

Surgical Resident and Staff Engagement in Quality Improvement Related to Surgical Site Infections: The Effect of Real-Time Feedback

Pfizer Final Report

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Aim and Goals

- **Over two years, using QI methodology, develop a culturally appropriate approach to reduce surgical site infection (SSI) rates in a high risk tertiary care hospital.**
 - Multi-disciplinary team partnership: Infection Preventionists, Infectious Disease Physician, OR Staff Nurses, Surgeons, Anesthesiologists, Residents, OR Administration
 - ❖ **Phase 1:** Reorganization of duties and workflow to allow for real-time surveillance by infection control department
 - ❖ Daily surveillance; data shared with all stakeholders
 - ❖ **Phase 2:** On-the-spot feedback to all OR staff on infection rates, process measures
 - ❖ Random audits, root cause analyses, and correction of identified opportunities

Outcomes



The average SSI rate was 3.038 infections per 100 procedures for the baseline period (years FY 2009, 2010, 2011 and 2012) and has decreased to 1.463 infections per 100 procedures during the intervention period (FY 2013, 2014 and Q1 and Q2 2015).

Outcomes

- 50% reduction in SSI rates in the post-intervention period
- Project impact:
 - 200 staff impacted by this project
 - 33% more than projected
 - 5500 patients
 - 83% more than projected
 - Intervention being disseminated to other departments (ongoing)

Conclusions

Real-time data surveillance and feedback, and monthly education to multidisciplinary teams are very effective QI methods to use for reducing SSI rates, while maintaining SCIP measures at a high compliance percentage.