

Investigation Summary Report For Hospital

Hospital Name: Green Valley Hospital

Report Date: August 1, 2024

1. Introduction

1.1 Purpose: The purpose of this investigation is to identify and analyze the issues surrounding the recent increase in post-operative infections within the surgical ward and to recommend appropriate actions for resolution and improvement.

1.2 Background: On June 15, 2024, Green Valley Hospital experienced a noticeable rise in post-operative infection rates among patients in the surgical ward. This investigation aims to understand the root causes, examine current practices, and propose solutions to mitigate the issue and enhance patient safety.

2. Investigation Team

Lead Investigator: Dr. Emily Roberts, Chief of Quality Assurance

Team Members:

- Dr. John Smith, Infectious Disease Specialist
- Nurse Lisa Taylor, Surgical Ward Supervisor
- Mr. Mark Johnson, Hospital Administration Representative

3. Methodology

3.1 Data Collection: Data was collected through interviews with surgical staff, reviews of patient records from June 1 to July 15, 2024, observations of surgical procedures, and analysis of infection control protocols. Interviews were conducted with 15 surgeons,

20 nurses, and 10 administrative staff. Patient records for 50 post-operative cases were reviewed in detail.

3.2 Data Analysis: The collected data was analyzed using qualitative methods to identify common themes and quantitative methods to assess infection rates and trends. Comparative analysis was conducted against best practices and standards in infection control.

4. Findings

4.1 Summary of Findings: The investigation revealed several key issues contributing to the rise in post-operative infections, including staffing shortages, lapses in sterilization procedures, and inadequate hand hygiene practices among staff.

4.2 Detailed Findings:

- **Staffing Issues:**
 - Description: Chronic understaffing in the surgical ward leading to increased workload and fatigue among staff.
 - Specific instances: Instances of single nurses attending to multiple patients simultaneously.
 - Impact: Reduced attention to detail and compromised patient care.
- **Procedural Deficiencies:**
 - Description: Lapses in the sterilization of surgical instruments and operating rooms.
 - Specific instances: Reports of insufficient sterilization cycles and missed steps in sterilization protocols.
 - Impact: Increased risk of infection transmission during and after surgery.
- **Hand Hygiene Practices:**
 - Description: Inadequate adherence to hand hygiene protocols by medical staff.
 - Specific instances: Observations of staff failing to wash hands before and after patient interactions.

- Impact: Direct contribution to the spread of infections.

5. Conclusions

The investigation concludes that the increase in post-operative infections is primarily due to staffing shortages, procedural deficiencies in sterilization, and poor hand hygiene practices. Addressing these issues is crucial to improving patient outcomes and safety in the surgical ward.

6. Recommendations

- **Recommendation 1:**
 - Description: Increase staffing levels in the surgical ward.
 - Rationale: Adequate staffing will reduce workload, fatigue, and errors, leading to improved patient care.
 - Steps to Implement: Conduct a staffing needs assessment, hire additional nurses and support staff, and adjust shift schedules.
- **Recommendation 2:**
 - Description: Strengthen sterilization procedures.
 - Rationale: Ensuring proper sterilization of instruments and operating rooms will minimize infection risks.
 - Steps to Implement: Review and update sterilization protocols, provide additional training for staff, and implement regular audits.
- **Recommendation 3:**
 - Description: Enhance hand hygiene practices.
 - Rationale: Strict adherence to hand hygiene protocols is essential to prevent the spread of infections.
 - Steps to Implement: Conduct hand hygiene training sessions, install additional hand sanitizer stations, and monitor compliance through regular observations.

7. Action Plan

7.1 Timeline:

- Immediate (within 1 month): Conduct staffing assessment, review sterilization protocols, start hand hygiene training.
- Short-term (1-3 months): Hire additional staff, implement updated sterilization protocols, install hand sanitizer stations.
- Long-term (3-6 months): Regular audits of sterilization procedures, continuous hand hygiene compliance monitoring.

7.2 Responsible Parties:

- Staffing Assessment: Hospital Administration
- Sterilization Protocols: Infection Control Department
- Hand Hygiene Training: Nursing Education Department

7.3 Resources Required:

- Financial: Budget for hiring additional staff, purchasing hand hygiene supplies.
- Personnel: Infection control specialists, training facilitators.
- Equipment: Additional sterilization machines, hand sanitizer stations.

8. Appendices

Include any additional documents, data, or information that supports the investigation and its findings.

Approved By:

Dr. Emily Roberts, Chief of Quality Assurance

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