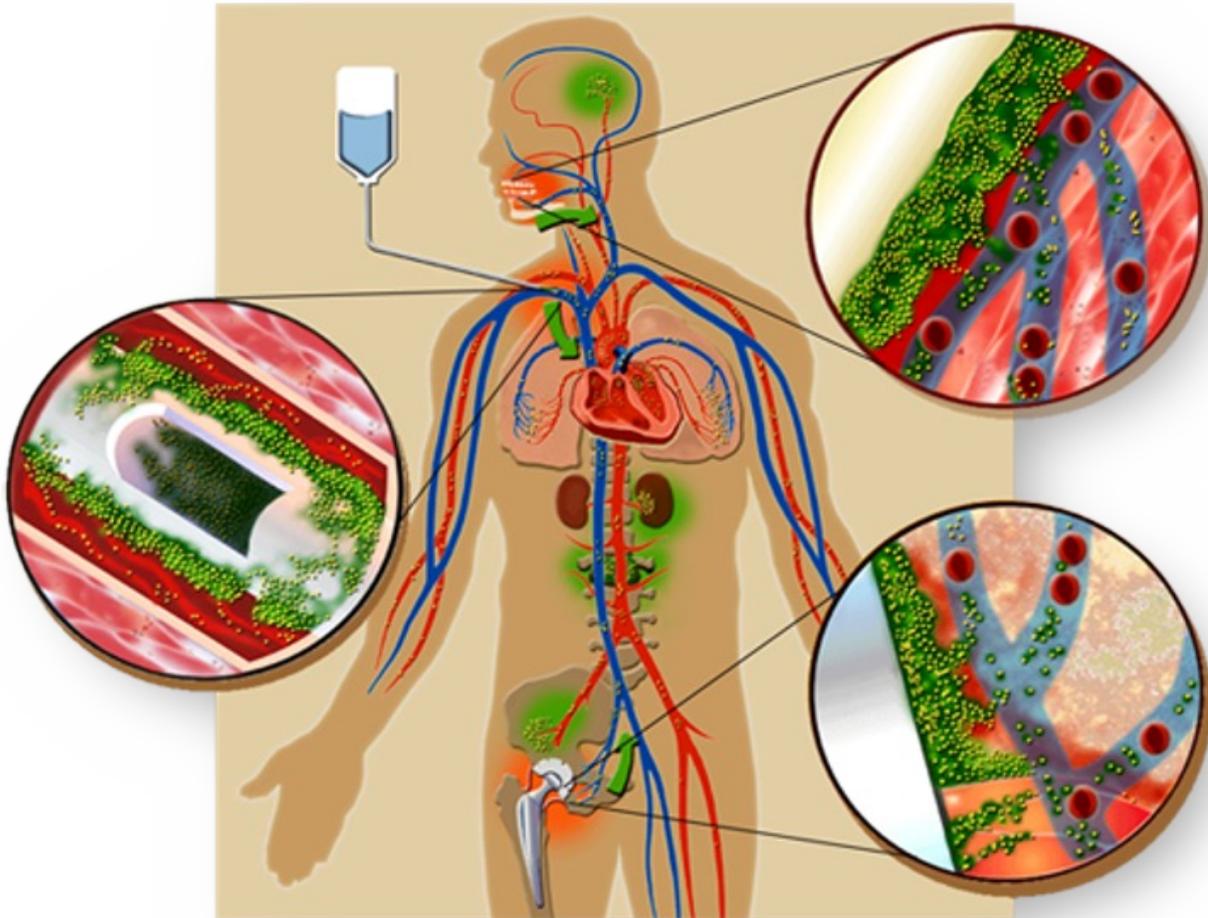
Organism
Aerobic
Anaerobic



Environmental
Surgical Team
Instruments
Traffic



Biofilm



- Dust / dirt / hair
- Lint / fibers
- Particles from poorly cleaned re-useable instruments
- Poor air filtration
- Medical devices, implants, stents, catheters and tubes.

Photo used with permission Dr. Wava Truscott

Tinker MA, Teicher I, Burdman D. Cellulose Granulomas and Their Relationship to Intestinal Obstruction. The American Journal of Surgery (1977). Vol. 133, 134-139.

Consequences of Biofilm in Surgery

- Surgical Site Infections
- Inflammation, Granulomas, Adhesions
- Chronic wounds, Osteomyelitis, Necrotizing fasciitis
- CAUTI, CLABSI, VAE
- Device implant infections and failure i.e. heart valves



PREVENTION

Guidelines

Bundles

QI Programs

Preventing Surgical Site Infections



**Pre-
operative**



**Intra-
operative**



**Post-
operative**

CDC Core Elements of SSI Prevention Bundles

**Preoperative
bathing***

**Antimicrobial
Prophylaxis***

**S aureus
Screening &
Decolonization**

**Patient Skin
Antisepsis**

Normothermia*

**Glycemic
Control***

Hair Removal

Sterile technique

Oxygenation*

Wound Dressings

- Advanced
- NPWT

**Postoperative
Wound
Education**

*Strong
Recommendations
from CDC-HICPAC
SSI Guideline.

Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017

1. Pre-op bathing
2. Antimicrobial Prophylaxis (AP) when indicated, correctly timed
3. C Section (AP before skin incision)



Preoperative

IHI Project JOINTS 2010 -2013



NEW Evidence- based infection control practices

- Nasal screening and decolonization
- Chlorhexidine bathing 3 or more times preoperatively
- Alcohol-containing antiseptic use to prepare skin the OR.

Hip Arthroplasty

- 15% lower odds of SSI in Intervention group $p=0.01$
125,070 in 405 Hospitals
- Control 131,787 in 525 hospitals

Knee Arthroplasty

- 12% lower odds of SSI in intervention group $p=0.04$]
170,663 in 397 hospitals
- Control 196,064 in 518 hospitals

Schneider, E.C., Sorbero, M.E., Haas, A. *et al.* Does a quality improvement campaign accelerate take-up of new evidence? A ten-state cluster-randomized controlled trial of the IHI's Project JOINTS. *Implementation Sci* **12**, 51 (2017).

<https://doi.org/10.1186/s13012-017-0579-7>

Calderwood MS, Yokoe DS, Murphy MV, et al. Effectiveness of a multistate quality improvement campaign in reducing risk of surgical site infections following hip and knee arthroplasty. *BMJ Quality and Safety*. 2019;28(5):374-381

Shahe A, Parvizi J. Prevention of periprosthetic joint infection. *Arch Bone Jt Surg*. 2015;3(2):72.81.

<https://rdcu.be/b5Y2q>

7S Bundle to SSI Prevention



- Safe OR Practices
- Screen
- Shower
- Skin Prep
- Solution
- Sutures
- Skin incisional protection

PRE-OPERATIVE

Safe Surgical Practices

Screen | Risk Factors and MRSA MSSA

Shower CHG Shower or bath night before and morning of surgery

#1 Safe Operating Room Practices

Aseptic Practices	Sterilization and Disinfection	Patient and Worker Safety
Patient Skin Antisepsis	Flexible Endoscopes	Sharps Safety
Environmental Cleaning	High Level Disinfection	Transmissible Infections
Hand Hygiene	Instrument Cleaning	Environment of Care
Surgical Attire	Packaging Systems	
Sterile Technique	Sterilization	

Source: AORN

#2 and #3 Pre-operative Preparation



S aureus Screening
& Decolonization



Chlorhexidine
gluconate (CHG)
Showers x 2 before
surgery



IMPLANTS Bathe or
shower with (CHG)
soap x 3 before
surgery

Recommendation supported by CDC, ACS, AORN, WHO, and SHEA

INTRAOPERATIVE

Safe OR Practices

Skin Prep | Alcohol-based antiseptics

Solution CHG irrigant

Sutures | Antimicrobial impregnated

Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017

- Skin preparation in the OR with alcohol-based agent unless contraindicated
- Clean and Clean-Contaminated cases do not administer additional AP doses after the surgical incision is closed even in the presence of a drain/
- Do not apply topical antimicrobial agents to surgical incision
- Glycemic control target <200 mg/dl
- Increased Oxygen
- Blood transfusion should not be withheld

Sterile Technique Competencies

- Don surgical attire after performing surgical hand scrub
- Surgical helmet systems (Under investigation)
- Maintain sterile field properly
- Opening sterile Items
- Breaks in sterile technique called out



Double Gloving during invasive procedures

7S Bundle to SSI Prevention



- Safe OR Practices
- Screen
- Shower
- Skin Prep
- Sutures
- Solution
- Skin incisional protection

Spencer, M 7S Bundle Surgical Site Infection Prevention Working toward zero. Available at <http://www.7sbundle.com/>

Graves PB, Spencer M. Surgical Stewardship: A New Frontier in Preventing Surgical Site Infections. Operating Room Imperatives *Healthcare Hygiene Magazine* March/April 2020. Available at www.healthcarehygienemagazine.com.

#4 Skin Prep, #5 Sutures, #6 Solution



Skin Prep Dual Combined Antiseptic

- CHG + Alcohol
- Iodophor + Alcohol



Antimicrobial Sutures

- Consider Use



“Solution to pollution is dilution”

- NEW CHG Surgical Irrigant

Intraoperative

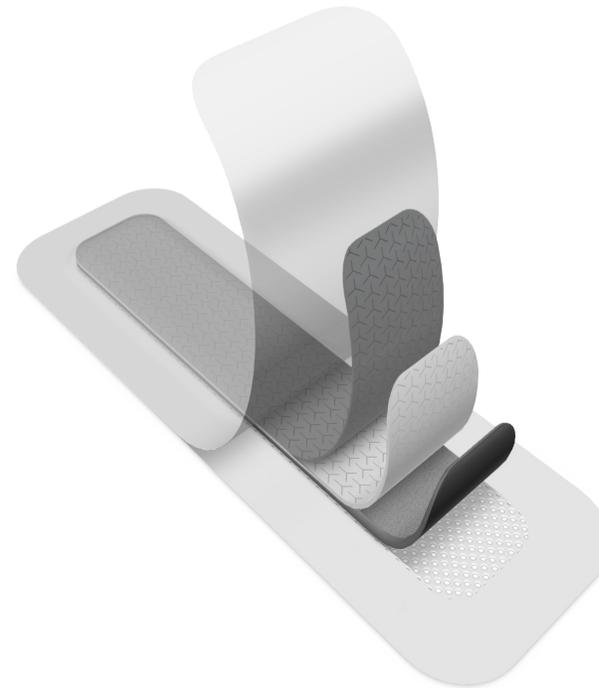
POST-OPERATIVE

Skin incisional protection | Antimicrobial dressing

Undisturbed Wound Healing

Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017

- Waterproof dressing 24-48 hrs post surgery
- FDA Clearance NPWT



Postoperative

Surgical Wound Healing

Hemostasis

Inflammation

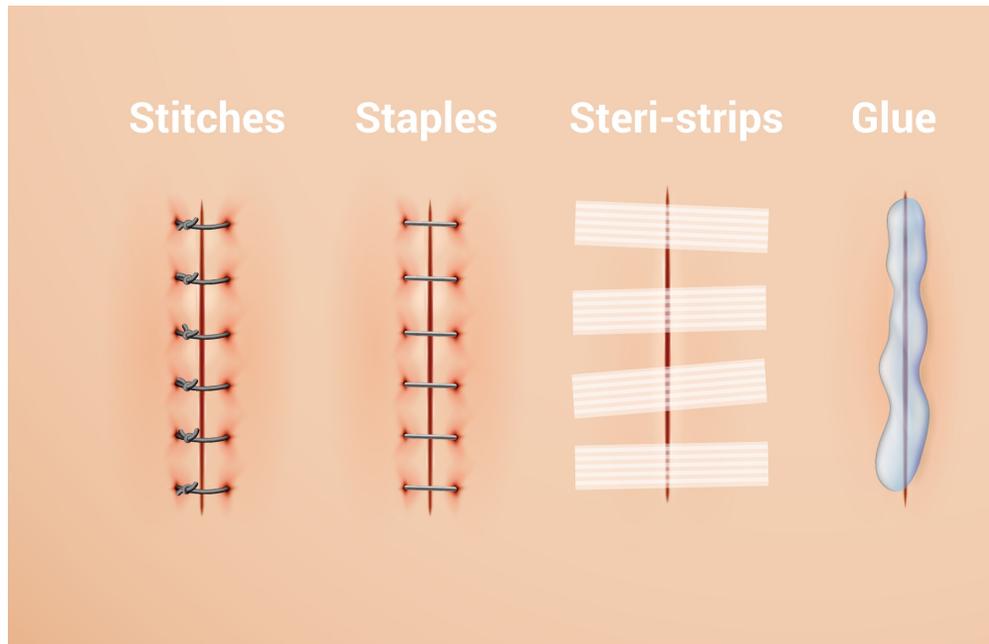
Angiogenesis

Epithelialization

Remodeling



Primary Intention Type of Wound Closures



- Stitches
- Staples
- Steri-strips
- Topical skin adhesive (TSA)
- After 48-72 hours patient may shower if suture-line closed with no drainage.

Primary Dressings

Goal: Protection from pathogens, and promote undisturbed wound healing



- Creates a moist healing environment
- Fluid handling capacity increase wear time
- Impermeable to microorganism
- Reduce risk of contamination
- Protect from trauma
- Atraumatic removal
- Thermal insulation
- Less Pain = Improved Mobility
- ERAS Protocols early mobility

Ovington LG. Hanging wet-to-dry dressings out to dry...reprinted with permission from Lippincott Williams & Wilkins: Ovington LG. Hanging wet-to-dry dressings out to dry. *Home Healthcare Nurse* 2001;19(8): 477-84. *Advances in Skin & Wound Care*. 2002;15(2 part 1):79-86. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=ccm&AN=106986197&site=eds-live>. Accessed July 24, 2020.

Bates-Jensen B, Shultz G, Ovington L. Management of exudate, biofilm, and infection. In Sussman C, Bastes-Jenson B, eds. *Wound Care a Collaborative Practice Manual for Health Professionals* Baltimore, MD: Wolters Kluwer LWW;2013:460

Sharma, G, Lee SW, Atanacio O, Parvizi J, Kim TK. In search of the optimal wound dressing material following total hip and knee arthroplasty: a systematic review and meta-analysis. *International Orthopaedics* 2017;41:1295-1305.

Standard, Advanced Dressings, & NPWT

Cochrane review found no evidence to suggest that one dressing type was better than any other for the prevention of SSI. *Drumville, 2016*



Advanced dressings do not significantly reduce SSI rates compared to standard wound dressings. *WHO*



Silver nylon reduced SSI in Colon and Rectal Surgery *Krieger*



Incisional NPWT VS Standard dressing for deep SSI in trauma. No difference. *WHIST Randomized Clinical Trial:*



Dumville JC, Gray TA, Walter CJ, Sharp CA, Page T. Dressings for the prevention of surgical site infection. *Cochrane Database Syst Rev.* 2014;(9):CD003091. Published 2014 Sep 1. doi:10.1002/14651858.CD003091.pub3

Allegranzi B, Zayed B, Bischoff P, Kubilay NZ, de Jonge S, de Vries F, et al. New WHO recommendations on intraoperative and postoperative measures for surgical site infection prevention: an evidence-based global perspective. *Lancet Infectious Diseases* 2016;S1473-3099:30402-9 [Epub ahead of print]

Krieger BR, Davis DM, Sanchez JE, et al. The use of silver nylon in preventing surgical site infections following colon and rectal surgery. *Dis Colon Rectum.* 2011;54(8):1014-1019.

Costa M, Achten J, Knight R et al. Effect of Incisional Negative Pressure Wound Therapy vs Standard Wound Dressing on Deep Surgical Site Infection After Surgery for Lower Limb Fractures Associated With Major Trauma: The WHIST Randomized Clinical Trial. *JAMA: Journal of the American Medical Association.* 2020;323(6):519-526. doi:10.1001/jama.2020.0059



Advanced Dressings

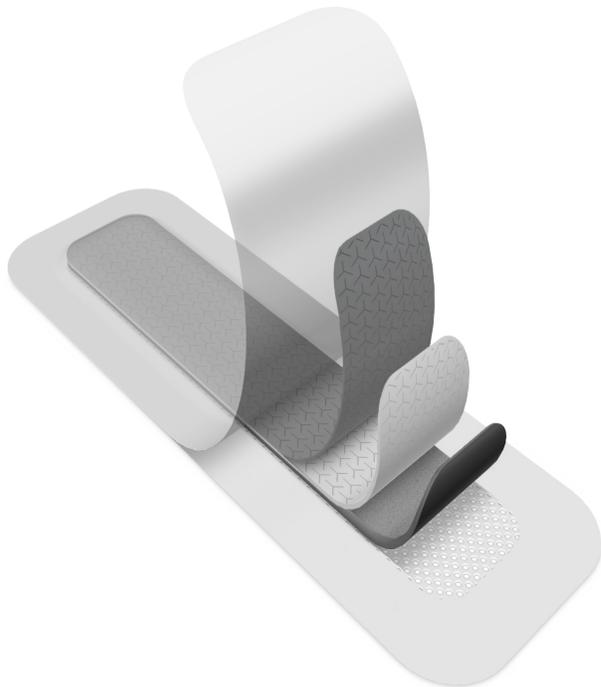
Systematic Review and Meta-Analysis Total Hip and Knee Arthroplasty.

- **Advanced wound dressings have fewer complications and better fluid handling capacity.**

Sharma et al 2017.

Antimicrobial Silicone Foam Post-op Dressings

Bundle + Silver dressings



QI Studies

C-Section

- 5 day wear time
- 5301 pts SSI 4% to 0.94%
- \$1.82 M cost avoidance

CABG

- Zero deep sternal wound infections for 30 mo.
- \$600,000

Underhill J, Johnson C, and Rhodes K. Decreasing Cesarean Section Surgical Site Infection Rates Using Self-Adherent Antimicrobial Soft Silicone Foam Dressing. Poster Presentation Spring SAWC 2017 Conference San Diego, CA

Kles CL, Murrah CP, Smith K, Baugus-Wellmeier E, Hurry T, Morris C. Achieving and Sustaining Zero Preventing Surgical Site Infection after CABG with Saphenous Vein Harvest Site through Implementation of a Staff-Driven Quality Improvement Process. *Dimen Crit Care* 2015;34(5):265-272.

Johnson, Megan, Kim, Sharon, Langstraat, Carrie, et al. Using Bundled Interventions to Reduce Surgical Site Infection After Major Gynecologic Cancer Surgery. *Obstet Gynecol.* 2016;127(6):1135-1144. doi:10.1097/AOG.0000000000001449.

QUALITY IMPROVEMENT

Tracers

RCA and Action Plan

High Reliability Organizations

- ✓ Leadership's commitment to the ultimate goal of zero patient harm
- ✓ Incorporation of all the principles and practices of a safety culture throughout the organization
- ✓ The widespread adoption and deployment of the most effective process improvement tools and methods.



SSI Prevention Tracer



Pre-op



Intra-op



Post-op

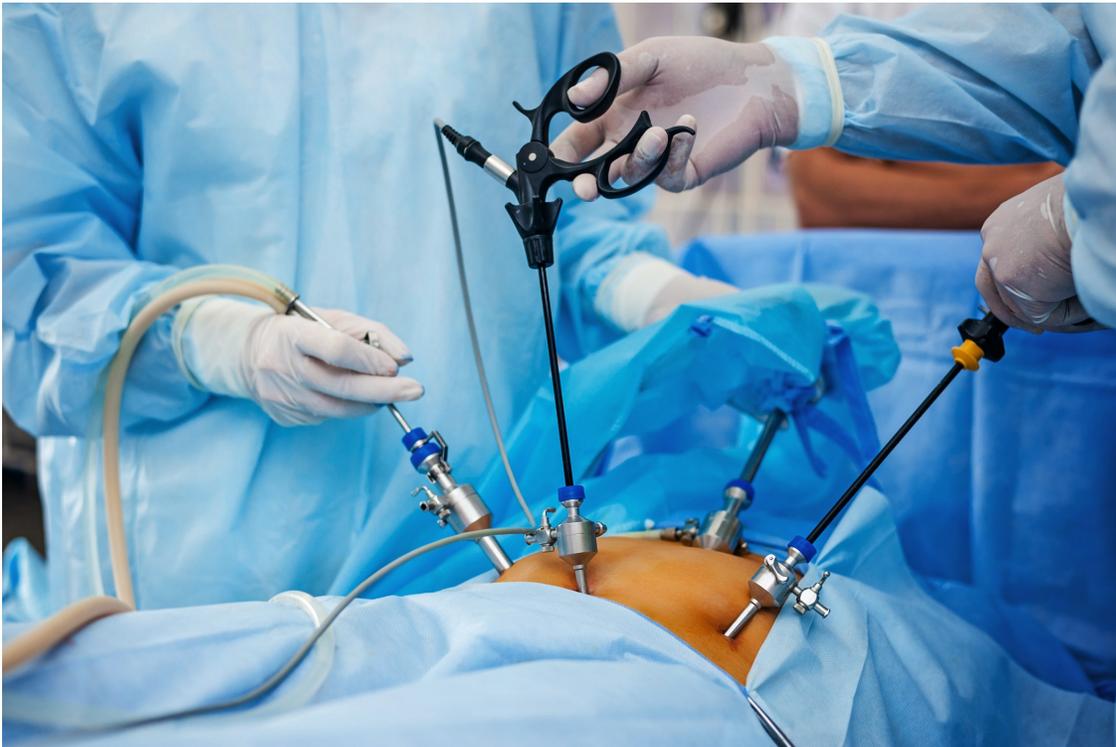


Pre-op Tracer



- Provide SSI prevention education to patient and or caregiver
- Reduce HgA1c levels
- Provide weight loss, diet modification and smoking cessation education and referrals
- Provide pre-operating bathing instructions
- Perform decolonization of + nasal carriers of *Staphylococcus aureus*.
- Use clippers for hair removal if necessary outside of operative suite.

Intra-op Tracer



- Environmental controls
 - Temperature, humidity, and pressure
- Surgical attire
- Strict surgical hand antisepsis
- Antibiotic prophylaxis
- Skin antisepsis agent should contain alcohol and should dry completely.
- Sterility of surgical instruments
- Re-administer antibiotic prophylaxis
- Tissue oxygenation

Intra-op Tracer (Continued)



- Maintain normothermia
- Maintain sterile field
- Limit OR traffic
- Preclean surgical instrumentation at point of use
- Perform strict cleaning and disinfection of the perioperative environment.
- Sterile Processing department competencies and process.
- Monitor OR equipment and table pads for tears, rust, and wear.

Post-op Tracer

- Provide SSI prevention education to patients and/or caregiver
- Provide weight loss, diet modification and smoking cessation education and referrals
- Provide post-operating bathing instructions
- Wound Care
- Sign of infection



Root Cause and Analysis & Action (RCA2)

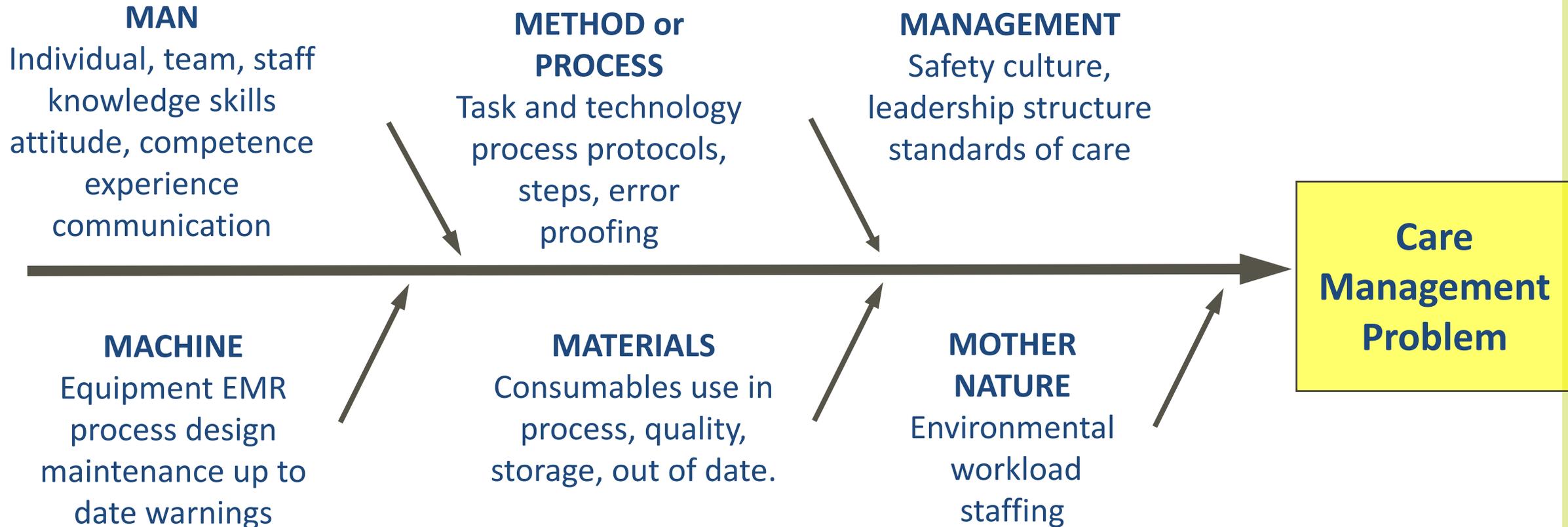


**What
happened?**

**Why did it
happen?**

**How to prevent
it from
happening
again?**

Cause and Effect Diagram “FISHBONE” or THE 6Ms of Six Sigma





Agency for Healthcare Quality and Research. High Reliability (2017) Retrieved from <https://psnet.ahrq.gov/primers/primer/31/high-reliability>.

Association for Professionals in Infection Control and Epidemiology. APIC Implementation Guides: **APIC Implementation Guide: Infection Preventionist's Guide to the OR** APIC website. Available at: <https://www.APIC.org>. Accessed August 05, 2020.

Key Drivers: SSI Bundles

Mayo Clinic; Hospital Corporation of America (HCA); Michigan Surgical Quality Collaborative (MSQC)



- Guideline implementation Plus:
- SCIP compliance with antibiotics
- Patient hand hygiene
- Patient shower with 4% CHG after dressing removal
- Standardized wound care
- DC pt. with 4 oz bottle of 4% CHG for daily post-op bathing

Association for Professionals in Infection Control and Epidemiology. APIC Implementation Guides: **APIC Implementation Guide: Infection Preventionist's Guide to the OR** APIC website. Available at: <https://www.APIC.org>. Accessed August 05, 2020.

Johnson, Megan, Kim, Sharon, Langstraat, Carrie, et al. Using Bundled Interventions to Reduce Surgical Site Infection After Major Gynecologic Cancer Surgery. *Obstet Gynecol.* 2016;127(6):1135-1144. doi:10.1097/AOG.0000000000001449.

Conclusion

“I did then what I
knew how to do.
Now that I know
better, I do better.”
— **Maya Angelou**



Thank You Very Much!

Susan M. Scott

BSN, MSN, RN, WOC Nurse

Twitter @scotttriggers

Webpage www.scotttriggers.com

Email: scotttriggers@gmail.com

Linked in: Susan M. Scott



References

1. Ban KA, Minei JP, Laronga C, et al. American College of Surgeons and Surgical Infection Society: Surgical site infection guidelines, 2016 update. *J Am Coll Surg*. 2017;1:59-74.
2. Shepard J, Ward W, Milstone A, Carlson T, Frederick J, Hadhazy E, Perl T. Financial impact of surgical site infections on hospitals: the hospital management perspective. *JAMA Surg*. 2013;148(10):907-914.
3. Berríos-Torres SI, Umscheid CA, Bratzler DW, et al. Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017. *JAMA Surg*. 2017;152(8):784–791. doi:10.1001/jamasurg.2017.0904 Available at <https://jamanetwork.com/journals/jamasurgery/fullarticle/2623725>
4. Stone PW. Changes in Medicare reimbursement for hospital-acquired conditions including infections. *Am J Infect Control*. 2009;37:17A-18A.
5. Russo V, NHSN Surgical Site Infection Surveillance in 2019. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/nhsn/pdfs/training/2019/ssi-508.pdf>
6. Centers for Disease Control and Prevention. Surgical Site Infection (SSI) Event Available at: <https://www.cdc.gov/nhsn/pdfs/pscmanual/9pscasicurrent.pdf>. Accessed 07/06/20.
7. AHRQ National Scorecard on Hospital-Acquired Conditions Updated Baseline Rates and Preliminary Results 2014–2017 Available at: <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/pfp/hacreport-2019.pdf>
8. AHRQ Quality Indicators https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2020/IQI_Composite_Development.pdf
9. CDC National and State Healthcare-Associated Infections Progress Report, published October 2019, available from: <https://www.cdc.gov/hai/data/portal/progress-report.html> 4
10. American Geriatric Society. Optimal Perioperative Management of the Geriatric Patient: Best Practice Guideline from ACS NSQIP[®]/ American Geriatric Society 2015. <https://www.facs.org/~media/files/quality%20programs/geriatric/acs%20nsqip%20geriatric%202016%20guidelines.ashx> Accessed December 31, 2018.

References

11. NCHS Data Brief Hospitalization for Total Hip Replacement Among Inpatients Age 45 and Over: United States, 2000-2010 Retrieved 12-07-2016 from <http://www.cdc.gov/nchs/data/databriefs/db186.pdf>
12. Dall TM, Gallo PD, Chakrabarti R, West T, Semilla AP, Storm MV. An aging population and growing disease burden will require a large and specialized health care workforce by 2025. *Health Aff. (Millwood)*. Nov 2013;32(11):2013-2020
13. Kurtz S, Ong K, Lau E, Mowat F, Halpern M. Projections of primary and revision hip and knee arthroplasty in the United States from 2005 to 2030. *J Bone Joint Surg Am*. 2007;89(4):780-785
14. Covid-19(Coronavirus) AORN toolkit <https://www.aorn.org/about-aorn/aorn-newsroom/covid-19-coronavirus>
15. ACS, ASA, AORN and AHA Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic. Available at: <https://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19>
16. Lyder CH, Ayello EA October 2009 annual Checkup. The CMS pressure ulcer present on admission indicator. *Advances in skin and wound care* 22 (10):476-84
17. Centers for Disease Control (CDC) The NHSN Standardized Infection Ratio (SIR) 2019 Available at <https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf>
18. Charles R, Hood B, DeRosier J, et al. Root cause analysis and actions for the prevention of medical errors: Quality improvement and resident education. *Orthopedics*. 2017;40(4):e628-e635.
19. National Patient Safety Foundation. RCA2: Improving Root Cause Analyses and Actions to Prevent Harm. <https://www.ashp.org/-/media/assets/policy-guidelines/docs/endorsed-documents/endorsed-documents-improving-root-cause-analyses-actions-prevent-harm.ashx?la=en&hash=65A4C5C79395296F8CA816716CCB9B7AC20C7C6E> Accessed December 31, 2018.
20. Scott SM, Bennett J. Avoiding pressure injuries with root cause analysis and action. *AORN J*. 2018;108(5):15-16.

References

21. Truscott W. Webcast: Against Biofilm: Increasing Demand for Implants SPD Impact on Patient Outcome. July 31, 2020
22. Tinker MA, Teicher I, Burdman D. Cellulose Granulomas and Their Relationship to Intestinal Obstruction. *The American Journal of Surgery* (1977). Vol. 133, 134-139
23. Schneider, E.C., Sorbero, M.E., Haas, A. *et al.* Does a quality improvement campaign accelerate take-up of new evidence? A ten-state cluster-randomized controlled trial of the IHI's Project JOINTS. *Implementation Sci* **12**, 51 (2017).
<https://doi.org/10.1186/s13012-017-0579-7>
24. Calderwood MS, Yokoe DS, Murphy MV, et al. Effectiveness of a multistate quality improvement campaign in reducing risk of surgical site infections following hip and knee arthroplasty. *BMJ Quality and Safety*. 2019;28(5):374-381
25. Shahe A, Parvizi J. Prevention of periprosthetic joint infection. *Arch Bone Jt Surg*. 2015;3(2):72.81.
26. Fields AC, Pradarelli JC, Itani KMF. Preventing Surgical Site Infections: Looking Beyond the Current Guidelines. *JAMA*. 2020;323(11):1087–1088. doi:10.1001/jama.2019.20830
27. Kurtz S, Ong K, Lau E, Mowat F, Halpern M. Projections of primary and revision hip and knee arthroplasty in the United States from 2005 to 2030. *J Bone Joint Surg Am*. 2007;89(4):780-785
28. Graves PB, Spencer M. Surgical Stewardship: A New Frontier in Preventing Surgical Site Infections. *Operating Room Imperatives Healthcare Hygiene Magazine* March/April 2020. Available at www.healthcarehygienemagazine.com.
29. Spencer, M 7S Bundle Surgical Site Infection Prevention Working toward zero. Available at <http://www.7sbundle.com/>
30. AORN, Guidelines for Perioperative Practice, ed. R. Connor. 2020, Denver, CO: AORN, Inc.

References

31. Spruce L. Back to basics: Sterile Technique. *AORN J* 2017;105(5):478-485.
32. *Global Guidelines for the Prevention of Surgical Site Infection*. World Health Organization; 2018
33. Fields AC, Pradarelli JC, Itani KMF. Preventing Surgical Site Infections: Looking Beyond the Current Guidelines. *JAMA*. 2020;323(11):1087–1088. doi:10.1001/jama.2019.20830
34. Bryant, RA, Nix DP. Nix. Whitney JA Surgical Wounds and Incision Care. In: *Acute & Chronic Wounds: Current Management Concepts*. St. Louis, MO: Elsevier; 2016:499-506.
35. Ovington LG. Hanging wet-to-dry dressings out to dry...reprinted with permission from Lippincott Williams & Wilkins: Ovington LG. Hanging wet-to-dry dressings out to dry. *Home Healthcare Nurse* 2001;19(8): 477-84. *Advances in Skin & Wound Care*. 2002;15(2 part 1):79-86. <https://search.ebscohost.com/login.aspx?direct=true&AuthType=shib&db=ccm&AN=106986197&site=eds-live>. Accessed July 24, 2020.
36. Sharma, G, Lee SW Atanacio O, Parvizi J, Kim TK. In search of the optimal wound dressing material following total hip and knee arthroplasty: a systematic review and meta-analysis. *International Orthopaedics* 2017;41:1295-1305.
37. Dumville JC, Gray TA, Walter CJ, Sharp CA, Page T. Dressings for the prevention of surgical site infection. *Cochrane Database Syst Rev*. 2014;(9):CD003091. Published 2014 Sep 1. doi:10.1002/14651858.CD003091.pub3
38. Allegranzi B, Zayed B, Bischoff P, Kubilay NZ, de Jonge S, de Vries F, et al. New WHO recommendations on intraoperative and postoperative measures for surgical site infection prevention: an evidence-based global perspective. *Lancet Infectious Diseases* 2016;S1473-3099:30402-9 [Epub ahead of print]
39. Krieger BR, Davis DM, Sanchez JE, et al. The use of silver nylon in preventing surgical site infections following colon and rectal surgery. *Dis Colon Rectum*. 2011;54(8):1014-1019.
40. Costa M, Achten J, Knight R et al. Effect of Incisional Negative Pressure Wound Therapy vs Standard Wound Dressing on Deep Surgical Site Infection After Surgery for Lower Limb Fractures Associated With Major Trauma: The WHIST Randomized Clinical Trial. *JAMA: Journal of the American Medical Association*. 2020;323(6):519-526. doi:10.1001/jama.2020.0059

References

41. Managing the Unexpected by Karl E Weick & Kathleen M Sutcliffe. <https://www.virginiamasoninstitute.org/organizational-transformation/>
42. Pronovost, P. Creating high reliability in Health Care Organizations Health Serv Res Aug, Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955341/>
43. Padgett P. Wood B. Conducting a Surgical Site Infection Prevention Tracer, *AORN J.* 2018;107(5):580-590
44. ECRI Institute. Top 10 Health Technology Hazards for 2019 Executive Brief. Available at <https://www.ecri.org/top-ten-tech-hazards>
45. Agency for Healthcare Quality and Research. High Reliability (2017) Retrieved from <https://psnet.ahrq.gov/primers/primer/31/high-reliability>.
46. Association for Professionals in Infection Control and Epidemiology. APIC Implementation Guides: **APIC Implementation Guide: Infection Preventionist's Guide to the OR** APIC website. Available at: <https://www.APIC.org>. Accessed August 05, 2020.
47. Kles CL, Murrah CP, Smith K, Baugus-Wellmeier E, Hurry T, Morris C. Achieving and Sustaining Zero Preventing Surgical Site Infection after CABG with Saphenous Vein Harvest Site through Implementation of a Staff-Driven Quality Improvement Process. *Dimen Crit Care* 2015;34(5):265-272.
48. Johnson, Megan, Kim, Sharon, Langstraat, Carrie, et al. Using Bundled Interventions to Reduce Surgical Site Infection After Major Gynecologic Cancer Surgery. *Obstet Gynecol.* 2016;127(6):1135-1144. doi:10.1097/AOG.0000000000001449.
49. Underhill J, Johnson C, and Rhodes K. Decreasing Cesarean Section Surgical Site Infection Rates Using Self-Adherent Antimicrobial Soft Silicone Foam Dressing. Poster Presentation Spring SAWC 2017 Conference San Diego, CA

References 7S Bundle

- Edmiston CE Jr, Krepel CJ, Seabrook GR, Lewis BD, Brown KR, Towne JB. Preoperative shower revisited: can high topical antiseptic levels be achieved on the skin surface before surgical admission? *J Am Coll Surg* 2008;207(2):233-9.
- Edmiston CE Jr, Seabrook GR, Johnson CP, Paulson DS, Beausoleil CM. Comparative of a new and innovative 2% chlorhexidine gluconate-impregnated cloth with 4% chlorhexidine gluconate as topical antiseptic for preparation of the skin prior to surgery. *Am J Infect Control* 2007;35(2):89-96. Oct;82(2):71-84.
- Darouiche RO, Wall MJ, Jr., Itani KM, et al. Chlorhexidine-alcohol versus povidone-iodine for surgical-site antisepsis. *The New England journal of medicine*. Jan 7 2010;362(1):18-26.
- Edmiston C, et al Is there an evidence based argument for embracing an antimicrobial (triclosan) suture technology to reduce the risk of SSI?: a metaanalysis: *Surgery* 2013;154:89-100
- Wang Z et al: Systematic review and meta analysis of triclosan coated sutures for the reduction of SSI. *British Journal of Surgery*, 2013
- Fletcher N, et al: Prevention of perioperative infections. *J Bone Joint Surg Am*. 2007;89:1605-1618
- Edmiston C, et al. Reducing the risk of SSI: does CHG provide a risk reduction benefit? *AJIC* 2013 40:49-55
- Eberlein T, Haemmerle G, Signer M, Gruber Moesenbacher U, Traber J, Mittlboeck M, Abel M, Strohal R. Comparison of PHMB-containing dressing and silver dressings in patients with critically colonised or locally infected wounds. *J Wound Care*. 2012 Jan;21(1):12, 14-6, 18-20.
- Martín-Trapero C, Martín-Torrijos M, Fernández-Conde L, Torrijos-Torrijos M, Manzano-Martín E, Pacheco-Del Cerro JL, Díez-Valladares LI, “Surgical site infections. Effectiveness of polyhexamethylene biguanide wound dressings.” *Enferm Clin*. 2013 Mar 22. pii: S1130-8621(13)00036-3.
- Rigo C, Ferroni L, Tocco I, Roman M, Munivrana I, Gardin C, Cairns WR, Vindigni V, Azzena B Barbante C, Zavan B. Active silver nanoparticles for wound healing. *Ont J Mol Sci*. 2013 Mar 1;14(3):4817-40.
- Burgess A, Fish M, Goldberg S, Summers K, Cornwell K, Lowe J. Surgical-Site Infection Prevention After Hysterectomy: Use of a Consensus Bundle to Guide Improvement. *Journal for Healthcare Quality: Promoting Excellence in Healthcare*. 2020;42(4):188-194. doi:10.1097/JHQ.0000000000000224.

References 7S Bundle

- Van Rijen M, Bonten M, Wenzel R, Kluytmans J. Mupirocin ointment for preventing Staphylococcus aureus infections in nasal carriers. *Cochrane Database Syst Rev.* 2008(4):CD006216.
- Wilcox MH, Hall J, Pike H, et al. Use of perioperative mupirocin to prevent methicillin resistant Staphylococcus aureus (MRSA) orthopaedic surgical site infections. *J Hosp Infect.* 2003;54(3):196-201
- Nicholson MR, Huesman LA. Controlling the usage of intranasal mupirocin does impact the rate of Staphylococcus aureus deep sternal wound infections in cardiac surgery patients. *Am J Infect Control.* 2006;34(1):44-48.
- Walsh EE, Greene L, Kirshner R. Sustained reduction in methicillin-resistant Staphylococcus aureus wound infections after cardiothoracic surgery. *Arch Intern Med.* 2011;171(1): 68-73
- Kim D, Spencer M, et al. Institutional Prescreening for Detection and Elimination of Methicillin Resistant Staphylococcus aureus in Patients Undergoing Elective Orthopaedic Surgery. *J Bone Joint Surg Am* 2010;92: 1820-1826
- Johnson AJ, Kapadia BH, Daley JA, Molina CB, Mont MA. Chlorhexidine Reduces Infections in Knee Arthroplasty. *J Knee Surg.* 2012 Nov 12.
- Kapadia BH, Johnson AJ, Daley JA, Issa K, Mont MA Pre-admission Cutaneous Chlorhexidine Preparation Reduces Surgical Site Infections In Total Hip Arthroplasty. *J Arthroplasty.* 2012 Oct 29. pii: S0883-5403(12)00542-6.
- Karki S, Cheng AC. Impact of non-rinse skin cleansing with chlorhexidine gluconate on prevention of healthcare-associated infections and colonization with multi-resistant organisms: a systematic review. *J Hosp Infect.* 2012
- Bibbo C, Patel DV, Gehrman RM, Lin SS. Chlorhexidine provides superior skin decontamination in foot and ankle surgery: a prospective randomized study. *Clinical Orthopaedics & Related Research.* Sep 2005;438:204-208.
- Johnson AJ, Kapadia BH, Daley JA, Molina CB, Mont MA. Chlorhexidine Reduces Infections in Knee Arthroplasty. *J Knee Sur.* 2012 Nov 12.
- Kapadia BH, Johnson AJ Daley JA, Issa K, Mont MA. Pre-admission Cutaneous Chlorhexidine Preparation Reduces Surgical Site Infections In Total Hip Arthroplasty. *Arthroplasty* 2012 Oct 29. pii: S0883-5403(12)00542-6.