MORNING CMO REPORT

01.27.2016

FROM THE DESK OF:

Anthony P. Weiss, MD, Chief Medical Officer, Associate Dean for Clinical Affairs, Upstate University Hospital



Operating Rooms and Sterile Areas Best Practice to Reduce Surgical Site Infections Applies to All Physicians

Best Practice Informational

There is a great need to improve our performance in the area of surgical site infections. We are in the process of implementing several measures to improve reliability of antimicrobial therapy and decreasing bio-burden in all surgical patients. One of these efforts is related to enforcing our current policies for sterile and sub-sterile areas.

As a result we are updating you on recent changes to policy CM S-31 (Surgical/Procedural Attire) and issues of non-compliance that have been identified. Our current Surgical/Procedural Attire Policy, CM S-31, should be reviewed by all staff wearing hospital laundered scrubs. Attached you will find a quick overview guide of the expectations that the current policy has defined. One recent change to the policy is that lanyards are no longer acceptable in sterile and sub-sterile areas and should be replaced by clipped on ID badge holders for everyone working in these departments. This policy incorporates what is currently seen as best practice in the industry. See your manager for a replacement if you are currently using a lanyard.

Enforcement of policy changes will occur starting February 1, 2016. Episodes of non-compliance will be reported to your immediate supervisor for counseling and/or disciplinary action. Please review the policy changes prior to the February 1, 2016 implementation. Please contact your immediate supervisor if you have any questions or concern.

Thank you.

Surgical/Procedural Attire- Policy CM S-31

❖ Attire:

- Disposable surgical attire should be donned daily in designated dressing area before entry into semi-restricted and restricted area.
- Undergarments that exceed scrub attire length are not acceptable.
- Attire worn in the restricted area **is not** to be worn into or out of the institution.
- Hospital surgical attire is not to be worn to work or taken home.
- A disposable surgical head cover or hood that covers the head, confines all hair (including facial hair), and minimizes microbial dispersal (not jeweled or decorative) must be worn.

ALERT-Highest priority emergency communication; warrants immediate action or attention by the recipient.

HIGH ADVISORY-High priority does not warrant immediate action but recipients should be aware.

ADVISORY-Provides very important information for a specific incident or situation that does not require immediate action.

UPDATES TO ALERTS AND ADVISORIES-Provides updated information regarding an incident or situation; unlikely to require immediate action.

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- Disposable coveralls and hats will be available for non-OR staff that needs to enter restricted area: this includes family members going into the operating room with patients for induction.
- Jewelry must be secure for all personnel and covered or removed when at the operating field.

❖ Mask:

- All personnel in arenas where surgery is being performed must wear surgical masks except as stated below. These masks should fit snugly so breathing is through the mask, not around it, to help prevent droplet contamination of the patient's wound(s).
- Masks are not to be saved by hanging them around neck or tucking them into pocket for future use. Masks should be removed carefully by handling only the ties and should be discarded immediately.

Eye Protection:

 All personnel in the operating room arena where surgery and/ or procedures are being performed must wear protective eyewear masks and/or face shields.

Finger Nails:

• Fingernails will be kept short. If fingernail polish is used, it will be kept in good repair. Artificial fingernails may not be worn (Any application that is not your natural nail).

Lanyards:

- Lanyards can harbor bacteria such as MRSA, Enterococcus and Enterobacteracia and should not be worn at all.
- ID badges should be clipped on and disinfected regularly.

Evidence-Based Reference(s) for Policy: CDC. Guidelines for Hand Hygiene in Health Care Settings. MMWR. 2002; 51; No. RR-16:1-56. AORN. 2015. Guidelines for Perioperative Practices. Guideline for Surgical Attire. P97-119.

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State Lauds Upstate University Hospital for Cutting Infections

Applies to All Physicians

Cutting Infections Informational

http://www.syracuse.com/health/index.ssf/2016/01/ny lauds upstate university hospital for c utting infections.html

The article above shows what we can do when we tackle an issue head on, in this case the issue of central line associated bloodstream infections. CLABSI's are of central concern to all, the reduction seen here has saved lives.

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