Changing what we have always done: Surveillance systems analysis

Dr. Laura Sauvé*, Vladlena Abed, Jun Collet, Robyn Hunter, Dr. Jocelyn A. Srigley, PHSA Infection Prevention and Control

ISSUE

o Health care-associated infection (HAI) surveillance is at the core of Infection Prevention and Control (IPAC) programs.

o Surveillance is defined as the ongoing, systematic collection and analysis of HAI data, closely integrated with timely information dissemination to staff who require it to take action.

o The surveillance system at BC Children's and BC Women's Hospitals evolved over two decades to become very complex and time consuming.

o An analysis showed that infection control practitioners (ICPs) were spending up to 80% of their time on surveillance activities, yet there were problems with data completeness, quality & security.

SYSTEMS ANALYSIS ACTIVITIES

Team process: IPAC coordinator, medical lead & epidemiologist

Inventory of current surveillance forms and systems → Mapping surveillance targets → Current state of surveillance system

Engage stakeholders – data users, infection control physicians and practitioners, quality & safety.

FORMS AND SYSTEMS INVENTORY

15 case management forms
8 reporting forms
Total: 23 forms

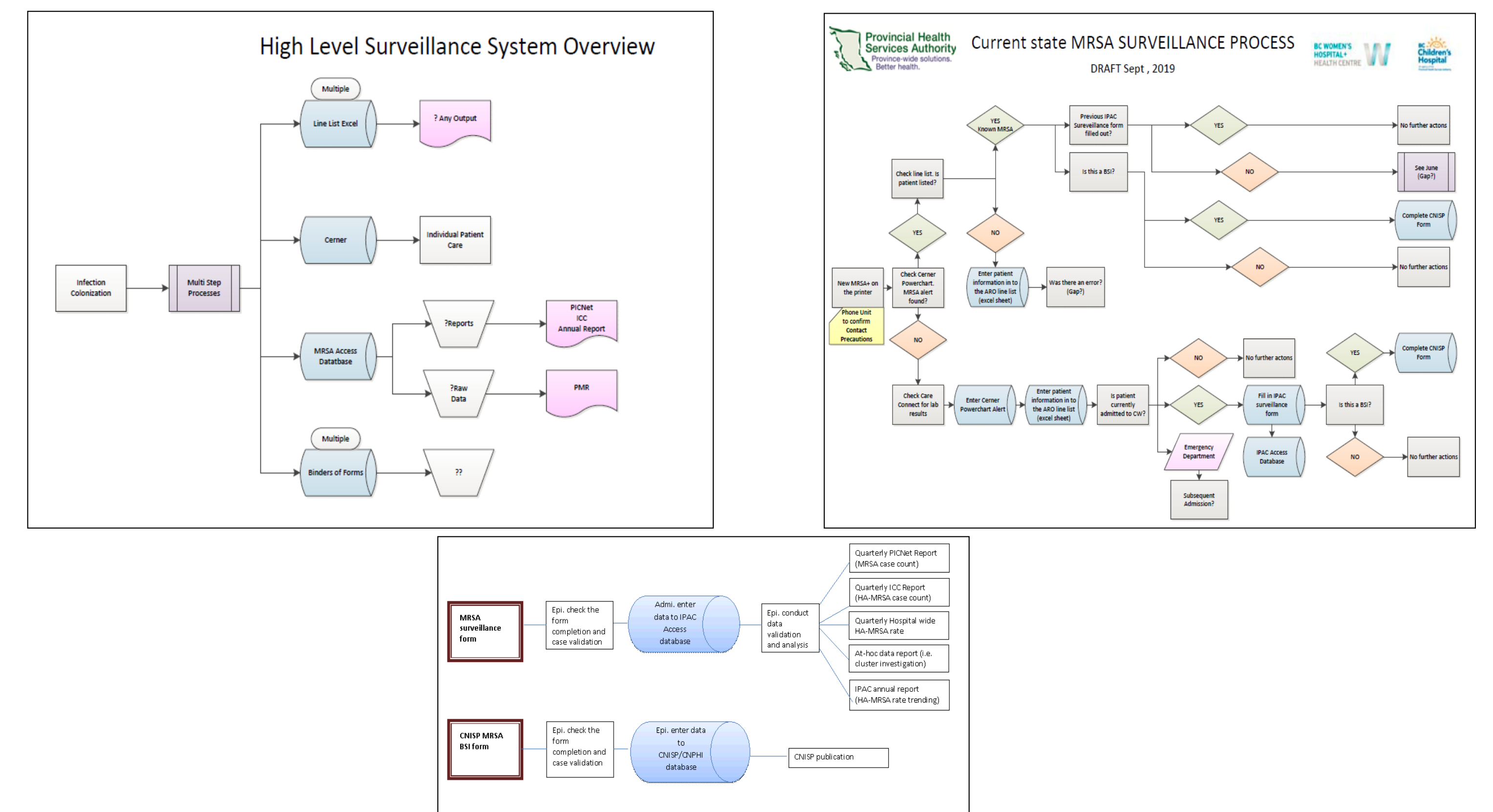ICPs estimate that 80% of their time is spent on surveillance activities.

Multiple systems used to collect and retrieve the data:
1. Paper based
2. Excel
3. Access
4. Powerchart
5. Careconnect

Data is sent to stakeholders via
1. Reports
2. Faxed paper case report forms
3. Direct entry into online systems

MAPPING SURVEILLANCE TARGETS

LESSONS LEARNED AND NEXT STEPS

INFORMATION NEEDS

IPAC Case Management

Used for making clinical decisions – e.g. precaution alerts

Includes cluster investigations & disease reporting

Used for program planning, reports to organizational (PHSA), provincial (PICNET) and national (CNISP) stakeholders

Requires identifier data and details

Surveillance

Start small:
• Do what is necessary and mandated

Stakeholder input

Develop protocols (Infection control physician / practitioner dyads)
• Simplify forms- minimal required data set
• Outline outputs

Build Red Cap forms

Develop comprehensive surveillance manual
• Case definitions
• SOPs for data entry, data reporting

Expand

LESSONS LEARNED

o Systems evolve over time and tasks are often continued because "that's the way we have always done things"

o It can be beneficial to examine a system in detail to understand how improvements can be made

o Creativity is required in system improvement when resources are limited

o Future steps will include engaging with the broader group of stakeholders to identify their information needs, and then redesigning the system using simple and yet robust tools to improve the information quality.

lsauve@cw.bc.ca