HIS DON'T PANIC! ABSTRACT SUBMISSION FOR ORAL/POSTER PRESENTATION

CHANGING ATTITUDES AND PERCEPTIONS TOWARDS INFECTION CONTROL: BUILDING AN EFFECTIVE BUSINESS CASE

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Objectives

One of the results of the heightened awareness around antimicrobial resistance and antimicrobial stewardship is an increasing focus on surgical site infections (SSI). The UK government recently announced a five year action plan and 20 year vision to tackle antimicrobial resistance and associated threats to public health. To support this strategy through SSI prevention, we built a business case for electronic SSI surveillance wound documentation to enable us to expand our surveillance programme.

Methods

We liaised with various stakeholders, ranging from IT leads, finance department leads, surgical site infection surveillance committee, senior Trust leadership and other key individuals to put forward patient benefits of our proposed patient safety initiative. However there were significant delays due to other competing priorities and perceived lack of urgency placed on an initiative that was largely considered to be an 'audit'. Eventually, the organisation's digital hub team was approached. This team prioritises IT implementation for projects with evidenced financial value for the organisation. Collating required SSI data and associated costs to generate a credible business case was time consuming. Several setbacks were encountered, however patience, passion and persistence led to approval of our patient safety initiative. Following its approval, SSIS local champions were identified to support local implementation; a SSI module was developed for all staff to complete together with other resources to support successful launch.

Results

We overcame initial challenges and successfully launched electronic wound documentation in October 2018. Eleven existing specialties and two new specialties had gone live as of March 2019. Six new surgical specialties have already requested to join the SSI surveillance programme and we envisage covering all surgical specialties by the end of 2019. Staff are being supported fully to manage this change.

Conclusion

Surgical site infection surveillance is often perceived to be one of those 'audits' and when this perception is embedded in a culture of an organisation it can be difficult to convince opinion leaders to prioritise any work related to it. We successfully built a credible SSI business case through judicious use of data, engagement and team building to facilitate the introduction of a revolutionary patient safety initiative in the organisation.