

SSI IMPROVEMENT JOURNEY A REWARDING CHALLENGE FOR AUCKLAND DHB



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Being involved in the Health Quality & Safety Commission's Surgical Site Infection Improvement (SSII) Programme has been a rewarding challenge, says Camilla McGuinness, Nurse Specialist on the Infection Prevention and Control team at Auckland District Health Board.

"Until recently DHBs that collected SSI data did so in different ways. When the national SSI Improvement Programme was rolled out in 2013 DHBs were required to collect and report high quality data about hip and knee arthroplasty using a consistent, evidence-based approach," says Camilla.

The SSII Programme commenced with a development phase in eight DHBs, including Auckland DHB as one of the lead agencies alongside Canterbury DHB. Since then, Camilla has been immersed in implementation of the programme at Auckland DHB, and in the development of the national SSI online data collection form; testing, tweaking, and refining the form, while looking for ways to improve data collection at a national and local level.

"Determining what data is required and how to collect and report it has been an immense but worthwhile task," says Camilla.

"A big part of my role has been to refine the data collection process to make it easier and less time consuming," she says.

"What we have is lots of pieces of data to collect that come from a variety of places within a DHB, which takes time to gather. Some data is collected manually from clinical notes on the ward, or theatre notes. Other data may come from a DHB's business intelligence unit.

"Either way the data must be collected. I'm always mindful that I'm trying to make improvements for the future. Finding better ways to collect it and sharing that information with other DHBs, or asking how they access their data and explaining how we collect ours, has been really important in refining the process," she says.

In the future, SSI data collection will be fully electronic allowing data to be loaded into the national SSII database automatically, saving DHBs time and resource.

One tool that Camilla found useful when refining the data collection process at Auckland DHB is the Plan, Do, Study, Act (PDSA) cycle.

“You start off one way and it helps you to determine whether you are making the type of improvement you want to see. The PDSA approach allows you to change quite quickly so that you can stay on top,” says Camilla.

“I always try to see the bigger picture, and question whether I can collect differently. Who can I engage to support a better way to collect data, what if I tweaked this part of the process? So you continually make tweaks to improve the process until you get something that works,” she says.

When engaging orthopaedic teams and anaesthetists, Camilla says it wasn't difficult to gain support for the Programme. This, she believes, was partly due to the up-front approach they took, as well as enthusiasm to participate in the programme for the benefit of patients.

“There was a lot of talking before we implemented the programme. We didn't want to just go and collect the data and be asked why we were collecting it. We wanted to lay the ground work first so we didn't start off on the wrong foot,” explains Camilla.

“I worked with the charge nurses to talk to them about how it will affect them, how it will benefit patients, and who will collect data,” she adds.

From a clinical perspective, Dr Sally Roberts, Head of Clinical Microbiology at Auckland DHB, engaged surgeons and anaesthetists. That provided a medical peer-to-peer situation, which worked well.

As SSI interventions were introduced, Camilla believes that surgeons and anaesthetists at Auckland DHB readily adopted the practice change.

“Shortly after the start of the SSII Programme we noticed that some improvements could be made to the surgical anti-microbial prophylaxis dosage that ADHB patients received,” says Camilla.

“We provided evidence to the anaesthetists recommending the use of 2g of cefazolin versus 1g at the time of incision to reduce SSI risk for the patient.

“After providing this information we have seen a change in practice towards giving 2g and we report this monthly. This is a positive quality patient improvement measure brought from the SSII Programme.

“Occasionally you may encounter one or two individuals who have a preference for continuing a particular way of doing things but we work with them and with others who are likely to have an influence,” she adds.

On the whole Camilla believes implementing the programme at Auckland DHB has been a smooth process. There are now a number of champions on the orthopaedic ward, who help to keep the SSII Programme and its interventions high profile – embedding it into their culture.

“We're still on the journey, but we've come a long way in a short amount of time,” she adds.

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CAMILLA'S TIPS

- Engage the right people to support your SSI improvement efforts. Think about how they can help you, or who they know that can help you? Don't do it on your own.
- Senior stakeholder involvement is vital. Someone with management skills or a clinician to talk to peers at the same level.
- Use the PDSA model to help you refine your improvement approach.
- Use your own experience to work out better ways to collect data.
- Take on a new challenge.