

Infection Prevention Strategies for Surgical Settings



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Infection Prevention



Why this is important to your ASC?

- ✎ CMS Regulations May 18th, 2009 = continued licensure
- ✎ Healthcare reform = payments for quality care
- ✎ Marketing, reputation = stabilization of volume
- ✎ Because it is the right thing to do!!!!

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Case Study:

56 yr old white male presents with right eye medial loss of vision due to vitreomacular traction from an epiretinal membrane .

Operation: Vitrectomy and membrane peeling, right eye.

- ✎ Local Anesthesia
- ✎ Betadine prep
- ✎ Vancomycin injected
- ✎ Atropine ointment
- ✎ Patch

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Timeline of Case Progression

- ☞ 01/21/11 4:21pm case completed
- ☞ 01/22/11 9:00 am post op eval - improved vision
- ☞ 01/22/11 6:00pm pain arising
- ☞ 01/22/11 7:00pm pain increasing
- ☞ 01/22/11 10:00pm pain scale 10, complete loss of vision noted

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Resulting Diagnostic Data:

- ☞ Treatment: Intravitreal, topical, & IV antibiotics
- ☞ Diagnosis: Endophthalmitis
- ☞ Cultures: Clostridium perfringens
- ☞ Discharge Diagnosis : Right eye blindness



**CLOSTRIDIUM
PERFRINGENS**

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Investigation

☞ Endogenous endophthalmitis ?????

☞ Exogenous endophthalmitis ?????

☞ Traumatic endophthalmitis ?????

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Bottom Line

Is there ANYTHING that could have been done differently that would have altered this life changing event for this patient?

Surgical Scrub?

Housekeeping?

Laundry Service?

Sterilization?
