

2025
**OHA Excellence in Clinical
Quality and Safety Awards**
Greater than 300 Beds Category



Improvement Team

Photo Bottom row (left to right): Dr. Shane Biedermann, Hospitalist Physician; Ann Kappen, Director of Nursing; Tami Inman, Infection Prevention Manager; Beth McAlister, Surgery Nursing Supervisor; Stacy Sargent, Manager of Quality & Safety.
Top row (left to right): Dr. Mobolaji Olulade, Division Chief; Phil Harrop, Chief Hospital Executive; Keri Chelf, Director of Nursing; Ashleigh Wilson, Infection Preventionist; Kathy Delgado, Supervisor of Rehabilitation; Mike Smith, Manager of Surgery.
Members not present: Scott Anthony, Chief Operating Officer; Cassie Waymire, SAU Manager; Virginia Galvan, Scheduling Specialist; Elena Torres, Medical/Surgical Manager; Tara Callaway, Medical/Surgical Supervisor; Alicia Johnson, Inpatient Diabetes Management; Tina Conner, PAT RN; Shannon Russell, PAT AUA; Stephanie Plummer, Director of Clinical Operations, Southwest Orthopedic & Reconstructive Specialist.

**INTEGRIS Health Southwest
Medical Center**

*Surgical Excellence: Driving Down Infections
through Optimization and Collaboration*

Problem

FY24 data revealed a Standard Infection Ratio (SIR) of 3.737 across colon, total knee and hip replacement procedures – significantly above national benchmarks.

Goal

Reduce Surgical Site Infections (SSIs) by 35% during FY25 (July 1, 2024 – June 30, 2025) for the following procedures: colon surgery, total knee replacement, total hip replacement.

Interventions

- A multidisciplinary SSI Prevention Team was established to analyze historical SSI data and identify actionable trends. The review revealed many SSIs were linked to non-clinical risk factors, including poor health optimization prior to surgery, limited postoperative support (e.g., lack of family or caregiver assistance), socioeconomic challenges such as financial hardship, housing instability and food insecurity.
- To address these risks, the team introduced a mandatory in-person joint class for all joint replacement candidates. This class serves multiple purposes: educates patients on surgical preparation and recovery, allows educators to identify high-risk patients early, facilitates patient engagement and sets expectations for postoperative care.
- A dedicated Preoperative Review Team was created to evaluate high-risk patients escalated by: Pre-Anesthesia Testing (PAT) department and joint class educators.
- The Infection Prevention Team reviews the patient’s Electronic Medical Record (EMR) and compiles a detailed risk summary.
- The Infection Prevention Team notifies relevant disciplines (e.g., case management, social work, nutrition and home health) of high-risk patients prior to surgery.
- Data collection and review.

- Developed a Preoperative Clearance Checklist, which standardizes risk assessment and ensures consistent decision-making across departments.

Results

Overall SSI Reduction (COLO, HYST, THA, TKA):

- 40% decrease from FY24 baseline.
- FY25 Standard Infection Ratio (SIR) 2.225 vs. FY24 SIR 3.737.
- Procedure specific reductions: 50% reduction in COLO SSI; 50% reduction in HIP SSI; 40% reduction in Knee SSI.

Lessons Learned

The project fostered stronger partnerships between Infection Prevention, PAT, surgical teams and executive leadership. Patients became more engaged in their care through education and personalized optimization plans. The facility saw a cultural shift toward proactive risk management and shared accountability.

Sustainability

- Embed protocols into standard operating procedures.
- Assign a dedicated SSI Prevention Coordinator or designate champions within each department.
- Use dashboards or scorecards to track compliance and outcomes, reviewed monthly by leadership.
- Leverage technology by developing EMR alerts to identify high risk patients.
- Maintain joint class offerings and expand access through virtual formats.
- Hold regular multidisciplinary reviews of SSI cases and near misses.

