

## **GET A GRIP ON SSI'S: IMPLEMENTING OUR GUIDANCE FOR SSI REDUCTION AND INFECTION PREVENTION (GRIP) PROTOCOL TO IMPROVE OUTCOMES IN TOTAL JOINT REPLACEMENT PATIENTS**

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**Background Information:** Our large acute care hospital conducts approximately five hundred total joint replacement (TJR) surgeries every year. We observed that our standard infection ration (SIR) rate for TJR surgeries was higher than the national benchmark. We recognized the need to develop a comprehensive standardized program to address the elevated rate of infections.

**Objectives of Project:** Many programs, bundles, and guidelines committed to SSI reduction exist, yet we wanted to develop our own evidence based program which we could adapt to the specific needs of our perioperative environment. Thus, our multidisciplinary team chose evidence based practices that proved most impactful with the objective of reducing SSI's for out TJR replacement patients.

**Process of Implementation:** The perioperative team conducted a gap analysis on the TJR process and a literature review on evidence based practices. We selected a surgeon champion to drive the SSI reduction initiative. We developed a core and support team to execute the program. We used a comprehensive platform incorporating clinically proven methods in education, training activities, practices, and protocols. We developed and provided education material for the surgeons' offices to distribute to patients. We standardized MRSA screenings three weeks out. We gave CHG bathing kits to our patients for daily baths prior to arriving for surgery. We conducted preoperative bathing and nasal swabbing. We clipped our patients preoperatively. Postoperatively, we ensured patients' temperatures were normo-thermic. We audited to ensure practice was ingrained.

**Statement of Successful Practice:** Implementing standardized evidence based measures proved effective in reducing the incidence of SSI's to well below the national benchmark SIR rate. These measures were multimodal in its approach and spanned throughout the continuum of perioperative services.

**Implications for Advancing the Practice of Perianesthesia Nursing:** The perianesthesia nurses' participation was crucial to the reduction of surgical site infections and to the success of the program. Now we are implementing this program to other service lines. Moreover, perianesthesia nurses from other institutions can implement elements of our program to improve outcomes.