**Ten Steps for Implementing a Program for Prevention of Perioperative Hypothermia**

**Step 1. Create a Change Team**

*Objective: To assemble a team of leaders and staff with the authority, expertise, and motivation needed to drive the implementation of a perioperative hypothermia prevention initiative.*

Key Actions:

* Select a multidisciplinary Change Team with representation from nursing (operating room, preoperative unit, and emergency department), surgeons, anesthesia, quality management, information technology (IT).

Tips for Success:

* Early inclusion of IT is important. Addition/revision of documentation fields may be required. Initial involvement encourages generation of reports in a timely manner for baseline measurements and audit and feedback.
* Select individuals with a “can-do” attitude, including front-line staff.

**Step 2. Define the Goals**

*Objective: To develop a shared mental model of the desired outcomes.*

Key Actions:

* Identify the desired percent adherence to preoperative warming, intraoperative warming before anesthesia start, and use of warmed IV fluids.
* Identify the desired percent of normothermia immediately after surgery.

**Step 3. Assess the Current State**

*Objective: To determine the opportunity for improvement and create a sense of urgency.*

Key Actions:

* Review baseline data on adherence to: 1) preoperative warming, 2) intraoperative warming, 3) intraoperative warming before anesthesia start, and 4) use of warmed IV fluids.
* Review baseline data on temperature on admission to the postanesthesia care unit.
* Determine availability of equipment and supplies.
* Map the process involved.

Tips for Success:

* Active engagement of IT is necessary to develop accurate reports.
* Adherence to preoperative warming should be stratified by preoperative area.

**Step 4. Develop an Action Plan**

*Objective: To delineate the steps necessary and assign accountability.*

Key Actions:

* Identify the lead person
* Document specific resources needed:
* Educators
* Equipment and supplies
* Changes in documentation
* Report generating
* Develop a timeline

Tips for Success:

* Verify that the change team has the authority to accomplish the plan.
* Verify that there are no concurrent competing initiatives.
* Start implementation in cooler months, and when staff absences and surgery volume are not at peak volumes.
* Include implementation or adherence rates in performance expectations for the change team.

**Step 5. Identify Potential Barriers and Strategies**

*Objective: To anticipate where issues may arise and develop strategies to overcome barriers and potential failures.*

Key Actions:

* Conduct a Healthcare Failure Mode and Effects Analysis.
* Identify barriers to the planned changes.
* Develop strategies to address barriers.
* Pilot test the change with a few patients.
* Identify front-line staff on the units to answer questions and relay concerns.

Tips for Success:

* Using simulation to identify barriers and strategies may be helpful.
* Involve front-line staff widely in barrier identification, strategies, and simulation.

**Step 6. Educate Personnel**

*Objective: To ensure an understanding of perioperative hypothermia, complications, ineffective interventions, and effective interventions for prevention.*

Key Actions:

* Modify the PPH Toolkit educational program to include video clips from key leaders.
* Use the educational program face-to-face or online to educate nursing personnel, surgeons, and anesthesia providers.

Tips for Success:

* Including the video clips from key leaders demonstrates support and influences adoption.

**Step 7. Implement the Plan**

*Objective: To infuse the desired changes into clinical practice.*

Key Actions:

* Identify a start date.
* Kick-off with meetings of all key stakeholders.
* Round frequently to identify and address barriers.

Tips for Success:

* Start in cooler months, avoiding times of high absenteeism and/or other major initiatives.
* Incorporating a fun activity into the Kick-off engages staff (eg, Chili Cook-Off competition).
* Make leadership support visible (eg, judges for the Chili Cook-Off competition).

**Step 8. Audit and Feedback**

*Objective: Provide rapid feedback to encourage behavior changes and reinforce progress.*

Key Actions:

* Provide weekly reports to key stakeholders until adherence is greater than 90%.
* Include data in the quality dashboard, if available.

Tips for Success:

* Provide reports to nursing personnel, surgeons, and anesthesia providers.
* Allow time in meetings for discussion of barriers and progress.
* Round frequently.

**Step 9. Recognize Progress**

*Objective: To reward and reinforce desired behavior.*

Key Actions:

* Hardwire changes into the quality reporting structures.

Tips for Success:

* Provide progress reports to the quality management leader, chief nursing officer, chief operating officer, chief executive officer, chief medical officer, and staff.

**Step 10. Continue to Focus on Opportunities for Improvement**

*Objective: To continue making small improvements.*

Key Actions:

* Include discussion of progress during staff meetings.
* Identify problem-prone areas.
* Refine processes to focus on problem-prone areas.

**Tips for Success**:

* Rounding to discuss problem-prone areas with practitioners demonstrates a commitment to the success of the practice change.
* Continued focus encourages sustainability.