Perioperative Services Improvement Plan
Submitted by Susie Leming-Lee, RN, MSN
Assoc Director QI for Perioperative Services

1. What are you trying to accomplish?

   Improvement Plan

1. The aim of the Perioperative Services’ initiative is to:
   ➢ Administer prophylactic antibiotics within 60 minutes prior to the surgical incision 100% of the time.

2. This is important to improve because:
   ➢ Surgical site infections account for 14% to 16% of all hospital-acquired infections and are among the more common complications of care. These complications not only take a toll on the patients, but also on the overall cost of health care, increasing length of stay and hospital cost. A significant percentage of these complications are preventable.

3. The stakeholders are:
   ➢ Patients, Surgeons, Holding Room Nurses, OR Nurse, PACU Nurses, Patient Care Nurses, Pharmacy, Informatics, Anesthesia Providers, Hospital Administration and the Medical Center Board of Trust.

4. An improvement in this process will have the following impact:
   ➢ Reduction of surgical site infections and other surgical complications which will lead to improved patient outcomes and a better quality of life for our patients.
   ➢ Reduction of patients’ length of stay
   ➢ Reduction in hospital costs
   ➢ More efficient and safe process for the ordering and administration of prophylactic antibiotics

5. If this process is improved, will any other departments, units, persons are positively impacted? Will some be negatively impacted?
   ➢ Department, units, person that are positively impacted by the new Antibiotic Administration process, beyond the stakeholders, could be the Financial Department because of the reduction in the amount of antibiotics administered and because of the potential for reduced length of stay.
   ➢ There maybe a limited negative impact at the beginning of the new process due to a change in practice of the ordering and administration of prophylactic antibiotics for nurses, surgeons, residents, and the pharmacy, but as the new process becomes part of the organizational culture and Wiz Orders (electronic surgeon orders) which contain a
new process for ordering the prophylactic antibiotics, are utilized this negative impact will resolve.

6. Who should be included on the team?
   - Surgeons, Informatics Representatives, Peri-Operative Administration including Childrens’ Hospital Administration, Holding Room Nurses, OR (Intra-operative)Nurses, PACU Nurses, Patient Care Nurses, Patient Care Managers, Surgical Residents, Anesthesia Providers and the Pharmacy Representatives.

7. This initiative has been requested or approved by:
   - The Hospital Quality Council
   - The Perioperative Executive Committee
   - The Perioperative Enterprise Committee
   - The Perioperative Innovation Group

8. Who will receive a report of this improvement initiative?
   - All Perioperative Staff
   - All Perioperative Managers and Directors
   - All Perioperative Surgeons
   - All Perioperative OR Suite Committees (MOR, TVC, FEL, MCE, 4 South, and Children's Hospital’s Peri-operative Services)
   - The Peri-Operative Executive Committee
   - The Peri-Operative Innovation Group
   - The Peri-Operative Enterprise Committee
   - The Hospital Quality Council
   - The Medical Center Board of Trust

2. How will you know a change is an improvement?

Measurement

- The difference between process vs outcomes
  a. time to get antibiotics to a patient is a process measure
  b. number of patients with pneumonia is an outcome measure

- Are there data already being collected for your initiative? Yes
  - VPIMS Data – Process metric: Leading indicator
  - SCIP Data – Process metric: Leading indicator

- Are the metrics leading or lagging indicators?
  - The metric for this Antibiotic Administration project are leading indicator which are measuring the activities in the current state of the process.