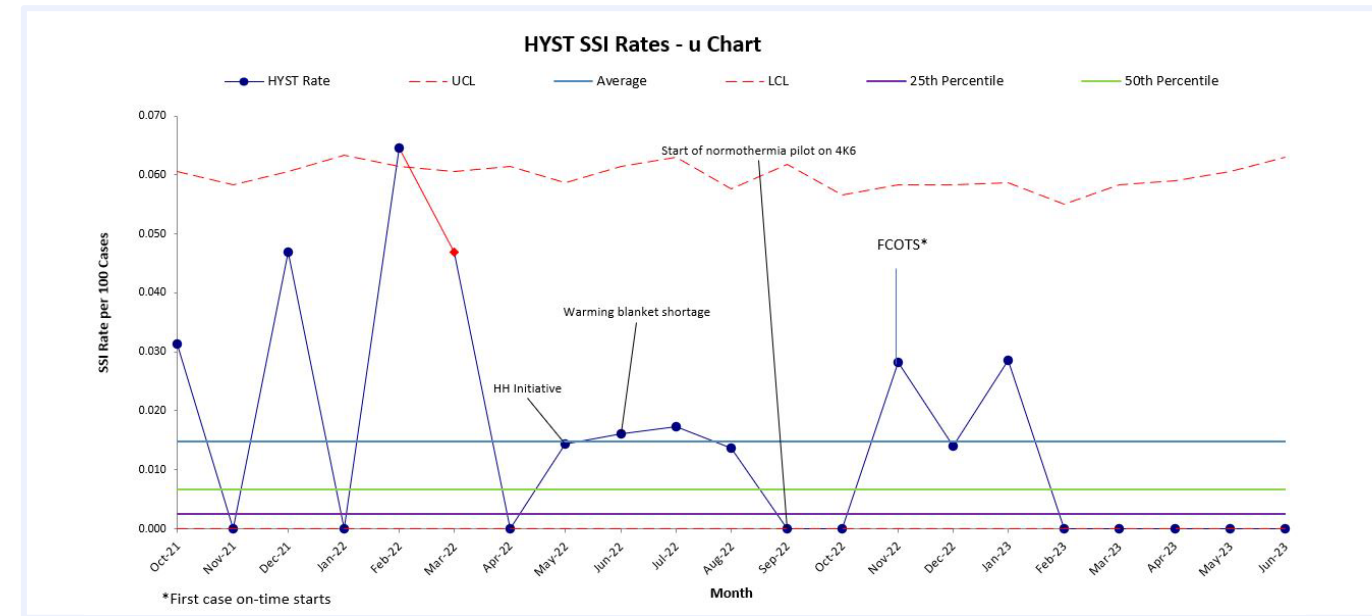


Learning Objectives

- Describe the importance of reducing abdominal hysterectomy surgical site infections
- Describe normothermia initiatives implemented to decrease the abdominal hysterectomy surgical site infection rate
- Demonstrate the benefits of interdisciplinary collaboration to implement a normothermia protocol

Background

- The Center for Medicare and Medicaid Services (CMS) requires monthly data for inpatient abdominal hysterectomy surgical site infections (SSIs) to be reported to the Center for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN).
- Risks for abdominal hysterectomy SSIs include prolonged surgical discomfort, increased morbidity, extended length of stay, and increased likelihood of readmissions.
- The hospital identified a significant increase in abdominal hysterectomy SSIs between October 2021 and September 2022.
- The surgical and anesthesia teams kept track of the patient's temperature throughout the procedure.
- The OR nurse clinicians educated surgical staff and anesthesia providers about the goal of the protocol and its importance.
- Our HYST SSI team used the Model for improvement process by conducting a Plan, Do, Study, Act Cycle (PDSA) with the pre-warming incision Normothermia tool that helped keep track of our improvement efforts.



Results

- The cumulative rate of abdominal hysterectomy SSIs was 2.1 per 100 surgeries between Oct. 2021 and Sept. 2022.
- Pre-intervention, normothermia was maintained in 45% of reviewed abdominal hysterectomy surgeries.
- Post-intervention, normothermia was maintained in 61% of reviewed abdominal hysterectomy surgeries from Sept. 2022 to April 2023.
- The hysterectomy SSI rate decreased to 0.9 per 100 surgeries from Jan. to March 2023 and to 0.0 per 100 surgeries from April to June 2023.

- The spread of the normothermia protocol to other surgical suites should be considered to determine if sustained reduction in SSIs can be maintained in other specialties.
- Our interdisciplinary collaboration helped standardize pre-operative antibiotics, establish a HYST SSI bundle, and created more awareness around infection prevention best practices.

Acknowledgements

We thank the nurses, surgeons, and the leadership at the Women's Center and Main Operating Room in Tampa General Hospital. We are also grateful to the Infection Prevention team and Performance Improvement team for assisting with this project.

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**We have no disclosures to report.

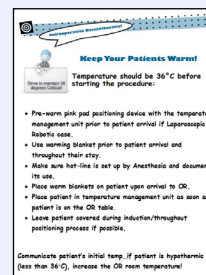
Methods

- A multidisciplinary team was formed to address abdominal hysterectomy SSIs.
- Based on a review of literature, the team recommended maintenance of intra-operative normothermia (equal to or greater than 36° Celsius) as a process measure to improve our SSI rate.
- In September 2022, the Women's Center operating room (OR) nursing team piloted a normothermia protocol: ensuring patients were warmed to equal to or greater than 36° Celsius by use of a warming blanket/warming gown in Pre-operative holding; use of hot lines (warm intravenous infusions) by anesthesia; and communication between the anesthesia provider and surgical team about initial patient temperature, raising the OR room temperature if the patient was hypothermic.
- The timeline for the pilot protocol was from September 2022 to June 2023.



The Multidisciplinary Team

- Infection Preventionists
- OR Nursing Clinicians
- OR Nursing Educators
- Anesthesia
- Performance Improvement Specialist
- Surgeons



Poster: Keep Your Patients Warm!



- Tampa General Hospital is a 1,040-bed non-profit hospital, tertiary, research and academic medical center. One of the regions only university-level academic medical center.
- An average of 700 abdominal Hysterectomy procedures are performed annually at Tampa General Hospital.