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24 – 26 May 2023, Nadi, Fiji

Agenda Item N°5.1

SOLOMON ISLANDS: UPDATE ON SURGICAL SITE INFECTION SURVEILLANCE

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Summary

Surgical Site Infections (SSI) are potential complications associated with any type of surgical. Although SSIs are most preventable Healthcare Associated Infections (HAIs), studies show a significant burden in terms of patient morbidity and mortality and additional costs to health systems and service payers worldwide. (Global guidelines for the prevention of surgical site infection, 2018).

In 2022, through support from the Pacific Community and in collaboration with the Doherty Institute, Solomon Island's National Referral Hospital; together with other Pacific Island Countries were trained on the new standard operating procedures for SSI surveillance methodology and data collection tools.

The National Referral Hospital in Honiara has now implemented SSI surveillance for caesarean sections and reporting of this data has helped to inform nursing staff and build a culture for improved IPC practice.

1. BACKGROUND

1. In Solomon Islands, the National Referral Hospital (NRH) as the only tertiary hospital performs all major surgeries including caesarean sections. Only a few provincial hospitals with surgery capacity can perform the surgery required for caesarean sections.
2. We previously, did not carry out SSI surveillance. However, in 2022, through support provided by the Pacific Community and in collaboration with the Doherty Institute, we; together with other Pacific Island Countries were trained on the new standard operating procedures and the use of the data collection tools for SSI surveillance.
3. The standardized SSI surveillance tools and methodology has provided the PICTs with definitions on SSIs and the capacity building to carry out surveillance.

2. PROGRESS AND ACHIEVEMENTS

4. In September 2022, the NRH, IPC team started the SSI surveillance for caesarean sections for both elective and emergency caesarean sections and followed them up post discharge for thirty days.
5. Post discharge surveillance was made possible through our improved networking with our community health colleagues. A total of 39 elective caesareans and 402 emergency cases were surveyed. Infection rates for elective C/Sections was 0% and emergency C/Sections was 4%.
7. The IPC Advisor (Margaret Leong) provided support through a follow-up visit and corrected some of the processes that we were not following including post discharge surveillance.
8. Feedback to our Surgeons and Surgical team including Nurses on the SSI surveillance was provided through the head of the surgical department. Additionally, we provided SSI reports to the IPC committee. The results highlighted a practical recommendation in a concise format designed to implement and prioritize surgical site infection (SSI) prevention efforts and improvements to be made.

3. CHALLENGES

- Some of the IPC officers have lack of knowledge and skills on the standard operating procedure for caesarean section SSI surveillance, this resulted in not meeting the case definitions and inaccurate collection of information to detect SSIs in healthcare facilities and post discharge surveillance.
- Difficulties to follow up post discharge patients for the 30 days.
- No proper reporting mechanism from NRH to the national level.
- Inadequate resources (computer hardware and consumables for printing forms) to support completeness of reporting.

4. FUTURE DIRECTIONS

- Establishment of online surveillance system for SSI this could be a database for uploading our forms and reports online linking hospital and national level.
 - Need support for resources (computer hardware) for effective implementation of an HAI prevention program to reduce SSIs.
 - Establish good coordination with provincial IPC to support with follow-up of patients within 30 days of discharge from NRH.
 - Capacity building including provincial IPC staff and key nurses in the wards on how to use the tools, as well as ongoing coaching and mentoring support from IPC expertise.
 - Ongoing training in epidemiology surveillance. (Training currently provided by SPC).
 - Engagement and collaborate with senior leadership, physician champions, infection preventionists, and multidisciplinary teams.
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