National Institute for Health and Clinical Excellence

Quality Standards Surgical Site Infection

Minutes of the TEG 2 meeting held on 22nd March at the NICE offices in Manchester

Attendees	**Topic Expert Group Members** Peter Jenks (PJ, chair), Jennifer Bostock (JB), Lilian Chiwera (LC), Pauline Harrington (PH), Matt Hill (MH), Abigail Mullings (AM), Tracey Radcliffe (TR), Mike Reed (MR), Judith Tanner (JT), Peter Wilson (PW), **NICE Staff** Carl Prescott (CP), Tony Smith (TS), Lisa Nicholls (LN) **Apologies** Judith Jesky (JJ), Martin Kiernan MK), Jenny Winslade (JW) **External Attendees** Paul Iggulden (PI) (Interim Head of Clinical Analysis Research & Development, Health and Social Care Information Centre)

Agenda item	Discussions and decisions	Actions
1. Welcome, introductions and plan for the day	PJ welcomed the attendees, noted the apologies and outlined the agenda for the day. The group reviewed the minutes from the TEG 1 meeting held on 8th October 2012. Group agreed as accurate recording.	
2. Declaration of Interest	PJ asked the group whether they had any new interests to declare since the last meeting. No new interests were declared in the meeting.	TEG to send any new declarations to LN
3. Objectives of the meeting	PJ outlined the objective for the day: to discuss and agree the wording of the draft quality statements and measures, which will go out to consultation. PJ explained that the group was tasked with developing a small number of key evidence-based statements that focus on high quality care and identify critical markers of challenging but achievable care to drive up quality.	
4. Review of process for developing the quality standard	TS reviewed the process for developing the quality standard (QS) and core principles for development, including their purpose to pick out only critical markers for improvement. He emphasised the need for clear, focused, measurable quality statements and reminded the group that the statements must be aspirational but achievable. It was also stated that the statements need to be in plain English. TS noted the quality standard will be informed by recommendations from accredited guidance only and should focus on quality improvement. He also asked the group to highlight any equality issues relating to each statement to the NICE team during the meeting as part of the ongoing equality impact assessment for the quality standard. CP reiterated that the objective of this meeting was to decide which statements should be progressed for consultation, and the wording and	

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	intent of these statements. CP gave an overview and re-cap to date and said the briefing paper would be the main document for today. CP presented the areas of care agreed at the first TEG meeting for potential draft statements and discussed the provisional prioritisation of recommendations. CP reminded the group of the key development sources agreed for consideration in the provisional prioritisation of recommendations. CP reminded the TEG that each statement or concept should be person-focused. CP confirmed that the TEG would have opportunity to comment on the draft version of the QS prior to consultation. It was noted that an evidence update of the main source guideline (CG74) was being undertaken; the TEG asked if any forthcoming update to CG74 would impact on the draft QS.	CP to confirm status of evidence update in terms of timescale for guideline update and email TEG.
5. Draft quality statements (QS) and quality measures (QM) • Presentation • Discussion • Agreement	There followed a review of draft quality statements to agree the intent, and to consider the proposed wording. **Draft Quality Statement 1: People who are about to have surgery are offered preoperative advice and assistance on personal preparation for surgery** The TEG felt this statement should focus on appropriate physical preparation for surgery. The TEG debated whether soap or antiseptic should be used, and	

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	concluded that the statement should state that soap should be used as a minimum. The TEG decided to retain a high level statement and include detail regarding pre-op washing in the definitions section. The statement was amended to focus on showering and hair removal. **Revised Draft Quality Statement 1: People who are about to have surgery are offered preoperative advice on [not to remove hair and preoperative washing]**	CP to update statement wording CP to remove theatre wear reference in process measure
	Draft Quality Statement 2: People having surgery are operated on by staff who keep their movements in and out of the operating area to a minimum [when wearing on-sterile theatre wear] As draft statements 5 and 6 contained recommendations on staff preparation, these statements were considered alongside draft statement 2. This widened the focus of draft statement 2 to include the concepts of hand washing and removal of jewellery. It also enabled the concept of draft statement 5 to be refocused, and allowed the removal of draft statement 6. It was decided to use a high level statement, with the detail captured in the measures and the definitions sections. This detail will include hand scrubbing, staff movement in theatre areas and removal of jewellery. The TEG decided not to include use of gowns, gloves and cover drapes as this is standard practice. **Revised Draft Quality Statement 2: People having surgery are operated on by staff whose behavior and practice minimises risk of SSI**	CP to update statement wording
	Draft Quality Statement 3: People having clean surgery involving	

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	the placement of a prosthesis or implant, clean-contaminated surgery, or contaminated surgery are offered antibiotic prophylaxis before surgery The TEG felt that there was an issue with the documentation of antibiotic prophylaxis being given, and where it was not given it led to increase in infection rates. The TEG felt it wasn't necessary to include all the types of surgery, but that examples would be included in the definitions. In the structure measure evidence of local protocol to be included. **Revised Draft Quality Statement 3: People having surgery have a record of being given antibiotic prophylaxis [local protocol based on NICE guidance]**	CP to update statement. CP to look into local protocols and NICE guidance.
	Draft Quality Statement 4: People having surgery are offered targeted screening for Staphylococcus aureus **OR** **People having surgery [who are at risk of surgical site infection] are offered topical antimicrobial agents aimed at eliminating Staphylococcus aureus** It was suggested targeted screening would be most effective. If targeted screening is recommended then decolonisation should also be included to make this statement aspirational. The outcome measures to include those who are screened and those who are positive are decolonised and rates of Staphylococcus aureus in surgical site infection. **Revised Draft Statement 4: People having surgery are offered procedure targeted screening for Staphylococcus aureus and**	CP to update statement wording

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	decolonisation for those who are positive	
	Draft Quality Statement 5: **People having surgery are operated on by clinicians who follow decontamination procedures** **OR** **People having surgery are operated on by clinicians who follow decontamination procedures, including preparation of the surgical site using an antiseptic based preparation** **OR** **People having surgery receive preparation of the surgical site using an antiseptic based preparation immediately before incision** The TEG felt it was important to focus on patient decontamination and antiseptic use from the three proposed statements. Although the TEG recognised that the guideline states that the antiseptic may be aqueous or alcohol-based, the TEG felt that alcohol is most effective and this should be specified in the statement. Mention safety issue re diathermy in definitions section. Potential equality issue if any patient allergic to alcohol. **Revised Draft Quality Statement 5: People having surgery receive preparation of the surgical site using an antiseptic alcohol based preparation immediately before incision.**	Change wording from antiseptic to alcohol. CP to include definitions and measures and update equality issue and statement wording.
	Draft Quality Statement 6: People having surgery are protected from the risks of surgical site infection by physical barriers including sterile gowns in the operating theatre The staff preparation concept of this statement has been incorporated into statement 2 so this statement was not progressed.	CP to remove

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		existing statement 6
	Draft Quality Statement 7: People who have had surgery are offered advice and assistance with dressing and cleansing their surgical wound The TEG discussed access to a tissue viability nurse, different surgical procedures and practice adopted. In the definitions include where to seek help. Potential equalities issue regarding accessible information. This statement now covers much of the intent in statement 10, so statement 10 to be removed and recommendations 1.1.2 and 1.1.3 to be used in this new statement. **Revised Draft Quality Statement 7: People who have had surgery are offered information on wound and dressing care including signs of infection and where and when to seek help**	CP to add to definitions section and update equalities issue. CP to update statement wording
	Draft Quality Statement 8: People who have had surgery and who are suspected of having surgical site infection are offered an antibiotic that covers the likely causative organisms Issues discussed included whether patients are given correct antibiotics, correct dosage and taking for the correct length of time, which can be difficult to measure. Changed wording from suspected SSI to meet recognised criteria. Potential measure will be the proportion of people treated with an antibiotic. Define national/recognised in definitions section. Refer to examples of	CP to update statement wording Define

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	a recognised/national checklist in the definitions section. Include advice from microbiologist in definitions. Mention treat based on test results. Outcome measure based on audit of access to, and use of, microbiological results, and auditing compliance with treatment protocols for microbiological results. **Revised Draft Quality Statement 8: People [that meet recognised/national criteria of a SSI] are treated with an antibiotic that covers the likely causative organisms [based on local resistance patterns and interpretation of microbiological test results]**	national/recognised criteria Update outcome measures. CP update wording of statement
	Draft Quality Statement 9: People having surgery are offered care which maintains patient homeostasis **Or 2 or 3 separate statements:** **People having surgery have their oxygenation optimally maintained during surgery and in the recovery period to ensure a haemoglobin saturation of more than 95% is maintained** **AND** **People having surgery have their perfusion adequately maintained during surgery** **AND** **People having surgery should have a safe temperature recorded and maintained before and during surgery** The TEG discussed the proposed statements and felt temperature was the key aspect to focus on rather than oxygenation and perfusion. The TEG felt it was important to try and include actively warming patients.	

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	In the process measure include pre-warming for targeted procedures, including ward, anaesthetic room and recovery; also during transfer to and from theatres. The structure measure can include the protocol for patients who should be considered for active pre-op warming. As an outcome measure consider patient feedback on temperature, for example were they comfortable etc. **Revised Draft Quality Statement 9: People having surgery should have their temperature recorded and maintain normothermia throughout patient journey (before, during and after surgery, and transfers/transfer to and from theatre).**	CP to update process measure, structure measure and outcome measure. CP to update statement wording.
	Draft Quality Statement 10: People having surgery and their carers are offered clear, consistent information throughout all stages of their care on the risks of surgical site infection, what is being done to reduce them and how they are being managed The TEG agreed to incorporate the intent of this statement into statement 7 and use recommendations 1.1.2 and 1.1.3. Therefore this statement was not progressed.	CP to remove existing statement 7
	Draft Quality Statement 11: People having surgery [in hospital?] are offered care in hospitals which are built and maintained in such a way as to minimise the risk of infection CP outlined to the group that they should remember that quality statements should be patient care focused, and that the TEG should also bear in mind this statement is based on PH36, which is very similar in structure to a quality standard. Given this, CP outlined that the technical team may need to do some work outside of the meeting to ensure PH36 was used as an evidence source in the correct manner.	

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	The environment of hospital was removed so this could include primary care as well. The TEG didn't feel the word 'build' was appropriate and designed was better suited. It was not intended to imply newly built or designed facilities. The measures need to be high level and not include all of PH36. A possible process measure may refer to an annual check of facilities. **Revised Draft Quality Statement 11: People having surgery are offered care in an environment that is designed and maintained to minimise the risk of SS infection.**	CP to update statement wording
	Draft Quality Statement 12: People undergoing surgical treatment are offered care in hospitals which take responsibility and are accountable for continuous quality improvement in relation to infection prevention and control, from board to ward level The TEG felt this should be at point of care not board to ward level. The TEG didn't feel this was aspirational or measureable. It was therefore decided not to progress the statement but possibly include some of its intent in statement 13.	CP to remove statement 12
	Draft Quality Statement 13: People having surgery [in hospital?] can expect the trust to monitor infection levels across all service areas and use this information to adjust practice, where necessary Again CP reminded the group that quality statements should be patient focused, and that this statement was based on PH36, which is similarly structured to a quality standard.	

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	The TEG felt this was aspirational and not standard procedure. The TEG felt it was important to include SSI surveillance to reduce infection rates and drive continuous care quality improvement as an intervention. SSI surveillance would need to be defined. There was debate over the appropriate wording of the statement, but the key concept of this statement was that information should both be captured and also used to inform future interventions for surgical site infection.. **Revised Draft Quality Statement 13: People having surgery should be cared for by clinical teams whose practice is continuously improved by interventions informed by the measurement and feedback of SSI rates**	CP to update statement wording.
6. Other guideline recommendations potentially suitable for QS development	The TEG asked about the WHO checklist, as well as other checklists such as the Department of Health high intervention checklist and the Scottish patient safety checklist. CP to look into these checklists and whether they can be used in the QS.	CP to look into various checklists mentioned by the TEG
7. Consultation on the draft QS	CP outlined the consultation process and advised the group that only registered stakeholders can comment on the draft QS. Organisations can express an interest to register as a stakeholder. CP explained the process around endorsement organisations.	
8. Next steps and AOB	CP outlined the next steps, including key dates in the QS development process, and asked the group to hold time in their diaries to comment during the relevant periods. PJ thanked the group and closed the meeting.	