

## Getting It Right First Time Surgical Site Infection (SSI) Survey

### Frequently Asked Questions

#### What is GIRFT?

Getting It Right First Time (GIRFT) is a national programme designed to improve surgical and medical care by reducing unwarranted variations. By tracking variations in the way services are delivered, and by sharing best practice between hospitals, GIRFT helps to identify changes that will improve care and patient outcomes, as well as delivering efficiencies such as the reduction of unnecessary procedures and cost savings.

#### What is the SSI Survey?

- Surgical site infection (SSI) is an important area of focus for GIRFT. Post-surgery infections can cause significant discomfort to patients and result in increased hospital stay, readmissions and re-operations. They are also a significant cost to the NHS.
- During our GIRFT reviews of all surgical departments across England, we noticed the lack of awareness of SSI rates by some frontline clinicians. Hence the GIRFT SSI programme was set up to review SSI rates in surgical units in England and to review the current practice in prevention of SSIs. The 2017 GIRFT SSI National Survey reviewed SSI rates across 13 surgical specialties using a novel methodology of involving junior doctors in the data collection process. A total of 95 NHS trusts encompassing 198 surgical units in England submitted SSI data.

The aim of the SSI survey is to:

- ✓ Identify the surgical site infection rates of specific procedures within 13 GIRFT surgical specialties.
- ✓ Assess local practice in the prevention of surgical site infection for the specified procedures.
- ✓ Provide data for participating trusts to benchmark themselves against national average and to drive better scrutiny and investigation of SSIs and their causes.

#### How can your trust take part in the 2019 survey?

The 2019 survey is fully supported and co-badged by the Royal College of Surgeons.



The 2017 survey has already helped our understanding of SSI rates for each specialty and started to identify areas of good practice which can be shared. Trusts have used the information to review their SSI rates and look at where improvements can be made to prevention methods. We are therefore looking to build on this through a second survey, and we are asking all trusts to participate to help deliver more comprehensive data and improved learning.

### How will my trust benefit from participating?

- Each trust will receive an individual trust data pack with national benchmarks.
- Overall results and good practice will be shared nationally.
- Participating in the survey should be an opportunity to better understand a trust's SSI rates, to review and improve local practice, and to report on this to the Trust management and Board.

### How do trusts need to be involved?

- Trusts will nominate an SSI Trust Champion who will co-ordinate the survey within their trust.
- We are asking Medical Directors to encourage participation from clinicians in the survey. Participation in the survey can also form part of the quality improvement activity within annual consultant appraisals, leading to an informed discussion regarding clinical quality.

### What period will the survey cover?

- This year, the survey will be over a period of six months from 1 May to 31 October 2019, and will collect data on selected procedures per specialty.

### How does this differ from the 2017 survey?

- We have listened to feedback on the first survey and ensured that the data collection will:
  - ✓ add value to the existing available information through minimum duplication of data;
  - ✓ be supported with training regarding collections techniques, and sufficient time to prepare for the data collection;
  - ✓ minimise workload and offer simple access for the practitioner;
  - ✓ take place over a meaningful timescale of six months;
  - ✓ be overseen by a medical director, director of infection prevention and control, infection control department, audit department or similar for each trust (Trust SSI Champion); and
  - ✓ outputs will be issued promptly to trusts.

### How did you develop the questions and agree the procedures?

- The survey questions have been developed by Clinical Lead Dr Cherrie Ho in consultation with respective GIRFT Clinical Leads and /or reviewed by experts or professional bodies, including the SSI Workstream of the National Wound Care Strategy Programme.

### Do I need to participate in all specialties?

- We would like trusts to participate in as many surgical specialties as possible, although some specialties will not be relevant for some trusts. The specialties are below and the procedures we are covering for each specialty are at Annex A:

- Breast surgery
- Cardiothoracic surgery
- Cranial neurosurgery
- Ear, nose and throat surgery
- General surgery
- Obstetrics and gynaecology
- Ophthalmology
- Oral and maxillofacial surgery
- Orthopaedic surgery
- Paediatric general surgery
- Spinal surgery
- Urology
- Vascular surgery

### **How does this differ to the Public Health England (PHE) Programme?**

- Unlike the PHE surveillance programme, which is currently only mandatory in selected procedures in orthopaedics, the GIRFT SSI programme looks at SSI rate beyond the scope of the PHE mandatory and voluntary programme in 13 surgical specialties. It is not a surveillance programme; we capture the SSI rates by identifying SSI cases that present to trusts according to the same PHE SSI definitions within our six-month data collection period.
- Trusts will still have to participate in mandatory PHE surveillance, however we position our programme so as to complement what PHE is doing and can increase the return rate of their voluntary SSI programmes.

### **Who will individual trust SSI survey data packs be shared with?**

- The purpose of the survey data packs presented to trusts is to provide insight to help inform clinical decision-making. For information governance reasons, these packs cannot be routinely shared by GIRFT outside of the hospital they apply to. However, where the data and insight raises a need for a hospital and its clinical teams to work with other NHS partners such as commissioner colleagues, the GIRFT programme would encourage trusts to share their data packs as they feel appropriate.

### **When will I see an overview of the results from GIRFT's 2017 SSI Survey?**

- A report on the 2017 SSI survey should be available in March 2019.

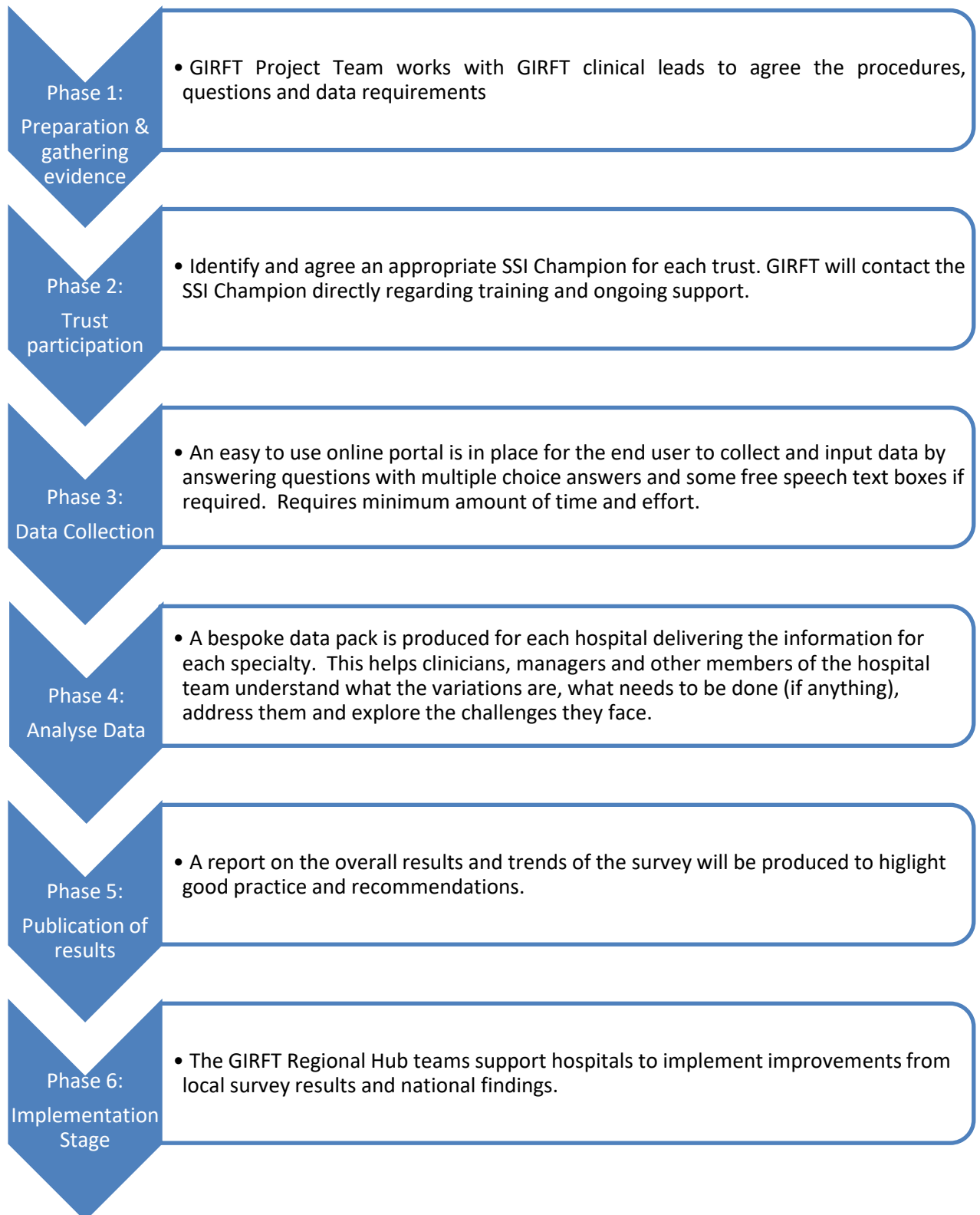
### **Will the Independent Sector be participating?**

We are also exploring whether the 2019 survey can be extended to the Independent Sector. Feedback from the Independent Sector is that they are keen to participate.

## Running the Survey

<p><b>Who needs to be involved in my trust?</b></p>	<ul style="list-style-type: none"> <li>➤ An SSI Champion is appointed in each trust.</li> <li>➤ The SSI Champion will establish which surgical specialties are to be included in the GIRFT SSI survey.</li> <li>➤ The SSI Champion will 'recruit' a specialty lead for each specialty to be included.</li> <li>➤ The SSI Champion will have an 'admin' level login for the SSI portal and they will authorise / issue a login per specialty to the specialty lead.</li> </ul>
<p><b>What guidance and training will be available?</b></p>	<ul style="list-style-type: none"> <li>➤ Detailed guidance including a user guide for the portal will be available – this will be supported by an on-line video explaining how to complete the portal. We will also be offering some WebEx to participants.</li> <li>➤ A helpline number and email will also be provided for help with the portal and the survey</li> </ul>
<p><b>How is the data collected?</b></p>	<ul style="list-style-type: none"> <li>➤ Each specialty lead will have a login to the online portal and will be required to complete data and information for each SSI case identified. This could be done at the end of morning ward rounds when SSI cases are identified or trusts can develop their own process to capture their SSI cases. No patient identifiable data will be collected.</li> </ul>
<p><b>How much resource is required?</b></p>	<ul style="list-style-type: none"> <li>➤ Each surgical unit should be monitoring their own SSI rates already and there may be a pre-existing surveillance programme in place. Trusts may wish to consider recruiting junior doctors and consultants to participate in the SSI survey as part of a quality improvement project.</li> </ul>

## Key stages of the GIRFT SSI Survey



**Specialties and procedures**

<b>Specialty</b>	<b>Procedures</b>
Breast Surgery	<ol style="list-style-type: none"> <li>1. Breast Implant – subdividing into Pre-pectoral (mesh), Sub-pectoral (mesh) and Dermal sling (without mesh)</li> <li>2. level 2 mammoplasty - therapeutic or symmetrising</li> <li>3. procedures requiring a flap – local/ free/ pedicled</li> </ol>
Ear, nose and throat surgery	<ol style="list-style-type: none"> <li>1. Resections in head &amp; neck cancer</li> <li>2. Thyroid surgery</li> <li>3. Cochlear implant procedures</li> </ol>
Cardiothoracic Surgery	<ol style="list-style-type: none"> <li>1. Cardiac Surgery – isolated CABG</li> <li>2. Cardiac Surgery – valve surgery +/- combined procedure</li> <li>3. Cardiac Surgery – other (exclude transplantation)</li> <li>4. Thoracic Surgery – lung resection</li> <li>5. Thoracic Surgery – other (exclude transplantation)</li> </ol>
Cranial Neurosurgery	<ol style="list-style-type: none"> <li>1. External Ventricular Drain insertion</li> </ol>
General Surgery	<ol style="list-style-type: none"> <li>1. Emergency laparotomy</li> <li>2. Emergency Appendicectomy</li> <li>3. Elective Large Bowel resections</li> </ol>
Obstetrics and gynaecology	<ol style="list-style-type: none"> <li>1. Caesarean section</li> <li>2. Abdominal hysterectomy</li> </ol>
Ophthalmology	<ol style="list-style-type: none"> <li>1. Cataract</li> <li>2. Intravitreal injections</li> </ol>
Oral and maxillofacial surgery	<ol style="list-style-type: none"> <li>1. Orthognathic Surgery</li> <li>2. Dentoalveolar Surgery</li> <li>3. Procedures following trauma</li> </ol>
Orthopaedic surgery	<ol style="list-style-type: none"> <li>1. Elective Primary Hip replacement</li> <li>2. Elective Revision Hip replacement</li> <li>3. Elective Primary Knee replacement</li> <li>4. Elective Revision Knee replacement</li> <li>5. Elective Primary Shoulder replacement</li> <li>6. Elective Revision Shoulder replacement</li> <li>7. Elective Primary Elbow replacement</li> <li>8. Elective Revision Elbow replacement</li> <li>9. Elective Primary Ankle replacement</li> <li>10. Elective Revision Ankle replacement</li> </ol>
Paediatric general surgery	<ol style="list-style-type: none"> <li>1. Appendicectomy</li> <li>2. Laparotomy for treatment of necrotising enterocolitis</li> </ol>

Spinal surgery	<ol style="list-style-type: none"> <li>1. Posterior cervical spine decompression and instrumented fusion</li> <li>2. Lumbar spine single level instrumented posterior fusion (including interbody fusion)</li> <li>3. Lumbar spine single level discectomy or decompression (unilateral or bilateral)</li> <li>4. Posterior correction of adolescent idiopathic scoliosis</li> </ol>
Urology	<ol style="list-style-type: none"> <li>1. Transrectal ultrasound guided prostate biopsy</li> <li>2. Procedures for urinary tract stone surgery (ureteroscopy)</li> <li>3. Procedures for urinary tract stone surgery (percutaneous nephrolithotomy)</li> </ol>
Vascular surgery	<ol style="list-style-type: none"> <li>1. Procedures for abdominal aortic aneurysms - ruptured</li> <li>2. Procedures for abdominal aortic aneurysms – ruptured open</li> <li>3. Procedures for abdominal aortic aneurysms – unruptured open</li> <li>4. Procedures for abdominal aortic aneurysms – unruptured endovascular</li> <li>5. Procedures for lower limb angioplasty</li> <li>6. Procedures for lower limb bypass</li> <li>7. Procedures for lower limb surgery for peripheral arterial disease (except lower limb bypass)</li> </ol>