
Effects of a standardized Surgical Site Infection Prevention Bundle

Cesarean Section Procedures

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Stormont Vail
Health



THANK YOU




Collaboration from many teams

- IPC team
 - Birthplace leadership and staff
 - Maternal Child Quality Program Manager
 - Surgical services leadership and Quality program manager
 - Obstetricians
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No financial interests or relationships to disclose_____

Objectives

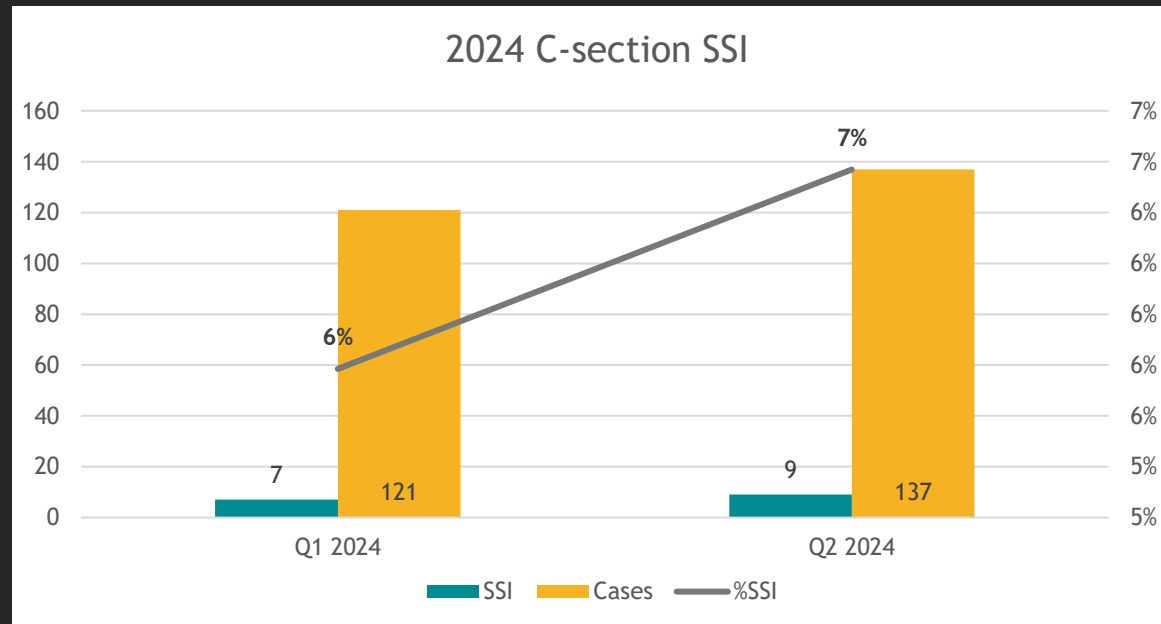
1. Participants will Understand the foundational principles and best practices for Surgical Site Infection (SSI) prevention.
 2. Ability to develop a customized, evidence-based bundle adapted to cesarean section procedures.
 3. Implement the bundle successfully through effective teamwork, communication, and systematic processes.
 4. Measure the impact of the bundle using appropriate metrics to drive continuous improvement.
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PROBLEM

The review of SVH 2024 quarter 1 and quarter 2 procedures showed 6% and 7% respectively for cesarean section SSIs.

Cesarean section is the most commonly performed major obstetric procedure and post-cesarean surgical site infection (SSI) is a cause of maternal morbidity and mortality. The National Healthcare Safety Network (NHSN) benchmark for cesarean section SSI is 2%.



Workgroup Evaluation

- Workgroup collaboration
 - Literature Review
 - Meetings
 - Observations
 - Checklist development
 - Set goals

- Goals
 - Decrease SSI rate at or below 3% by September 2024
 - Maintain SSI rate at or below 2% by November 2024





Literature Review

May 2024

- Completed a thorough review of Evidenced Based Practice (EBP) regarding prevention of surgical site infections

Core bundle elements included:

- Chlorhexidine Gluconate (CHG) solution- for skin antisepsis
 - Nutrition Shakes- support recovery
 - Vaginal prep- for infection control
 - Hair clipping- to reduce infection risk
 - Enhanced discharged education for patients
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Analysis of current state

- Observations completed:
 - Surgical cases in BP OR and Main OR
 - Vaginal Prep technique variances
 - Hair clipping inconsistencies - lacking appropriate sensi clipper heads
 - Double gloving during procedure was not a consistent practice
- Other notable findings:
 - Nutritional supplements not available to patients
 - Discharge instruction inconsistencies
 - CHG solution not available at clinic locations to provide to patients for pre-operative preparation

Future State/ Implementation

Availability of supplies

- CHG solution in OB/GYN clinic
- Obtain appropriate clipper heads
- Nutritional shakes

Staff Education

- Vaginal Prep skills- Hands on training
- Hair clipping standardization
- Provider to double gloving during procedure

Patient Education

- D/C instructions
- CHG instructions for use
- Nutritional shake instructions

Sustainability

- Recruited nurse champions in the Birthplace department
 - Assisted with real time in the moment observations of clipping
 - Provided consistent reminders of CHG use prior to and post c-section to nursing staff
 - Data collection of CHG use pre and postoperatively

Timeline of Implementation



June

- Workgroup formation
- Observation Checklist creation
- Intraop observations of c-section procedures
- CHG solution with instructions available in OB/GYN clinics
- Sensi clippers added to storeroom in the birthplace

August

- Hair clipping observations
- Discharge education updated in EMR
- Continued discussion at huddles with staff to keep awareness of changes
- CHG use pre/post op

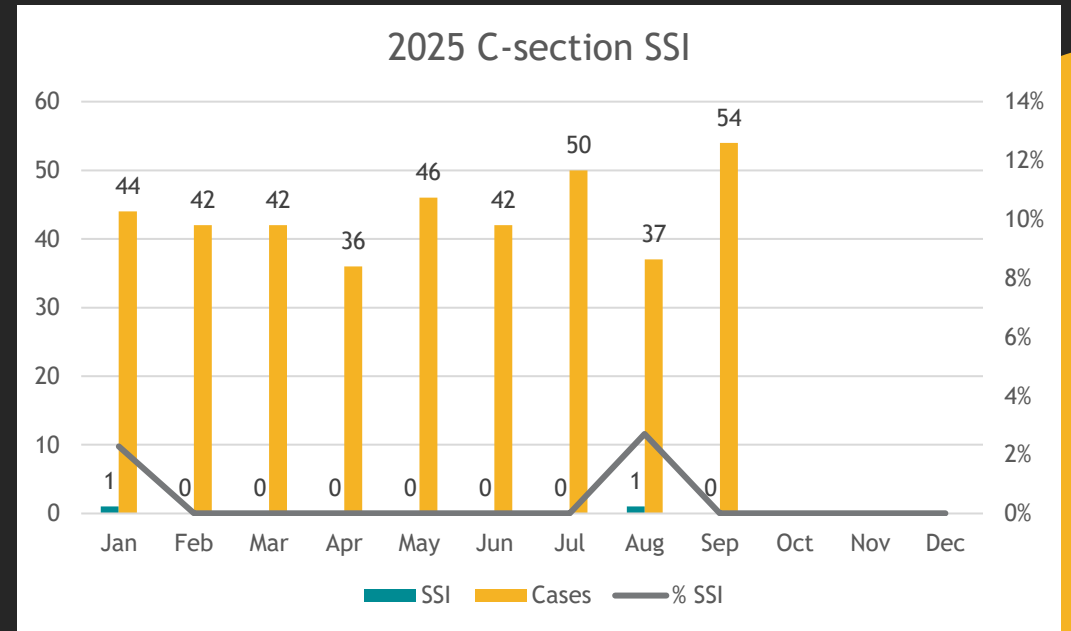
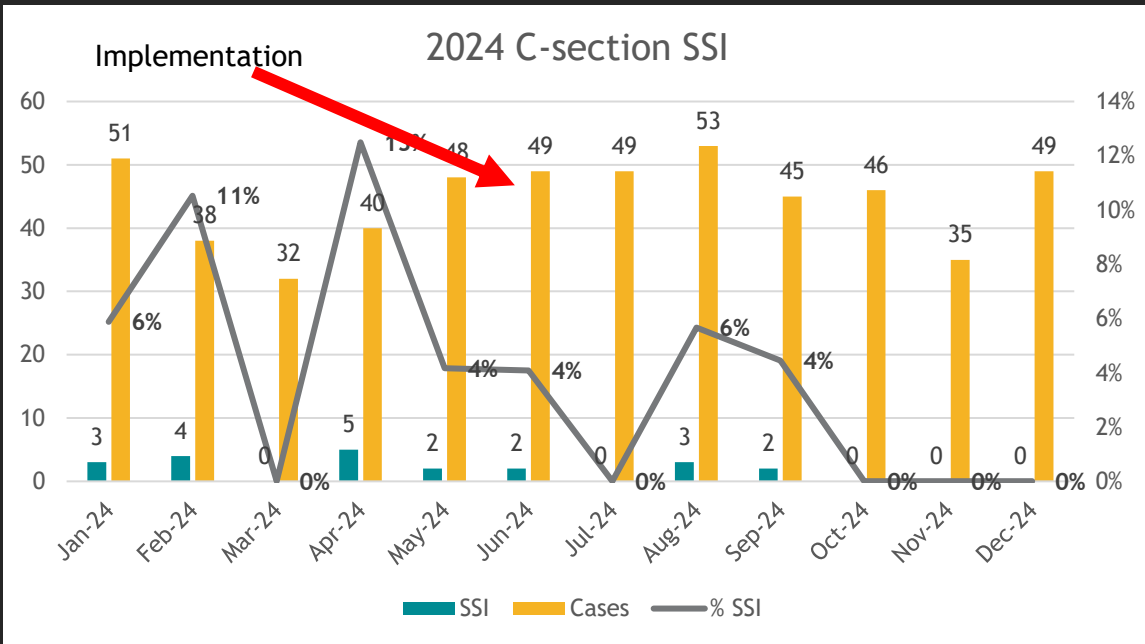
July

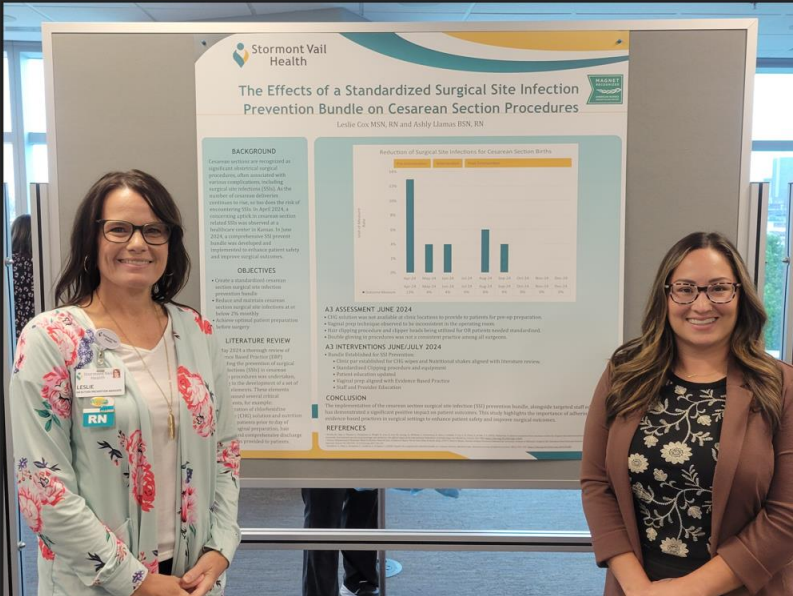
- Intraop observations of c-section procedures
- Hair clipping observations
- Staff education- hair clipping, vaginal prep
- Provider education on double gloving
- CHG use pre/post op
- Nutritional shakes availability

September

- Hair clipping observations
- CHG use pre/post op
- Continued discussion at huddles with staff

RESULTS





Magnetizing KC Poster Presentation

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References

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THANK YOU