



Children'sSM
Healthcare of Atlanta

Working Together to Break the Cycle: An interdisciplinary collaborative effort to reduce surgical site infections

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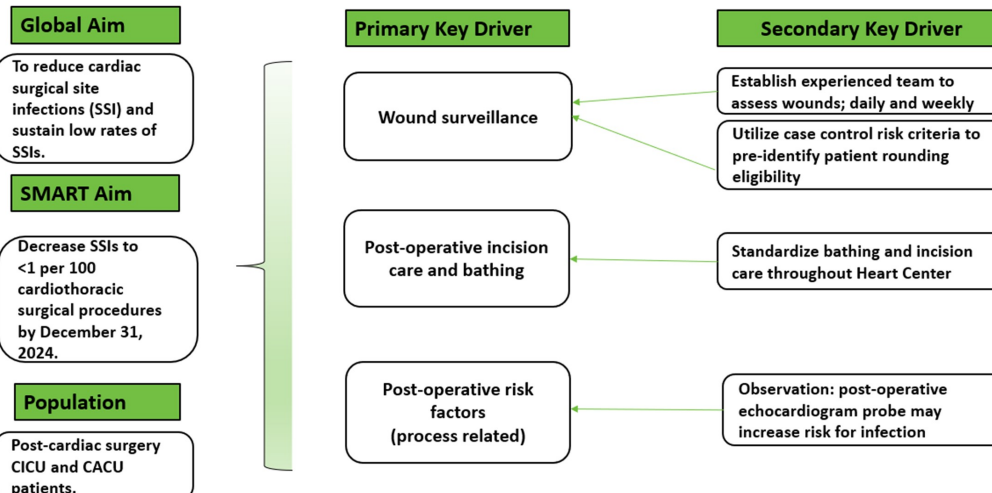
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Background

- Increase in surgical site infection (SSI) rate in 2019 led to formation of the SSI work group
- Case-Control analysis performed to identify at risk patients and practices
- The developed processes resulted in a decrease in SSI until early 2022

Interventions

- April 2024 – use of Trophon high level disinfection echo probes with sterile probe covers for all post-operative echocardiograms through POD 14
- May 2024: Multi-disciplinary incision rounds started to include all high-risk patients
 - Real-time wound care education provided to RNs and families
 - Uploading of wound photographs into EMR for surveillance
 - Suture removal, dressing changes, and wound vac management
- August 2024: Standardization of bathing and incision care throughout Heart Center

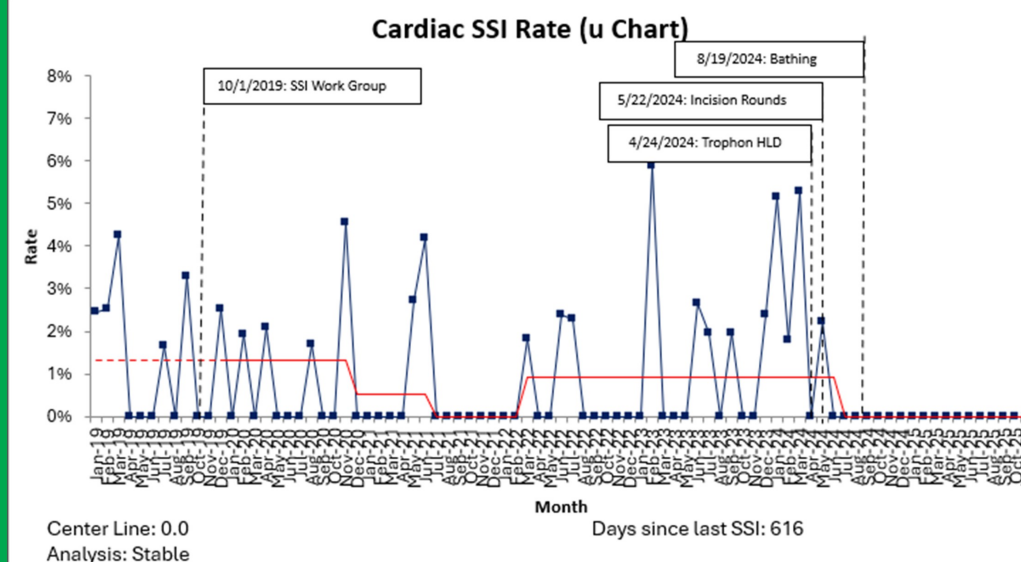


Process for Quality Improvement

Above: Description of the aims and identification of the key drivers to achieve those aims

Measuring Quality Improvement

Below: U chart demonstrating the combined effects of interventions aimed at decreasing the surgical site infection rate



Incision Rounds Team

- Surgical Fellow/PAs
- Clinical Nurse Specialist
- Clinical Epidemiologists

Results

- During first 18 months of incision rounds, >1900 patients seen
- Wounds at-risk for developing infection have decreased from 6 to 1 per week, on average
- Heart Center has been free of any SSI for 616 days

Conclusions

- Multi-disciplinary efforts to identify at-risk wounds has resulted in zero SSIs for 18 months
- Team effort including bedside RN, echocardiographers, surgical team, clinical nurse specialists, and clinical epidemiologists
- Reduction in practice variability in incision care and bathing
- Reproducible methods to identify key drivers in other QI opportunities

The Authors have no disclosures