

AIMING FOR BEST PATIENT OUTCOMES DRIVES SSI IMPROVEMENT AT WEST COAST DHB

West Coast District Health Board (WCDHB) is working hard to align clinical practice with best practice recommendations for reducing surgical site infections (SSIs) in orthopaedic surgery.

The national Surgical Site Infection Improvement (SSII) Programme provides DHBs with guidance on how to reduce SSI risk for patients. It does this via a bundle of clinical practice interventions including antibiotic prophylaxis (right antibiotic, dose and time), correct skin preparation, and clipping not shaving the surgical site.

The DHB's biggest SSI improvement achievement so far has been administering the antibiotic prophylaxis dose, ensuring patients receive two grams of cefazolin before surgery.

When WCDHB first implemented the SSII Programme, baseline SSI data showed that performance administering two grams of cefazolin instead of one gram was low. Since then it has steadily risen, reaching 100 per cent during the April to June 2014 surveillance period.

"We had to provide the rationale for why we needed to use two grams of cefazolin, and we provide ongoing education and reminders," says Julie Ritchie, WCDHB's SSII Programme coordinator and clinical nurse specialist, infection prevention and control.

The orthopaedic theatre team has been integral in helping to progress performance. Antibiotic dose and timing is now reviewed prior to surgery during the surgical check list time out discussion. Julie believes this has been an important step to ensure patients receive the optimum dose of antibiotic within the 60 minutes prior to surgery.

The theatre team also helped to reinforce and increase compliance with the SSII Programme's antibiotic guidelines by laminating and placing them in a highly visible area for easy reference. This is particularly important for West Coast DHB as in the past, the orthopaedic department has often used anaesthetic and orthopaedic locums.

"You don't have to go looking for it. It's within easy access for them to quick reference why they are doing it, and what they need to do at what dose," she adds.

Performance using the correct skin preparation has also improved over the same timeframe. The DHB started with a baseline of 88 per cent and reached 100 per cent compliance in April to June 2014.

The biggest challenge faced by Julie and the orthopaedic team has been charting the duration and doses of cefazolin given to patients post-operatively. This was because it was difficult to determine who should record this information and how and when it would be done.

"The anaesthetists chart the two doses post-op before the patient leaves the post anaesthetic care unit (PACU)," says Julie.

"This ensures the timeframe of stopping the antibiotic within 24 hours is met, and that antibiotics are not charted with no stop date or time," says Julie.

To get the SSII Programme's nationally standardised data collection process up and running at WCDHB, Julie spent time with staff in the orthopaedic department. Team members were given the implementation and intervention guidelines supplied by the national SSII Programme team, and Julie discussed the rationale for why the DHB needed to participate. This involved clarifying concerns that the orthopaedic consultants and theatre team had.

"Without their help it would be a very difficult task to undertake," says Julie.

"The theatre team collect the required data and fill in the SSI data collection form. They send that to me and then I enter that into the SSII database," she explains.

The Health Quality & Safety Commission's quality and safety marker (QSM) for SSIs have been incorporated as part of WCDHB's QSMs for infection control, which Julie believes has emphasized the importance of aligning clinical practice to recommendations from the SSII Programme.

Reporting and feedback of performance results has also been a useful tool to drive improvement.

"When we got the results for dosing and we needed to go up to two grams cefazolin, I went back [to the theatre team] and said 'Look we are down. We need to get up here. We are under performing'," says Julie.

"Because we have had a lot of locums, I fed the information back to the orthopaedic coordinator. This ensures that all the locums received the information, along with our consultant orthopaedic surgeon and the service team," she adds.

The DHB's quality and patient safety manager also receives the report, which is fed back to the DHB's senior executives and the Board.

Julie believes that having a national SSI report has driven improvement among surgeons and orthopaedic teams at WCDHB.

"Nationally they know how everybody else is standing and everybody else knows how they are standing. I think that is always good because it improves everybody's game," says Julie.

"What we're there for is good patient outcomes. We want to meet our QSMs so that we are doing the best for our patients.

"That's our goal," she says.

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IMPROVEMENT TIPS FROM JULIE

- "It's a team effort. Work really closely with your orthopaedic theatre and anaesthetic teams they are the ones with the most input, especially with data collection," says Julie.
- Find out if anything is not working well and look at what you/the team can do to improve that.
- Incorporate the antibiotic prophylaxis dose and timing at the surgical checklist time out discussion.
- Laminate the skin preparation and antibiotic guidelines. Place them somewhere with easy access, such as in the set up room. It may not be in theatre, but it should be within easy access for staff to quickly reference.