The 10K –Change Ideas Worksheet for SSI

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Implement evidence-informed strategies in the operating room to prevent surgical site infection			
Patients should shower or bathe with either soap or an antiseptic agent on the night before the operative day			
Perform intra-operative skin preparation with an alcohol-based anti-septic agent, unless contraindicated			
Do not wash off the 2% chlorhexidine gluconate 70% alcohol skin antiseptic that will be covered by the surgical dressing at the end of surgery			
Allow the chlorhexidine gluconate-alcohol skin antiseptic to air dry for at least three minutes or longer if there is excessive hair at the surgical site			
Develop standardized order sets for pre-operative skin cleansing			
Develop a strategy for distribution of the skin antiseptic agent to the patients.			
Educate patients on how to apply the skin antiseptic agent prior to the day of surgery			

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No hair removal prior to surgery is optimal			
If hair removal is necessary, use clippers outside of the OR within two hours prior to surgery			
Do not remove hair prior to admission			
Start infusion within 60 minutes for most antibiotics, or within 120 minutes for vancomycin and fluoroquinolones prior to skin incision or application of tourniquet			
Administer prophylactic antibiotic within 60 minutes prior to first incision for c–sections instead of after cord clamping			
Develop standardized order sets for each procedure that include the appropriate antibiotic, the timing of administration, the appropriate dose, and the timing of discontinuation			
Develop pharmacist and nurse-driven protocols that ensure the correct antibiotic selection based on the type of surgery and patient characteristics (age, weight, etc.)			
Create a process to review all exceptions to protocols			

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Consider antibiotic re-dosing after four hours of surgery			
Only repeat antibiotic prophylaxis for surgeries lasting longer than two half-lives of the antibiotic (e.g. four hours for cefazolin)			
Re-dosing or patients who are over 120kg require 3g cefazolin			
Discontinue antibiotics administered for cardiac, thoracic, orthopaedic and vascular patients within 24 hours of the end of surgery. Non-complex and uncomplicated surgeries require no further administra-			
Standardized orders regarding antibiotic discontinuation			
Check the perioperative blood glucose levels on all surgical patients who are diabetic or have risk factors for diabetes			
Avoid strict blood glucose levels (< 6.1 mmol/L)			
Maintain blood glucose below 10-11 mmol/L during the perioperative period			

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Ensure that random pre-operative blood glucose values are < 10 mmol/L			
Perform random glucometer at point of care			
Maintain core temperature of surgical patients between 36.0°C and 38.0°C pre-operatively, intra-operatively, and postoperatively			
Ensure that pre-warming and intra-operative warming is indicated for all surgeries scheduled to last 30 minutes or more			
Use fluid warmers if the surgical procedure is planned to last more than one hour			
Maintain the ambient room temperature in the operating room between 20°C to 23°C			
Use Mupirocin nasal ointment to nearly eradicate *S. aureus* from the nasal site			
Utilize photodynamic therapy along with chlorhexidine gluconate wipes			

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Reduce the number of times the doors open			
Limit the number of operating room staff			
Close the doors securely			
Practice appropriate hand hygiene			
Sterilize equipment appropriately			
Use laminar flow ventilation			

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Implement evidence-informed strategies on surgical wards to prevent surgical site infection			
Ensure that dressing techniques used are appropriate for the type and site of surgery			
Ensure 30 day post-operative follow up for surgical patients occurs in any inpatient and/or outpatient setting where the selected operative procedure(s) are performed			
Patient is encouraged to drink fluids after recovery from anaesthesia			
Patient is to resume full diet within the first 24 hours after surgery			

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Enhance Team-Based Care			
Raise awareness of the impact of power and conflict on team performance and patient outcomes			
Provide opportunities for team coaching and feedback on effective communication tools and techniques			
Create opportunities for team members to provide input through tools such as learning boards, huddles, briefings and debriefings. Take action on issues that arise			
Welcome the reporting of safety concerns on the unit by encouraging reporting and loop closure on reported events			
Provide staff education sessions on non-technical skills such as teamwork and communication, situation awareness and leadership			
Develop daily goals sheets to foster clinician-to-clinician communication			
Conduct daily multidisciplinary rounds on units			

Change Idea	Priority	Improvements Needed	Action Items (Who, What, When)
Utilize tools for patient handover and clinician to clinician patient information sharing			
Implement team huddles			
Implement ad hoc briefings and debriefings to support “just in time learning” following adverse events and near misses			
Implement the surgical safety checklist			
Develop and maintain a learning board on the unit			
Implement safety crosses to share data with front-line staff			
Create a shared vision with leadership and implement leadership walk-arounds			
Trial other channels to invite leadership to spend time with front-line staff, patients and families – (e.g. joining team huddles). Foster regular visits to the unit to meet with team			