

## Holy Cow! Did I fail SCIP?

### A personal story

*Infection post-operatively?? Readmission Post-op within 14 days.  
YIKES! What just happened to me?*

As healthcare professionals we are all aware of the importance of preventing Hospital Acquired Infections (HAI). With CMS and insurance companies no longer paying for certain Hospital Acquired Infections (HAI)<sup>1</sup>, it's become a hospital mandate to control or eliminate HAI in order to remain financially viable in an increasingly tough economic climate. It is estimated that the average HAI can cost \$5000- \$24,435 that won't be recovered.<sup>2</sup>

Our Qualworx product is used to collect and trend data on HAI, Surgical Care Infection Prevention, Pneumonia, Adverse Events, Medication Errors, etc. I spend a good part of my week helping hospitals to identify, prevent and improve the processes related to these with detailed and high level reports.

However, I hadn't thought a lot about what it might mean from the patient perspective until I was about to be a surgical patient.

One of my favorite sayings is "If you can't serve as a good example, serve as a horrible warning." With that in mind, I'm offering up my recent hospitalizations for your review.

### PREPARING FOR SURGERY

I checked SCIP benchmarks for the hospital and got physician references before I scheduled surgery. I met with my physician pre-op and had a list of 28 questions (yes, 28!) based on research of the procedure before I consented to surgery. I met with the Anesthesiologist to go over my operative history even though as a healthy 47 year old it wasn't required. We reviewed the WHO form<sup>1</sup> and confirmed policies were in place to reduce my chances of operative and post operative complications. I carried the Beacon Health Informatics SCIP tool with me and checked off with the nurses that appropriate antibiotics were administered less than 1 hour prior to start of surgery and discontinued within 24 hours. I had mechanical VTE prevention devices. I let every person that I came in contact with know that I had a latex allergy. I checked to insure everyone washed their hands (they all did without my asking). I felt informed and part of the team to insure a great outcome.

***Yet, I ended up back in the hospital...***

### CLINICAL PRESENTATION

- 47 year old female presenting for TAH/BSO on 1/19/09. Reported history of severe allergy to latex, NSAIDS, Toradol, Aspirin, All salicylates, Avocado, Banana, Fig, Poinsettia and Pine. No history of complications with any other procedures or anesthesia.
- Discharged 1/21/09 with minimal pain and follow up in 1 week. Call for increased bleeding, pain or fever >101. VS at discharge were normal for patient, Temp: 97.3, BP 110/70, Pulse 60.
- Patient presented on 1/26/08 at routine f/u appt complaining of more pain and slight bleeding starting on 1/25/08. Told to rest more, take pain meds as prescribed and call if any change.
- Called physician afternoon of 1/28 with increased pain. Scheduled to come in on 1/29. Fever of 99-100.6 reported on 1/29 with increasing pain even with constant Tylenol and Percocet on board. Given oral and IM antibiotics for potential infection. CBC shows slightly elevated white count with a shift to the left. Patient presented again 1/30 with ever increasing pain, admitted for CT of abdomen and IV antibiotics.



- CT shows abscess/hematoma. Fever is 99 or less on continued Tylenol. Jackson-Pratt drained inserted via interventional radiology with specimen sent for culture. 4 days of IV antibiotics. Minimal drainage, culture is sterile, pain decreasing, no fever. Drain removed, patient discharged on oral Flagyl, Percocet as needed. Reporting continued pain and “rawness” in abdomen area, not the incision site, as well as bleeding for 10 days post discharge with marked improvement at 14 days post secondary discharge.

***Should be the end of the story. But it's not.***

### **SOLVING THE MYSTERY**

Because as a former Performance Improvement Coordinator/Consultant and Med Tech with weird allergies, I needed to know what caused this and how to make sure it NEVER happens again. I started researching. My physician was very willing to partner with me and discussed the procedure and all meds given operatively.

Had all drugs before except for ***Floseal***<sup>3</sup>. So that's where I started. Pulled up the product insert online and the only contraindication listed is for patients with a known Bovine Allergy. Hmm..... I hadn't thought it was relevant to mention that I had other allergies that I had received immunotherapy for years as a child. So add to that list of reported allergies, Dust, Ragweed, Trees, and Cow hair. Not exactly anything I expected to encounter in the OR.

Now before you think, “She's just a freak” (which may be true, but does not make the rest of this less relevant to your patients...) It turns out, an allergy to Cow Hair can equal an allergy to all Bovine products, specifically serum. As much as 15% of the population can be allergic to Bovine products and the top three occupations with a propensity to bovine allergy are Farmer, Veterinarian and Lab Tech. I grew up on a farm and I was a Med Tech for 11 years. So I hit 2 out of 3 of those.

### **LESSONS LEARNED**

1. As a patient I should have revealed ALL allergies to my physician. Without being omnipotent, you can't begin to know what all can and will be used on you in a hospital setting. I was asked for allergies several times, specifically drug allergies. I listed those.
2. In my 28 questions, 1 of which was about the percentage of time blood usage is needed, I never thought to ask about other coagulation or blood replacement products might be used in place of blood.
3. My physician did not know there was a bovine component to Floseal, so bovine allergy might not have garnered any attention with her even if I had mentioned it. But possibly it might have hit the radar in Pharmacy?? Having checked in with some other facilities, I don't think it would.
4. ***In cases of sterile culture, a closer look should be given to patient history and process since ruling out an HAI can be beneficial to the hospital bottom line and help to identify other future issues.***

Since I know I am not the only person to have a reaction to this commonly used intra-operative product, I'm reporting my story. I hope that you will talk to your pharmacy and Surgical Committee to see if they know the contraindication for this product. Also, you might review to see if you are screening for ALL allergies when you ask for allergies?

**And the answer to the title question is “No”. I passed the SCIP criteria, but it still wasn't a picnic.**

***To track and trend other opportunities for improvement on your SCIP data collection tool call Beacon Health Informatics at 888-363-7131 for a demonstration of Qualworx. We'll show you how you can add relevant questions such as: Patient allergies besides antibiotics? Return to the OR? Readmit within 30 days? Operating Room Number? quickly and easily!***

1. [http://www.cms.hhs.gov/HospitalAcqCond/06\\_Hospital-Acquired\\_Conditions.asp#TopOfPage](http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage)
2. Cost of an HAI: [http://findarticles.com/p/articles/mi\\_m3257/is\\_3\\_61/ai\\_n18764839](http://findarticles.com/p/articles/mi_m3257/is_3_61/ai_n18764839)
3. <http://www.advancingbiosurgery.com/us/products/floseal/index.html>