

Surgical Site Infection Reduction Strategies in Pediatric Population

Rebecca Forton, BSN, RN, CPN
Sharon Norman, DNP, RN CNS, CCRN
Carly Byrne, DNP, CNS, PCNS-BS, CCNS

Problem

- Increase in Pediatric Surgical Site Infection Standardized Infection Ratio (SIR) and non-reportable SSIs
- Particularly in high-risk procedures: Cardiac Surgery, Neurosurgery and Spinal Fusion Surgery

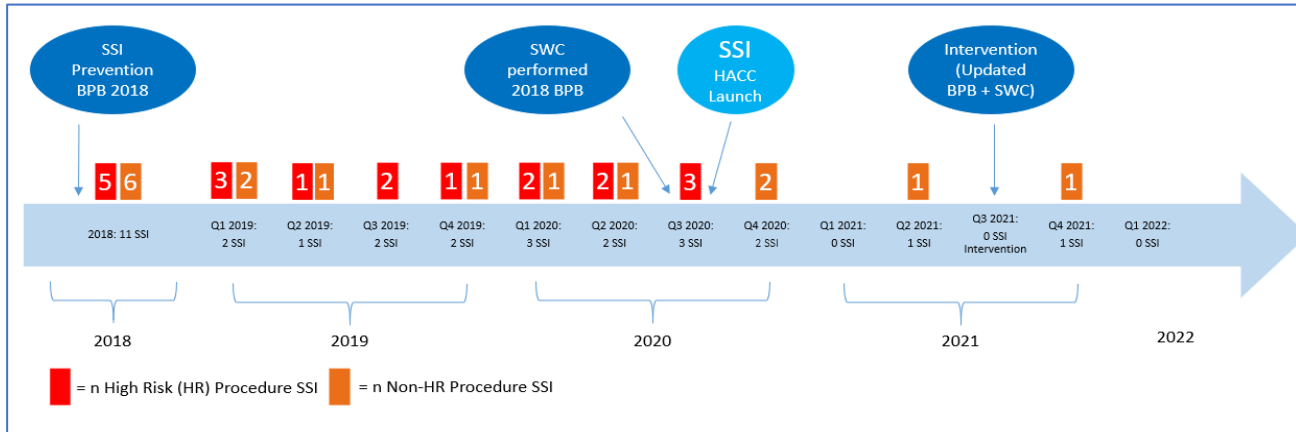
Background

- SSIs increase length of stays
- SSIs increase mortality
- In 2020, reliability to our SSI bundle was 3%

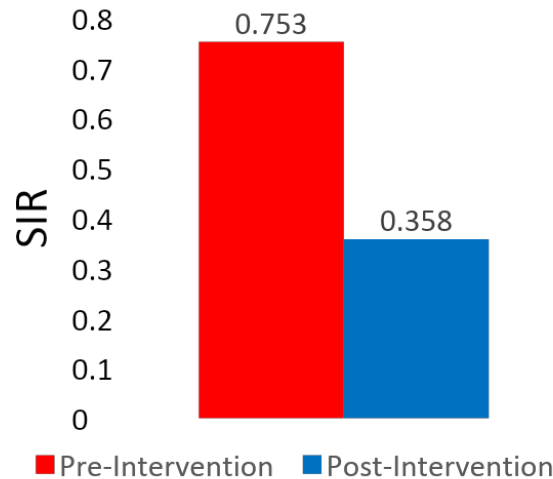
Purpose

- Evidence-based literature review of SSI prevention; update SSI bundle; improve reliability
- Eliminate SSIs

Journey to zero SSI's during a worldwide pandemic!



SSI Standardized Infection Ratio (SIR)



Results

- SIR reduction of > 50%
- ZERO SSIs in high-risk procedures
- Collection of reliability in process

Conclusion

- Using an evidence-based approach for a BPB and a unit champion HAC committee model can reduce SSI's
- The change is promising, and sustained improvement is goal moving forward

Poster QR Code



Acknowledgements: RCH SSI HAC Committee, RCH/LEMC Frontline Staff, Legacy Health Leadership | Contact: Rebecca Forton rforton@lhs.org

References available upon request

Method

- Aug. 6, 2020: RCH SSI HACCC Launch Meeting. Jigsaw journal review process used.
- Oct. 15: SSI BPB revisions finalized
- Oct. 23: Presented SSI BPB to SIS Directors
- Nov. 20: SIS Directors request "pause" d/t COVID surge
- Dec. 10: Presented BPB to RCH/LEMC Surgical Executive Committee
- Jan. 7, 2021: BPB back to SSI HACCC for review and revisions
- Mar. 11: Finalized BPB; Surgical Executive Chairs Approve
- Mar. 26: SIS Directors Approve BPB
- June 1: Staff education disseminated RCH/LEMC
- July 1: Go-live with BPB changes (SWC began 7/12)