The Reduction of Surgical Site Infections by Bundling Active Surveillance for Methicillin-Resistant Staphylococcus Aureus and Preoperative 2% Chlorhexidine Gluconate in Obstetrics and Elective Surgery

Virginia Lipke, RN, BS, ACRN CIC and Tony Hyott, MHSA

OBJECTIVE

Annual increases in reported MRSA skin and soft-tissue infections in the emergency department of our 2 hospitals prompted that MRSA was becoming a community problem. In 2005, no SSIs due to MRSA were reported in our surgical patients; however, in 2006, SSIs due to MRSA were reported, which suggested that MRSA was also becoming a problem in our surgical population.

To reduce the rate of SSIs, we developed an approach that included the:

- Identification of nasally colonized MRSA patients and
- Introduction of a preoperative skin antisepsis protocol that involves the use of 2% CHG, no-rinse, nose-clove cloth.

RESULTS

SSIs due to MRSA were reduced by 59% resulting in a $154,869 cost avoidance.

CONCLUSIONS

The introduction of a program that included screening for and treatment of nasal carriage of MRSA, combined with preoperative skin antisepsis with 2% CHG cloths led to a reduction in SSIs rates and in SSIs due to MRSA.

Lessons Learned:

- SD rates can be reduced with a protocol that screens for and treats nasal MRSA and uses 2% CHG no-rinse cloths for preoperative skin antisepsis.
- A reduction in the rate of SSI may reduce medical costs to the hospital
- Patients in the program reported that the CHG no-rinse cloths were easy to use.
- Patient education was provided (Leaflet with MRSA from the Washington State Health Department) and was well-received.