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A bundle approach for preventing surgical site infections of post-operation hip fractures in rehabilitation

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Introduction

From 2010 to 2015, 4456 patients were admitted to Hong Kong East Cluster with hip fractures. Of these patients, 3814 (86%) received surgical treatment. Approximately 0.04% of the patients developed surgical site infection (SSI). SSI is an important complication of surgical treatment in hip fractures. Several variables contribute to SSI development, such as hydration state, nutrition, existing medical conditions, as well as pre-, intra-, and post-operative care. Predicting SSI is difficult, and SSI may result in prolonged hospital stays, repeated operations, and increased antibiotic use. Nursing and supporting staff play important roles in the early detection and prevention of SSI in orthopedic rehabilitation. In 2015, a bundle care approach for SSI prevention was implemented in orthopedic rehabilitation.

Objectives

1. Increase staff knowledge and competency in surgical wound care
2. Enable early detection and prevention of wound infection
3. Decrease wound infection

Methodology

The working group on surgical wound care in orthopedic rehabilitation was formed in July 2015. The group consisted of nurses in orthopedic rehabilitation wards and infection control department. The bundle care approach of surgical wound management was implemented. The current practice of surgical wound management in orthopedic rehabilitation wards was reviewed. The bundle care approach included the establishment of a monitoring system for surgical wounds and development of good practice and practical tips for surgical wound care. Surgical wound documentation was posted at the ward. A seminar on surgical wound care was conducted for nurses. A video for training supporting staff on bathing technique was launched. Bathing technique, aseptic technique, and wound documentation audits were conducted for compliance monitoring after a series of activities.

Result

The bundle care approach resulted in a significant reduction in recorded SSI cases. No wound infections were recorded from August 2015 to August 2016. Over 90% compliance rates were obtained on aseptic dressing and bathing technique audits for nursing and supporting staff. Staff showed increased knowledge and competency in caring for patients with surgical wounds. A structured surgical monitoring system was established in the hospital to closely monitor surgical wound infections. The bundle care approach improved the quality of care of patients with surgical wounds and decreased the occurrence of SSI.