Nurse-Led Research: The Impact of Operating Room Traffic on Microbial Deposits

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Results (continued)

• All established clinical and environmental SSI prevention standards were in place including preop CHG, antibiotic dosing, glycemic control, normothermia, separate tray for wound closure.

• Cases (N=60): COLO (n=30) & HYST (n=30) involved patients with an average age of 57.2 years (SD=16, range 26-90), female (80%), white (88%), nonsmokers (92%), non-diabetic (85%), and no prior hospitalization (95%).

Conclusions / Limitations

• The OR staff at all four sites utilized established environmental and clinical best practices to limit risk for SSI in colon and hysterectomy cases.

• Door openings/hour below published rates with limited non-essential traffic was observed.

• Microbial deposit rates were lower in cases with standardized procedures.

• Limited by convenience sample and potential for observer bias.

Implications

• Study provided opportunity to increase OR staff awareness of the effect of traffic on microbial deposits.

• All staff are encouraged to identify ways to reduce variation and unnecessary traffic.

• This nurse-led study contributes to the growing scientific knowledge base for perioperative and infection prevention surgical care.

Acknowledgements

• OR Medical, Surgical, & Anesthesia Team Members, Directors, Chief Nursing Officers, Laboratory & Infection Prevention at all (4) sites

• Dr. Mary Beth Kingston, PhD, RN, FAAN - Advocate Health Chief Nurse

• Vicky Liao, MS – AAH Biostatistician

• Dr. John Harp - Consultant

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