**Conversation Starters for OR Leadership**

**Meet & Greet Agenda**Estimated meeting time: 60-minute meeting

Department Leader name:
Meeting date, time:
Location:

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| **Agenda** | **Notes** |
| **Meeting preparation**1. Review minutes of the past six months of SSI outcome and process reports if available.
2. Review any SSI prevention bundles/ERAS used in your facility.
3. Review findings from your facility’s last accreditation visit for any that involved the Surgical environment.
4. Review existing policies for Surgical Attire, Traffic Flow, Sterile supply storage, Special Air handling.
5. Review any available reports of air handling assessments.
6. Review available reports of surgeon-specific or procedure-specific infection rates.
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| **Introductions**1. Share the IP Background & experience
2. What is your background?
3. What is included under your oversight? (E.g., some OR directors are also responsible for Sterile processing, the entire perioperative line, post-surgical care, other invasive procedural areas.)
4. Who do you report to?
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| **Discuss Current Practices**1. Describe the flow of patients into and out of the operative suite, e.g., special pre-op or short-stay surgery area, etc.

Instruments1. Describe the flow of surgical instruments and sterile supplies in and out of the operative suite.
2. Sterile supply storage
3. Transportation of sterile instruments into the OR suite and to the decontamination location after the case.
4. Does your staff perform any of the instrument decontamination?
5. Do you use an instrument tray system?
6. Does your staff perform any quality controls on instrument trays arriving from Sterile Processing? E.g., filters, condensation
7. Are there any concerns with instrument sterility? How is your department involved in instrument recalls for sterilization failures?
8. What is your protocol for IUSS? Do you have a rate you strive to achieve?
9. Does your department re-use any single patient use devices?

SSI prevention and monitoring1. Describe department’s work around SSI prevention.
2. Staff involvement in proactive case review or SSI drill-down
3. Engagement of hospital staff
4. Engagement of Medical Staff; is there a Medical Staff Surgery Committee? Is the IPC involved? Are SSI rates considered in the Credentialing process? Are surgeons provided with their individual infection rates?
5. How are failures in environmental controls attributed to an SSI/OR case?
6. How does this integrate with IP? With QAPI?
7. Do you target certain procedures? Which ones? How are these identified?
8. What initiatives are you currently involved with?
9. Besides NHSN, do you participate in any national benchmarking programs, e.g., NSQIP? ACS?
10. Where do most of your hair removal and skin prep activities occur?

Other HAIs1. Has your department been involved in the HAI prevention efforts of the hospital?
	1. CAUTI – how are indwelling urinary catheters managed in the OR?
	2. CLABSI – how is IV-line contamination prevented? Are there policies for stopcocks? antisepsis for entering lines?

Environmental controls1. How are the controlled areas in your department identified? (e.g., which areas are restricted, semi-restricted, etc.)
2. What is your policy for Surgical attire? How is this enforced?
3. Do you have any concerns about traffic or attire?
4. What has your experience with the air handling system been?
5. Have you ever experienced shutdowns? How is that handled?
6. Is there any method for real-time evaluation of the airflow or exchanges?
7. Who cleans the Operating rooms – during the day, end of day? AORN checklist used?
8. Are there any enhanced cleaning or monitoring activities for cleanliness in the OR? E.g., UV light disinfection? ATP Monitoring?How is your department involved?
	1. What are your practices for cases in which the patient is in isolation?
	2. How do you manage patients requiring airborne precautions?

Healthcare Personnel Practices1. Which hand antiseptics are approved for surgical hand scrub? What happens if a surgical team member has a sensitivity to the product?
2. Describe department’s safety environment,
	1. Blood/BF exposure concerns
	2. Needle/sharps safety policies
	3. Monitoring of PPE
	4. What is your policy re: hand hygiene in the Operating Room? Is this monitored? Is alcohol-based hand rub readily available?
 | Isolation, airborne precautions, etc.  |
| **Identify Challenges**1. Do you have any concerns about traffic or attire?
2. Are there any concerns with unsafe sharps disposal? (e.g., needles in pockets being sent to laundry, being thrown into other non-compliant receptacles).
	1. What program is in place to remind staff/providers to empty scrub pockets prior to discarding them in soiled linen hamper? Has this been a problem?
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| **Share Data & Highlight Successes**1. Describe any recent projects involving the Operating Room and the IPC program?
2. How do I access or receive ongoing reports and data that your department provides for the IPC program?
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| **Collective Problem-Solving & Relationship**1. How did you interact with IPs in the past? How often?
2. What has your understanding of the IP role related to the Surgical department been?
3. How do you see us supporting each other's work and responsibilities?
4. What has your experience been working with the IPC Program?
5. Who are the key people in staff education and quality monitoring?
6. What is your relationship with the department of Anesthesia, e.g., reporting, collaboration, quality monitoring, etc.
7. Are there committees you or your team has that IP support would be beneficial?
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| **Training Needs**1. How are the new staff onboarded?
2. Are any infection-related competencies validated periodically?
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| **Post-meeting Follow-up**1. What committees do you currently report to?
2. What is the expectation moving forward (e.g., rounding twice per year, observing procedures monthly, etc.)
3. What is your preferred communication method? (email, text, phone calls, scheduled 1:1s)
4. How often shall we meet or touch base?
5. What can the infection prevention department do to support the Operating Room?
6. In summary, list the items both of you will follow-up on and the anticipated date of follow-up
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