

SUBJECT: WARMING CABINETS	REFERENCE #2017
DEPARTMENT: SURGICAL SERVICES	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The temperature of warming cabinets, **for solutions**, in the OR shall not exceed 110 degrees F (43 degrees C).
- The temperature of warming cabinets, **for blankets**, in the OR shall not exceed 130 degrees F (54 degrees C).
- OR Nursing Assistants/Orderlies shall monitor the warming cabinets daily, before the start of the surgery schedule. Temperatures will be logged, and it will be verified that the warming cabinets are set at their correct temperatures.
 - If the temperature of a warming cabinet is not within the accepted range established by the Engineering Department, staff shall notify Engineering and place a sign on the warming cabinet that it is out of order.
- OR staff will be educated about the risks of patient burns from heated blankets and solutions.
- Circulating RNs shall leave solutions and blankets in the warming cabinet until needed.
- Staff shall not overstock the warming cabinets. This will prevent uneven and inadequate heating of the contents.
- The Engineering Department will ensure the warming cabinets are calibrated correctly and preventive maintenance is performed according to an established schedule.
 - Each warming cabinet shall be labeled to designate the cabinet for blankets or solutions.
 - Safe temperature settings shall be listed on each warming cabinet.
 - The Engineering Department shall use lockout features on each warming cabinet to prevent unauthorized staff from increasing the temperature of the warming cabinet.

SUBJECT: INFECTION CONTROL MEASURES	REFERENCE #4005
DEPARTMENT: SURGICAL SERVICES	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To minimize infection in the surgical patient; to improve wound healing; to minimize disability, morbidity and mortality; to reduce cost of hospitalization.

POLICY:

- All staff in the Surgical Services Department must provide continuous infection control surveillance measures, as outlined in the hospital Infection Control Policy and Procedure Manual.
- Any staff with an infectious or communicable disease process shall not be assigned to the operating room.
- Any identified intraoperative infection is reported to the PACU RN for transmission-based precautions (isolation precautions), as appropriate.

THE FOLLOWING MEASURES ARE NOT ALL INCLUSIVE:

- Preoperative Measures:
 - Encourage patients to stop using tobacco. Patients shall be instructed to abstain from tobacco use for at least 30 days before the surgical procedure.
 - Serum blood glucose levels shall be controlled in all diabetic patients. Hyperglycemia shall be avoided perioperatively.
 - Preoperative prophylactic antibiotics shall be used appropriately.
 - Hair at the surgical site shall be removed only if it will interfere with the procedure. (CDC and AORN recommendations)
 - Razors shall **NOT** be used in this organization.
 - An electric clipper, with disposable or reusable head, or a depilatory cream shall be used for shave preps.

SUBJECT: VISITOR CONTROL	REFERENCE #4008
DEPARTMENT: SURGICAL SERVICES	PAGE: 1
	OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

PURPOSE:

To outline a policy for visitors, healthcare industry representatives in the Surgical Services Department.

POLICY:

- Families and friends will not be permitted in the OR/PACU except when the patient's condition is critical. On such an occasion, clergy, close relatives or friends may be permitted to see the patient in a screened area for a few minutes if the situation allows. Consideration must be made for total department activity. No more than two (2) people will be allowed to see the patient at a time.
- Healthcare industry representatives observing a procedure must have the consent of the patient, surgeon and administration to be in the OR.
 - Permission from the patient, surgeon and administration will be documented in the patient's medical record.
- The Circulating RN will supervise the healthcare industry representative while in the OR.
- Before entering the OR, the healthcare industry representative will have demonstrated and documented competencies in the principles of asepsis, infection control practices, bloodborne pathogens, fire and safety protocols and patient rights and confidentiality. The healthcare industry representative may be inserviced on the above areas by his/her employer or the hospital. The representative's demonstrated competencies will be documented and kept on file by the Surgical Services Nurse Manager.
- Observing procedures will be by appointment only.
- The healthcare industry representative is in the OR as a consultant only. He/she is not permitted to scrub in, touch the patient or operate the equipment.
- The healthcare industry representative, with training, is permitted to perform, apart from the patient, calibrations to adjust equipment to the surgeon's orders, i.e., pacemakers, laser.

PERFORMANCE IMPROVEMENT MONITORING AND EVALUATION PLAN

Department: Surgical Site Infections
(NPSG.07.05.01)

Scope: The Surgical Services Department provides inpatient and outpatient operative and invasive procedures on a 24-hour basis, including after hours emergency procedures.

Date: _____

Responsibility: Surgical Services Nurse Manager, Surgical and Anesthesia Services Committee, PI Committee, Nurse Executive, Chief of Surgery, Infection Control Practitioner

Priority Focus Area	Performance Measures/Outcomes	Related Functions	Benchmark	Data Collection (Methodology)	Integration and Collaboration
			Goal		
Infection Control	- Surgical site infection rate for the first 30 days following procedures that do not involve inserting implantable devices	Medical Staff Provision of Care, Treatment and Service Infection Prevention and Control		Data will be collected from the patient record by the Surgical Services PI designee on a monthly basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager, the Surgical Services Committee and the PI Committee on a quarterly basis.	Infection Control Medical Staff Nursing
	- Surgical site infection rate for the first year following procedures that involve inserting implantable devices	As above		Data will be collected from the patient record by the Surgical Services PI designee on monthly basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager, the Surgical Services Committee and the PI Committee on a quarterly basis.	As above
	- Prophylactic antibiotic administered to patient within one (1) hour prior to surgical incision - Prophylactic antibiotics are discontinued within 24 hours after surgery (within 48 hours is allowable for cardiothoracic procedures) - Appropriate prophylactic antibiotic used for each surgical patient	Medication Management Infection Prevention and Control Medical Staff		Data will be collected from the patient's medical record (MAR, Surgical Pre-op Checklist) by the Surgical Services PI designee on a weekly, ongoing basis. Data will be aggregated, reviewed and reported on a monthly basis to the Surgical Services Nurse Manager and the Surgical Services Committee and the PI Committee on a quarterly basis.	Infection Control Medical Staff Nursing Pharmacy

SUBJECT: "HAND-OFF" COMMUNICATION IN THE PERIOPERATIVE SETTING	REFERENCE #8038
DEPARTMENT: SURGICAL SERVICES	PAGE: 1 OF: 5
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- "Hand-offs" are interactive communications that allow the opportunity for questioning between the giver and receiver of patient information.
- "Hand-off" communication includes:
 - Accurate patient information regarding care, treatment and services
 - Patient's current condition and diagnosis
 - Recent or anticipated changes in the patient's condition
 - What to "watch for" in the next interval of care
- Specific examples of times when the transfer of responsibility for the surgical patient, i.e., "hand-offs", occur include, but are not limited to, the following:
 - Shift change or break relief
 - Physician to surgeon/nurse to nurse/surgical technician to surgical technician transfer of patient responsibility
 - When surgeons and nurses are transferring patient to another level of care within or outside of the organization
 - Patient care unit RN/Ambulatory Care RN report to the Holding Area RN
 - Holding Area RN reports to anesthesia, the surgeon and the Circulating RN
 - Circulating RNs report to the PACU RN and/or the patient care unit RN
 - Anesthesiologists report to the PACU RN and/or to the patient care unit RN
 - Surgical team (surgeon, nurse, surgical technologist) transfer of on-call responsibility
 - Surgeon hand-off from the perioperative area to inpatient units
 - Critical laboratory and radiology results disseminated to the surgical team