

Case Study

Reducing Hysterectomy SSIs at McLaren Macomb

Improving Surgical Outcomes and Increasing CMS
Reimbursement



Introduction

McLaren Macomb, an MRO client partner, has provided exceptional healthcare services to its patient community for more than 60 years. One of 12 hospitals within the Michigan-based health system McLaren Health Care, McLaren Macomb has consistently been recognized across a variety of specialties for the high-quality care it provides.

When the hospital's quality team noticed an increase in its 2024 standardized infection ratio (SIR) for CMS-reportable abdominal hysterectomy surgical site infections (SSIs), they knew they needed to act. SSIs are associated with increased length of stay, higher readmission rates, and higher costs—and hospitals with SSI rates above CMS benchmarks may face reimbursement penalties.¹

To address the increase, the McLaren Macomb team—which included Chad Hutchinson, Manager of Infection Prevention and Control; Laura Henson, Director of Quality Improvement and Organizational Excellence; and Elise Potts, Infection Preventionist—sought to reduce the rate of SSIs in CMS-eligible hysterectomy procedures. With MRO providing clinical data abstraction support for the hospital's Infection Prevention needs, the McLaren Macomb team could dedicate more time to its goal. By establishing a Hysterectomy SSI Reduction Task Group and implementing best practices, the McLaren Macomb team launched a targeted effort to reduce its SIR for CMS-eligible hysterectomy surgeries.

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¹ Abigail Pangan et al. "Reduction in Abdominal Hysterectomy Surgical Site Infections: The Impact of Monitoring and Feedback." *Antimicrobial Stewardship & Healthcare Epidemiology* 5, no. 1 (November 27, 2025): e320. <https://pmc.ncbi.nlm.nih.gov/articles/PMC12722546/>.

Goal

- Reduce SIR for CMS-reportable hysterectomy procedures from 6.802 in 2024 to <0.759 by December 2025

Solutions

- Established a Hysterectomy SSI Reduction Task Group
 - Members included the hospital's Chief Medical Officer and Chief Nursing Officer; members from Infection Prevention, Quality, Education, and Surgical Services teams; and a physician champion
 - The group met monthly to review policies and best practices, review opportunities from SSI events, assign responsibilities to action plan owners, and provide feedback on the previous month's data for surgical outcomes
- The Task Group held post-event reviews of all suspected SSI cases. Reviews consisted of three parts:
 - **Infection Prevention Review:** Identify and classify SSIs according to NHSN criteria
 - **Unit-Based Review:** Review the surgical team's Infection Prevention measures and adherence to standard operating procedures
 - **Committee Review:** Determine the root cause and create a corrective action plan that includes task owners and due dates for accountability
- Addressed identified root causes
 - Improved post-surgical culture collection practices to reinforce culturing for potential SSIs (e.g., deep tissue infection, purulence, systemic symptoms) and avoid culturing for expected post-operative symptoms or "just in case" culturing
 - Educated staff on NHSN SSI event criteria and exclusion, including Present at Time of Surgery (PATOS) definitions, to improve consistency in SSI identification
 - Ensured OR environment and peri-operative care practices were aligned with evidence-based guidelines
- Used EHR-based reporting tools to identify all eligible procedures using NHSN-defined operative procedure codes
- Leveraged partnership with MRO to support SSI data collection
 - MRO's team of Infection Prevention experts—100% of whom are certified in Infection Prevention—abstracted the hospital's clinical data and performed comprehensive HAI surveillance in near-real time



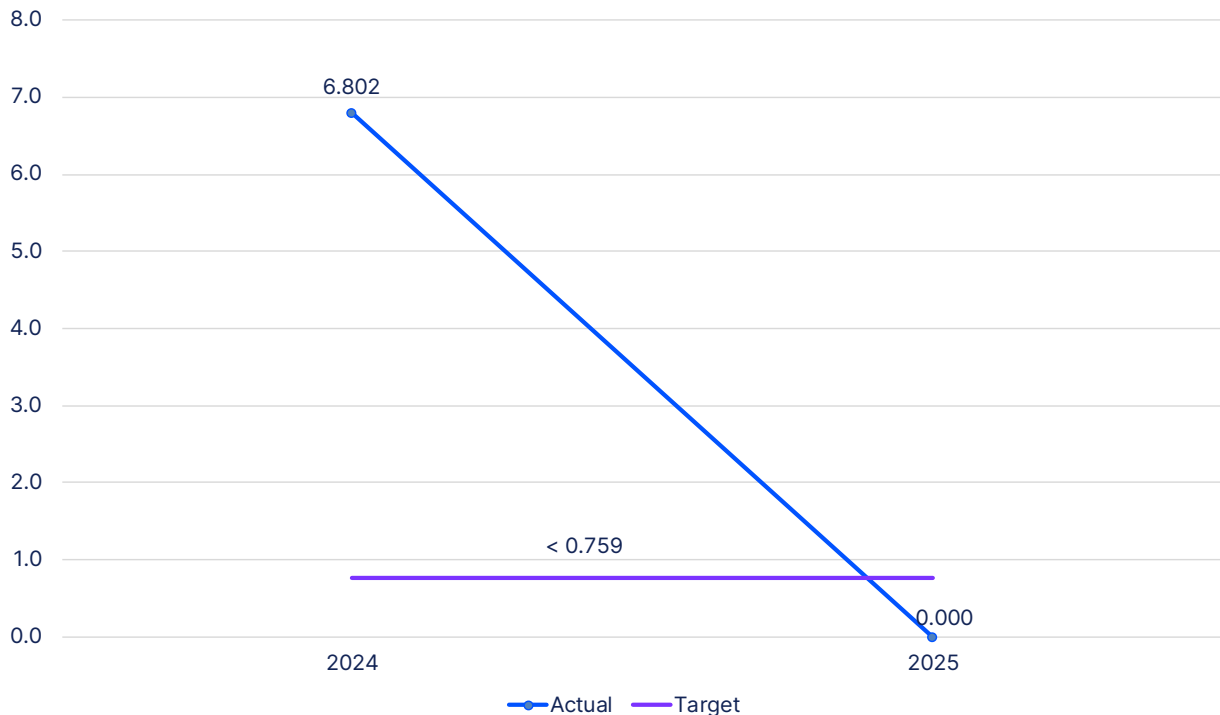
In our experience, effective Infection Prevention efforts depend on timely surveillance and consistent data review, which can be very time-consuming. Having support in those key areas helps hospital teams, like McLaren Macomb, focus more fully on implementing targeted interventions.

—Ashley Rampley, MRO's Clinical Services Lead, Infection Prevention

Outcomes

- Reduced 2025 CMS-reportable hysterectomy SSIs to 0 SSIs out of 58 eligible procedures
- Achieved an SIR of 0.000 for CY 2025, far exceeding their target SIR of <0.759
- Increased CMS financial reimbursement

CMS-Reportable Hysterectomy SIR, 2024-2025



Conclusion

As one of the most common complications associated with hysterectomies, SSIs represent a substantial risk to both patient safety and hospital costs, and timely action is key. Because MRO managed abstraction for McLaren Macomb's Infection Prevention data, the hospital team could spend more time implementing quality initiatives to reduce SSIs. By forming a cross-disciplinary Hysterectomy SSI Reduction Task Group, reviewing all suspected SSI cases, and addressing identified root causes, McLaren Macomb significantly reduced its CMS-reportable hysterectomy SIR.

What began as a focused effort to improve a single metric ultimately helped strengthen SSI prevention practices more broadly. The McLaren Macomb team found that the interventions they identified were applicable to surgeries beyond CMS-eligible procedures, including outpatient hysterectomies. They also used their findings to develop SSI Prevention General Guidelines containing Enhanced Recovery After Surgery (ERAS) initiatives, applicable to all surgery types, outlining patient-focused best practices. By translating a metric improvement into actionable insights, McLaren Macomb strengthened its SSI prevention strategy and furthered its position as a trusted provider of high-quality, compassionate care.

This case study is based on a presentation McLaren Macomb originally delivered at the 2026 Quality Symposium.



About MRO

MRO is The Single Source for Smarter Data™—driving a new era of clinical data intelligence where data is connected, structured, and transformed into actionable insights.

The result: confident decisions, accelerated research, operational precision, and most importantly, better patient care. This innovative model for clinical data management is built for speed and scale, combining FHIR-native connectivity, deep clinical expertise, and advanced automation to turn a fragmented healthcare ecosystem into a connected pathway where every data point delivers impact.

The outcome is a faster, smarter, more secure model for managing enterprise clinical data that drives better outcomes and creates revenue-generating opportunities for our clients without compromising security, compliance, or clinical integrity.

With 24 years of trusted solutions and partnerships, MRO knows that a stronger healthcare ecosystem begins with smarter data, leading to data-driven decisions and better performance. Learn more at www.mrocorp.com.

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