

Surgical site infection improvement programme (SSIIP)

Light surveillance for orthopaedic surgical site infections (SSI)

Purpose

This document outlines the process for undertaking 'light surveillance' for the orthopaedic SSIIP.

Background

Given a sustained decrease in national orthopaedic SSI rates and ongoing high compliance with process measures, the option of light surveillance was introduced in October 2020 to reduce time spent on data collection.

At December 2021, 14 district health boards had transitioned to light surveillance.

Light surveillance requires five data fields for all surgical procedures, rather than the 35 fields that are mandatory for full surveillance.

Where an infection occurs, full surveillance data is collected, and an in-depth investigation of the SSI is completed using the SSI investigation tool.

As process measure data is only collected for SSI cases, hospitals using light surveillance do not report process measure data in the SSI dashboards and quality and safety markers (QSMs). The SSI rate, which is the outcome measure, is still included in the QSM report.

Transitioning to light surveillance

The decision to move to light surveillance should be discussed within your organisation.

These discussions should be held with the orthopaedic SSI team, including but not limited to the SSIIP champion, infection prevention and control (IPC) nurses, orthopaedic clinical director, infectious disease doctor and quality and risk manager, to reach a consensus decision.

Contact the Health Quality & Safety Commission (the Commission) at SSIIP@hqsc.govt.nz if you would like to discuss changing to light surveillance. The IPC team can support you with the transition and determine the start date for your organisation.

Submitting light surveillance data

Creating a report file for National Monitor

1. To submit light surveillance data, create a CSV file. We recommend you set this process up with your information technology team. They can set up an automatic download of the required data points from other systems.
2. Create a file for the monthly denominator data in CSV file format (Appendix 1).

3. Populate the data fields. The Commission's *SSIIP Orthopaedic Form Data Entry Elements for Light Surveillance* guideline provides detailed information on populating data fields. Contact the Commission at SSIIP@hqsc.govt.nz for a copy.

Only five parameters are reported for all surgical procedures (denominator):

- Organisation
- NHI
- procedure code
- procedure date
- procedure location (hospital).

4. Every month, upload/import the CSV file to ICNet National Monitor via the SSIS software (Appendix 2). In most organisations, this is the responsibility of the SSIIP Orthopaedic Champion.

If you have queries or need support with data entry or to set up and manage CSV files, email:

ICNetsupport@corganisation.health.nz.

Data collection for SSI cases

If an SSI is identified, all data fields of the current full surveillance programme must be completed for each SSI case (the numerator) and included in the report.

SSI investigations using the SSI investigation tool

You are required to undertake a detailed review of SSIs, prioritising deep or organ-space infections.

Use the Commission's [SSI investigation tool](#) to complete each SSI review. The SSI investigation tool is for your internal use only and includes a follow-up action plan as part of the quality improvement process for SSIs. It is also available on ICNet under the title *ALLDHB – Orthopaedic SII Investigation Answers*.

At the end of each quarter, submit a summary of all SSI investigations carried out using the SSI investigation tool. Note that this summary is for investigations carried out within the quarter, so may relate to SSIs that occurred outside of the quarter.

Submit your summary to SSIIP@hqsc.govt.nz using the [SSIIP Investigation Form – Quarterly Summary](#)

Submission dates are:

- 1 April for investigations conducted in January–March
- 1 July for investigations conducted in April–June
- 1 October for investigations conducted in July–September
- 1 January for investigations conducted in October–December.

SSI investigation findings are discussed at a quarterly Champions SSI Investigations meeting.

Monitoring results

SSI dashboards

The national [orthopaedic SSIIP dashboard](#) is updated every quarter and can be viewed to monitor your organisation's SSI rates.

Process measure reporting of antibiotic prophylaxis (timing and dose) is only required for SSI cases, so QSM reporting of these is not required when using light surveillance.

All historic data will remain on the SSI dashboard and in the QSM reports.

Outcome measure reporting (SSI rate) continues under light surveillance.

Monitoring for infections – variable life-adjusted display (VLAD) reports

The [surgical site infection \(SSI\) orthopaedic monitoring tool \(VLAD report\)](#) can be used to provide an early warning of an increase in the risk of infections.

The report includes a VLAD chart and a coloured status box for each ORGANISATION that indicates the risk of SSI. The status box will either be green (normal), amber (warning) or red (alert).

The Commission's IPC team actively monitor the VLAD reports, and the IPC specialist will be in touch to offer support to organisation's that trigger an amber warning or a red alert.

The VLAD report is updated quarterly with the SSI dashboard. Each organisation has one password to access their report.

Appendix 1: Creating a CSV file for light surveillance

CSV file creation for orthopaedic surgical site infection improvement programme light surveillance

Your DHB has opted to move to 'light surveillance' for the orthopaedic surgical site infection improvement programme from 1 October 2020. This requires a monthly CSV file to be created for the denominator data.

Please create as a CSV file format and populate with data as per *SSIS Orthopaedic Form Data Entry Elements for Light Surveillance Guideline*.

Please find *SSIS Orthopaedic Form Data Entry Elements for Light Surveillance Guideline* and CSV template attached.

The *SSIS Orthopaedic Form Data Entry Elements for Light Surveillance Guideline* outlines what you will be required to enter into the CSV file.

The main aim of light surveillance is to gather just a few set fields. The required fields are:

- **Unique ID:** Required so that each entry is uniquely identified to stop duplication.
- **Facility ID:** Identifies the hospital. Required for light surveillance (codes are in the data elements documentation).
- **Day, month, year of birth:** Not required for light surveillance; however, required by the system so as not to trigger validation logic in the ICNet system.
- **Admission date/date of admission:** Not required for light surveillance; however, required by the system so as not to trigger validation logic in the ICNet system.
- **Discharge date/date of discharge:** Not required for light surveillance; however, required by the system so as not to trigger validation logic in the ICNet system.
- **Procedure date/date of procedure:** Required for light surveillance.
- **Procedure code:** Required for light surveillance.
- **Was readmission due to SSI?** No by default for light surveillance.
- **Has SSI criteria been met for this procedure?** No by default for light surveillance.

All other fields may or may not require static data to be entered. Please refer to attached documents. The template will show many fields empty and some with specific codes for an 'unknown' response. This is because of the logic in ICNet, which requires an answer to the question.

Once the CSV has been created, send to the SSIIP Orthopaedic champion in your DHB for monthly upload/import to ICNet National Monitor via the SSIS software. If you need any further assistance, please email ICNetsupport@cdhb.health.nz.

Name of SSIIP Orthopaedic champion: _____

Email address: _____

Appendix 2: Uploading the CSV file for light surveillance

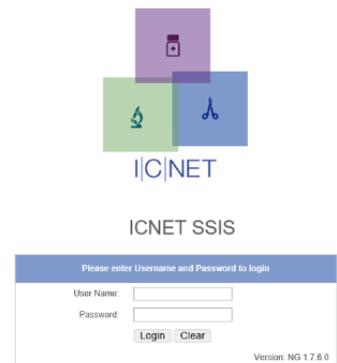
CSV file upload for orthopaedic surgical site infection improvement programme light surveillance

Upload by doing the following:

- Login to the SSIS system (all DHBs except CDHB, WCDHB, LDHB)

OR

- Login to the national system (CDHB, WCDHB, LDHB). TDHB currently login with their own system.



- Under 'Utilities' menu, select 'Data Collection Forms' → **Data Collection Forms**
- Select 'HQSC Orthopaedic > 04/2019 (SSIS)' or your appropriate forms category on the national system. → HQSC Orthopaedic > 04/2019

- Select 'import.'



- Browse for your CSV file.

Please complete the following form * denotes a required field

Csv file:*

Header line:

- Select 'header line' if your CSV has headers. This will omit the first line of the CSV.
- Select 'save'.



- The importing of the files into the SSIS or national system will begin, and then your success message will show.



- The data collection forms should then be ready to upload to the national monitor (if showing 100%).

Troubleshooting if a file/files fail to upload

1. The file may show up as red with a 'show error' message.
2. Click on this, and it will indicate which data caused the error, and which column it is in. You will need to reopen the CSV and identify which line has the error. This could be done in one of two ways:
 - when the importing is happening, count down the bars to identify the row with the errorOR
 - open the CSV in Excel and use the 'find and Select' button in the menu bar at the top. Click on 'find' and put the data which has caused the error into the search box.
3. Create a new CSV file and copy over the header line (titles) from the original CSV. Copy and paste the corrected lines into the new CSV. Ensure they are all given a different unique identifier.
4. If you have many corrected lines, there is an easy way to give each a unique identifier quickly – google 'how to concatenate text in excel.'
5. Upload CSV again.

Reminder

Data collection forms for patients who have had a revision will not be 100% complete. These cases need to be reviewed to determine if revision is due to infection. If it is, delete data collection form. If it is not due to infection, select 'no', then save data collection form. It will then be 100% complete and can be sent to national monitor.

If the patient is still an inpatient, there will be no discharge date on the data collection form, and it will not be 100% complete. When you forward your data collection forms to the national monitor, these cases will need to be left, and will be forwarded the following month.

Email ICNetsupport@cdhb.health.nz if required.