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Significance of Problem

Estimated 300 million surgical p
per year (Gillespie et al. 2021)
Incidence of SSI 30 days post-op
globally 11% (Gillespie et al. 2021)
Community Hospital NW Indian
SSIs : 2021 total 5 (CV 0)
2022 Jan-Aug total 25 (C

PICOT Question

In patients who have undergone cardiothoracic and vascular surgery, does implementation of a post-operative care bundle based on current EBP as compared to current clinical agency practice standards result in a decrease in SSIs over a 12-week period?

Review	of L	_itera	ture
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Evidence	Database	C
Antoniou (2019)	Citation Chase	I/ A/B
Bosanquet (2021)	PUBMED	III/ A/H
Dumville et al. (2016)	Cochrane	I/ A
Elver et al. (2021)	PUBMED	III/ A/H
Hekman et al. (2019)	CINAHL	II/ A/B
Heal et al. (2016)	Cochrane	I/ A
Kachel et al. (2016)	CINAHL	II/ A/B
Madej et al. (2020)	PUBMED	III/ C
Manivannan et al. (2018)	CINAHL	III/ A/F
Murithi et al. (2016)	JBI	I/ A
Norman et al. (2016)	Cochrane	I/ A
Sivapuram et al. (2021)	JBI	I/ A
Vos et al. (2018)	CINAHL	I/ A
WHO (2019)	Citation Case	I/ A/B

^aMelynyk & Fineout-Overhold; ^bJohns Hopkins

procedures

perative

na

V4)

LOE^a/ **Juality**^b

Best Practices

- Use and removal of dressings including supportive devices (Antoniou, 2019; Sivapuram et al. 2021; WHO, 2019; Ever et al. 2021; Dumville et al. 2016; Murithi et al. 2021;Vos et al. 2018)
- Use of antibiotics or antiseptics postet al. 2020; Madej et al. 2016; Bosanquet et al. 2021)
- Implementation of evidenced-based care bundle (Hekman et al. 2019; Manivannan et al. 2018)
- Use of auditing and surveillance tool (Manivannan et al. 2018)

Implementation

EBP Model: Iowa Model **Participants:** 24 post-operative surgical patients, elective and urgent procedures: men (66.6%) and women (33.3%) over the age of 18

Setting: 192 bed community hospital in Midwest United States. CV practice included 2 Surgeons, 4 PAs, 2 APRNs, 1 RN and 1 MA **Intervention:** Creation of a smart phrase for discharge instructions. Patient instruction provided with needed supplies. Participants were followed with in person clinic follow ups on 1-week, 4-week and 12-week schedule. Participants wounds were evaluated with NHSN/CDC assessment tool

SSI Assessment Tool

NHSN/CDC Surgical Site Infection Assessment Tool (NHSN, 2022)

operatively (Heal et al. 2016; Norman et al. 2016; Kachel

Primary Outcome: Pearson Chi-Square test (p=.443) showed no statistical relationship between the intervention and non-intervention groups whether SSI present

		Intervention	Non- Intervention	Total
SSI Present	Yes	1	4	5
	No	23	215	238
Total		24	219	243

Secondary Outcome: Logistics regression model found the higher BMI (p=.013) and heavier weight (p=.049) the more likely the development of an SSI

Use of post-operative care bundle aids in standardizing post-operative care Recommendations: Larger patient population to evaluate effectiveness and each component individually > Nursing Implications: • Need for evaluation of current clinical practice standards for postoperative incision care Anticipate increase likelihood of SSIs in patients with increased BMI and weight



Evaluation

Conclusion and Recommendations