Executive Call to Action:

Educate, Empower, Engage: A Collaborative Interdisciplinary Call to Action for Reducing Surgical Site Infections

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Recognition of the morbidity of healthcare acquired infections (HAIs) and importance of appropriate sanitation techniques goes back more than 150 years to Florence Nightingale in her 1859 “Notes on Nursing.” Today, even after the landmark IOM 1999 report, “To Err is Human,” HAIs and surgical site infections (SSIs) remain an ongoing threat to patient health and recovery and cost hundreds of millions of dollars annually. Why, then, has such little progress been made for such a well-recognized problem?

The fourth Infection Prevention Leadership Summit (October 2011) provided a fresh look at challenges and barriers associated with reducing SSIs. (Full white paper at http://bit.ly/ipls_wp). Uniquely, the summit allowed shared expertise, experience and ideas from more than 80 subject matter experts, noted faculty, professional society leaders1 and industry partners toward a single goal … improving patient care through reducing SSIs. The overall consensus and necessary call to action from these interdisciplinary partners is to educate, empower, and engage (E3) all parties, from c-suite to hospital staff to patients, while also leveraging the power of unity among societies, such that all are working and communicating collaboratively.

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1 Association of PeriOperative Registered Nurses (AORN), Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology in America (SHEA), International Association of Healthcare Central Service Material Management (IAHCSMM), National Patient Safety Foundation (NPSF), and Surgical Infection Society (SIS).
Educate, Empower, Engage and the Surgical Home

Comprehensive application of E³ as a guiding discipline can produce positive change toward the goal of preventing SSIs in every patient, every time. This is what patients should expect as they enter the “surgical home,” and accordingly, what surgical institutional leadership and healthcare professionals and supporting staff must provide. Similar in concept to the medical home, the surgical home is a patient-centric model recognizing that every patient requiring surgery enters a continuum of care that begins at diagnosis and concludes with the return to normal activities. An overview of how the E³ discipline can be applied is presented below (see full white paper for detailed examples).

- **Educate:** Going beyond required didactic courses and certifications. Because healthcare institutions are complex and multi-faceted, training must also focus on understanding interactions and relationships across departments, demonstrating personal competency, reporting data and outcomes, and utilizing electronic medical records. Moreover, institutional leadership must provide the resources and establish a culture that makes this a priority.

- **Empower:** Adopting a culture that delineates responsibility and increases accountability. In an institution at the top of its game, every discipline and every person within the surgical home feel empowered to carry out their duties, work effectively across teams, and make important contributions. In the healthiest organizations, empowerment also allows a person to speak up without fear of retribution when something is wrong, missed, or when a process can be improved.

- **Engage:** Making a psychological investment in patient care with all disciplines performing their jobs with a level of pride beyond simply achieving formal indicators of success. This translates to optimum execution … getting it right with every patient, every time.

The white paper also asks several probing questions to help institutional surgical home leadership, teams, and individuals take a hard look at current practices and how to take effective next steps. For those of us who shoulder leadership and/or direct patient care responsibilities, these questions allow some potentially uncomfortable self-assessments that should result in investments of time and money well worth the outcomes that could be realized. Overall, based on the SSI challenge still ahead:

- We cannot continue to be satisfied with the current status quo that has not improved HAIs and SSIs specifically over the last ten plus years.
- We must look at our delivery of care differently and optimally coordinate treatment for the patient from the office to their home.
- We must be more collaborative with each other and break down any remaining silos that have the potential to cause patients harm.
- We must invest in education and collaboration activities and tools (e.g., electronic media records) to strengthen the team approach across the patient's continuum of care.
Are there also broader mandates that should be considered and supported by all relevant professional and patient organizations including AORN, APIC, SHEA, IAHCSMM, NPSF, SIS and others? What additional collaborative opportunities exist to develop bundles of policies and procedures going beyond required courses and certifications? Is it too bold to suggest the following?

- An interdisciplinary SSI-focused governance structure with leaders representing the OR, Infection Control, Central Sterile Supply and patients/caregivers.
- Organizational best practices mandates for OR staff, Surgical Chiefs, Infection Preventionists and CSSD staff to meet regularly, such as immediate pre- or post-surgical procedures and beyond. This includes universally adopted processes that educate, empower, and engage patients as part of the team. An example of this are the Joint Camps that orthopedic programs conduct to educate their patients in preparation for total joint replacement. They provide a way to teach, obtain pre-op tests, allow for questions, and generate support from the group.
- Regular promotion of the SSI challenge by organizations to their members and creation of a set of common principles highlighting collaboration to share as part of national meetings, through newsletters, websites, journal commentaries or editorials.

Collectively, we must find ways to implement the E³ educate, empower, and engage discipline consistently and universally across functions so that the surgical home represents a place where all disciplines are integrated, horizontally and vertically, to eliminate SSIs. Under circumstances of unwavering support from leadership and committed cross-team communication and collaboration, we may have this opportunity to create the optimum patient experience that indeed does get it right with every patient, every time.

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