**Surgical site infection improvement programme (SSIIP)**

**Light surveillance for orthopaedic surgical site infections (SSI)**

**Purpose**

This document outlines the process for undertaking ‘light surveillance’ for the orthopaedic SSIIP.

**Background**

Given a sustained decrease in national orthopaedic SSI rates and ongoing high compliance with process measures, the option of light surveillance was introduced in October 2020 to reduce time spent on data collection.

At December 2021, 14 district health boards had transitioned to light surveillance.

Light surveillance requires five data fields for all surgical procedures, rather than the 35 fields that are mandatory for full surveillance.

Where an infection occurs, full surveillance data is collected, and an in-depth investigation of the SSI is completed using the SSI investigation tool.

As process measure data is only collected for SSI cases, hospitals using light surveillance do not report process measure data in the SSI dashboards and quality and safety markers (QSMs). The SSI rate, which is the outcome measure, is still included in the QSM report.

Transitioning to light surveillance

The decision to move to light surveillance should be discussed within your organisation.

These discussions should be held with the orthopaedic SSI team, including but not limited to the SSIIP champion, infection prevention and control (IPC) nurses, orthopaedic clinical director, infectious disease doctor and quality and risk manager, to reach a consensus decision.

Contact the Health Quality & Safety Commission (the Commission) at SSIIP@hqsc.govt.nz if you would like to discuss changing to light surveillance. The IPC team can support you with the transition and determine the start date for your organisation.

Submitting light surveillance data

*Creating a report file for National Monitor*

1. To submit light surveillance data, create a CSV file. We recommend you set this process up with your information technology team. They can set up an automatic download of the required data points from other systems.
2. Create a file for the monthly denominator data in CSV file format (Appendix 1).
3. Populate the data fields. The Commission’s *SSIIP Orthopaedic Form Data Entry Elements for Light Surveillance* guideline provides detailed information on populating data fields. Contact the Commission at SSIIP@hqsc.govt.nz for a copy.

Only five parameters are reported for all surgical procedures (denominator):

* Organisation
* NHI
* procedure code
* procedure date
* procedure location (hospital).
1. Every month, upload/import the CSV file to ICNet National Monitor via the SSIS software (Appendix 2). In most organisations, this is the responsibility of the SSIIP Orthopaedic Champion.

If you have queries or need support with data entry or to set up and manage CSV files, email: ICNetsupport@corganisation.health.nz.

*Data collection for SSI cases*

If an SSI is identified, all data fields of the current full surveillance programme must be completed for each SSI case (the numerator) and included in the report.

**SSI investigations using the SSI investigation tool**

You are required to undertake a detailed review of SSIs, prioritising deep or organ-space infections.

Use the Commission’s [SSI investigation tool](https://www.hqsc.govt.nz/resources/resource-library/surgical-site-infection-ssi-investigation-tool/) to complete each SSI review. The SSI investigation tool is for your internal use only and includes a follow-up action plan as part of the quality improvement process for SSIs. It is also available on ICNet under the title A*LLDHB – Orthopaedic SII Investigation Answers*.

At the end of each quarter, submit a summary of all SSI investigations carried out using the SSI investigation tool. Note that this summary is for investigations carried out within the quarter, so may relate to SSIs that occurred outside of the quarter.

Submit your summary to SSIIP@hqsc.govt.nz using the [SSIIP Investigation Form – Quarterly Summary](https://www.hqsc.govt.nz/resources/resource-library/surgical-site-infection-ssi-investigation-tool/)

Submission dates are:

* 1 April for investigations conducted in January–March
* 1 July for investigations conducted in April–June
* 1 October for investigations conducted in July–September
* 1 January for investigations conducted in October–December.

SSI investigation findings are discussed at a quarterly Champions SSI Investigations meeting.

**Monitoring results**

*SSI dashboards*

The national [orthopaedic SSIIP dashboard](https://public.tableau.com/profile/hqi2803#!/vizhome/SSIorthopaedicdashboardpublic/SSIIPorthopaedicsurgery?publish=yes) is updated every quarter and can be viewed to monitor your organisation’s SSI rates.

Process measure reporting of antibiotic prophylaxis (timing and dose) is only required for SSI cases, so QSM reporting of these is not required when using light surveillance.

All historic data will remain on the SSI dashboard and in the QSM reports.

Outcome measure reporting (SSI rate) continues under light surveillance.

*Monitoring for infections – variable life-adjusted display (VLAD) reports*

The [surgical site infection (SSI) orthopaedic monitoring tool (VLAD report)](https://www.hqsc.govt.nz/resources/resource-library/ssi-orthopaedic-monitoring-tool-variable-life-adjusted-display-vlad-report/) can be used to provide an early warning of an increase in the risk of infections.

The report includes a VLAD chart and a coloured status box for each ORGANISATION that indicates the risk of SSI. The status box will either be green (normal), amber (warning) or red (alert).

The Commission’s IPC team actively monitor the VLAD reports, and the IPC specialist will be in touch to offer support to organisation’s that trigger an amber warning or a red alert.

The VLAD report is updated quarterly with the SSI dashboard. Each organisation has one password to access their report.

**Appendix 1: Creating a CSV file for light surveillance**



**Appendix 2: Uploading the CSV file for light surveillance**



