

Surgical Site Infections (SSI) Quality Monitoring - Inpatient & Outpatient Dashboard for 2023-2024



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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.
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%)	0 (0%)	Overall Quarter 1 Total	1 (1.7%)	0 (0%)		Overall Quarter 2 Total
	% (Number) of patients with Deep SSI	1.3% (12)	0.4% (2)	1.6% (14)	1.2% (9)	Inpatients	0 (0%)	0 (0%)	0 (0%)		2 (3.4%)	0 (0%)		
						Outpatients	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)		
	% (Number) of patients with Superficial SSI	2.3% (21)	0.8% (4)	3.2% (27)	4.4% (34)	Inpatients	3 (6.3%)	1 (1.3%)	0 (0%)		1 (1.7%)	0 (0%)		
						Outpatients	1 (2%)	0 (0%)	0 (0%)		1 (1.7%)	1 (1.4%)		
	Identified SSI - leg wound post CABG +/- Valve	% (Number) of patients with Deep SSI	0.1% (1)	0%	1.1% (9)	1% (8)	Inpatients	0 (0%)	0 (0%)		0 (0%)	0 (0%)	0 (0%)	
Outpatients		0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)							
% (Number) of patients with Superficial SSI	0.4% (4)	0.4% (2)	1.9% (16)	2.4% (19)	Inpatients	2 (4.2%)	2 (2.6%)	4 (6.3%)	1 (1.7%)	2 (2.8%)				
					Outpatients	0 (0%)	0 (0%)	0 (0%)	1 (1.7%)	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)	3.9% (3/78)	6.3% (4/63)	6.3% (12/189)	8.5% (5/59)	2.8% (2/72)		
% patients receiving outpatient/community care only - not reported to UKHSA but monitored at Trust level						No Target	2% (1/48)	0% (0/78)	0% (0/63)	0.5% (1/189)	3.4% (2/59)	1.4% (1/72)		
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)	3.9% (3/78)	6.3% (4/63)	6.9% (13/189)	11.9% (7/59)	4.2% (3/72)		
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	1 (3.4%)	0 (0%)	0 (0%)	Overall Quarter 1 Total	0 (0%)	0 (0%)		Overall Quarter 2 Total
	% (Number) of patients with Deep SSI	0.4% (3)	0.6% (2)	1.3% (7)	0.4% (2)	Inpatients	1 (3.4%)	0 (0%)	0 (0%)		1 (1.9%)	1 (2.1%)		
						Outpatient	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)		
	% (Number) of patients with Superficial SSI	0.9% (6)	1.2% (4)	1.5% (8)	2.4% (13)	Inpatients	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)		
						Outpatients	0 (0%)	0 (0%)	0 (0%)		0 (0%)	0 (0%)		
	% of inpatient admissions with SSI post valve (including readmissions)- internal reporting						Internal Target 2%	6.8% (2/29)	0% (0/40)		0% (0/53)	1.6% (2/122)	1.9% (1/51)	
% patients receiving outpatient/community care only - not reported to UKHSA but monitored at Trust level						No Target	0% (0/29)	0% (0/40)	0% (0/53)	0% (0/122)	0% (0/51)	0% (0/47)		
Overall % of all SSIs post Valve (inpatient and outpatient)		Overall 2.15%	Overall 2%	Overall 3%	Overall 3.3%	No Target	6.8% (2/29)	0% (0/40)	0% (0/53)	1.6% (2/122)	1.9% (1/51)	2.1% (1/47)		

Summary of Surgical Site (SSI) Monitoring Dashboard – 23/24 (data correct as of 22.09.2023)

Sternal and Leg Wounds Post CABG surgery:

Quarter 1: The confirmed rate for Q1 2023 is 6.3% (12/189). This data is in the process of being submitted to UKHSA in September 2023. **Overall inpatient/outpatient for Q1 is 6.9% (13/189).**

Quarter 2 (in collection): In the month of July and August 2023, the SSI rate post CABG surgery rate is currently **8.5% (5/59 patients) and 2.8% (2/72) respectively.** This is early data and will be subject to review. This compares to **3.9% (3/78) in May and 6.3% (4/63) in June 2023.**

July 2023 has seen one organ space, 2 deep, and 4 superficial infections. The total rate of CABG infection for July is 11.9%. Five of these infections are inpatient/readmissions so the current reportable rate for **July is 8.5%.** **August 2023** has seen 3 superficial wound infections in CABG surgery. Inpatient/readmission rate is **2.8%**, with a total rate for CABG surgery of 4.2%. Figures are subject to change as more patients may present.

Sternal Wounds Post Valve Surgery:

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

Quarter 1: The overall confirmed rate for Q1 is 1.6% (2/122).

Quarter 2 (in collection): In the month of July and August 2023, the SSI rate post valve surgery is currently **1.9% (1/51 patients) and 2.1% (1/47) respectively.** This compares to **0% in May and June 2023.**

In **July 2023** there was one deep valve infection, giving an infection rate of **1.9%**. There was also a deep valve infection for **August 2023**, giving an infection rate of **2.1%** for valve surgery.

SSI Scrutiny panel:

Three transplant patients' RCAs were discussed at the Transplant M & M in August. Two thoracic patients RCAs will be discussed at this month's Surgical M&M. These patients do not form part of our surveillance for external reporting.

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



Report Author: Louise Palmer - Assistant Director of Quality and Risk Julie Bracken- Project Nurse Kathy Randall – Lead Infection Prevention & Control Nurse

SSI Environmental Monitoring Dashboard for 2023/2024 - (Data correct as of 19.09.2023)

Surgical Instruments: In August 23 (Q2) the non-conformances is slowly reducing to a total of 7, of which 2 related to cleanliness of instruments (this is unchanged from previous month). This is monitored through the Decontamination subgroup and discussion with Nuffield. To provide assurance of how to reduce these, a deep dive into themes and root cause is underway.

Infection Prevention and Control (IPC) Audits: In August 23 (Q2) Hand Hygiene Audits Theatres is 100% compliance, CCA 96%, but level 5 were 79% which was related to not following the 5 moments of HH. **ANTT Audits**, showed 100% in theatres and CCA and level 5 94% which is a great improvement. **Cleaning and decontamination Audits** was again at 100% in theatres, and below 95% in CCA and Level 5 –inappropriate ‘I am clean’ stickers was highlighted (awareness has been raised and a separate audit has been started to challenge this). All actions were addressed at the time.

Environmental Cleanliness: August 23 (Q2) All areas are at expected standards. IPC have requested to work closing with Estates and OCS to improve the efficiency audits.

Deep Cleans : Theatre schedule (one theatre a month) in August Theatre 4 and perfusion room had a completed deep clean.

Compliance with Antibiotic Policy for Surgical Prophylaxis: 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 August compliance was 60%, compared to 73% in July and 70% in June. This remains a focus with best practice reviewed through the SSI Clinical practice Group. Reviewing documentation of treatment and intra-hospital transfers.

Priorities for September 2023 (monitored via SSI Steering Group):

- Changes to MRSA decolonisation practice changed
- Plan monitor Discharge photo
- Review of process for of chest drain and line removal to improve timely intervention.
- Review pre-optimisation of Diabetes patient.
- Deep dive of themes and trends on sterile services and non-conformances

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
Surgical instruments	Number of non-conformance incident reports - related to cleanliness of instruments	Not reported	Not reported	Not reported	16	0	1	1	2	Overall Q1 Total	2	2		Overall Q2 Total
	Number of non-conformance reports related to incorrect/missing/damaged instruments	Not reported	Not reported	Not reported	73	No Target	15	10	9		7	5		
	Total non-conformance reports on datix system	Not reported	Not reported	Not reported	89	No Target	16	11	11		38	9	7	

Area	Audits	19/20	20/21	21/22	22/23	Target	Apr-23	May-23	Jun-23	Q1	Jul-23	Aug-23	Sep-23	Q2
IPC audits	Hand hygiene - Theatres	94%	95%	99.6%	93.8%	>94%	100%	100%	100%		100%	100%		
	Hand hygiene - CCA	91%	86%	87%	87%	>94%	97%	100%	84%		100%	96%		
	Hand hygiene - Level 5	100%	100%	99.5%	99.3%	>94%	100%	100%	99%		87%	79%		
	ANTT - Theatres	Not audited	Not audited	Not audited	83%	>94%	77%	87%	95%		100%	100%		
	ANTT - CCA	Not audited	88%	92%	88%	>94%	100%	100%	100%		92%	100%		
KEY for ALL IPC Audits:	ANTT - Level 5	Not audited	Not audited	Not audited	93.50%	>94%	97%	100%	98%		83%	94%		
>94%	Cleaning & Decontamination- Theatres	99%	88%	86%	97%	>94%	85%	65%	98%		100%	100%		
70-94%	Cleaning & Decontamination- CCA	87%	82%	82.5%	73.4%	>94%	45%	75%	77%		74%	67%		
<70%	Cleaning & Decontamination - Level 5	99.5%	99%	100%	99%	>94%	100%	100%	90%		87%	90%		

Environmental cleanliness	Cleaning QC - Theatres	Not reported	99%	99%	99%	>98%	100%	99%	100%		100%	100%		
	Cleaning QC - CCA	Not reported	100%	99%	99%	>98%	98%	99%	99%		98%	99%		
	Cleaning QC - Level 5	Not reported	99%	98%	98%	>95%	98%	97%	98%		98%	98%		

Deep Cleans -Theatres							Theatre 4	Theatre 6	Theatre 1		Recovery Area	Theatre 4 & perfusion room		
	Deep Clean - Theatres	Not reported	Not reported	Not reported										

Area	Audits	19/20	20/21	21/22	22/23	Target	Apr-23	May-23	Jun-23	Q1	Jul-23	Aug-23	Sep-23	Q2
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	No Audit this month		Audit due Oct	Audit due Oct	Audit due Oct	
Compliance with MRSA nasal decolonisation treatment	Overall compliance	Not reported	Not reported	Not reported	New audit	>90%	50%	40%	70%		73%	60%		