

DOES A COLORECTAL BUNDLE REDUCE SURGICAL SITE INFECTIONS?

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Background Information: Surgical Site Infections (SSI) and deep organ infections in the surgical population are a known risk. It is especially high in the colorectal population ranging from 15-30%. Bundles have been used with success in reducing SSI's and are considered best practice. Bundles vary among institutions. SSI's cause increased length of stay, increased cost for facilities and reduce quality of life for patients. Bundles include chlorhexidine showers, smoking cessation, gown and glove changing, double gloving, appropriate use of antibiotics, limit operating room traffic, glycemic control, normothermia and 100% non-rebreather for 2 hours postoperatively.

Objectives of Project: Implement a Colorectal Bundle and introduce the bundle to other surgical populations.

Process of Implementation: The Colorectal Bundle was introduced in November of 2013 along with continued compliance to the Surgical Care Improvement Initiatives (SCIP). Operating room and PACU staffs were educated about the Bundle. Collaboration was done through the Colorectal Surgeons office who instructed the patient on the need for chlorhexidine showers and smoking cessation. Bowel prep and antibiotics were administered per SCIP protocols. Observation was done of the operating room teams to ensure all elements of the Bundle were followed.

Statement of Successful Practice: Our SSI rate was 10.1% for a total of 376 patients prior to implementation of the Bundle. In 2014 the rate was 5.7% for 419 cases. Data is collected through the New York State Colon SSI analysis and the National Surgical Quality Improvement Project. Data collection is ongoing for 2015.

Implications for Advancing the Practice of Perianesthesia Nursing: Through a collaborative effort with physicians' offices, the operating room staff, PACU and the post-operative units we can improve patient care and outcomes.