Limiting Pre-incision
Instrument Uncovered Time via
Quality Practice Intervention
Decreases VEPTR Implantation
Surgical Site Infections

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Preoperative Delay of More than 1 Hour Increases the Risk of Surgical Site Infection

Is the duration of time in the operating room prior to the start of surgery (ART) a significant risk factor for surgical site infection?

Is there a threshold time beyond which the infection risk is increased?

- Retrospective chart review
- 7991 Adult Spine Surgeries
- ART associated with greater risk of SSIs and was statistically significant (P=0.001) with a time more than 1 hour

Radcliff et. al., SPINE Volume 18, Number 15, 2013

Quality Practice Intervention (QPI) August 1, 2013

Jan 2007-July 31st, 2013 (124 pts)

 Surgical instruments and VEPTRs were uncovered when patient entered the OR

Aug 1st, 2013-Sept 15, 2015 (63 pts)

 Surgical instruments and VEPTRs were not uncovered until patient was turned prone for skin prep

Methods

- Retrospective chart review/ prospective CTIS Safety
 Registry review Jan 1st, 2007-Sept 15th 2015
- 187 consecutive VEPTR Implantation surgeries
- Anesthesia Ready Time(ART): time from entering room to incision
- Instrument Uncovered Time(IUT): time from instruments uncovered to incision
- SSI rate (CDC, culture proven, 90 days post surgery)

Results

	Pre-Quality Practice Intervention	Post-Quality Practice Intervention	
Implants	124	63	
Mean IUT	120 min	42 min	(p=0.021)
Mean ART	120 min	127 min	(p=0.422)
SSI's	14	2	
SSI rate	11.3%	3.2%	(p=0.049)

Results

Instrument Uncovered Time	(p=0.021)	
Syndromic diagnosis	(p=0.038)	
IUT exceeding 100 minutes	8.5 times the odds of developing an SSI	

Conclusions

Decreasing instrument exposure time prior to skin incision may reduce the risk for developing a surgical site infection following VEPTR Implantation

Reducing the time surgical instruments and VEPTRs are exposed to possible contamination is

- Simple
- Safe
- Does not entail major process change