

GOOD RELATIONSHIPS SUPPORT SSI IMPROVEMENT AT WAIKATO DHB

Having a good relationship with the Orthopaedic Ward and the Operational Performance and Support Unit is central to Waikato District Health Board's approach towards implementing the national Surgical Site Infection Improvement (SSII) Programme.

With their own local SSI surveillance programme already in place, Vicki Parry, Charge Nurse Manager and Lisa Maxwell, Clinical Nurse Specialist in Quality and Patient Safety's Infection Prevention and Control team received a positive response when the shift from a local to national SSI improvement programme took place.

'We had spent years building relationships and trust with the orthopaedic team when establishing our own SSI surveillance, so it wasn't a new concept to them,' says Vicki.

'They were fully supportive and really pleased that they would finally be able to compare themselves to other DHBs, because until now DHBs have collected inconsistent data about SSIs.

'The orthopaedic surgeons are particularly interested in the long term data that will eventuate from the national programme so they can see what their trends will be,' she adds.

Waikato DHB performs close to 1000 hip and knee surgeries each year including surgeries that are outsourced to private hospitals.

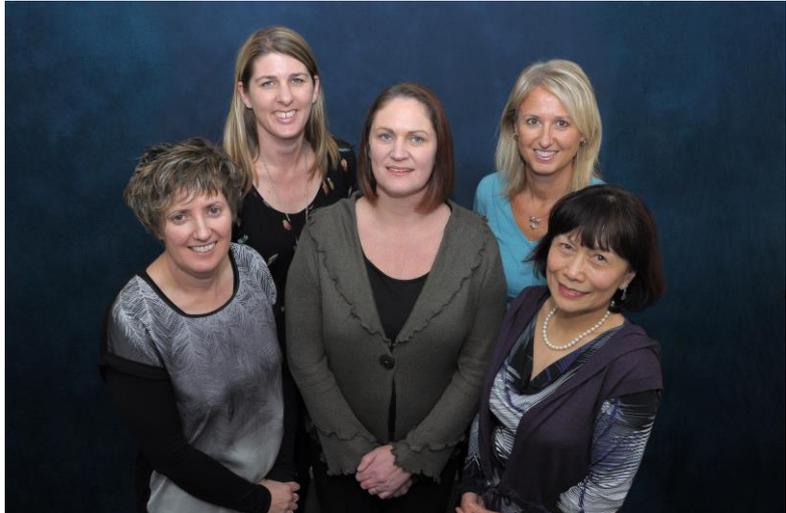
According to Vicki and Lisa, the biggest challenge in implementing the national SSII Programme at Waikato DHB was the shift from snapshot surveillance to continuous surveillance.

'We used to go up to the wards and collect data on paper forms. However, because we perform so many hip and knee surgeries we knew that for it to be manageable and sustainable we needed to make data collection as automated as possible,' explained Lisa.

Lisa worked with the DHB's Operational Performance and Support Unit to establish a process to receive as much data as possible electronically.

'We developed an automated spreadsheet that fills with all the basic patient information that we can get from our patient management system,' says Lisa.

'A good amount of data fields are completed automatically now: NHI, date of birth, ethnicity, gender, admission date, discharge date, surgeon, ICD10 codes, operation start and finish times, anaesthetics used and ASA scores.



*Picture from left to right: Jude Young, Charge Nurse Specialist (CNS); Lisa Maxwell, CNS (Back); Lynne McLeod, CNS (back); Vicki Parry, CHARGE Nurse Manager (front centre); Siew Ling Ong, CNS (front).
Missing: Marcia Jones, Administrator.*

'It took a while to get the automated process right and we made improvements along the way, but now it is established it is a huge help and cuts down our work significantly. There are no paper forms now,' Lisa adds.

Clinical notes come directly to the Infection Prevention and Control team after coding. The final pieces of data required for the national programme are then entered directly into the ICNet database by the Infection Prevention and Control team along with data from the spreadsheet. This is uploaded to the SSII Programme's National Monitor – the database that stores SSI data from all DHBs for national reporting.

To keep the amount of work manageable the Infection Prevention and Control team came up with a way to share the workload.

'Data entry into ICNet is shared on a monthly basis around the team. Updating the spreadsheet with clinical notes information is shared around the team as well. Our administrator checks the notes and allocates them fairly between team members, so everyone in the team is doing data entry,' says Vicki.

'Because data collection is largely automated now, we have good relationships in the orthopaedic ward so that we are notified about any inpatients that may have an infection,' she adds.

The automated spreadsheet also informs the Infection Prevention and Control team about any readmissions within 90 days by sending such information to a separate page. This is reviewed and followed up by the team to check whether an infection is present.

When it came to implementing clinical interventions to reduce SSI risk, Waikato DHB were already well aligned to recommendations made by the national SSII Programme.

'We were already clipping not shaving and were generally using the type of skin preparation that was recommended, so we only had minor tweaks and improvements to make there,' says Lisa.

'The biggest change was the antibiotic dose given preoperatively. We were doing weight based dosing and now we have moved to two grams cefazolin for every patient. We continue to promote and drive the practice change in this area,' she says.

Although it is early days, Waikato DHB's Infection Prevention and Control team has found it useful to receive the first two national SSI reports.

'The national report combined with the Quality and Safety Markers associated with SSI provides a little more gravitas to draw upon if there is something that needs to be picked up on,' says Vicki.

'We have followed up a few things that we felt could be improved, both in terms of practice change and system improvements.

'The orthopaedic surgeons also ask for the report, which is great. They are interested and want to know how we are going. It's a bit too early to really see improvement, but it has indicated a drop in infections for us,' says Vicki.

'It has been a whole team approach and we are lucky we have had very good support from high up in the DHB,' she adds.

TIPS FROM THE WAIKATO SSII PROGRAMME TEAM

- Develop good relationships and trust with staff on the wards that the national SSII Programme focuses on. Work with them to establish a set of criteria and systems so that they let you know when there is an inpatient that may need attention.
- No paper forms. Work with your DHB's Operational Performance and Support Unit to establish a process that is as automated as possible.

Story written July 2014.