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Abstract (poster session)

Advancing quality in patient care initiative at a tertiary care cardiac unit: an innovative project drawing on surgical site infections (including post discharge) surveillance in cardiothoracic surgery to drive quality

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Background: Surgical site infections[SSI] are associated with complications, increased mortality, length of stay[LoS] and associated costs. Literature suggests SSI comprise up to 20% of all healthcare associated infections[HAI]; 5% of all surgeries; doubles the cost of care and extends LoS upto 6.5days. Lancashire cardiac centre [LCC], a tertiary unit within Blackpool Teaching Hospitals, serves a population of 1.5 million in the northwest England and undertakes 1800 cardiothoracic[CT] surgeries annually. We present findings from an innovative project on advancing quality. This includes gathering high quality data, a comprehensive SSI surveillance (including post discharge and both sternal/leg wounds) over 3-months to establish baseline SSI rate, assess any epidemiological links, impact of patient or healthcare factors and baseline to evaluate impact of interventions. Methods: Analysis of database on 255 CT surgeries over 3-months[Jan – Mar 2011]. SSI surveillance included both sternal and leg wounds. Surveillance period included up to 30d post surgery and post discharge data. Data was collected from patient questionnaire [posted after 30d & postage paid], readmissions, followup clinics, GP consultations and contacting patients if no response. HPA standard criteria for definition of SSI was used. Results: Key findings: Total of 255 CT surgeries during 3-months, 8-CT surgeons undertook between 22 – 38 surgeries/consultant; 7.8%[20/255] patients had a SSI including deep [3/20] and superficial [17/20] infections. 50%[10/20] had leg wound infections; 50%[10/20] had SSI within 1st 10d; predominant SSI noted in Males (3:1); Age range 71-80y; BMI range 25-30; ASA scores of 3+; Conclusions: LCC is committed to reduce rates of SSI as a part of commissioning for quality and innovation [CQUIN] schemes to improve quality/patient care. An innovative project was initiated with collaboration between cardiac surgery – microbiology – infection control. The aim was to gather high quality baseline data to drive a variety of interventions and measure the impact against baseline SSI rates. These interventions are in various stages and include new antibiotic prophylaxis in cardiothoracic surgery guidance, change of skinprep from povidone iodine-IPA to chlorhexidine-IPA; dedicated link nurse conducted hand-hygiene compliance audit to secret shopper style audits; enhanced Microbiology ward rounds; antibiotic compliance audits. Details to be presented.

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