

1015. Facilitators and Barriers to SSI Bundle Implementation in Select Surgical Procedures

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Background. The Study to Optimally Prevent SSIs in Select Cardiac and Orthopedic Procedures (STOP SSIs) tested an evidence-based bundle to reduce the incidence of surgical site infections caused by *S. aureus* in patients having cardiac operations or hip or knee arthroplasty. Twenty hospitals in a national health system implemented the bundle.

Methods. Investigators collected qualitative data about implementation from monthly coaching calls and an end-of-study video conference call with study

champions from participating hospitals. Data were imported into MAXQDA and coded for thematic content regarding facilitators and barriers to bundle implementation.

Results. Numerous factors influenced bundle implementation at and across 3 nested levels: the healthcare network, the hospital, and the individual. Vital facilitators at the network level included a corporate physician champion, infrastructure and resources, and the ability to share practical solutions. These facilitators did not always help participants overcome barriers at the hospital level (e.g., culture, slow committee approval, implementation for urgent and emergent procedures, hardwiring practice across days and shifts), individual level (e.g., resistance or autonomy), or across levels (e.g., competing priorities, decentralized offices, complex communication channels between patients and providers and between levels of care and screening locations). Also, new staff could change existing relationships and processes, or staff who successfully managed bundle implementation might be unable to maintain adherence as other network- or hospital-level demands increased. Facilitators at one level also could create barriers at other levels (e.g., audits of bundle adherence facilitated overall implementation but increased work for study champions). Facilitators and barriers differed between hospitals and hospitals differed in their capacity to overcome barriers.

Conclusion. This qualitative study found that hospitals varied in their ability to implement the bundle and to overcome obstacles. Hospitals also shared some barriers and facilitators to implementation. This data identifies common facilitators and barriers during implementation and supports hardwiring to sustain evidence-based surgical care practices.

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