

Do root cause analyses have a role in quality improvement? How best to approach them?

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BACKGROUND

Root cause analysis are important and common in healthcare organisations, however 'more education and training' is often the default outcome or action plan from most investigations

A human factors approach that enables genuine system or operational problems to be adequately addressed is desirable

PURPOSE

1. Establish an effective surgical site infection (SSI) detailed investigation protocol, which enabled us to identify potential surgical pathway issues
2. Measure compliance with evidence based SSI prevention recommendations from the National Institute of Health & Care Excellence (NICE)

METHODS

1. The infection control team drafted an SSI detailed investigation protocol in 2014 to enable systematic approach to reviewing practice in line with evidence based recommendations
2. Input was sought from the Trust SSI surveillance committee and surgical directorate leads
3. New protocol was then approved by relevant infection control committees
4. In line with this protocol, emails are sent out to identified directorate SSIS nursing and medical leads whenever patients develop deep / organ space infections or when SSI trends are going up
5. A directorate matron coordinates investigations and any meetings
6. A directorate SSIS lead is expected to share and discuss outcomes from investigations at relevant clinical governance or morbidity and mortality meetings

Promoting SSI detailed investigation protocol

News from the Surveillance Team Leader
Surgical Site Infection Surveillance
Monthly Update – Key Messages Issue 11 – August 2014

SSI detailed investigations
All SSIs must now be investigated as per the Trust policy using the new SSI detailed investigation guideline.

Why is it important to review all SSIs?

- To determine if the procedure and post op practices were performed in accordance with best practice recommendations as per NICE guidance.
- To identify potential practice concerns.
- To facilitate communication of potential practice concerns that needs to be addressed to prevent recurrence.
- Most SSIs are preventable using simple interventions.

Trust Expectation
All surgical directorates

- The matron(s) is responsible for coordinating the investigation in liaison with the SSIS Lead for the directorate.
- The investigation must be completed and fed back at the next available clinical governance or audit meeting using the data collection template on GTL.
- The Head of Nursing (HON) or representative provides feedback on findings and action plans at the Infection Control Committee (ICC) meeting.
- SSI reduction action plans identified must be fed back at the surveillance committee meetings.
- Findings should be accessible to the SSIS Team Leader and other key identified people within a month of the detailed investigation request.

Clinical governance

- Clinical governance facilitators to actively participate in all SSI detailed investigations to identify potential improvement points and ensure that action plans are fully implemented.

References

1. SSI Detailed Investigation protocol: <http://gtsf/resources/infectioncontrol/ssi/Attachment1b-SSIDetailedInvestigationClinicalGuideline.pdf>
2. <http://publications.nice.org.uk/surgical-site-infection-49>
3. <http://gtsf/resources/infectioncontrol/ssi/SSIDetailedInvestigationTemplate2014.doc>
4. http://gtsf/clinical/directories/GSRDA/Infection/SSIS/ssi_guidance.aspx

RESULTS



CONCLUSIONS

1. The SSI detailed investigation protocol is now fully embedded within clinical governance structures
 2. Outcomes of SSI investigations are used in quality improvement work. Areas that comply with this protocol have demonstrated sustained reductions in SSI incidence
 3. Ongoing encouragement & support is provided for some directorates
 4. An SSI detailed investigation log is now circulated regularly
- ★ **Root cause analysis play an important role in quality improvement. From our experience, they are more productive when clinical staff take ownership and are involved in the development of relevant protocols.**

BIBLIOGRAPHY

National Institute of Health & Care Excellence (2013) Surgical Site Infection Quality standard 49. [Online] Available at: <https://www.nice.org.uk/guidance/qs49>.
National Institute for Health & Care Excellence (2008) Surgical site infections: prevention and treatment. Clinical guideline 74. [Online] Available at: <https://www.nice.org.uk/guidance/cg74>.

SSI detailed investigation summary

