An Institutional Plan to Reduce Surgical Site Infections
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Problem:
Oncology patients are immunocompromised and often have comorbidities, which increase the risk of surgical site infections (SSI) and poor wound healing.

Evidence:
Evidence used to address the problem was gathered from The Centers for Disease Control (CDC) and Prevention publication, Guideline for Prevention of SSI, 1999.

Strategy:
The department of surgery implemented interventions to prevent surgical site infections using epidemiology evidence based guidelines.

Practice Change:
The CDC guidelines were implemented and evaluated for reduction of SSI. Areas addressed included chlorhexadine prep, hair clipping, antibiotic therapy, glucose control and tobacco cessation.

Evaluation:
Developed and evaluated a pilot program to reduce the incidence of SSI within the division of surgical oncology with assistance of a multidisciplinary team.

Results:
The results of the pilot program were reduction of SSI at 6 months of 18.6% and an overall decrease of 19.2% at 12 months.

Recommendations:
The results demonstrate interventions were effective in reducing surgical site infections.

Lessons Learned:
Pilot project validated CDC guidelines for prevention of SSI.

Bibliography:


