

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
3f) Surgeons, pharmacy, infection prevention, infectious disease and anesthesia staff are involved in the protocol development to ensure appropriate timing, selection and duration of antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	
3g) Pre-printed or computerized standard orders are in place specifying antibiotic, timing, dose and discontinuation [2,11]. Instructions for re-dosing (e.g., related to duration of surgery and blood loss) or special weight considerations, especially for obese patients (body mass index >30) are included [1,12]. <ul style="list-style-type: none"> • Intra-operative re-dosing of surgical prophylactic antibiotics is to be performed for procedures that last longer than two half-lives of the drug [1,12-15]. • Intra-operative re-dosing of surgical prophylactic antibiotics is to be performed for procedures involving blood loss >1500cc [12,15]. • A weight based dosing protocol is to be implemented per American Society of Health-System Pharmacists (ASHP), the Infectious Diseases Society of America (IDSA), the Surgical Infection Society (SIS), and the Society for Healthcare Epidemiology of America (SHEA) guidelines [1,12,13,15,16]. 	<input type="checkbox"/>	<input type="checkbox"/>	
3h) Roles are clearly assigned [2] for ensuring that antibiotics are administered within one hour prior to surgical incision (two hours for vancomycin and fluoroquinolones) and for re-dosing if needed [1,12].	<input type="checkbox"/>	<input type="checkbox"/>	
3i) A process is in place to discuss administration timing (including re-dosing) during "time-out" period or pre-procedural briefing [1,2,11,17].	<input type="checkbox"/>	<input type="checkbox"/>	
The facility's pre-op patient skin preparation process includes:			
3j) Assessing the patient for allergies or sensitivities to skin preparation agents [18].	<input type="checkbox"/>	<input type="checkbox"/>	
3k) Removal of any jewelry at or near the surgical site before cleaning the skin [18].	<input type="checkbox"/>	<input type="checkbox"/>	
3l) Showering/bathing: <ul style="list-style-type: none"> • Patients are to be advised to shower or bathe (full body) with either soap (antimicrobial or non-antimicrobial) [19] or an antiseptic agent, once the evening before and once the morning of the surgical procedure [1,5,18,20-22]. • Upon admission to the preoperative area, an FDA approved antiseptic solution is to be applied in full strength to the operative site [1,5,20,23]. • Adherence to instructions for preoperative antiseptic showering or bathing at home is to be assessed upon admission to the preoperative area as a part of a preoperative bundle/checklist. If a patient reports that he or she was unable, an antiseptic shower, bath or full body wipe is to be completed pre-operatively. • Hospital inpatients requiring surgery are to receive an antiseptic shower, bath, or full body wipe prior to surgery whenever possible. 	<input type="checkbox"/>	<input type="checkbox"/>	
The facility's operative site preparation process includes:			
3m) The pre-op antiseptic agent selected significantly reduces microorganisms and is broad spectrum, fast-acting and has a persistent effect [18]. Consider use of 2% chlorhexidine gluconate (CHG) with isopropyl alcohol or iodine povacrylex with alcohol (70%) unless contraindicated [2,3,19,24].	<input type="checkbox"/>	<input type="checkbox"/>	
3n) Wearing sterile gloves unless the antiseptic prep applicator is of sufficient length to prevent hand contamination [18].	<input type="checkbox"/>	<input type="checkbox"/>	
3o) Any skin preparation containing alcohol must be allowed to dry [18].	<input type="checkbox"/>	<input type="checkbox"/>	
Glycemic control for diabetic and non-diabetic patients:			
3p) The facility implements preoperative glycemic control with blood glucose target levels <200mg/dL for diabetic [5] and non-diabetic patients [2,11].	<input type="checkbox"/>	<input type="checkbox"/>	
Preoperative normothermia:			
3q) The facility has a process in place to pre-warm the patient's body temperature to >96.8 F/ 36 C during surgery [2,11,25,26].	<input type="checkbox"/>	<input type="checkbox"/>	
During the procedure			
OR Traffic. The facility has set clear expectation that:			
4a) The OR door is only opened for essential passage of equipment, personnel and patient during surgery [1,2,7].	<input type="checkbox"/>	<input type="checkbox"/>	
4b) Responsibility is assigned to monitor the room once sterile supplies are opened.	<input type="checkbox"/>	<input type="checkbox"/>	

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Health care personnel (HCP), prescribers education			
7a) SSI prevention education and competencies have been incorporated into new employee orientation for all HCP and prescribers caring for surgical patients.	<input type="checkbox"/>	<input type="checkbox"/>	
7b) Ongoing SSI prevention education is incorporated into training at least annually for all HCP and prescribers involved in the care of surgical patients.	<input type="checkbox"/>	<input type="checkbox"/>	
The facility has set and enforces clear expectations for surgical attire in restricted and semi-restricted areas, including:			
7c) Fresh surgical attire laundered by the hospital or healthcare-accredited laundry is donned upon arrival before entering the restricted and semi-restricted areas each day [30].	<input type="checkbox"/>	<input type="checkbox"/>	
7d) Surgical attire is changed if it becomes visibly soiled [5,30].	<input type="checkbox"/>	<input type="checkbox"/>	
7e) Scrubs are not to be worn outside the hospital. This applies to all HCP, prescribers and vendors [30].	<input type="checkbox"/>	<input type="checkbox"/>	
7f) Personal attire worn in a restricted/semi-restricted area must be completely covered by hospital-provided attire [30].	<input type="checkbox"/>	<input type="checkbox"/>	
7g) Jewelry that is not covered by surgical attire is removed prior to entering restricted and semi-restricted area [30].	<input type="checkbox"/>	<input type="checkbox"/>	
7h) Scalp and hair is completely covered by disposable caps or caps that are laundered by the hospital or healthcare-accredited laundry and changed daily [30].	<input type="checkbox"/>	<input type="checkbox"/>	
7i) Non-scrubbed HCP and prescribers in the OR wear hospital-laundered long sleeved cover jackets [30].	<input type="checkbox"/>	<input type="checkbox"/>	
7j) The "Just Culture" model will be applied when HCP and prescribers are observed not following facility expectation for appropriate surgical attire.	<input type="checkbox"/>	<input type="checkbox"/>	

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