

Preventing SSIs: Implementation of Preoperative Bathing Protocol and EHR Integration

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INTRODUCTION

- Surgical site infections (SSIs) remain a leading cause of healthcare-associated infections, posing significant risks to patient outcomes.
- Preoperative bathing, historically performed with chlorhexidine gluconate (CHG), is an evidence-based practice shown to reduce skin bioburden and lower SSI risk.
- However, compliance with preoperative bathing is often inconsistent across clinical settings.
- Key gaps in non-compliance of day before bath included limited patient access to CHG, lack of knowledge, inconsistent distribution practices among specialty clinics, and the absence of standardized documentation or monitoring methods.

PURPOSE

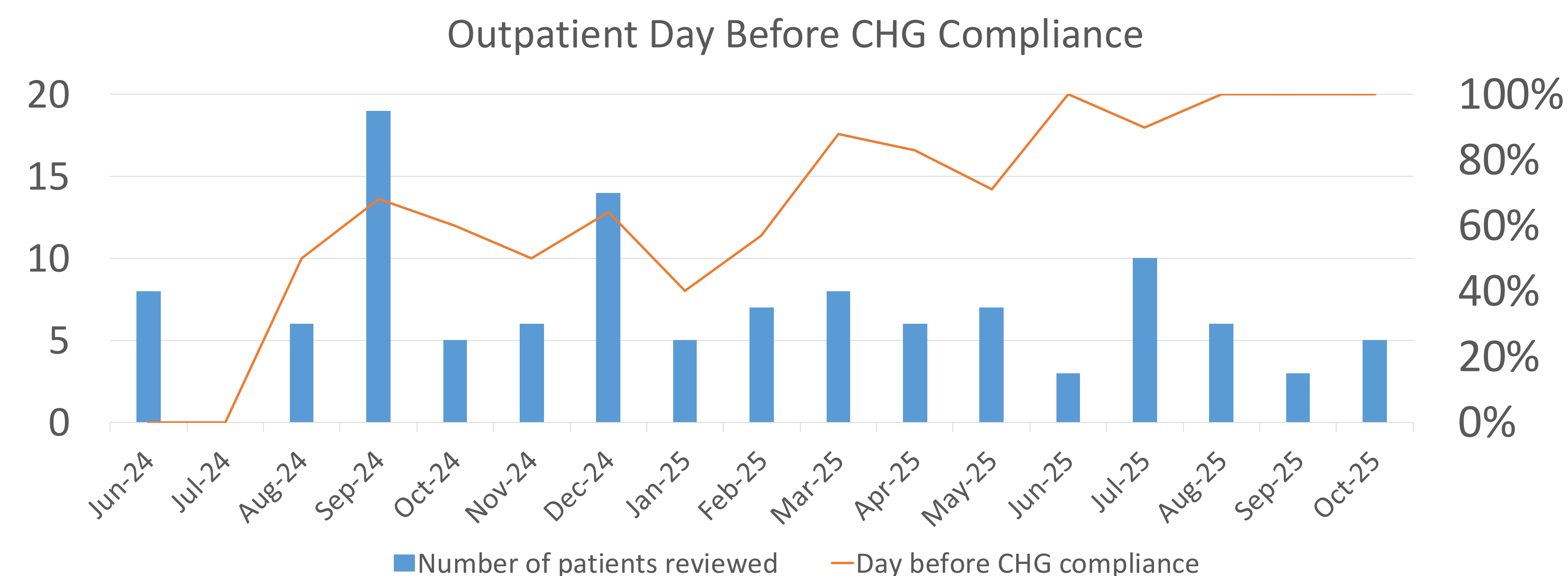
- This project aimed to improve day-before preoperative bathing compliance for adult surgical patients through the development and implementation of a standardized, evidence-based protocol supported by staff education, patient education, and EHR integration.

METHODS & IMPLEMENTATIONS

- **Literature Review Findings**
 - CHG bathing reduces skin bacterial load when applied correctly.
 - No statistically significant difference in SSI rates between CHG baths/cloths and regular bathing/antimicrobial soap.
 - CHG wipes alone are not sufficient for SSI prevention.
 - Evidence recommends standardizing preoperative bathing protocols across organizations.
 - Need for improved methods to monitor patient compliance.
 - Encouraging patients to bathe with any antimicrobial soap type may support SSI reduction.
- **Protocol Development**
 - Created a standardized preoperative bathing protocol for adult surgical patients.
 - Required two baths: Night before surgery, Morning of surgery
 - Reinforced that patients use antimicrobial soap and water or CHG night before surgery, followed by CHG wipes in preoperative area on the morning of surgery.
- **Education & Staff Support**
 - Distributed evidence-based SSI prevention tip sheet (July 2024).
 - Reinforced expectations and workflow alignment across the departments.
 - Developed an outpatient education material to reinforce preoperative bathing.
- **EHR Integration**
 - Added preoperative bathing documentation to preoperative checklist on EHR to monitor compliance (August 2024).

RESULTS

- Day-before preoperative bathing audits were performed by the clinical outcome specialist using random patient selection.



CONCLUSIONS

- Standardized preoperative bathing protocol led to a significant improvement in compliance within one year (reaching 100%).
- Success supported by staff education, consistent workflows, and EHR integrated documentation.
- Improved patient education and access to bathing resources strengthened compliance.

FUTURE IMPLICATIONS

- Preoperative bathing in preoperative order-set integration ensures consistent communication across all care areas, regardless whether patients are inpatients or outpatients.
- Ongoing interdisciplinary collaboration, real-time documentation, and periodic audits will continue to strengthen compliance.
- Implementing automated audit process will allow for more accurate and reliable measurement of compliance.

REFERENCES



Our literature review poster

