

Translating Surgical Site Infection policy into practice

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BACKGROUND

Clear, detailed healthcare governance policies in line with evidence based recommendations are available. However, most of these policies are never read in full. Organisations should therefore have systems in place to ensure key patient safety messages are disseminated to frontline staff. In light of this, our SSIS team worked closely with senior leadership to ensure key SSI policies were disseminated and implemented.

PURPOSE

1. Disseminate key messages from the National Institute of Health & Care Excellence (NICE) SSI quality standard
2. Develop and embed an SSI detailed investigation protocol within clinical governance structures.

MATERIALS AND METHODS

1. Identified key messages from NICE SSI quality standard 49
2. Identified key patient safety themes in the organisation at the time
3. Produced monthly newsletters, to cover a quality statement each month & disseminate via senior leadership & SSIS Team & Intranet pages
4. SSI detailed investigation protocol
5. Survey to obtain staff feedback
6. Continued prospective SSI surveillance

1. NICE SSI Quality Standard 49 priorities

- Statement 1** People having surgery are advised not to remove hair from the surgical site and are advised to have (or are helped to have) a shower, bath or bed bath the day before or on the day of surgery.
- Statement 2** People having surgery for which antibiotic prophylaxis is indicated receive this in accordance with the local antibiotic formulary.
- Statement 3** Adults having surgery under general or regional anaesthesia have normothermia maintained before, during (unless active cooling is part of the procedure) and after surgery.
- Statement 4** People having surgery are cared for by an operating team that minimises the transfer of microorganisms during the procedure by following best practice in hand hygiene and theatre wear, and by not moving in and out of the operating area unnecessarily.
- Statement 5** People having surgery and their carers receive information and advice on wound and dressing care, including how to recognise problems with the wound and who to contact if they are concerned.
- Statement 6** People with a surgical site infection are offered treatment with an antibiotic that covers the likely causative organisms and is selected based on local resistance patterns and the results of microbiological tests.
- Statement 7** People having surgery are cared for by healthcare providers that monitor surgical site infection rates (including post-discharge infections) and provide feedback to relevant staff and stakeholders for continuous improvement through adjustment of clinical practice.

2. CEO Patient Safety themes in 2013

3. Newsletters via Chief Nurse Office

Acknowledgement: Dame Eileen Sills

SSI quality statements newsletters

SSI detailed investigation & staff survey

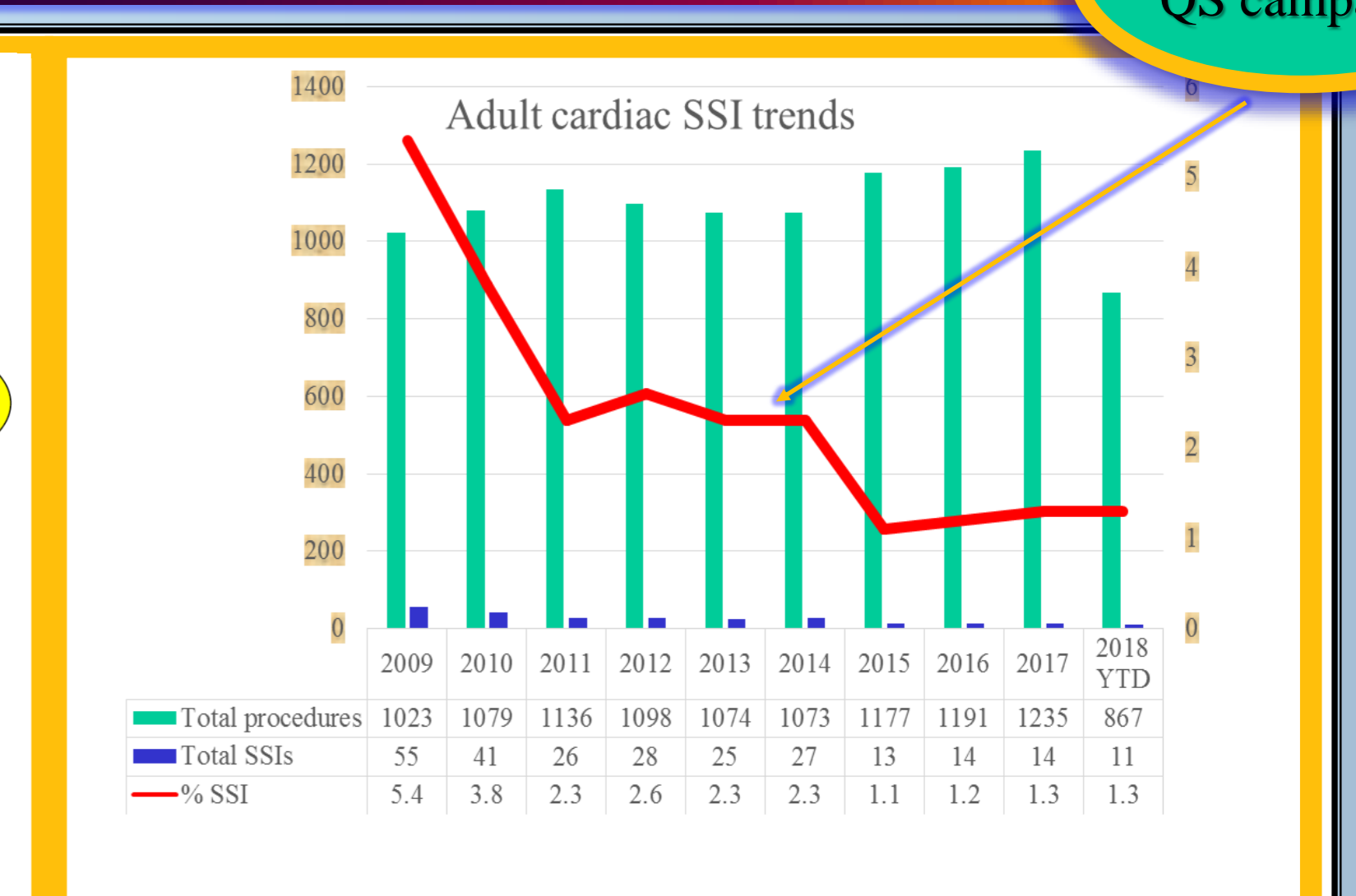
RESULTS

We successfully covered NICE SSI quality standard key messages, giving us a platform to develop and successfully implement a protocol for investigating SSIs.

- Staff SSI knowledge improved and feedback was positive
- SSI rates continued to decline, e.g. superficial SSIs in adult cardiac fell from 19 in 2014 to 3 in 2015.

Staff feedback

Clinical results



CONCLUSIONS

Incorporating key infection control and quality improvement messages, within organisational patient safety themes, coupled with separate campaigns may improve policy uptake and compliance. Increased compliance with SSI prevention evidence based care bundles has potential to improve patient outcomes.

BIBLIOGRAPHY

- National Institute of Health & Care Excellence (2013) Surgical Site infection Quality standard 49. [Online] Available at: <https://www.nice.org.uk/guidance/cg49>.
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