AUDIT ON SURGICAL PROPHYLAXIS (SP):

HOSPITAL SUNGAI BULOH EXPERIENCE

Dr Syamhanin Adnan & Ms Pang Chia Wen Pharmacy Department Hospital Sungai Buloh

THE JOURNEY

2009 2014 2016 2017

STUDY OBJECTIVE

- Demographic data age, gender, race, LOS, discipline, type of surgery and classification of surgery.
- To describe administration time of surgical prophylaxis ab relative to incision time.
- To describe administration of repeated dose relative to duration of surgery.
- To describe inappropriate use of surgical prophylaxis:
 - antibiotic choice not following hospital guidelines
 - inadequate dose
 - inappropriate administration time
 - prolonged duration

EXCLUSION CRITERIA

- < 18 years old</p>
- Received ab therapy 48 hours pre-operative
- Emergency operations
- Presumptive nosocomial infection

FLOW OF SURGICAL PATIENT REQUIRING SP



Upper GI

Lower GI

Hepatobiliary

Endoscopy ERCP/sphincterectomy

Hernia

Orthopedic

Fix closed fracture (Joint

Replacement)

Spine surgery

Arthroscopy

Compound fractures

Neurosurgery

Clean, non-implant

Clean-contaminated (cross cranial

sinuses)

CSF shunt surgery

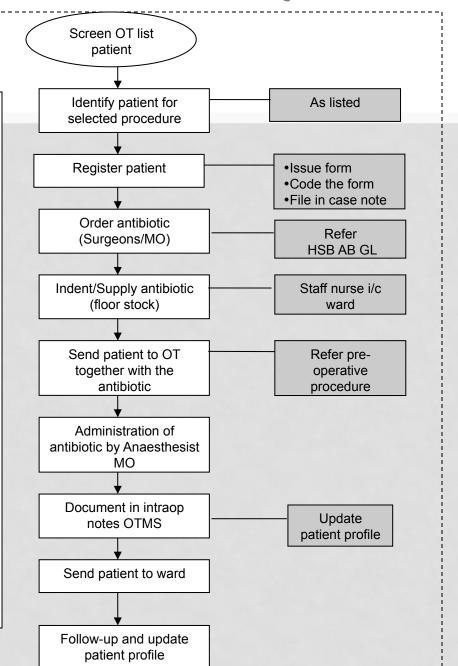
Obs & Gyne

C-Section (elective)

Hysterectomy

Repair of vaginal/birth tract trauma

TAH/TAHBSO

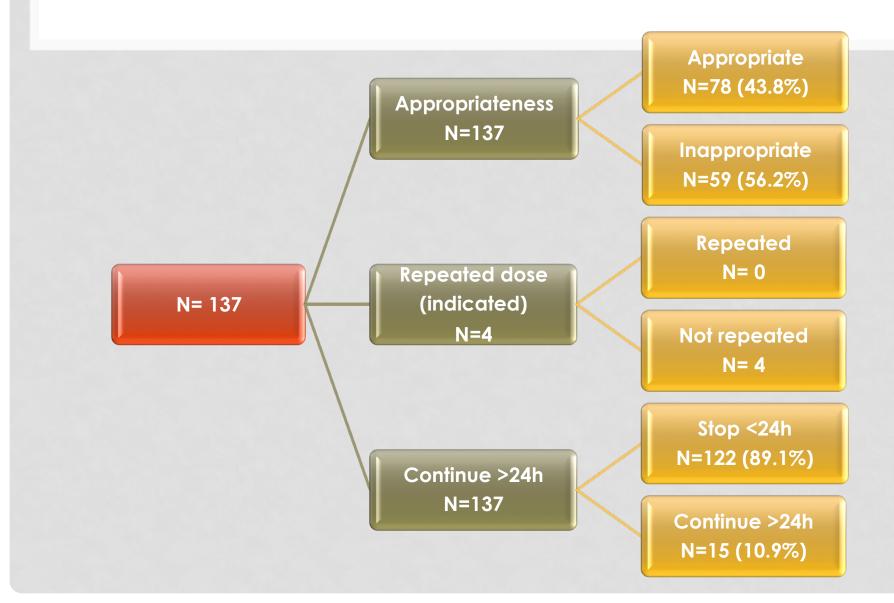


METHODOLOGY

Prospective: April - June 2009

• N= 137

2009: SUMMARY OF RESULTS



2009: SUMMARY OF RESULTS

Inappropriateness of antibiotic use as surgical prophylaxis	N	%
Antibiotic not given*	40	80
Dose given is different from guideline	7	14
Antibiotic given different from guideline	5	8
Antibiotic given post incision	5	10
Additional antibiotic given as compared with guideline	2	3
Antibiotic given (not indicated in guideline ie clean surgery)	1	2
Total	59	100

TIMING OF SP (appropriate if 30-60 minutes)

		N (%)
Administration time to first incision	30 - 60 minutes	74 (54.0%)
	< 30 minutes	18 (13.1%)
	*No administration time	40 (29.2%)
	Post incision	5 (3.7%)
	Total	137

2014



BAHAGIAN PERKHIDMATAN FARMASI KEMENTERIAN KESIHATAN MALAYSIA

Lot 36, Jalan Universiti, 46350 Petaling Jaya, Selangor Malaysia



Ruj. Tuan:

Ruj. Kami:

KKM-55/BPF/104/012/11 Jld.3 (59)

Tarikh :

705 Jun 2014

SENARAI EDARAN

Tuan/ Puan,

PELAKSANAAN AKTIVITI SURGICAL PROPHYLAXIS ANTIBIOTIC AUDIT DI HOSPITAL-HOSPITAL KKM

Saya dengan segala hormatnya merujuk kepada perkara di atas.

- 2. Sukacita dimaklumkan bahawa surgical prophylaxis antibiotic audit akan dilaksanakan pada tahun ini yang merupakan salah satu daripada aktiviti di bawah Jawatankuasa Kawalan Infeksi dan Antibiotik Kebangsaan. Tujuan audit ini adalah bagi melihat trend penggunaan antibiotik bagi surgikal profilaksis dari segi masa administrasi, indikasi pemberian dos kedua, tempoh antibiotik yang diberikan dan juga mengenal pasti ketersediaan sumber untuk memperolehi data-data tersebut.
- 3. Bersama-sama dengan ini dilampirkan protokol bagi melaksanakan audit tersebut untuk perhatian dan rujukan pihak tuan/puan. Tempoh pelaksanaan audit tersebut telah ditetapkan selama 5 hari bekerja pada bulan Ogos 2014 dan laporan audit tersebut perlu dikembalikan kepada bahagian ini sebelum/pada 8 September 2014 untuk tindakan lanjut pihak kami.
- Sekiranya terdapat sebarang pertanyaan lanjut boleh menghubungi Pn. Noraini Mohamad di talian 03-7841 3338 atau Pn. Mardhiyah Kamal di talian 03-7841 3382. Kerjasama tuan/puan untuk melaksanakan aktiviti audit ini amatlah dihargai.

Sekian, terima kasih.

'BERKHIDMAT UNTUK NEGARA'

Saya yang menurut perintah,

(DR. SALMAH BINTI BAHRI)

Pengarah Amalan dan Perkembangan Farmasi Bahagian Perkhidmatan Farmasi

Kementerian Kesihatan Malaysia

NMink

STUDY OBJECTIVE

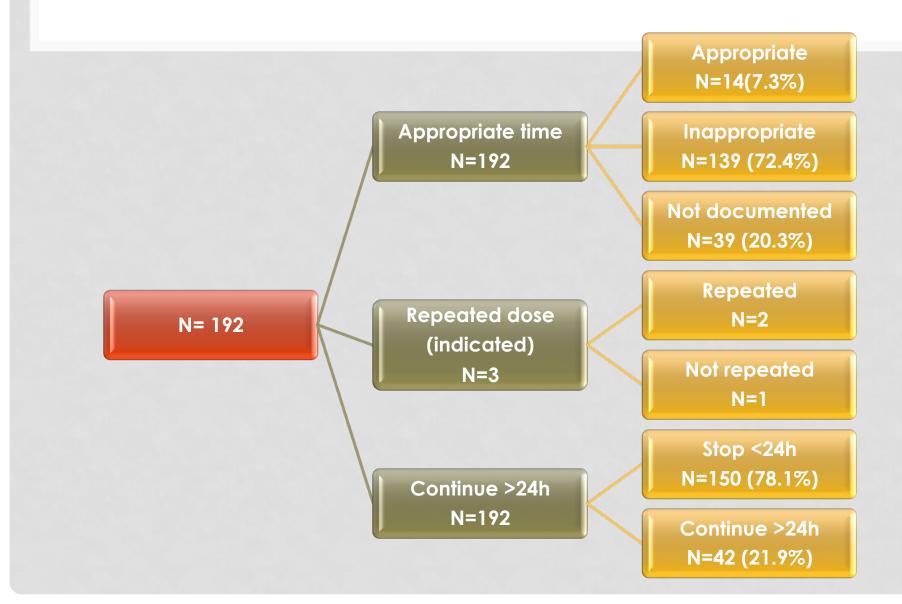
- 1. Focus on the timing (National Antibiotic Guideline under review)
- 2. Duration of study = 2 weeks
- 3. Involved 6 disciplines
 - Obstetric & Gynecology
 - Orthopedic
 - General surgery
 - Neurosurgery
 - Plastic
 - Ear, Nose & Throat

METHODOLOGY

• Prospective: 18 – 29 Aug 2014

• N= 192

2014: SUMMARY OF RESULTS



TIMING OF SP (appropriate if 30-60 minutes)

		N (%)
Administration time to first incision	30- 60 minutes	14 (7.3%)
	< 30 minutes	130 (67.7%)
	*No administration time	39 (20.3%)
	Post incision	9 (4.7%)
	Total	192

2009 VS 2014

		N ((%)
		2009	2014
Administration time to first incision	30-60 minutes	74 (54.0%)	14 (7.3%)
	< 30 minutes	18 (13.1%)	130 (67.7%)
	*No administration time	40 (29.2%)	39 (20.3%)
	Post incision	5 (3.7%)	9 (4.7%)
	Total	137	192

HOSPITAL SUNGAI BULOH MEMO ANTARA JABATAN/BAHAGIAN/UNIT

RUJUKAN KAMI	Bil (82)dlm.HSB/770 /7 /5 3	
TARIKH	25 Mar 2015	
PERKARA	KEPUTUSAN AUDIT "SURGICAL PROPHYLAXIS" YANG DIJALANKAN PADA TAHUN 2014	
KEPADA	RUJUK SENARAI EDARAN	
DARIPADA	DR ROSHAYATI BT MOHD SANI	
SALINAN KEPADA	PENGARAH HOSPITAL	

Dengan hormatnya saya merujuk kepada perkara yang tersebut di atas.

- 2. Bersama-sama ini dipanjangkan keputusan audit "Surgical Prophylaxis" yang telah dijalankan oleh Jabatan Farmasi atas arahan Kementerian Kesihatan Malaysia bil 59 KKM-55/BPF/104/012/11 Jld 3 bertarikh 5 Jun 2014.
- 3. Perhatian Ybhg. Datuk/Dato'/Tuan/Puan amatlah dihargai.

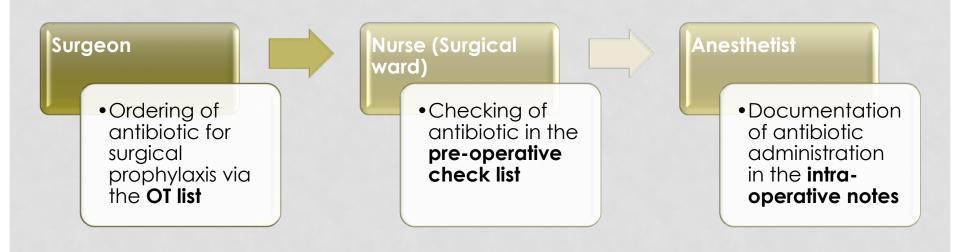
Sekian, terima kasih.

SUGGESTIONS FOR IMPROVEMENT

- To make the administration of antibiotic a compulsory section to be documented in the intraoperative notes
- To refine the workflow of antibiotic supply for surgical prophylaxis
 - Ordering of antibiotic via eHIS?
 - Antibiotic to be kept as floor stock at OT?

OBJECTIVE

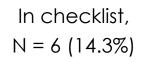
To observe the following documents:





Not ordered by surgeon,

N = 13 (23.6%)



Not in checklist, N = 36 (85.7%) Administration documented,

N = 6 (100%)

Administration not documented,

N = 0

Administration documented,

N = 28 (77.8%)

Administration not document,

N = 8 (22.2%)

SUGGESTION OF IMPROVEMENT

Surgeon

 Ordering of antibiotic for surgical prophylaxis via the OT list

Nurse (surgical ward)

 Checking of antibiotic in the pre-operative check list

Surgeon

 Ordering of antibiotic for surgical prophylaxis via the OT list

Nurse (surgical ward)

 Checking of antibiotic in the pre-operative check list

Anesthetist

 Documentation of antibiotic administration in the intraoperative notes

Nurse (OT)

 Documentation of antibiotic administration in the preoperative checklist

SAFE SURGERY, SAVES LIVES FORMS

IIN	Anticipated critical events
Checked patient's	Surgeon reviews: Any special steps, estimated duration, possible excessive blood loss?
Identity Site	Anaesthesia team reviews : Any
Procedure Consent	patient-specific concerns?
Site marked Yes No NA	Nursing team reviews: Instrument sterility confirmed, implants / prosthesis available /
Checked GA machine	critical equipment available and functioning?
Pulse oximeter on patient and functioning	
Checked patient's :	DURING PROCEDURE
Allergy? No Yes	INTRA-OPERATIVE COMMUNICATION
Airway / Aspiration risk?	Check-in
No Yes	Periodic updates
Risk of > 500ml blood loss (adult) (>7 ml/kg in children)?	☐ Shout-out
☐ No ☐ Yes	Pre-closure disclosure
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE	Pre-closure disclosure BEFORE PATIENT LEAVES OPERATING ROOM
Adequate IV access?	BEFORE PATIENT LEAVES OPERATING
Adequate IV access? No Yes FORE SKIN INCISION (OR BEFORE	BEFORE PATIENT LEAVES OPERATING ROOM
Adequate IV access? No Yes FORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA)	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE JCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team:
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE JUDION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: the final name of the procedure (With proper spelling)
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and nurse have verbally confirmed	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: the final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled
Adequate IV access? No Yes FORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: The final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled (Including patient's name)
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and nurse have verbally confirmed Patient	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: The final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled (Including patient's name) Whether there are any equipment problems to be addressed
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and nurse have verbally confirmed Patient Site Procedure Consent	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: the final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled (Including patient's name) Whether there are any equipment problems
Adequate IV access? No Yes FORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and nurse have verbally confirmed Patient Site Procedure	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: the final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled (Including patient's name) Whether there are any equipment problems to be addressed (Note in swab count form - incidents / equipment failure section)
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE JCTION OF ANAESTHESIA) IE OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and nurse have verbally confirmed Patient Site Procedure Consent Has antibiotic prophylaxis been given?	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: The final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled (Including patient's name) Whether there are any equipment problems to be addressed (Note in swab count form - incidents / equipment failure section) Any special instructions from surgeon or anaesthesia professional during recovery
Adequate IV access? No Yes ORE SKIN INCISION (OR BEFORE UCTION OF ANAESTHESIA) ME OUT "White board" written Team members have introduced themselves by name and role Surgeon, anaesthesia prolessional and nurse have verbally confirmed Patient Site Procedure Consent Has antibiotic prophylaxis been given? Yes No Not applicable	BEFORE PATIENT LEAVES OPERATING ROOM SIGN OUT Nurse verbally confirms with the team: the final name of the procedure (With proper spelling) Final count of instrument, sponges and needles is correct How specimens are labelled (Including patient's name) Whether there are any equipment problems to be addressed (Note in swab count form - incidents / equipment failure section) Any special instructions from surgeon or

BEFORE SKIN INCISION (OR BEFORE INDUCTION OF ANAESTHESIA)

TIME	E OUT		
	"White board" written		
	Team members have introduced themselves by name and role		
	Surgeon, anaesthesia professional and nurse have verbally confirmed Patient Site Procedure Consent		
	Has antibiotic prophylaxis been given? Yes No Not applicable		
	Is essential imaging displayed? Not applicable Yes		

ANTIBIO	TIC NAME :	
DOSE		TIME:

OBJECTIVE (2017)

- Demographic data age, gender, race, LOS, discipline, type of surgery and classification of surgery.
- To describe administration time of surgical prophylaxis ab relative to incision time.
- To describe administration of repeated dose relative to duration of surgery.
- To describe inappropriate use of surgical prophylaxis:
 - antibiotic choice not following hospital guidelines
 - inadequate dose
 - inappropriate administration time
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FORMS

PRELIMINARY FINDINGS

SUMMARY OF RESULTS

SP administered N = 11 (61.1%)

SP not administered

N = 7 (38.9%)

Appropriate

N = 8 (72.7%)

Inappropriate

N = 3 (27.3%)

Appropriate

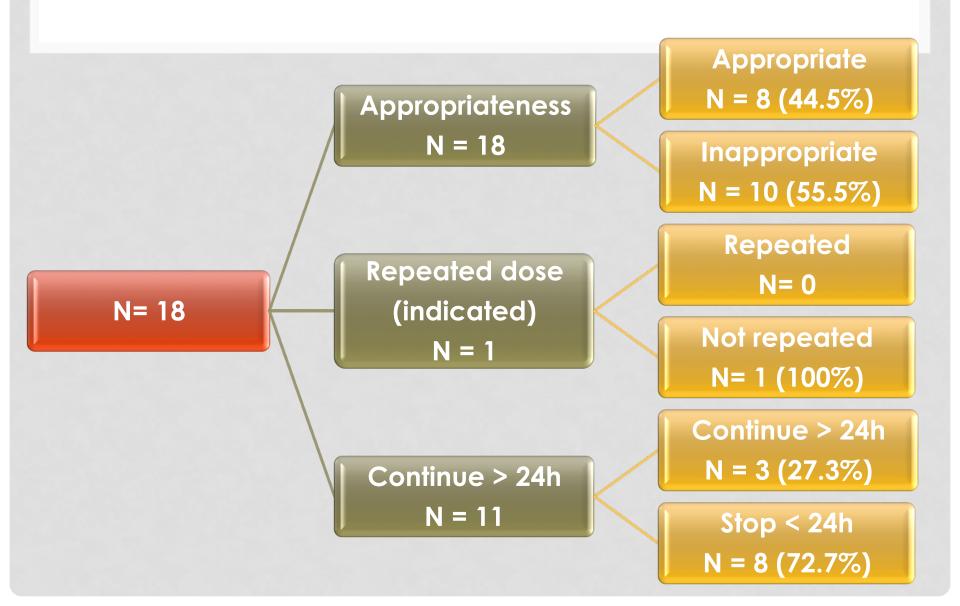
N = 0

Inappropriate

N = 7 (100%)

N = 18

SUMMARY OF RESULTS



SUMMARY OF RESULTS

Inappropriateness of antibiotic use as surgical prophylaxis	N	%
Antibiotic not given	7	87.5
Dose given is different from guideline	0	
Antibiotic given different from guideline	0	
Inappropriate administration time	1	12.5
Additional antibiotic given as compared with guideline	0	
Antibiotic given (not indicated in guideline ie clean surgery)	0	
Total	8	

TIMING OF SP

		N (%)
Administration time to first incision	< 30 minutes	6 (54.5%)
	30 - 60 minutes	4 (36.4%)
	> 60 minutes	1 (9.1%)
	Total	11 (100%)

CONCLUSION



THANK YOU

WE ARE AMS TEAM MEMBER OF HSB

