

PROCESS IMPROVEMENT DISCOVERY TOOL

POST-OP SEPSIS PREVENTION PROCESS

The Process Improvement Discovery Tool is meant to help hospitals provide safer patient care by completing an assessment to identify process improvement opportunities. Hospitals can use the results to develop specific strategies to address gaps and identify resource needs. Please complete the tool using patient charts that align with this specific topic.

Instructions:

1. If the answer to the question is "Yes," mark an X in the box to indicate that the desired process was discovered. You may check more than one box per chart.
2. The processes that are not marked with an X may indicate the most common failures and could be a priority focus. Minimum 5 charts/Maximum 10 charts

Do NOT spend more than 20-30 minutes per chart!

PROCESS	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Ambulatory Preoperative Infection Prevention Strategies										
Patient received incentive spirometer device and instruction at time of surgery scheduling										
Patient stopped smoking at time of surgery scheduling										
Patient completed two sessions of outpatient PT in advance of orthopedic surgery										
Surgical Site Infection (SSI) Care Bundle Compliance										
Prophylactic antibiotics were given appropriately with timely start and stop										
Normothermia was maintained through duration of perioperative period										
Supplemental oxygen provided pre-op, intra-op and post-op										
Pre-op skin antisepsis was performed										
Additional Perioperative Infection Prevention Strategies										
Patient had an indwelling Foley catheter for less than two days AND the Foley met insertion criteria										
Patient received multimodal pain therapy (non-narcotics and nonmedicinal) with or without opioids										
Patient was mobilized at least three times/day										

	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Good patient adherence of proper pulmonary hygiene processes (i.e. bedside incentive spirometer used 10x/hr. while awake)										
Hand hygiene compliance in department is greater than 85%										
SSI rates are below benchmark										

OBSERVATION

Patient Information

Age greater than 65 years										
Elective procedure performed was?										
Source of infection that led to sepsis was?										
Patient was admitted to ICU?										
How many days post-op was the sepsis identified?										

NOTE: patients at increased risk for sepsis are those with intra-abdominal processes, catheters, central lines, drains, renal calculi, cholelithiasis, trauma and other lines



This material was prepared the TMF QIO and modified by Alliant Quality, the quality improvement group of Alliant Health Solutions (AHS), the Medicare Quality Innovation Network - Quality Improvement Organization for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement or that product or entity by CMS or HHS. 12SOW-AHSHQIC-TO3H-21-831-07/06/21