

REASON WHY?

Long bone infections after surgery can cause serious complications for patients, including longer hospital stays, more operations, and even long-term disability. Our infection rates were above the national average, especially in certain theatres, highlighting the need for urgent action to protect patient safety and improve outcomes.

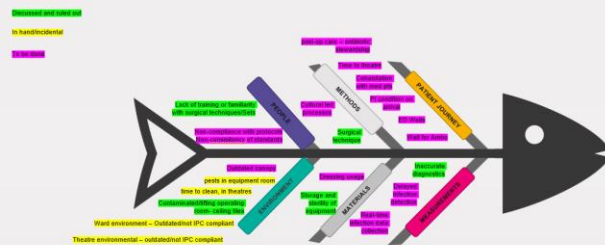


To reduce the infection rate for long bone infections to 1% by 30th June 2025.

PLAN

A review was undertaken to understand the current influences impacting infection rates within T&O. A fish bone diagram was used to highlight these and theme into categories for improvement.

Increased T&O SSI's – potential influences



The initial plan was to:

- Focus on improving cleaning and infection control in theatres and wards, especially Theatre 5.
- Increase cleaning resources and update cleaning schedules.
- Audit surgical techniques, equipment, and antibiotic use.

DO

- Implement the action plan with regular multidisciplinary meetings to review progress, issues, and actions.
- Rectify environmental issues (e.g., ceiling tiles, storeroom sterility, pest ingress).
- Increase cleaning resources and update cleaning schedules.
- Continue to monitor infection rates quarterly and adjust interventions as needed.
- Communicate progress and learning with stakeholders, ensuring that patients, staff, and consultants are kept informed.

STUDY

The surgical site infection (SSI) rate for Repair of neck of femur has shown a clear and consistent improvement over the past four quarters. Starting at 3.8% in Q3 2024, the rate fell to 2.4% in Q4 2024, then to 1.5% in Q1 2025, and reached 0.0% in Q2 2025.

This downward trend indicates that infection control measures are working effectively, and the infection rates are dropping. Compared to the national benchmark of 0.8%, the cumulative rate over four quarters (1.8%) was slightly higher, but the most recent quarter achieved zero infections, which is a significant success.

SSI Infection Rates July 2024- June 2025



ACT

- Formalise enhanced cleaning schedules and resource allocation as permanent practice.
- Implement real-time infection monitoring and quarterly reviews as standard.
- Share learning and outcomes across the organisation and external networks (e.g., GIRFT, Model Hospital).
- Continue auditing antibiotic stewardship and environmental compliance to sustain improvements.
- Factor in contingency plans for theatre closures during building works to maintain infection control.