



Safer Systems
Saving Lives



Saving lives



**St Vincent's Hospital
Darlinghurst**

Ann Morgan
Project Coordinator
0405 323 240

Overall aims in participating:

- Improve patient safety
- Identify factors or methods for improvement
- ** Decrease variability in the standard of care

- Consolidate existing initiatives
 - Medication Safety Collaborative Project
 - Clinical Emergency Response System
 - TASC
 - CVC BSI
 - Wound management project 10S

Surgical Site Infection Intervention included:

- Multidisciplinary team
- ‘Toolkit’ developed with expert review
 - ‘Bundle’ of care components
 - Data collection to measure improvement
 - Monthly audit and outcomes
- Regular feedback

Target group

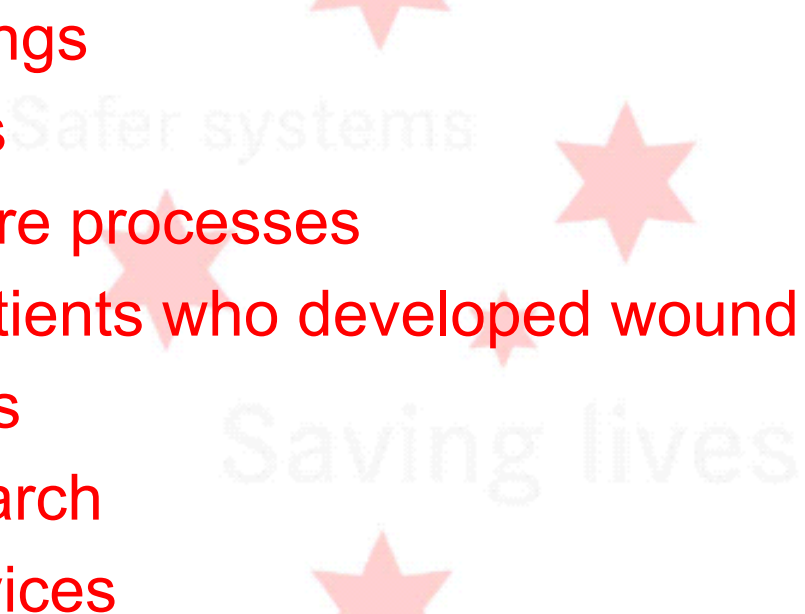
Elective coronary artery bypass graft and valve repair/replacement patients

- 10 South
- Operating Theatres
- Day of Surgery Admission
- Intensive care

Team

- Cardiac care co-ordinator
- Infection control
- Cardiac nurse educator
- Clinical nurse specialist
- Cardiothoracic scrub nurse
- Cardiothoracic surgeon

Consultation with anaethetist, day of surgery admission staff

- Meetings
 - Audits
 - Care processes
 - Patients who developed wound infections
 - Emails
 - Research
 - Inservices
- 

- A bundle of evidence-based interventions for patients having surgery, which when implemented together, result in better outcomes
- Day of surgery admission
- Appropriate use of prophylactic antibiotics
- Appropriate hair removal
- Surgical wound dressing protocol

- What changes could be made that will result in improvement of SSI rates?
- What is actually happening?
- Identify possible areas for improvement
- Implement intervention to improve practice
- Documentation
 - Awareness
 - Compliance
 - Standardize care

1.

Day of Surgery admission

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Reduce length of stay



Decrease the risk of nosocomial infection

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- Admissions from regional areas
- Transplant Centre
- Trauma Centre

Case for admitting cardiac surgical patients in days prior

- Investigations
- Stabilization
- Reduce anxiety

2. Appropriate use of perioperative antibiotic prophylaxis

- To reduce the impact of intraoperative microbial contamination of a surgical site to a level that will not result in infection
- Must be aimed at the bacteria most likely to infect the wound, be of the narrowest spectrum required and be delivered in a timely manner

- Antibiotic protocol had been developed in consultation between microbiologist, surgeons and anaethetists
- Antibiotics routinely given at induction – audit from induction to incision – mean time 45 minutes
- Routinely ceased after 3 doses in ICU
- Audit confirmed practice

3. Appropriate hair removal

- Clippers
- As close to the incision time as possible

- Identified as an area for improvement
 - Clipping vs shaving
 - Other hospital practices
 - Education
 - Training
 - Resources
 - Policy development

- Policy development
- Encouraging clinical staff to follow a policy development process
 - Evidence based
 - Consultation
 - Endorsement

4. Surgical wound dressing protocol

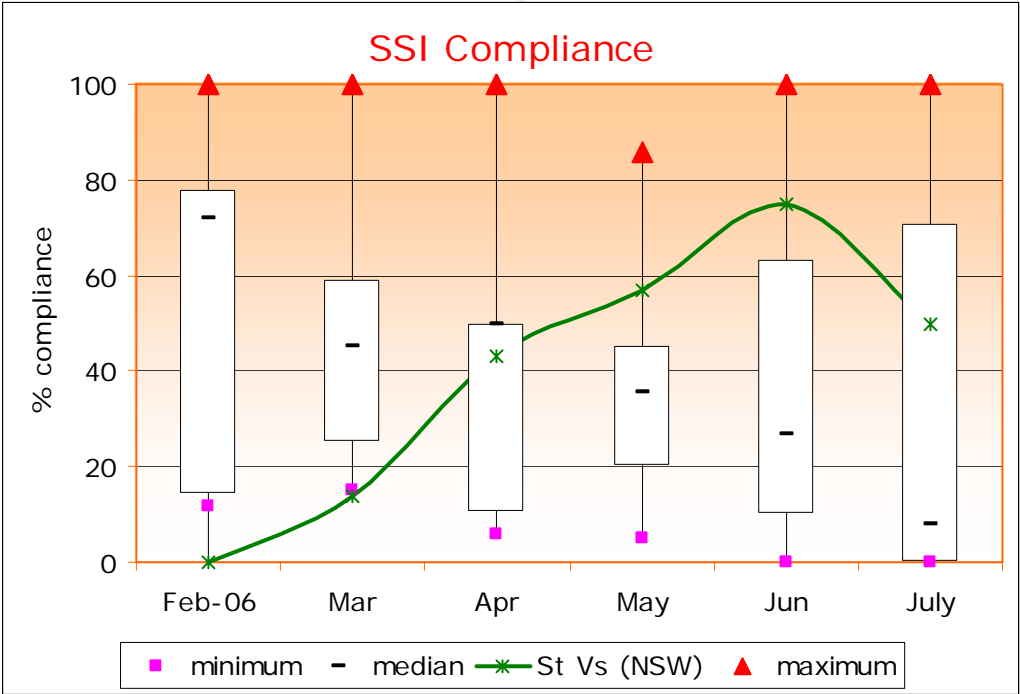
- Clinical Pathway
- Wound care chart
- Infection control surveillance
- Documentation
- Research suggested that the protocol could be improved

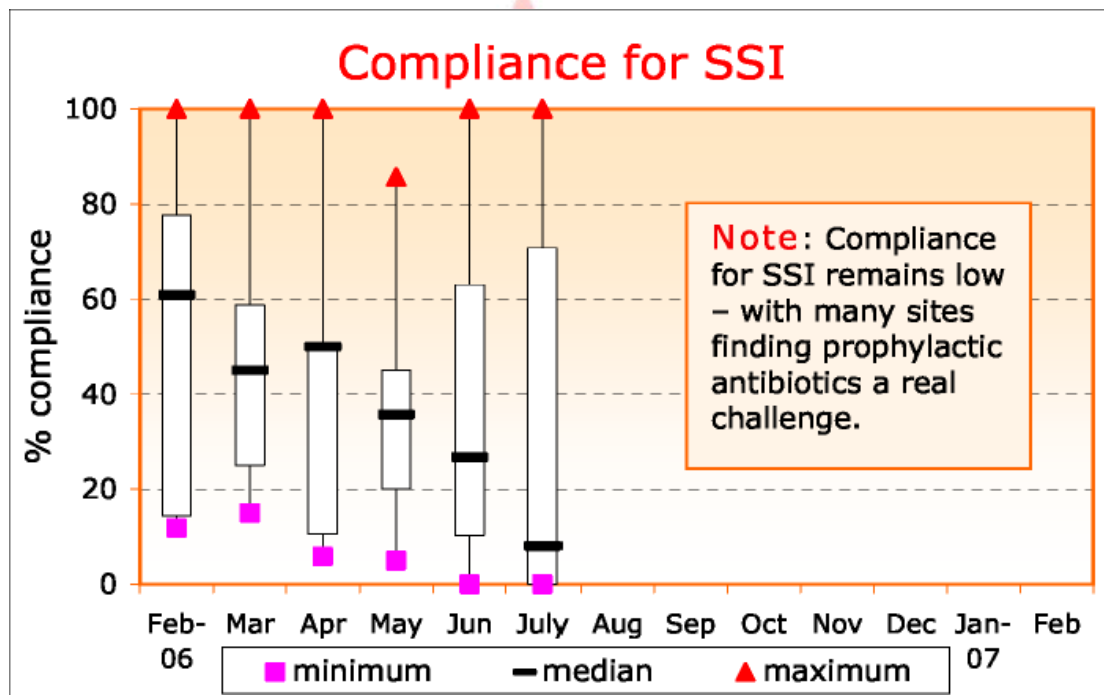
Measurement – does a change represents an improvement?

- Process: Have all the care components of the care bundle been completed?
- Outcome: Number of sternal SSI
- Documentation
- Monthly audit

Feedback

- Graphs from VIC Health
- Reports
 - EC
 - Patient Safety Committee
 - Team
 - Ward staff
- Email





Confounding factors

- Improvement in documentation
- Stabilization of staff

Change facilitators

- Enthusiastic CNE driving the wound care project
- Nursing staff ownership
- Reduced nursing care
- Champion – cardiothoracic surgeon

Barriers to change

- Minimized by evidence of improvement in infection rates and no increase in workload
- Resistance to changing hair removal practices

SSSL Challenges

- Consultation
- Medical staff engagement
- Ownership
- “Selling” QI and potential for improvement
- Resources
- Perception of “change for change sake”

SSSL Wins

- Raised awareness of patient safety
- Wake-up call
- Provided an avenue to assess, audit and improve current practice
 - Hair removal and wound care
- Widened perspective
 - Endocrine review of diabetic patients
 - Consult with DOS staff
 - Liaised with other hospitals - benchmarking
- Care bundle – promotes standardized care and reduces variability
- Enhanced communication and networking

Evidence is not enough...

- It takes an average of **17 years** for research evidence to be assembled into everyday practice (Balas & Boren H Inform 2000)

Example:

- Coronary stenting developed in the early 90's – in 1998 50% of angioplasties used stents (Newhouse H Affairs 2002)

As the sun sets . . .



Melanie McKinnon NSW SSSL

It also rises!
(Level I Evidence)



*Tomorrow is another day and a
new opportunity to take what we
have learned and go forward*

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What have we learned?

- Change is hard work.
- Change cannot be assumed to occur in the life time of a project.
- SSSL is just the beginning.

Teamwork

- Fundamental for implementing /driving change
- Promotes a shared vision and facilitates communication
- Promotes a patient focus rather than a provider focus.
- And more.

Teamwork works!

Effective teamwork will not take the place of knowing how to do the job or how to manage the work.

Poor teamwork, however, can prevent effective final performance.

And it can also prevent team members from gaining satisfaction in being a member of a team and the organization.

Robert F. Bales

Leadership

Leading for change means creating an environment that is conducive to different thinking, experimentation and appropriate risk taking.

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Measurement

Data is critical

- even when deemed incorrect it has the potential to create the tension that becomes a catalyst for the sort of discussion and review that may not otherwise have happened.

“We cannot manage what we cannot measure”

SSSL - strong attributes for adoption & spread

Advantages for staff and patients

Compatible with current practice & professional values

Changes associated with introduction of the interventions is *relatively simple* (RRS and ADE may be exception!!!)

Easy to trial (& reverse if unsuccessful)

Impact easy to *observe*

In closing . . .

Congratulations on your achievements to date
Thank you for your persistence and hard work in the
face of some significant challenges



APPLAUSE