

Attacking Surgical Site Infections One Bug at a Time

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Introduction and Problem Statement

In 2016, an average of 16 surgical patients per month had a history of Methicillin Resistant Staphylococcus Aureus (MRSA). MRSA patients require contact isolation (CI) throughout hospitalization including 1:1 nursing care in the perioperative arena.

Key Drivers For Change:

- Variations in surgeons' surveillance practice and treatment
- Patient dissatisfaction with stigma associated with CI
- Risk for SSI
- Increased cost

Question/Purpose

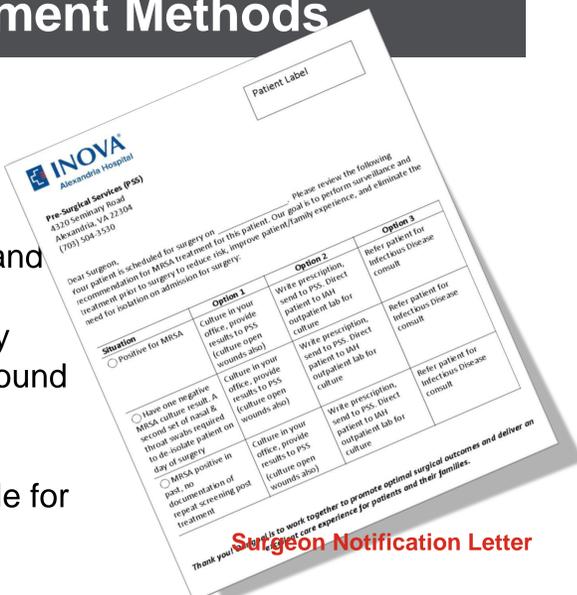
If surgical patient with a history of MRSA could be cultured and treated prior to the day of surgery (DOS), could we clear the colonization resulting in less number of patients requiring isolation during their stay?

Project Goals

- Reduce infections in the population
- Improve patient and family experience
- Boost efficiency across the perioperative unit

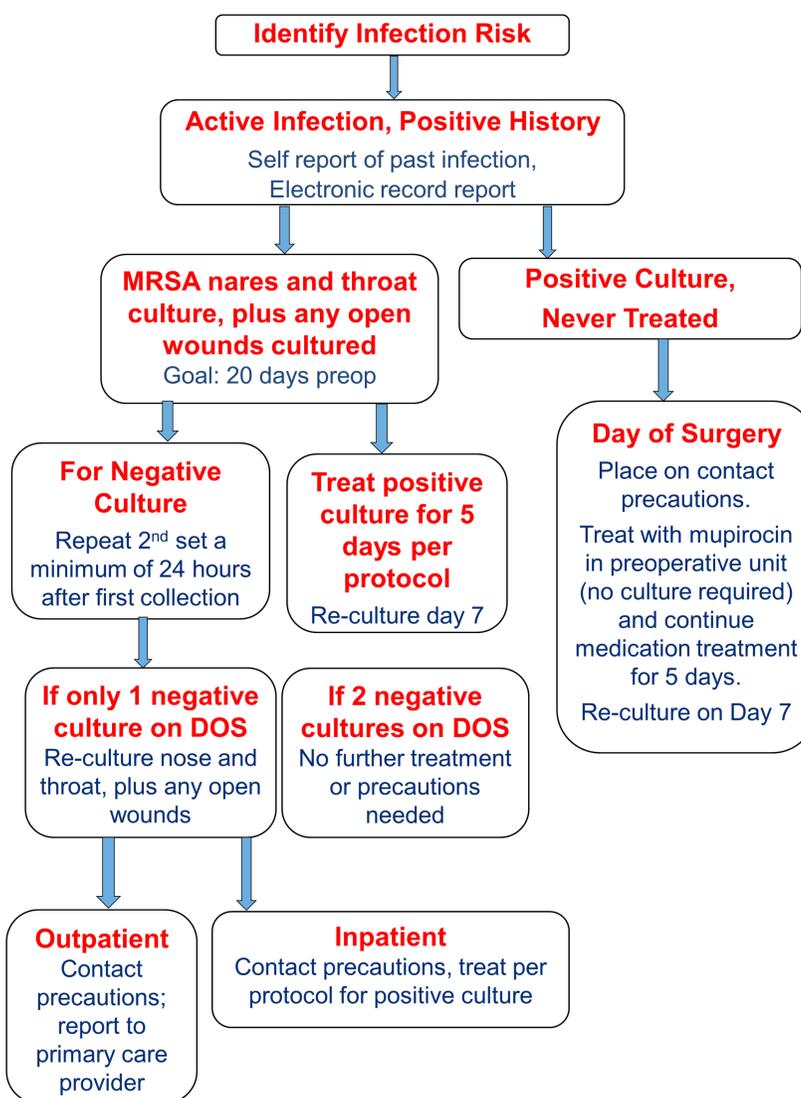
Improvement Methods

- Process for screening, treating and potentially removing patients from MRSA positive status presented to surgeons and nurses.
- Letter designed to notify surgeon when patient found to have a history of MRSA explaining best practice options available for treatment prior to DOS.



Intervention

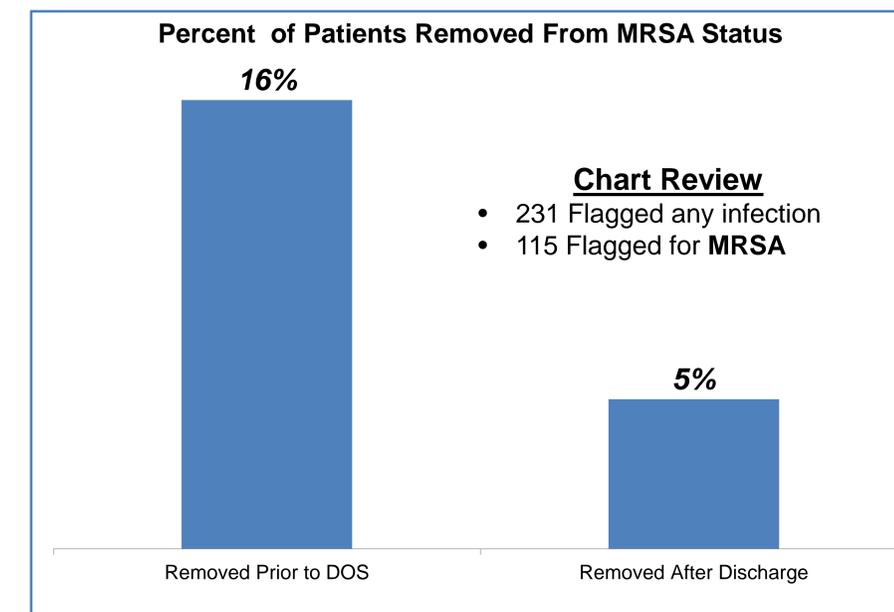
Clinical decision map developed from evidence-based literature review conducted using the Johns Hopkins Nursing Evidence-Based Practice Model.¹



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Improvement Achieved - Outcome

- Patients educated during their phone interview and receive an e-mail with "FAQ's for MRSA"² from the Center for Disease Control and encouraged to have cultures to document their current MRSA status.
- If there are two sets of negative results, the information is emailed to the Infection Preventionist Nurse for confirmation and removal from isolation.
- SSI reduced : 2016 = 18 ↓ 2017 = 5



Recommendations

Implementation of an evidence-based clinical decision map together with early surgeon communication and consistent perioperative documentation of MRSA surveillance and treatment may result in less patients requiring contact isolation on DOS.

References

1. Dearholt, S. L., & Dang, D. (2012). *Johns Hopkins nursing evidence-based practice: Model and guidelines* (2nd ed.). Indianapolis, IN: Sigma Theta Tau International.
2. Centers for Disease Control and Prevention. FAQs about MRSA. Available at https://www.cdc.gov/mrsa/pdf/shear-mrsa_tagged.pdf