Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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Date: Jul 02, 2017E.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 successful sustainment of infection prevention practices at Deder General Hospital for the reporting period of **June 2017**.

Key achievements for this reporting month include:

- **SSI rate sustained 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 audits and environmental checks** completed weekly as planned.

Additional interventions introduced this month included:

- **Patient wound care education** prior to discharge.
- **Pre-Op Checklist** use strengthened for all surgical transfers.

The system continues to perform at an optimal level, with all targets met and no gaps observed. These results confirm that SSI prevention practices are stable and sustainable.

Next Steps Proposed:

1. Continue routine **monthly monitoring and reporting**.
2. Maintain **weekly audits** with corrective action if compliance falls below 95% or SSI rate exceeds 2%.
3. Formally **embed SSI prevention protocols** into hospital policy.
4. Reinforce **patient wound care education** as part of discharge counseling.

We commend the surgical and nursing teams for their commitment to patient safety and infection prevention.

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: **June 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 June 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 (June 2025):

- 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 (June 2017):

Indicator	Target	June	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)
342815	Y	Y	Y	Y	Y
342846	Y	Y	Y	Y	Y
343062	Y	Y	Y	Y	Y
342853	Y	Y	Y	Y	Y
343227	Y	Y	Y	Y	Y
343245	Y	Y	Y	Y	Y
342281	Y	Y	Y	Y	Y
343618	Y	Y	Y	Y	Y
343580	Y	Y	Y	Y	Y
227247	Y	Y	Y	Y	Y
343827	Y	Y	Y	Y	Y
343794	Y	Y	Y	Y	Y
343920	Y	Y	Y	Y	Y
343025	Y	Y	Y	Y	Y
342815	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 June – sustainability phase achieved.

4. ACT

✍ **Continue checklist use and audits.**