

# Surgical Site Infections (SSI) Quality Monitoring - Inpatient & Outpatient Dashboard for 2022-2023



Royal Papworth Hospital  
NHS Foundation Trust

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SSI Quality Monitoring Dashboard- Data updated 16.06.2023

Area	Metric	19/20	20/21 *incomplete data - pandemic	21/22	22/23	Benchmark	Apr-23	May-23	Jun-23	Q1 Fig.	Jul-23	Aug-23	Sep-23	Q2 Fig.	Oct-23	Nov-23	Dec-23	Q3 Fig.	Jan-24	Feb-24	Mar-24	Q4 Fig.	Overall				
Identified SSI - Sternal wound post CABG +/- Valve	% (Number) of patients with Organ/Space SSI	0.9% (8)	0.8% (4)	0.4% (3)	1.8% (14)	Inpatients	0 (0%)	0 (0%)		Overall Quarter 1 Total				Overall Quarter 2 Total				Overall Quarter 3 Total				Overall Quarter 4 Total					
	% (Number) of patients with Deep SSI	Inpatients	1.3% (12)	0.4% (2)	1.6% (14)	1.2% (9)	Inpatients	0 (0%)	0 (0%)																		
		Outpatients					Outpatients	0 (0%)	0 (0%)																		
	% (Number) of patients with Superficial SSI	Inpatients	2.3% (21)	0.8% (4)	3.2% (27)	4.4% (34)	Inpatients	3 (6.3%)	0 (0%)																		
		Outpatients					Outpatients	1 (2%)	0 (0%)																		
	Identified SSI - leg wound post CABG +/- Valve	% (Number) of patients with Deep SSI	Inpatients	0.1% (1)	0%	1.1% (9)	1% (8)	Inpatients	0 (0%)		0 (0%)																
Outpatients							Outpatients	0 (0%)	0 (0%)																		
% (Number) of patients with Superficial SSI		Inpatients	0.4% (4)	0.4% (2)	1.9% (16)	2.4% (19)	Inpatients	2 (4.2%)	2 (2.6%)																		
		Outpatients					Outpatients	0 (0%)	0 (0%)																		
% of inpatient admissions with SSI post CABG (including readmissions)-mandated reportable to UKHSA (relates to inpatient admissions only)		UKHSA 5.1%	Q2/Q3 only 2.5%	UKHSA 5.3%	Overall year UKHSA 7.84%	UKHSA Target 2.6%	10.4% (5/48)	2.6% (2/78)																			
% patients receiving outpatient/community care only - not reported to UKHSA but monitored at Trust level						No Target	0 (0%)	0 (0%)																			
Overall % of Internal monitoring all SSIs post CABG (inpatient and outpatient)		Overall 5.1%	Q2/Q3 only 2.5%	Overall 8.2%	Overall 10.7% (83/778)	No target	12.5% (6/48)	2.6% (2/78)																			
Identified SSI - Sternal wound post valve surgery	% (Number) of patients with Organ/Space SSI	0.9% (6)	0.3% (1)	0.2% (1)	0.5% (3)	Inpatients	0 (0%)	0 (0%)		Overall Quarter 1 Total				Overall Quarter 2 Total				Overall Quarter 3 Total				Overall Quarter 4 Total					
	% (Number) of patients with Deep SSI	Inpatients	0.4% (3)	0.6% (2)	1.3% (7)	0.4% (2)	Inpatients	1 (3.4%)	0 (0%)																		
		Outpatient					Outpatient	0 (0%)	0 (0%)																		
	% (Number) of patients with Superficial SSI	Inpatients	0.9% (6)	1.2% (4)	1.5% (8)	2.4% (13)	Inpatients	0 (0%)	0 (0%)																		
		Outpatients					Outpatients	0 (0%)	0 (0%)																		
	% of inpatient admissions with SSI post valve (including readmissions)- internal reporting						Internal Target 2%	3.4% (1/29)	0% (0/40)																		
% patients receiving outpatient/community care only - not reported to UKHSA but monitored at Trust level						No Target	0 (0%)	0 (0%)																			
Overall % of all SSIs post Valve (inpatient and outpatient)		Overall 2.15%	Overall 2%	Overall 3%	Overall 3.3%	No Target	3.4% (1/29)	0% (0/40)																			

## Summary of Surgical Site (SSI) Monitoring Dashboard – 23/24 (data correct as of 16.06.2023)

### Sternal and Leg Wounds Post CABG surgery:

**Q1 (in collection):** Review of patients within quarter is ongoing and adjustments made as surveillance continues. In **May 2023**, the SSIs post **CABG surgery rate of infection is currently 2.6% (2/78 patients)**. In April 2023, this figure has been updated and is now 10.4% (5/48 patients).

**Overall inpatient/outpatients** for May is 2.6% (2/78), compared to 12.5 (6/48) in April 2023.

**2022-2023 :** annual figures reported showed an overall increase in SSIs post **CABG surgery for inpatients at 7.84%, compared to 5.3% in 21/22 reported to UKHSA**. Organ space and superficial infections show the greatest increase.

**Overall figure** for inpatients and outpatients SSI rate (internal monitoring) for 22/23 was **10.7% (83/778) compared to 8.2%** in previous year 21/22.

### Reported to UKHSA in 22/23:

**Q4 – 9.5% (18/189)** of inpatients/re-admissions who had developed a SSI post CABG surgery. **Overall - Q4 9.5 (18/189) This has now been finalised and reported to UKHSA (June 2023).**

### Sternal Wounds Post Valve Surgery:

**Quarter 1 (in collection):** **May 23, currently this is 0% (0/40)** patient with a deep SSIs identified. In April 23, this was 3.4% (1/29) with this patient having a superficial SSI.

**2022-2023:** annual figures showed little change from previous year **with 3.3% for 22/23** compared to 3% in 21/22.

### Internal Monitoring (2% target)- not reported to UKHSA:

**Q4: Total 3.2% (4/124)** (2 organ and 2 superficial) inpatients. Overall 4% (5/124) for inpatients and outpatients.

# Surgical Site Infections (SSI) Quality Monitoring - Environmental Dashboard for 2022-2023



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SSI Environmental Monitoring Dashboard for 2023/2024 - (Data correct as of 19.06.23)

Area	Metric	19/20	20/21	21/22	22/23	Target	Apr-23	May-23	Jun-23	Q1	Jul-22	Aug-23	Sep-23	Q2	Oct-23	Nov-23	Dec-23	Q3	Jan-24	Feb-24	Mar-24	Q4	Overall			
Surgical instruments	Number of non-conformance incident reports - related to cleanliness of instruments	Not reported	Not reported	Not reported	16	0	1	1		Overall Q1 Total				Overall Q2 Total				Overall Q3 Total				Overall Q4 Total				
	Number of non-conformance reports related to incorrect/missing/damaged instruments	Not reported	Not reported	Not reported	73	No Target	15	10																		
	Total non-conformance reports on datix system	Not reported	Not reported	Not reported	89	No Target	16	11																		
Area	Audits	19/20	20/21	21/22	22/23		Apr-23	May-23	Jun-23		Jul-23	Aug-23	Sep-23		Oct-23	Nov-23	Dec-23		Jan-24	Feb-24	Mar-24		Average %			
IPC audits	Hand hygiene - Theatres	94%	95%	99.6%	93.8%	>94%	100%	100%																		
	Hand hygiene - CCA	91%	86%	87%	87%	>94%	97%	100%																		
	Hand hygiene - Level 5	100%	100%	99.5%	99.3%	>94%	100%	100%																		
	ANTT - Theatres	Not audited	Not audited	Not audited	83%	>94%	77%	87%																		
	ANTT - CCA	Not audited	88%	92%	88%	>94%	100%	100%																		
KEY for ALL IPC Audits:	ANTT - Level 5	Not audited	Not audited	Not audited	93.50%	>94%	97%	100%																		
>94%	Cleaning & Decontamination- Theatres	99%	88%	86%	97%	>94%	85%	65%																		
71-94%	Cleaning & Decontamination- CCA	87%	82%	82.5%	73.4%	>94%	45%	75%																		
<71%	Cleaning & Decontamination - Level 5	99.5%	99%	100%	99%	>94%	100%	100%																		
Environmental cleanliness	Cleaning QC - Theatres	Not reported	99%	99%	99%	>98%	100%	99%																		
	Cleaning QC - CCA	Not reported	100%	99%	99%	>98%	98%	99%																		
	Cleaning QC - Level 5	Not reported	99%	98%	98%	>95%	98%	97%																		
Deep Cleans -Theatres	Deep Clean- Theatres	Not reported	Not reported	Not reported			Theatre 4 Completed	Theatre 6 Completed																		
Area	Audits	19/20	20/21	21/22	22/23		Apr-23	May-23	Jun-23		Jul-23	Aug-23	Sep-23		Oct-23	Nov-23	Dec-23		Jan-24	Feb-24	Mar-24		Average %			
Compliance with surgical prophylaxis antibiotic administration	Overall compliance (To be audited every 6 months)	79.20%	81.10%	71.20%	85.00%	>90%	83.20%	No Audit this month																		
Compliance with MRSA nasal decolonisation treatment	Overall compliance	Not reported	Not reported	Not reported	New audit	>90%	50%	40%																		

**Surgical Instruments: In May 23 (Q1)** the total non-conformances was 11, of which 1 related to cleanliness of instruments. This is monitored through the Decontamination sub group.

**Infection Prevention and Control (IPC) Audits: In May 23 (Q1) Hand Hygiene Audits** All areas remained above 95%. To support this audit IPC have requested peer review audits across departments. **ANTT Audits** for May, Theatres was 87%, this was for lack of appropriate PPE and not maintaining bare below the elbow. Where areas on non-compliance were noted, appropriate challenge of practice was reviewed at the time. **Cleaning and decontamination Audits** the main concern seen in May, was documentation in CCA, and PPE not worn correctly in theatres. **Additional action plans supported by IPC are in place.** Environmental rounds completed with IPC supporting the clinical teams

**Environmental Cleanliness:** May 23 (Q1) All areas above target.

**Deep Cleans :** Theatre schedule (one theatre a month) in May theatre 6 had a completed deep clean. One area of the deep cleans that is currently under review is they do not include the store cupboard areas.

**Compliance with Antibiotic Policy for Surgical Prophylaxis:** Audits for compliance are carried out quarterly. April results for Q4 were reported as 83.20%, which is below our target of 90%. This is a slight improved since last reported in Nov at 80% compliance. **June update-** This is now to be completed every 6 months as no changes seen (mainly due to documentation). Next audit due with be October 2023.

**Compliance with MRSA nasal decolonisation treatment** In May compliance was 40%, compared to 50% in April of patients audited had a complete 5 day course of nasal decolonisation. Record keeping seems to be a main contributing factor for non compliance and this will be followed up.

**Priorities for June 2023** (monitored via SSI Stakeholder meeting):

- NHSE Visits and feedback
- New SSI governance structure to commence.
- Focus on level 5 environmental rounds.
- Post op management.