

## Infection Prevention Strategies for Surgical Settings



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### Infection Prevention



#### Why this is important to your ASC?

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

### Infection Prevention



#### 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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## Infection Prevention

## Timeline of Case Progression

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

## Infection Prevention

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#### Resulting Diagnostic Data:

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



## CLOSTRIDIUM PERFRINGENS

## Infection Prevention



## Investigation

## ❖ Endogenous endophthalmitis ?????

## Exogenous endophthalmitis ?????

## ❖ Traumatic endophthalmitis ??????

## Infection Prevention



## 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?