

Event Reporting & Analysis - News

Bundles Limit Surgical Site Infections, Transfusions in Pediatric Patients

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Putting in place a series of bundles and protocols helped a New York hospital lower its rates of surgical site infections, transfusions, and overall morbidity among pediatric patients. The project was published in an article May 1, 2017, in the Bulletin of the American College of Surgeons. The hospital initiated the project because it had high rates of morbidity described in the article as "outliers," including pediatric surgical-site infections accounting for 67% of such infections in the hospital and 89% of cases meeting the criteria for "excessive transfusions." The bundle to limit infections included screening all patients for methicillin-resistant Staphylococcus aureus (MRSA) at a preoperative appointment, distributing chlorhexidine gluconate (CHG) wipes to parents for use during the preoperative bath, using betadine nasal swabs in the operating room to decolonize S. aureus, heating the operating room to at least 78°F for infants up to six months and 75°F for older patients, maintaining patient temperatures between 96.8°F and 100.4°F, and standardizing wound dressing. This combination of interventions reduced the number of surgical-site infections from 12 in 2013 to 8 in 2014, with further declines noted in preliminary data from 2015 (about 21,300 operations are performed annually at the hospital). Likewise, the transfusion protocol was reviewed by various specialties in the hospital and resulted in a reduction from 17 cases involving transfusion in 2013 to 11 cases in 2014. The hospital plans to integrate the transfusion protocol into its electronic health record (EHR) order sets so that following the protocol becomes the default action.

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