MODEL FOR IMPROVEMENT GIVES NORTHLAND DHB CLEAR DIRECTION

Using the Model for Improvement has helped Northland DHB to implement the Surgical Site Infection Improvement (SSII) Programme in leaps and bounds.

According to Sandra Cunningham, clinical nurse specialist on the infection prevention and control team at Northland DHB, the Model for Improvement and the Plan, Do, Study, Act (PDSA) approach, helped her to see the big picture during early implementation.

"The Model for Improvement methodology enabled me to look at the whole process and picture. I'm a visual person so I like to see where I am heading and how it all pans out," says Sandra.

Champions for SSI improvement at Northland DHB (L to R): Sandra Cunningham, Jodie Wood, Helen Harris and Karen Bennett.

"Using the PDSA approach, you can say 'we've tried that, we've tweaked it, and now we are doing this'. And you keep following that process. I've found it really very helpful at each stage of implementation."

At the start, Sandra said a key focus was developing a robust project plan and establishing a small but strong team that contained the right mix of people to take the Programme forward. This included Sandra, Dr Kelly Vince, an orthopaedic consultant at the DHB; Jodie Wood, charge nurse manager of the orthopaedic ward; Helen Harris, charge nurse of the orthopaedic theatre; and Karen Bennett to act as our data collection and entry person.

With the team established, early engagement with key stakeholders was vital.

"Once we knew how we were going to deliver the Programme, we gave presentations to the general manager of surgical services and other service managers, as well as to the orthopaedic team. We talked about what was planned, that it is a national programme, and the anticipated benefits," says Sandra.

"They were all very much for it; particularly because DHBs will, for the first time, be able to compare consistent high quality data about SSIs."

Even though there was a positive response to the Programme, Sandra anticipated that there may be a reaction from staff about data collection.

"I have been a theatre nurse and knew they would be worried about having more paperwork. They were, so I reassured them that I wanted to make data collection as easy as possible," explained Sandra.

"I listened to what they were saying and asked how the data collection form could work better for

them. Helen, the orthopaedic theatre charge nurse suggested that if they were responsible for completing one set of data and the anaesthetic department were responsible for another set, it would halve the work.

“That was much easier for them, so we took the data collection form and tweaked it to give it clear areas or responsibility,” added Sandra.

The team trialled the form in theatre a month before the SSII Programme rolled out and made further tweaks, so that there were no hidden surprises and everyone had a clear idea of what was required.

“It was a really valuable thing to do, testing these elements and refining them, and that’s all part of the PDSA cycle,” says Sandra.

“It helped us to gain buy-in from staff as we listened to their concerns and feedback, and refined until they were happy, so they have some ownership over it too.”

To be fair to everybody, Sandra says that she and Karen complete the back of the form.

“We appreciate that we have really good buy in from the theatre and the anaesthetic department. Because we collect the forms it takes us very little time to fill in the extra data that we need. So for us that’s how it works and it works well,” she says.

After this the data gets fed into the SSII Programme’s online data collection form via ICNet. Sandra keeps a duplicate set of data, so they can create their own reports.

“I list the total number of hip and knee arthroplasties performed each month and the total number of infections. This gives staff a visual summary of where we are heading,” says Sandra.

At the moment Sandra is using the PDSA cycle to improve use of the antibiotic prophylaxis intervention guidance.

“The next challenge is to ensure that every patient receives 2 grams of cefazolin,’ explains Sandra.

“We needed to identify who prescribes the post-op doses, make sure the order was clear, and make sure staff carry out that prescription within the 24 hour period. “Education for the house surgeons was necessary as invariably they field any queries on the ward. As the house surgeons rotated we have had to educate subsequent groups. It was a learning curve but we are on top of that now.”

When checking readmissions over the 30 and 90 day follow up period, Sandra says that the orthopaedic department has asked the Northland GP community to ensure that any total hip or knee replacements that may look red or infected are referred back to the hospital immediately without prescribing antibiotics. This means the team can determine whether the patient fits the criteria for a superficial incisional infection, so that it can be recorded and managed appropriately.

“It’s great that everyone is now on the same page, collecting the same data, and implementing the same clinical interventions. Being able to compare will be amazing,” she says.

“The project aims to improve patient safety and reduce surgical site infections and that’s what we all hope to see as the outcome. We have had a reduction. It is early days to say anything significant but I have seen fewer infections,” adds Sandra.

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SANDRA’S TOP TIPS

- Be very clear about what you want to achieve.
- Gain buy in from the team that is going to be involved.
- Listen to concerns and feedback from staff, let them take some ownership of the solution so it works for them.
- Use the Model for Improvement and PDSA approach.
- Team work is key. Find the right fit of people for your team so that you complement each other’s experience and ability.