

Face to Face Education for Abdominal Hysterectomy Patients to Decrease SSI

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Introduction: Surgical site infections (SSIs) are the leading cause for post-operative readmissions. Despite the routine use of prophylactic antibiotic therapy, SSIs continue to be the most consequential source of morbidity and mortality in both inpatient and ambulatory settings.

Identification of the Problem: Increased SSI infection rates for abdominal hysterectomy patients were identified. Over 95% of the cases were completed as an elective surgery. Process review highlighted a potential gap in pre-operative education. The pandemic changed the operational function of the Pre-Admit Testing (PAT) department; all patients were transitioned to phone pre-assessments. This eliminated the opportunity to provide the pre-surgical shower scrub and printed education regarding SSIs.

QI Questions/Purpose of the Study: Among abdominal hysterectomy patients receiving face-to-face pre-operative education (how to prepare for surgery and care for surgical site at home), compared to previous practice of phone pre-operative education, will there be a decrease in 2021 SSI rate?

Methods: The Plan-Do-Study-Act (PDSA) methodology was utilized to reinstate face-to-face PAT visits and initiate implementation of the SSI prevention checklist. PAT education tasks in the checklist included the following: pre-op shower, nutrition, glucose management, smoking cessation, and incision care at discharge. Daily auditing of documentation was completed and reinforced as needed.

Outcomes/Results: The standardized infection ratio (SIR) for the first quarter of 2021 was measured at 6.68. After the PDSA, quarters two, three and four were 0, 3.88 and 0, respectively. There have been zero SSIs for this patient population in 2022.

Discussion: During the initial PDSA cycle, supply chain issues decreased the availability of Hibiclens/CHG soap. A second PDSA cycle was completed to transition paper checklist documentation to the electronic health record. Electronic documentation allowed for more efficient auditing and identification of opportunities during case reviews.

Conclusion: Reinstatement of face-to-face pre-operative education helped to decrease SSIs in abdominal hysterectomy patients.

Implications for perianesthesia nurses and future research: As patients have various methods of entry to the peri-operative setting, work must continue around standardization of patient care processes to reduce SSIs. This includes ensuring proper onboarding of perianesthesia nurses being educated on their roles/tasks as it relates to SSI prevention.