

# SSII Programme: Orthopaedic clinical director and surgeon survey

## Surgical Site Infection Improvement Programme

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## **Introduction**

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This report highlights the findings of the Surgical Site Infection Improvement (SSII) Programme survey of clinical directors of orthopaedics and orthopaedic surgeons.

Knowing what perceptions exist about the national SSII Programme will help the national SSII Programme team to better address and respond to the needs of key stakeholders.

An online survey, designed to gain a better understanding of the views of clinical directors and surgeons of the national SSII Programme, was distributed in December 2015. It was open for responses for two weeks, which was extended to four weeks.

## **Executive summary**

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Seven respondents replied to the survey. This was lower than anticipated and is likely due to time constraints faced by surgeons and clinical directors. Due to the low number of responses, the results cannot be generalised across district health board (DHB) clinical directors of orthopaedic surgery and/or orthopaedic surgeons.

Most respondents thought the SSII Programme is 'very important' or 'somewhat important'. The programme benefits most highly rated by respondents was the promotion of consistent practices aimed at reducing the risk of surgical site infections (SSIs), and allowing for benchmarking of the performance of their departments nationally.

Other perceived benefits were that the programme encouraged consistent data collection and kept SSIs in the spotlight. Reducing SSIs was also seen as a benefit. Most respondents said they had changed practice as a result of the programme, mainly in the dose and timing of antibiotic prophylaxis, as well as the duration of antibiotics prescribed after surgery.

All respondents received a copy of the SSII Programme's national quarterly reports and distributed the reports among their department. Most (71 percent) also said they discussed the results formally within their department, and most also stated they discussed the results with their SSII champions and/or coordinators.

While the survey attracted a modest response level, the results are encouraging. They suggest that surgeons are supportive of the programme's aims, are aware of the value of national surveillance and quarterly reporting and show the programme establishing a higher profile among surgical teams.

## **Demographic data**

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Seven respondents replied to the survey from six DHBs. One was a clinical director of orthopaedic surgery and six were orthopaedic surgeons.

## How important do you believe the orthopaedic SSII Programme is?

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The majority of respondents believe the SSII Programme is important. Only one said they thought it was 'not very important'.

Options	N	% of Respondents
Very important	3	43 %
Somewhat important	3	43 %
Not very important	1	14 %
Unsure	0	0 %

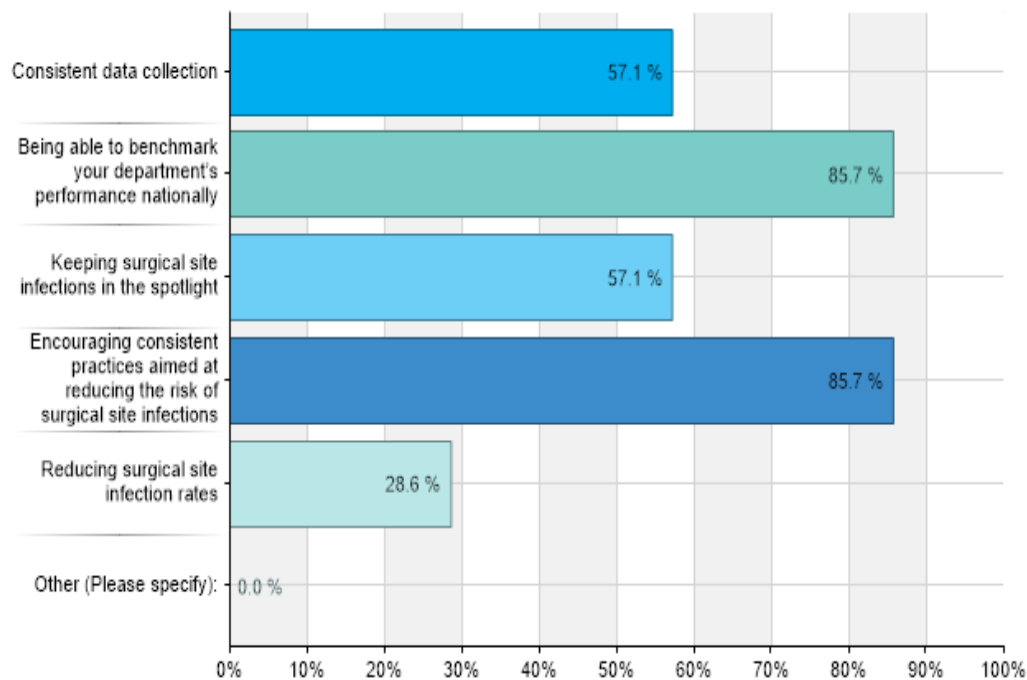
## What do you believe are the key benefits of the orthopaedic SSII Programme?

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Respondents identified the following as benefits of the SSII Programme:

- encourages consistent practices aimed at reducing the risk of SSIs
- allows for the benchmarking of departments' performance nationally
- encourages consistent data collection
- keeps SSIs in the spotlight
- establishes consistency for a national SSI prevention approach.

Reducing SSIs was also seen as a benefit of the programme, but rated less highly. This is likely because it is too early to provide clear evidence that the programme has resulted in lower SSI rates.



### Have you made any changes to your practice as a result of the SSII Programme?

Six of seven respondents said they had changed practice as a result of the programme. This contrasts with the 2014 survey, in which the majority of respondents stated that 'No, my practice was already in line with the intervention recommendations'. (This was not an option included in this 2015 survey.) Changes in practice all related to antibiotic prophylaxis, in timing, dose and duration of use after surgery.

### Do you receive a copy of the quarterly national orthopaedic SSII Programme report, which details SSI rates and compliance with the Health Quality & Safety Commission's quality and safety markers?

All respondents said they received a copy of the SSII Programme's national quarterly reports. This is important, as the results of the 2014 perception survey sent to surgeons and clinical directors of orthopaedic surgery (which received 10 responses) showed that 60 percent did not receive the report. The programme addressed this in 2015 by checking and refreshing existing email lists of clinical directors of orthopaedic surgery, and sending national reports directly to them.

### Are the reports distributed within your department?

All stated that the results were distributed within their department, mostly by email and/or discussed at weekly department meetings.

### **Are the reports discussed formally within your department?**

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Most (71 percent) said they discussed the results formally within their department. This suggests an improvement, as the majority of respondents to the 2014 survey stated that they did not formally discuss the results within their department. Most (five) also stated they discussed the results with their SSII champions and/or coordinators, although only two said they discussed the results with their infectious disease and/or clinical microbiologist specialist. Experience within the programme suggests that this discussion may be left to the SSII coordinator and/or champion.)

### **Do you receive your DHB personal report with procedures broken down to each individual surgeon?**

### **Are you aware that the codes for each individual surgeon can be accessed from your local SSII Programme champion or coordinator?**

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These questions were included in the survey after the SSII Programme coordinator had been approached by clinical directors, who were unaware that procedures were broken down by surgeon, or that the SSII Programme or champion could provide the codes for each surgeon.

Three out of seven received their DHB personal report with procedures broken down to each individual surgeon, and five knew that the codes for individual surgeons could be accessed. That two were not aware suggests that it may not be widely known that this level of information is available.

### **In March 2016 the SSII Programme sent out additional recommendations to clinical directors of orthopaedic surgery. These included recommendations on:**

- **when clindamycin should be used in preference to vancomycin**
- **the timing of vancomycin for prophylaxis**
- **recommendations for when a revision procedure is being undertaken in a patient who has had previous *Staphylococcus aureus* infection.**

### **Have you discussed the recommendations formally within your department?**

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Two of the five respondents said they had formally discussed the results within the department. One respondent pointed out that they might have been formally discussed in their department, but he/she didn't know, as it was not his/her place to initiate such discussions. Two respondents said these recommendations had led to changes in practice.

On reflection, this survey question should have been reframed to a) confirm whether the recommendations were received and b) to allow for 'unsure'. The responses suggest that these recommendations need to be communicated better.

## How do you think the SSII Programme could be improved?

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There was no particular theme in the responses to this question.

One respondent noted that revisions for infection should be separated from clean surgery. This is an issue that was addressed by the programme in 2015, with revision procedures for infection now being excluded from the programme. This has been communicated to champions and coordinators, but this response suggests this amendments needs to be communicated more widely to surgeons. One respondent had a number of suggestions, including recommendations that the programme communications could better target anaesthetists.

Comments included:

*The report in the previous question has not been seen here. Consistent transmission of information would be appropriate.*

*Data needs to be risk adjusted, and revisions for infection separated from clean surgery.*

*I was unaware of the new amended details [sent] in March so these haven't been discussed. Distributing results to anaesthetic CHODs [clinical heads of department] would be worthwhile... It is hard to remember guidelines re patients with allergy to [cefazolin]. A poster on the wall in joint theatres re antibiotics would be great: perhaps reminding all anaesthetists re 2 g [cefazolin] also!*

*More concise reports with most important areas highlighted.*

*A dedicated SSI officer on site with more time available.*

## Do you have any other comments on the SSII Programme?

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Five responded to this question, with different themes.

*“Generally good, with adequate communication, but clearly some holes still exist as noted in a previous response.”*

*“Well run and I look forward to the reports. Benchmarking keeps us on our toes.”*

*“Outcome of the study needs to be more clearly articulated and power study to determine statistically significant measure of outcome made.”*

*“We discuss quarterly results only if there are concerning matters. This quarter’s results suggested some decrease in timing of and recording of antibiotics so we’ve passed that on to anaesthetists. Our local SSII champion regularly keeps us up to date.”*

*“This is just one of many things we do in an overworked department.”*