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

Date: Sept 02, 2018E.C

To: Quality Unit (QU)

From: Surgery Department

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

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

Key results achieved this month include:

- **SSI rate maintained at 0%** (target <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.
- **Weekly audits** of sterile stock, OR environment, and wound care practices completed successfully.

Highlights for August:

- **Consistent use of Pre-Op Checklist** during all surgical transfers.
- **Sustained adherence** to SSI SOP across all surgical wards and operating rooms.
- **No challenges observed** during this reporting period.

Next Steps Proposed:

1. Transition to **maintenance phase monitoring** with monthly review meetings.
2. Continue **routine SSI audits** and ensure rapid corrective actions if compliance falls below 95%.
3. Formally **integrate SSI prevention practices** into hospital SOP and policy.
4. Recognize and celebrate the team's contribution in sustaining **zero SSI rates** for three consecutive months.

We acknowledge and appreciate the commitment of our surgical, nursing, and infection prevention teams in achieving and sustaining these excellent results.

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: **August 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 August 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 (August 2017):

- Refresher SSI SOP training conducted.
- Pre-Op Checklist introduced.
- Weekly audits & environmental checks performed.

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 (August 2017):

Indicator	Target	August	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)
349054	Y	Y	Y	Y	Y
349053	Y	Y	Y	Y	Y
349055	Y	Y	Y	Y	Y
349061	Y	Y	Y	Y	Y
349062	Y	Y	Y	Y	Y
349063	Y	Y	Y	Y	Y
349064	Y	Y	Y	Y	Y
349065	Y	Y	Y	Y	Y
349066	Y	Y	Y	Y	Y
349067	Y	Y	Y	Y	Y
349068	Y	Y	Y	Y	Y
349069	Y	Y	Y	Y	Y
349070	Y	Y	Y	Y	Y
349071	Y	Y	Y	Y	Y
349072	Y	Y	Y	Y	Y
349073	Y	Y	Y	Y	Y
349074	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 August – sustainability phase achieved.

4. ACT

✍ Process is stable with **three consecutive months of 0% SSI**.

✍ Shift to **maintenance phase** with monthly reviews.

✍ Celebrate achievement & formally embed into hospital policy