

SSII PROGRAMME A MULTI-TEAM EFFORT AT CANTERBURY DHB

Effective coordination and multi-team collaboration has been crucial to the successful management of the Surgical Site Infection Improvement (SSII) Programme at Canterbury District Health Board (Canterbury DHB).

With a large number of patients undergoing hip and knee arthroplasty surgery and the dynamics of working across multiple hospital sites, it quickly became apparent that the logistics of implementing the SSII Programme would be an interesting challenge.

Not to be put off by a challenge, perioperative nurse manager at Christchurch Hospital, Marie Lory, took on the role of SSII Programme coordinator. Marie, and other team members, put in place a governance structure and working group that gave the Programme a solid and supportive start.

“We realised early on that the Programme was not simply an infection control programme and made the decision to work with the infection control team and make it a multi-team responsibility,” said Marie.

“Every service that comes into contact with the Programme has a representative on our local SSII Programme governance group, including quality, surgical, orthopaedics, anaesthesia, information technology and of course, infection control.

“This supported us to figure out the most effective approach for delivering the Programme. We all firmly believe in the importance of the Programme and wanted to make sure it was set up in a way that provides the greatest benefits,” explained Marie.

This meant looking at the big picture and making sure the Programme could be sustained in the long term, particularly with cardiac surgery coming on board.

“The idea of surveillance wasn’t new to us. The amount and type of data we needed to collect, however, was. For the Programme to be sustainable at Canterbury DHB we needed to determine how to collect the information electronically rather than manually,” said Marie.



Canterbury DHB's SSII Programme governance group: front row left to right: Mona Schousboe, clinical director infection prevention and control (IPC); Rowan Schouten, orthopaedic surgeon; Carol McSweeney, clinical nurse specialist (CNS) IPC. Back row: Julie White, CNS IPC; Anne-Marie Wildbore CNS IPC; Rose Komen CNS orthopaedics; Sharon Gardiner, Pharmacist; Diane Darley, nurse manager operating theatre Burwood Hospital.

To do this, Marie and the local SSII Programme team worked with decision support, Canterbury's IT service, to undertake an electronic gap analysis. They worked out what data was already being collected electronically and what was missing. Then they looked at solutions to establish new auto feeds for missing data, to reduce manual data collection.

"The information from decision support has been fabulous and invaluable. They can email us a list of patients that have had certain procedures so that we can track them, or a report of patients who have been readmitted to hospital," says Marie.

"This narrows down the information required for follow up, so those who are collecting the data don't have a big hunt. The information is sent to them in a report so they can do that follow up with a bit more ease. It makes a huge difference," she says.

On a day-to-day basis, Marie acts as a central coordination point for the Programme, keeping the wider Programme team and governance group well informed. Service level representatives on the governance group are responsible for communicating information about the SSII Programme back to their colleagues so that it is received peer-to-peer.

Until recently much of the manual data required has been collected by the infection control team. However, this is in a transition phase to move manual data collection to where clinical work is performed.

One benefit for Canterbury DHB is that they are already aligned to the best practice clinical interventions for reducing SSIs in hip and knee surgery, as recommended by the national SSII Programme.

"For us it has been a case of confirming that we are already aligned with best practice recommendations. We have made a number of small improvements, but no major changes.

"It's provided us with a level of quality assurance by enabling us to see that we are on track and providing patients with best practice care that reduces SSI risk," says Marie.

"The concept of having a national programme here in New Zealand and being able to report SSI data is of huge importance. Everyone wants health information about their own country," says Marie.

"It is immensely worthwhile. Some of the simplest practice changes or improvements can really give good health outcomes for patients," she adds.

TIPS FROM THE CANTERBURY SSII PROGRAMME TEAM

- Build sustainability into the system. Making sure you look at the whole system and structures around the Programme in your DHB will ensure it'll have a long shelf life.
- Consider establishing an SSII Programme governance group if you don't already have one. Add team members as the programme grows to reflect the new focus areas. Don't silo into separate groups, make sure that you keep the whole picture in mind.
- Refine and test on an ongoing basis. Pilot any new processes that you want to put in place before rolling out on a larger scale.

Story written May 2014