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### Surgical Site Infection Team Roster

Team leader Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Team leader Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

*Team leader is often, but not always, a hospitalist. In this instance, the team leader could also well be an infectious disease physician or a surgeon in the surgical setting.*

Quality improvement champion Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Content expert Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

*Local expert with expertise in the literature on surgical site infections, often a surgeon or an infectious disease specialist.*

Hospitalist 2 Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Hospitalist 3 Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Infectious control/epidemiology Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Orthopedics Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Endocrinology Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Pharmacist Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_



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QI staff representative      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

IT/HIT      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Wound care nurse      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Vascular surgery      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Cardiology      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Microbiology      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Nutrition/dietary      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Case manager      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Laboratory      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

Case manager/  
social workers      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_

ED personnel  
(as needed)      Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Phone \_\_\_\_\_ Pager \_\_\_\_\_



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Unit clerks  
(as needed)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_

Patient  
representative

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Pager \_\_\_\_\_