

Surgery programs reduce infections to zero, or close

(Editor's note: In this second part of a two-part series on infection control issues in ambulatory surgery, we give you information about how infection rates are dramatically low at two facilities. In last month's issue, we told you about a model program in North Carolina, as well as recent incidents at a hospital and surgery center.)

Would you like to reduce your surgical infection rate to zero, or close? Some outpatient surgery programs have found that using a chlorhexidine diacetate (CHD) skin prep is a major step toward achieving this status.

"It's the new standard of care," says **Melody Mena**, RN, RNFA, CNOR, managing director of surgical services at Spivey Station Surgery Center, formerly The Surgery Center at Mount Zion, in Jonesboro, GA. The center has been infection-free "since the beginning of time," she reports.

Converting to the CHD skin prep required working closely with physicians, who had preferences for about 50 different prep products, Mena says. "One of things we did was we presented the information to physicians and got them to standardize to one prep," which was CloraPrep (Cardinal Health; Leawood, KS), she adds.

New England Baptist Hospital in Boston also made the switch to CHD skin prep, and the switch was one of several changes that led the hospital from a 0.7 infection rate to a 0.2 infection rate over five years, reports **Maureen Spencer**, RN, MEd, CIC, infection control manager. Spencer spoke on surgical-site infections at this year's meeting of the Association of periOperative Registered Nurses (AORN). The infection rate is particularly outstanding considering that the hospital specializes in orthopedics, which nationally have a 1.25% infection rate, says Spencer, quoting statistics from the Centers for Disease Control and Prevention (CDC).

One focus per year

How did they accomplish this feat? "Each year, we selected an area to focus on, and we focused on it for the entire year," she says.

The first year, New England Baptist ensured that staff were following written policies and procedures for environmental areas such as surgical attire, reprocessing of instruments, and turnover of rooms. "We didn't want to jump ahead," Spencer says. "First, we wanted to make sure policies were being followed."

Other focuses during the five-year effort included antimicrobial wound dressings, participation in the Surgical Care Improvement Project (SCIP), and an evaluation of antimicrobial sutures. Also, the surgery department shut down over the holidays for a complete cleaning and painting facelift that included new laminated flooring in all ORs. The changes totaled \$250,000, Spencer says.

Cleaning also is a focus at Spivey Station, where the ORs are terminally cleaned every day, Mena says. At other facilities, "this is one thing that falls by wayside: pre-op decontamination of the ORs," she says. Every day at Spivey Station, all items are removed from the rooms, the walls are wet vacuumed, and every surface is cleaned. "We can't control what patients come through the door and what [disease] they may have," Mena says. "They may be carriers."

Consider the example of a patient who comes in on a Monday with methicillin-resistant *Staphylococcus aureus* (MRSA) to a surgery center that doesn't terminally clean until Sunday, she says. "Our logic is that we should have the same standard of care across the entire week," Mena says.

Spivey Station staff work diligently to avoid cross-contamination, Mena says. The surgery center has been organized so that clean items come in one side, and dirty ones go out the other.

"We're not taking dirty instruments into a main hallway with a clean case cart with sterile supplies," Mena says. "It's a flow issue."

Also, Spivey Station tracks patients for up to 90 days for postoperative infections, she says. The center doesn't simply rely on physicians for that information, Mena notes. "They don't really like to report that," she says. At discharge, the staff provide patients with a hotline number to call if they develop any symptoms of infection.

When focusing on infection control reduction, keep in mind that one of the keys is collaboration, Spencer says. "It's got to be supported from the top down, and ORs have to open doors and let [infection preventionists] in," Spencer says. "We have to work together, to open their eyes."

How to get staff to wash their hands

Do you want to make sure your staff members are washing their hands? Then ask the patients whether they did.

This advice comes from Spivey Station Surgery Center in Jonesboro, GA, formerly The Surgery Center at Mount Zion, which has a zero infection rate.

Staff members are required to announce to patients that they are washing their hands for the patient's protection, says **Melody Mena**, RN, RNFA, CNOR, managing director of surgical services at Spivey Station. Even office staff are required to wash hands every time they eat, go to the bathroom, or travel into patient care areas, Mena says.

Signs are posted on every sink that say, "Please make sure your care provider washes their hands today." "We are incorporating the patients to be direct participants in our infection control program," Mena says. These steps support accreditation requirements from The Joint Commission for patients to be active participants in their care, she says.

Staff members hand a satisfaction survey all patients before they leave the center, which questions them about hand hygiene compliance. Staff have to reach 95% compliance, or they automatically lose 1% of their merit raise, she reports.

Infection rate drops 0.5

Hand hygiene also is a focus at New England Baptist Hospital, Boston, which reduced its surgical infection rate from 0.7 to 0.2 over a five-year period, according to **Maureen Spencer**, RN, MEd, CIC, infection control manager. Spencer addressed surgical infection rates at this year's annual meeting of the Association of periOperative Registered Nurses (AORN).

New England Baptist designates thousands annually exclusively for marketing the hand hygiene program. Spencer conducts six hand hygiene programs every year. "We're constantly enforcing it for staff, very creatively," she says.

To make herself visible, Spencer would "camp out" in the cafeteria. "We have to be out with practitioners and staff," she emphasizes. Spencer distributed bottles of sanitizer and free gifts related

to that program's themes. Themes included:

- LUAU, which stood for Let Us Always Use good hand hygiene. The theme day included Hawaiian music and food. Participants were given an alcohol hand rub as they entered the cafeteria.
- BEACH Party (Because Everyone Achieves Clean Hands), which included a limbo contest and desserts.
- HOP out of SNOW into Spring. HOP stood for Handwashing Offers Protection, and SNOW stood for Stop Nosocomial Organisms by Washing. The theme day included gifts, raffles, and prizes.

Spencer says her philosophy is you continue to reinforce the importance of hand hygiene and use creative eye-catching materials and gifts "to engage the staff and elicit their commitment to infection prevention and hand hygiene," Spencer says.