

The Need for a Dedicated Infection Preventionist in Perioperative Services

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ALL INFECTION PREVENTIONISTS ABOVE DEDICATED TO SURGICAL SERVICES

Background/Problem

- Surgical Site infections (SSIs) can be up to 20% of all Healthcare Associated Infections (HAIs), and are the most costly
- Average added costs are \$20,000-\$30,000 per case and add approximately 7-11 days to a hospital stay or readmission and return to surgery (for this study we used \$200,000 average cost)
- Infection Prevention (IP) in the Peri-Op areas requires multiple different procedures involving a myriad of potential infection risks over thousands of procedures a year.
- The Peri-op area is the single highest risk site for healthcare associated infection
- Healthcare institutions with proactive dedicated Infection Preventionists in Surgical Services demonstrate up to a 30-50% reduction in SSIs. They are able to do surveillance, with tracking and trending and follow-up interventions on every procedure done on both inpatients and outpatients.
- This poster demonstrates the power of a dedicated IP in three different hospital systems and how the interaction between staff, surgeons and leadership can be a positive influence on safety

Purpose/Objective

- **Propose and evaluate the clinical, operational, and financial impact of assigning a dedicated Infection Preventionist (IP) exclusively to the Perioperative areas**
- **Evaluate pros and cons**
- **Evaluate Return on Investment (ROI) of a dedicated FTE of Infection Prevention on the reduction of HAI SSIs**

Process

- **Establish a full-time dedicated IP covering Pre-op, OR, PACU, Central Sterile, Cath Lab, Endoscopy Lab, and Obstetrics ORs. Duties to include 100% Real-time surveillance with rapid reporting.**
- **Evaluation of the clinical, operational, and financial impact of assigning a dedicated Infection Preventionist (IP) exclusively to the Perioperative areas**
- **Track and trend SSI, increased adherence to AORN Guidelines, and survey readiness work done by this dedicated IP**

Learning Outcomes – Pros/Cons

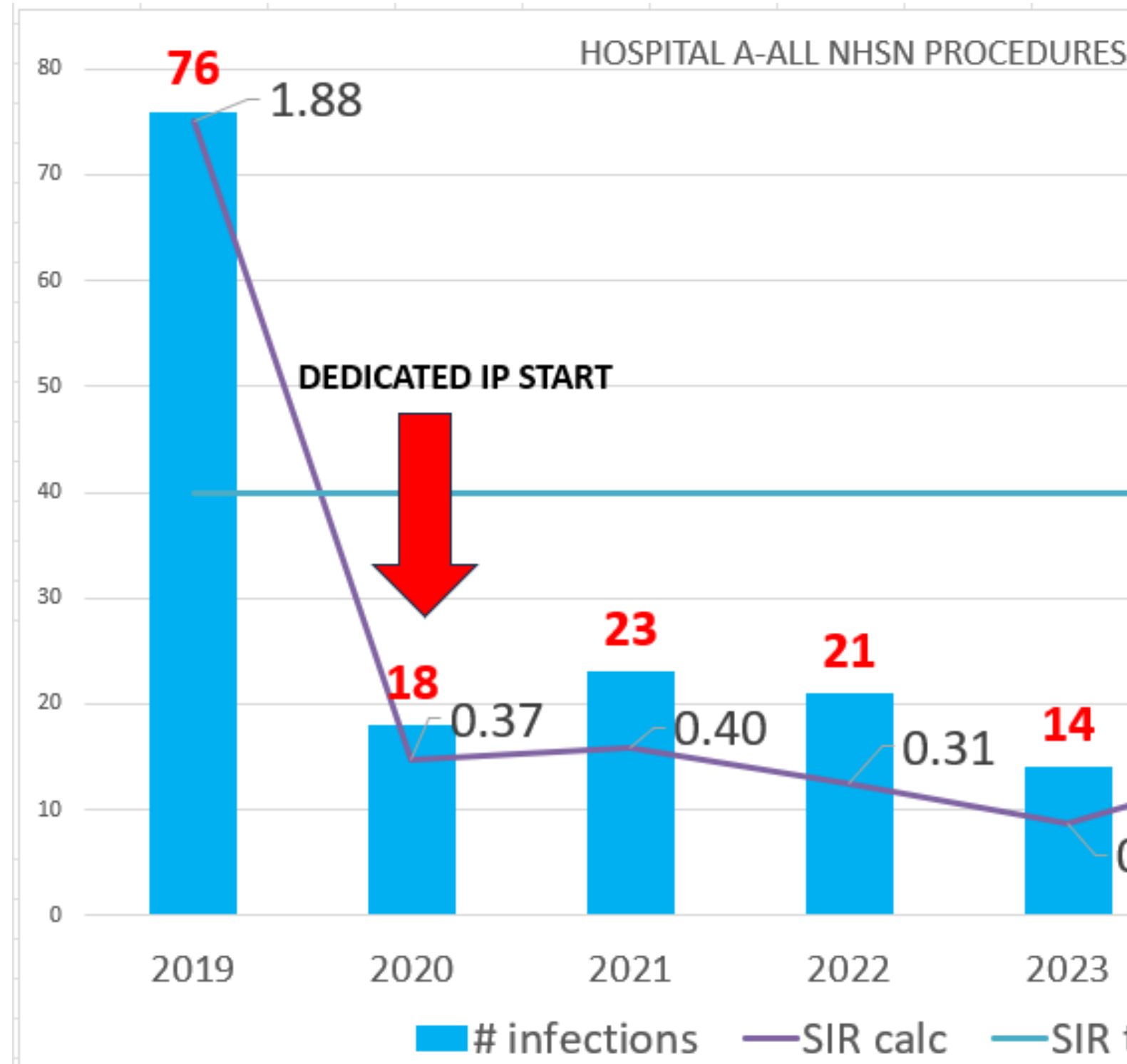
Pros:

Reduced SSIs and other HAIs through real-time surveillance, process audits, and rapid response to breaches.
Improved compliance with AORN, CDC, and CMS infection prevention standards.
Stronger interdisciplinary collaboration between infection prevention, surgery, leadership, anesthesia, and nursing teams.
Increased staff education and accountability via OR-specific infection control training and drills.
Better documentation and reporting to support accreditation readiness and public reporting requirements.
Culture of safety and quality elevated in one of the highest-risk patient care environments.
“Closing the Loop” regarding recognizing infections, patterns, recommendations.

Cons:

Initial cost of salary and benefits for a full-time position.
Potential overlap with current IP duties requiring role clarity.
Integration period for the new role into an established OR workflow.
Specialized cross training in Peri-op settings finding these specialized IPs can be difficult

Results



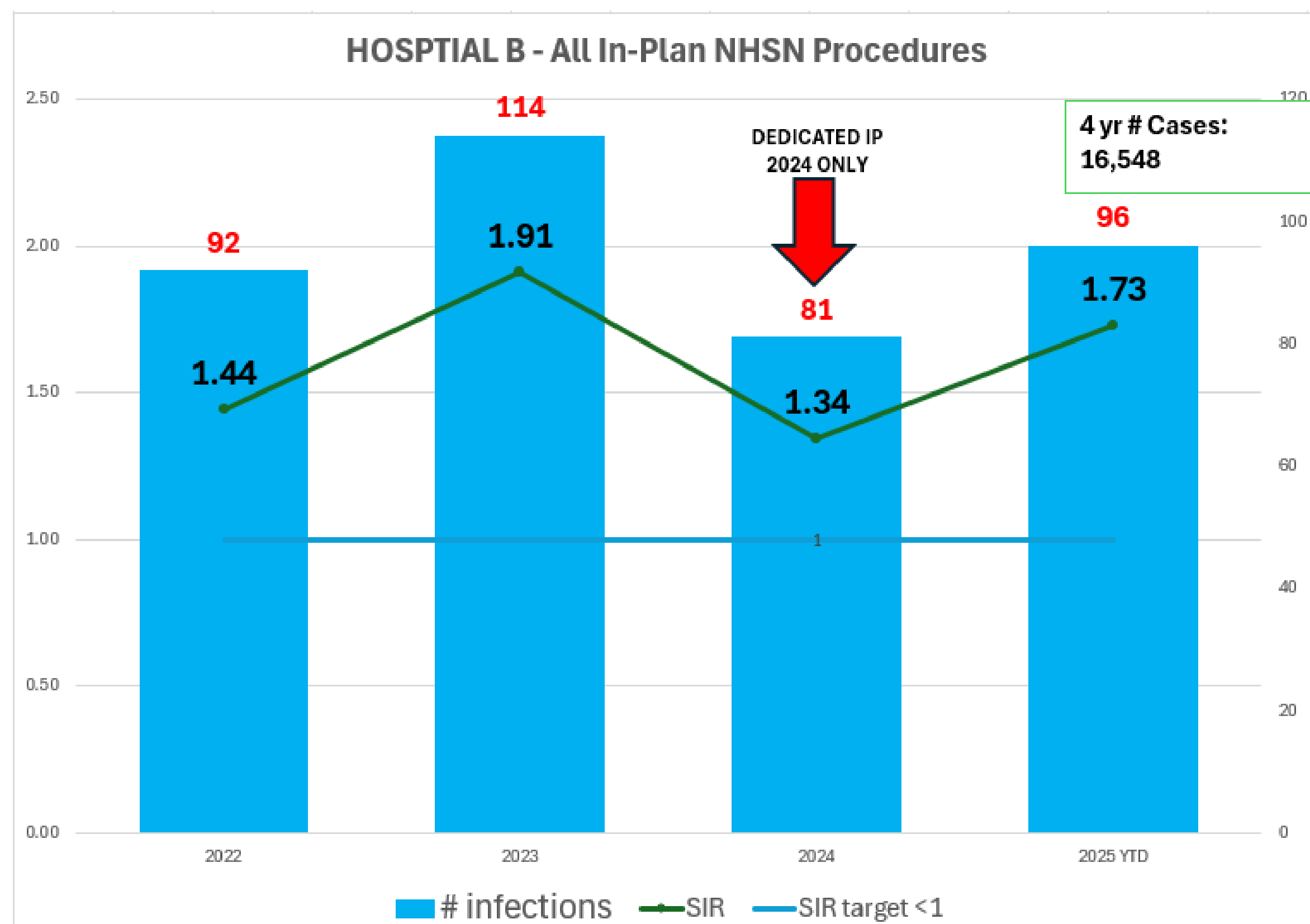
Hospital A: 6-year study

% reduction SSI: -76.31%

% reduction SSI SIR: -81.83%

SSI avoided: 336

Additional cost avoidance: \$6.62M



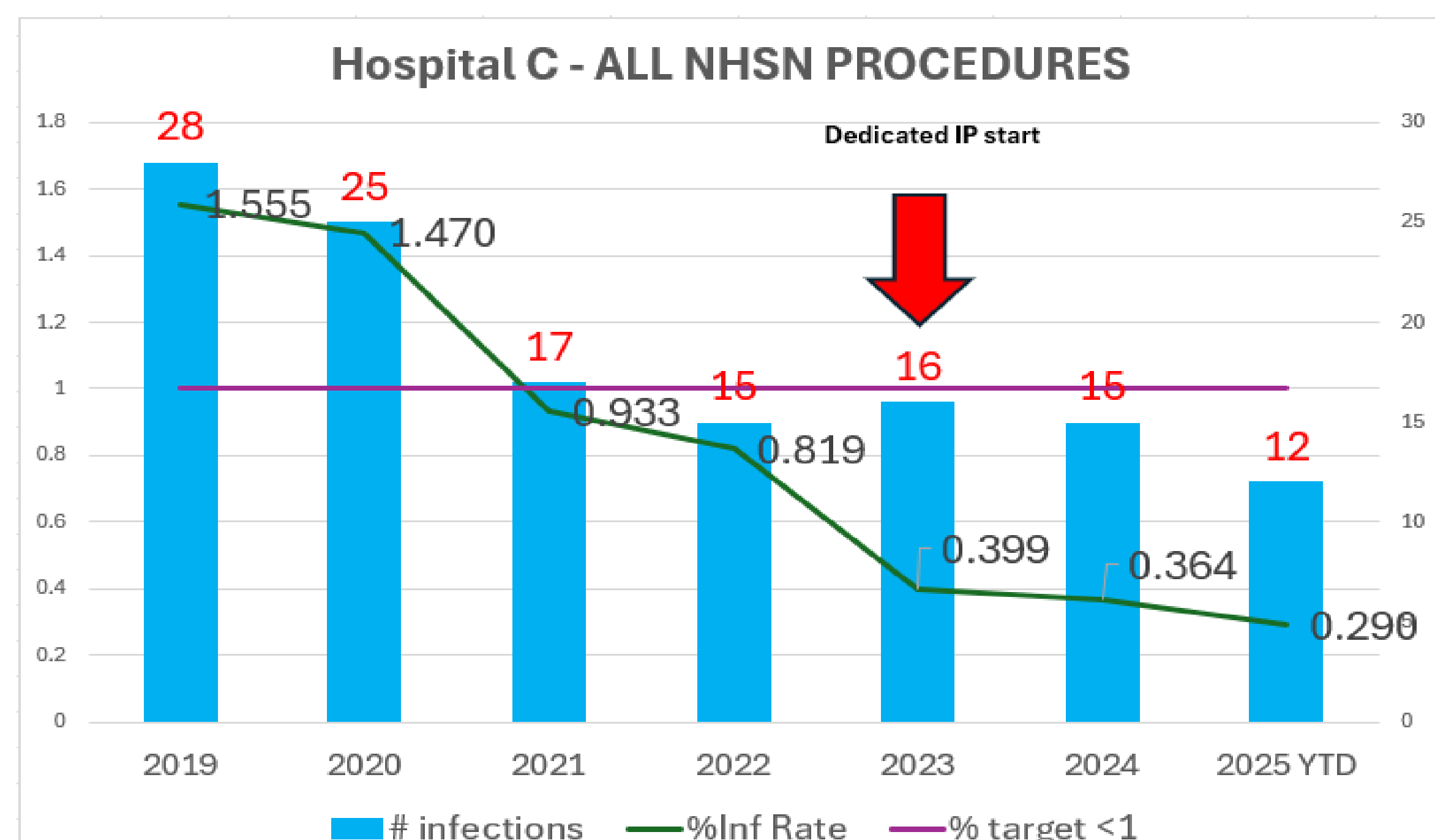
Hospital B: 1-year study

% reduction SSI: -28.94%

% reduction SSI SIR: -20.71%

SSI avoided: 33

Additional cost avoidance: \$660K



Hospital C: 3-year study

% reduction SSI: -57.14%

% reduction SSI RATE: -74.91%

SSI avoided: 42

Additional cost avoidance: \$840K

Conclusion

Return on Investment (ROI)

Estimated Cost:

Annual salary + benefits: \$100,000-\$130,000 (based on regional average)

Potential Savings:

Reduction of SSIs by 30%: If the hospital has 50 SSIs annually, reducing that by 15 would save \$300,000-\$450,000.

Avoidance of CMS reimbursement penalties (e.g., Hospital-Acquired Condition Reduction Program).

Shortened length of stay and reduced readmissions, leading to operational efficiency.

Lowered litigation risk and improved patient satisfaction scores (HCAHPS).

Net Benefit:

In many scenarios, the dedicated IP position pays for itself within the first year through cost avoidance and revenue preservation.

Investing in a dedicated Perioperative Infection Preventionist aligns with a Highly Reliable Organization's (HRO Principles) commitment to patient safety, quality care, and regulatory excellence.

Given the complexity and risk profile of surgical services, this unique position is not just desirable but necessary. The measurable benefits in infection reduction, cost savings, and compliance far outweigh the cost of investment.

We clearly recommend approval for the creation of this critical position within hospitals.