



Highly Informative Tips (HITs) for Implementation

Surgical Care Improvement Project

Start with a manageable intervention. If your organization is just starting to work on reducing surgical complications, consider working on SSI prevention first.

Create a multidisciplinary team. Successful teams include a physician (a surgeon, ideally with an anesthesiologist); a perioperative room nurse (operating room or post-anesthesia); a nurse from a postoperative nursing unit, and someone from the quality department. In addition, consider including a patient or family member on the team.

Use a physician champion and evidence-base studies for buy-in. Providing an evidence base for the treatment is key, along with having local champions.

Nurses and physicians are more responsive to the recommended care when they know what care is needed and why.

Beta blockers:

- Identify patients preoperatively who are on beta blockers to ensure that they are continued postoperatively.
- Develop standard postoperative order sets or automatic protocols that include provision of beta blockers for patients receiving preoperatively.
- Designate responsibility for postoperative ordering of preoperative medications.
- Implement medication reconciliation.
- Educate patients preoperatively about the importance of continuing beta blockers postoperatively and informing the surgeon and anesthesiologist that they take these medications.

VTE Prophylaxis:

- Develop standard order sets for prophylaxis.
- Develop protocols for providing prophylaxis automatically, based on surgical procedure.
- Provide education and training for staff on the importance of VTE prophylaxis.
- Educate patients preoperatively about the prophylaxis they will receive and steps they can take to reduce risk.
- Examples of tools used by hospitals can be found in the VTE section of the SCIP website.

Teamwork and Culture:

- Institute pre-procedural briefings in the OR before each surgical case to establish a sense of team, set an open environment for communication, and review the plan for the procedure, including additional risks. These types of briefings are most successful when everyone is asked for input, first names are used, and good person-to-person communication skills are included.
- Use white boards in the OR to document names of patient and all team members, including first names. This is also a great place to note aspects of care such as time of prophylaxis antibiotic administration.
- Train staff in the use of SBAR, a structured format for communication that stands for Situation-Background-Assessment-Recommendation and establishes a clear layout of information in a manner that is non-threatening and allows for appropriate assertion.