



# Healthcare-Associated Infections Program Adherence Monitoring Surgical Site Infection Prevention / Operating Room Environment

Assessment completed by:  
Date:  
OR:

**Regular monitoring with feedback of results to staff can maintain or improve adherence to SSI prevention practices in the operating room. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type operating room.**

**Instructions:** Observe each practice in the operating room and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Surgical Site Practice		Observation 1	Observation 2	Observation 3	Observation 4	Observation 5	Adherence by Task	
							# Yes	# Observed
SS1.	The OR is clean, dust free, in good repair, and uncluttered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS2.	The door remains closed, only necessary personnel are in the room, and traffic in and out of the room is limited to persons working on the case.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS3.	Appropriate surgical attire is used (e.g. tied mask, all hair is covered, no long or artificial nails, no jewelry, no personal belongings, no personal clothing visible, shirts tucked, arms are covered).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS4.	Safe injection practices are observed (e.g. ports/vial top scrubbed, needles and syringes are used one time).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS5.	Pre-op CHG bathing is performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS6.	Appropriate pre-op skin prep is performed (appropriate agent, application technique, hair removal).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS7.	All hand hygiene opportunities are successfully completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SS8.	Sterility is maintained (e.g. no breaches in field, instruments and implants are sterile, no immediate use sterilization, appropriate draping).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Correct Practice Observed (“# Yes”): _____		Total # Surgical Site Infection Prevention Observations (“# Observed”): _____ (Up to 45 total) <i>If practice could not be observed (i.e. cell is blank), do not count in total # Observed.</i>				Adherence _____% (Total “# Yes” ÷ Total “# Observed”) x 100		



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**Surgical Site Infection Prevention / Operating Room Environment**

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Date:

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Instructions: Optional interview of surgical staff. Use this tool to gain insight into staff SSI prevention education. No score.			
	Caregiver 1	Caregiver 2	Caregiver 3
<b>SSQ1.</b> What is your practice for teaching the patient and family about SSI prevention?			
<b>SSQ2.</b> When was the last time you completed SSI prevention education?			
<b>SSQ3.</b> When was the last time you received feedback data regarding adherence to SSI prevention measures?			
<b>SSQ4.</b> When was the last time you received feedback data regarding SSI rates?			