Benefits of Sponsoring ISQIC Conferences

Access to highly engaged health care team leaders

ISQIC consists of over 50 hospitals representing the state of Illinois; including large academic medical centers, community, and safety-net hospitals, as well as small rural hospitals. Conference attendees include approximately 125 surgeons, nursing and quality improvement professionals, health care administrators, surgical residents, and other health care providers from hospitals throughout the state. See participating hospital list https://www.isqic.org/hospitals.

Highlight your organization

Your company's logo will be included on conference materials and presentation slides. Your company will also be acknowledged and will have the opportunity to provide a link to be displayed on conference website.

Align your solution with timely ISQIC initiatives

- ### Prehabilitation Optimization

Building from Strong for Surgery principles, we will provide updates on the launch of this ISQIC initiative, which is focused on prehabilitation, or maximizing function prior to surgery. Specifically, we will discuss how surgery programs can concentrate on prehabilitation optimization and how ISQIC can offer resources to hospitals and clinics to help improve patient health by focusing on preoperative nutrition, smoking cessation, physical function, and cognitive preparedness prior to surgery.

- ### Surgical Site Infection Reduction

ISQIC has selected Surgical Site Infections as one of many areas to target for improvement. An SSI Reduction Bundle was created with preoperative (outpatient and inpatient), intraoperative, and postoperative bundle elements to adhere in order to decrease rates of SSI at participating hospitals. See the bundle elements in the table below. Surgeons also receive a dashboard that details their adherence to the bundle elements. Best practices will be discussed along with plans for sustainment.

TABLE 1. ISQIC Colorectal SSI Reduction Bundle
Preoperative (outpatient)
1. Oral antibiotics (eg, oral erythromycin, neomycin, metronidazole)[*]
2. Mechanical bowel preparation (eg, large-volume polyethylene glycol)[*]
3. Preoperative chlorhexidine skin cleansing day before surgery (eg, shower, wipes)
4. Preoperative chlorhexidine skin cleansing day of surgery (eg, shower, wipes)
Preoperative (inpatient)
5. Timely initial administration of appropriate intravenous SSI antibiotic prophylaxis (Appendix A)
6. Same-day, preoperative day-of-surgery blood glucose < 200 mg/dL for ACS-NSQIP-defined diabetics
Intraoperative (surgery)
7. Timely intraoperative redosing of appropriate SSI antibiotic prophylaxis (Appendix B)
8. OR traffic limited to essential personnel[‖]
9. Surgical site hair clipping (no shaving)[‖]
10. Proper wound classification[‖]
11. Proper hand hygiene for all OR providers involved in patient care[†]
12. First measured temperature on arrival to PACU is ≥ 36.0°C/96.8° F
13. Intraoperative skin preparation with chlorhexidine and alcohol-based solution(s)
14. Impermeable wound protector utilization for all incisions
15. Utilization of a dedicated clean wound closure tray/instruments
16. Gown and glove change for all scrubbed personnel prior to wound closure
17. Redraping prior to wound closure
18. Sterile occlusive incisional wound dressing placed in OR
19. Intraoperative blood glucose at 2 h (+/− 30 min) into surgery < 200 mg/dL for ACS-NSQIP-defined diabetics
Postoperative (inpatient)
20. Duration of intravenous antibiotic prophylaxis is less than 24 h
21. Removal of the original operating room incisional dressing on postoperative day 2
22. Daily chlorhexidine incision cleansing after dressing removal until discharge (but not to exceed postoperative day 7)

• Comprehensive VTE Prophylaxis (Including Post-Discharge VTE Prophylaxis)

Hospitals are also collecting data and implementing interventions to ensure that post-discharge extended VTE chemoprophylaxis is ordered for the appropriate patient populations and for the correct amount of time. Data collected to this point is reviewed with the group.

• Reducing Opioid Prescribing in Surgery

ISQIC has created best practice guidelines for post-operative opioid prescribing (table below). These best practice documents are available to all collaborative hospitals and emphasize the use of non-narcotic pain treatments and improving transitions to patients' primary care providers. Importantly, these prescribing guidelines suggest the number of pills that should be ordered for each major type of operation and also suggests alternatives to narcotics when feasible. We have also undertaken initiatives to decreasing narcotic use even in the inpatient setting. In addition, ISQIC has developed physician and hospital level reports, which allow hospitals and surgeons to track their prescribing practices with opioids, and benchmark their outcomes against other providers within the collaborative.

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PROCEDURE	Recommended quantity of opioid pills to prescribe
General Surgery	
Laparoscopic/Robotic	
Appendectomy	15
Cholecystectomy	15
Inguinal hernia repair	15
Ventral hernia repair	15
Hiatal hernia repair	15
Colectomy	25
Open	
Umbilical hernia repair	15
Inguinal hernia repair	20
Colectomy	25
Whipple	30
Liver resection	30
Other	
Melanoma and skin excision procedures	15
Breast biopsy	5
Partial mastectomy (lumpectomy)	15
Free skin graft	25
Hemorrhoidectomy	20 (use sparingly, causes constipation)
Debridement of wound	Variable
Otolaryngology (ENT)	
Tonsillectomy	5
Thyroidectomy	10
Parathyroidectomy	10
Obstetrics and Gynecology	
Dilation and curettage	5
Hysteroscopy	5
Cesarean section	15
Laparoscopic hysterectomy	15
Open hysterectomy	25
Orthopedic Surgery	
Total knee replacement	25
Total hip replacement	25
Thoracic Surgery	
Video-assisted thorascopic surgery lobectomy	15
Open lobectomy	25
Chemical or mechanical pleurodesis	25
Urology	
Robotic prostatectomy	15
Open prostatectomy	25
Vascular Surgery	
Carotid endarterectomy	15
Coronary artery bypass	25