Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Oromia Health Bureau Deder General Hospital
+251-25-333 0450 hospitaalawaliigalaadadar@gmail.com 987

Date: August 02, 2017E.C

To: Quality Unit (QU)

From: Surgery Department

Subject: Update on Sustaining Improvement in Preventing Surgical Site Infections (SSI)

Dear Health Service Quality Unit,

The SSI Quality Improvement (QI) Team is pleased to report the successful sustainment of Surgical Site Infection (SSI) prevention measures at Deder General Hospital for the reporting period of **July 2017.**

Key achievements during this period include:

- **SSI Rate maintained at 0%**, against a target of <2%.
- **100% compliance** with prophylactic antibiotic timing.
- **100% utilization** of the Patient Preparation Room for all surgical cases.
- **100% adherence** to sterile drape and skin antisepsis protocols.
- Routine **weekly audits** and environmental checks completed as planned.

The process has now entered the sustainability phase with consistent results across three consecutive months. These achievements confirm that SSI prevention practices are fully embedded in our surgical workflow.

Next Steps Proposed:

1. Transition to **maintenance phase** with monthly reviews and reporting.
2. Continue **routine monitoring** with triggers for action if SSI rate rises above 2% or compliance drops below 95%.
3. **Embed SSI prevention protocols** formally into hospital SOP and policy.
4. Celebrate the team's achievement in sustaining **zero SSI rate**.

We are confident that these measures will continue to protect our patients and uphold the quality and safety standards of Deder General Hospital.

Sincerely,

Dr. Isak Abdi-OR Director.

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN PREVENTING SURGICAL SITE INFECTIONS (SSI): A QI PROJECT

QI Team Lead: **Dr. Isak Abdi-OR Director**

Facilitator: **Abdi Tofik (BSc, MPH)-HSQ Director**

Reporting Period: **July 01-30, 2017**

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN PREVENTING SURGICAL SITE INFECTIONS (SSI): A QI PROJECT

1. PLAN

Aim Statement:

By August 2025, sustain a Surgical Site Infection (SSI) rate of **0%** through standardized pre-, intra-, and post-operative infection prevention protocols, consistent monitoring, and continuous improvement.

Rationale:

SSIs are a major source of hospital-acquired morbidity, but evidence shows that strict adherence to infection prevention and control (IPC) practices can eliminate SSIs. A comprehensive SSI SOP has been introduced, and July marks the first month of monitoring under the sustainability framework.

Predicted Change:

- SSI Rate maintained at 0%
- 100% compliance with prophylactic antibiotic timing
- Consistent utilization of the Patient Preparation Room
- Reliable sterile environment and wound care practices

Interventions (What will we do?):

- Mandatory use of SSI SOP for all surgical patients
- Weekly audits using the SSI Process Audit Tool
- Weekly checks of sterile stock and OR environment
- Monthly QI review meetings and staff feedback sessions
- Use of Pre-Op Checklist as part of routine patient transfer to OR

Measures:

- **Primary:** SSI Rate (%)

- **Process:** Antibiotic timing, compliance, Prep Room utilization, Sterile drape adherence
- **Balancing:** Surgical delays, patient satisfaction

Roles & Responsibilities:

- **Surgical Ward Head:** Leads review meetings and oversees adherence
- **IPC Focal Person:** Leads audits and training
- **OR Head Nurse:** Ensures availability of sterile supplies
- **Ward Nurses:** Implement pre- and post-operative infection prevention protocols
- **HSQU Focal Person:** Data analysis, monitoring, reporting

2. DO

Implementation Activities (July 2017):

- Orientation refresher on SSI SOP for all surgical staff.
- Introduced Pre-Op Checklist before OR transfer.
- Weekly environmental audits conducted (water, sterile supplies, drapes).
- Patient wound care education piloted before discharge.

Data Collection:

- SSI surveillance conducted for 30 days post-surgery.
- Compliance monitored weekly using audit tool and checklist.

Tools Used:

- SSI Prevention Process Audit Tool
- Pre-Op Checklist
- Weekly Environmental Audit Log
- PDSA Cycle Worksheet

DEDER GENERAL HOSPITAL

SUSTAINING IMPROVEMENT IN PREVENTING SURGICAL SITE INFECTIONS (SSI): A QI PROJECT

3. STUDY

Results Summary (July 2017):

Indicator	Target	July	Trend
SSI Rate	<2%	0%	✅ On Target
Antibiotic Timing Compliance	100%	100%	✅ Sustained
Prep Room Utilization	100%	100%	✅ Sustained
Sterile Drape Use	100%	100%	✅ Sustained

SSI Prevention Process Audit Report

Patient ID	Antibiotic Given <60 Min Pre-Incision? (Y/N)	Prep Room Used? (Y/N)	Skin Antisepsis Protocol Followed? (Y/N)	Sterile Drapes Used? (Y/N)	Overall Compliant? (Y/N)
341264	Y	Y	Y	Y	Y
345622	Y	Y	Y	Y	Y
345602	Y	Y	Y	Y	Y
338987	Y	Y	Y	Y	Y
345622	Y	Y	Y	Y	Y
074098	Y	Y	Y	Y	Y
023719	Y	Y	Y	Y	Y
348761	Y	Y	Y	Y	Y
348762	Y	Y	Y	Y	Y
338582	Y	Y	Y	Y	Y
345989	Y	Y	Y	Y	Y
% Compliance	**100°%**	**100°%**	**100°%**	**100°%**	**100°%**

Key Learnings:

- All audited patients received antibiotics at the correct time.
- Prep Room consistently utilized.
- IPC practices strictly followed with no gaps.
- This confirms the system is functioning at an optimal level.

Challenges Observed:

- None in July – sustainability phase achieved.

4. ACT

- **Strengthen sustainability framework.**
- **Begin testing enhanced patient education leaflets**