



New Somerset Hospital

Changing doctor's behaviours in order to reduce surgical site infections (SSI):

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Aim

The aim of this project was to reduce the surgical site infections in our surgical ward.

Context

New Somerset hospital (NSH) is a 334-bedded regional hospital in the Western Cape and embarked on a project that formed part of the Best care always initiative which was enrolled about two years ago. The surgical ward at NSH piloted the SSI bundle from April 2012 using checklists to improve patient safety.

Problem

The infection rates were still high despite good compliance to the safety checklist. Doctors were not adhering to basic hand washing hygiene. Due to the high number of patients, they did not properly dispose of dressings after wound checks. Wounds remained open for lengthy periods.

Strategy for change

Improved leadership: From September 2012 the head of the department took the lead and initiative to ensure that all the staff go back to basics and improve on their hand washing technique.

Change in wound care: The practice of the medical staff was changed; all dressings in the ward were immediately discarded after a patient has been examined and all wounds closed immediately.

Improved communication: This was extensively communicated to all relevant role players within the surgical department.

Nurse motivation: The nurses were motivated from the beginning and ensured that the doctors were reminded of the new strategy, therefore guaranteeing compliance to the changes that were initiated.

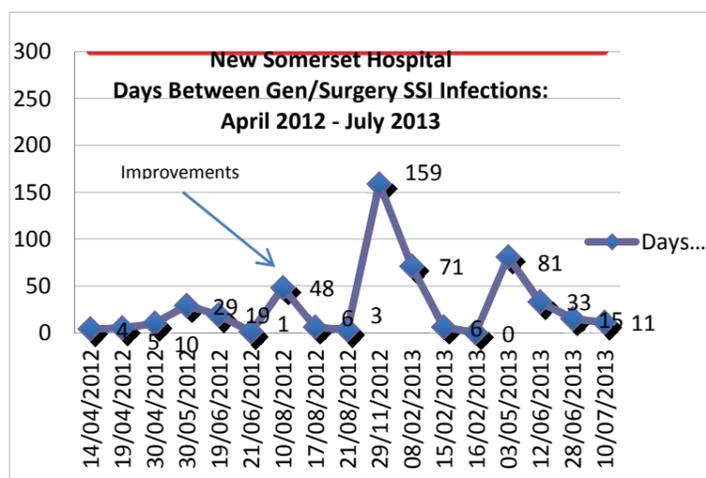
References

Best Care Always! <http://www.bestcare.org.za>

<http://www.bestcare.org.za/file/detail/BCA+Graphs+Welh+cross+handout.pdf>

Measurement of improvement

We monitored the success of the SSI bundle through the results of positive cultures and placed the days free of infection on a Welsh cross and plotted this on a graph. Weekly audits were done by the nurse manager to ensure overall compliance of the bundle.



Conclusion

There was a decrease in the rate of positive cultures from September after this improvement plan, reaching 159 free days of infection at one point, although the target was set at 300 free days.

Unfortunately from February 2013 there were a number of infections again, reducing the days free between infections as seen in the graph. At present the days between infections are alarmingly low.

Although the staff's behaviour has improved, it is practically difficult to adhere to the immediate closure of wounds.

There are also several other factors such as staffing and patient related issues that contributed to the increase in infections and we need to address these factors strategically to improve our overall SSI-rate.

Lessons to others

- **With good leadership it is possible to change doctor's practice and behaviour.**
- **Basic hand washing is critical to ensure patient care and fewer infections.**
- **Team work is critical to ensure improved quality in patient care.**

