

**Final Topline - 26.9.2003**  
**The Management and Control of Hospital**  
**Acquired Infection**  
**Part 3 – Orthopaedic Surgery**

- 96 postal questionnaires returned from 176 Acute NHS Trusts
- Fieldwork carried out between 7 July and 9 September
- Where figures do not add up to 100%, this is due to computer rounding or multiple responses
- Base: All, unless otherwise stated
- Where bases are less than 30, numbers (N) are shown, rather than percentages (%)
- Blank questions are not to be coded

**This part of the questionnaire should be completed by the Clinical Director for Orthopaedic surgery in collaboration with the orthopaedic teams**

**Part 3**

**THE MANAGEMENT AND CONTROL OF HOSPITAL**  
**ACQUIRED INFECTION**

**At times, this questionnaire includes filters to ensure that you only answer questions of relevance to you. Please take care to read all instructions carefully.**

**Q1. In 2002/03, how many beds did your Directorate have access to for the following types of surgery?**

*Please write in numbers for each using leading zeros – eg '8' should be written:*

Base: all supplying data (Parenthesis)

	Mean Number of beds:
a. Elective surgery (55)	<b>44</b>
b. Trauma/emergency surgery (56)	<b>55</b>
c. All orthopaedic surgery (if beds are not separately designated) (41)	<b>84</b>

**Q1d-f. Are these beds contiguous?***Please tick one box for each*

Base: (d/e) All separately designating beds (53); (f) All not separately designating beds (43)

	Yes (%)
d. Elective surgery	66
e. Trauma/emergency surgery	68
f. All orthopaedic surgery (if beds are not separately designated)	63

**Q1g. If 'no', how are they organised and what problems does this cause for your patient care?***Please describe briefly***Q2. What has been the average % bed occupancy in your Orthopaedic Directorate for the past year?***Please write percentage using leading zeros - eg '8%' should be written:  %*

	%
Up to 20%	0
21-40%	1
41-60%	0
61-80%	11
81-90%	26
91-100%	43
Blank	19

**Q3a. Does the organisation of beds for your patients cause any problems?***Please tick one box only*

	%
Yes	73
No	24
Don't know	0
Blank	3

**Q3b. Please briefly describe your answer to Q3a**

**Q4. What was the average post-operative stay in March 2000 for each of the following types of surgery, and what has it changed to?**

*Please indicate average number of days, in table below using leading zeros:*

*Base: Where data is available for surgery*

	Mean: Average stay (days)		Please give brief reasons for change:
	March 2000:	Now:	
a. Knees (elective) (77)	23	17	
b. Knees (revision) (53)	31	24	
c. Hips (elective) (75)	12	19	
d. Hips (revision) (60)	30	25	
e. Hips (trauma) (66)	31	17	
f. Other (specified above) (16)	6	5	

**Q5. On average, how many consultant sessions per month does your directorate undertake?**

*Please write number using leading zeros:*

	%
Up to 50	16
51-100	22
101-200	23
201-300	15
301-400	4
401+	5
Blank	16

**Q6a. Have you seen any changes in bed management practices since March 2000 that have affected patients admitted to your Directorate?**

*Please tick one box only*

	%
Yes	71
No	24
Blank	5

**Q6b. If 'yes', please briefly give details of change, including reasons for change:**

**Q7a. In your opinion, has the frequency of moving patients increased, decreased or stayed the same within the hospital during 2002/03?**

*Please tick one box only*

	%
Increased	47
Decreased	11
Stayed the same	38
Blank	4

**IF 'STAYED THE SAME' AT Q7a, PLEASE GO TO Q8**

**Q7b. Has this change affected patient care?**

*Please tick one box only*

Base: All where frequency of moving patients has changed during 2002/2003 (56)

	%
Yes	77
No	14
Blank	9

**Q7c. If 'yes' to Q7b, please give brief details:**

### **Surveillance activities**

**ALL TO ANSWER Q8**

**Q8. Do you have data on infection rates for your surgical team's primary, revision and trauma hip replacement operations?**

*Please tick one box for each*

	Yes (%)
a. Primary	59
b. Revision	49
c. Trauma (eg. Hemi arthroplasty)	46

**Q9. Does the Trust have data on infection rates for your surgical team's primary, revision and trauma knee replacement operations, or not?**

*Please tick one box for each*

	Yes (%)
a. Primary	55
b. Revision	47

**IF 'YES' FOR ANY TYPE OF OPERATION AT Q8 OR Q9, PLEASE GO TO Q11**

**Q10a. If the Trust does not have details on any infection rates for operations listed at Q8 or Q9, is this because...***Please tick one box only*

Base: All without data on infection rates for knee and/or hip replacements and supplying response (35)

	%
You have only recently started doing surveillance?	11
You are planning to start soon?	31
You are not planning to start in the foreseeable future?	20
You require surveillance to be mandatory before it will be done?	11
Blank	26

**Q10b. Please give brief reason(s) for your answers*****IF YOU DO NOT CURRENTLY CONDUCT SURVEILLANCE, PLEASE GO TO Q20a*****Q11. What is the source of your data on infection rates?***Please tick all boxes that apply*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	%
Participation in Nosocomial Infection National Surveillance Service	74
Participation in Trust's orthopaedic audit	49
Participation in National Orthopaedic Audit	13
Other, e.g. QIP (Quality Indicator Project)	13

**Q12. What are the main reasons for doing surveillance?***Please tick all boxes that apply*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	%
Provides a measure of quality	98
Able to compare results between surgeons	39
You were instructed/asked to participate by management	16
It is an insurance requirement	7
Other:	6

**Q13. For each of the following teams or departments in your Trust, please indicate whether they have any responsibility responsible for carrying out surveillance.**

*Please tick all boxes that apply*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	%
The Infection Control Team	87
Staff within Clinical Directorate/Team	59
Surveillance nurses	25
The Clinical Audit Department	21
Other	8

**Q14. Is the Infection Control Team involved in each of the following?**

*Please tick one box for each*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	Yes (%)
a. The analysis of the results	70
b. Discussion of the results	79

**Q15. Are/were the following reports generated from the surveillance data?**

*Please tick one box for each*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	a. Reports with operation specific rates (%)	b. Coded surgeon- specific data (%)
Yes	77	56
No	8	25
Don't know	11	15
Blank	3	5

**Q16. How often are/were results fed back to the individual surgeons?**

*Please tick one box only*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	%
Weekly	2
Monthly	5
Quarterly	43
Annually	31
They are not fed back	15
Blank	5

**Q17. Have surveillance results been disseminated to the following in your Trust?***Please tick one box for each*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (55)

	Yes (%)
a. Medical Director	44
b. Director of Surgery	44
c. Surgical teams	75
d. Individual surgeons	74
e. Infection Control Team	82
f. Infection Control Committee	62
g. Theatre staff	43
h. Consultant in Communicable Disease Control	38
i. Ward staff	62
j. Chief Executive	41
k. Audit committee	43
l. Trust Board	38
m. Other	10
None of these	8

**Q18. Please complete the table below to provide details of the numbers of operations and percentage of infections for primary and revision hip replacement surgery and for knee surgery:****SEE TABLES – TOO COMPLEX FOR INCLUSION IN TOPLINES****Hip replacement surgery (OPCS codes W37-39, W46-48):**

Date (all/part)	a. Elective primary total hip replacement <i>No of Ops</i> hundreds/tens/units	b. Infection rate (%)	c. Elective revision total hip replacement <i>No of Ops</i> hundreds/tens/units	d. Infection rate (%)	e. Traumatic hip replacement <i>No of ops</i> hundreds/tens/units	f. Infection rate (%)	g. Surgical site infection rate for total hip replacement (%)
2000-1							
2001-2							
2002-3							

**Knee replacement surgery (OPCS codes W40-42):**

Date (all/part)	h. Primary knee replacement <i>No of Ops</i> hundreds/tens/units	i. Infection rate (%)	j. Revision knee replacement <i>No of Ops</i> hundreds/tens/units	k. Infection rate (%)	l. Surgical site infection rate for knee replacement (%)
2000-1					
2001-2					
2002-3					

**Q19. Does the Trust know how many of these infections are caused by MRSA?***Please tick one box only*

Base: All with data on infection rates for knee and/or hip replacements and supplying response (61)

	%
Yes	72
No	7
Don't know	18
Blank	3

**ALL TO ANSWER Q20a****Q20a. Is the Trust taking any specific actions to manage and control MRSA infections?***Please tick one box only*

	%
Yes	85
No	4
Don't know	9
Blank	1

**Q20b. If 'yes', please describe briefly:****Q21a. In your opinion, should surgeon-specific infection rates be part of the professional appraisal system?***Please tick one box only*

	%
Yes	70
No	26
Don't know	0
Blank	4

**Q21b. Please give brief reasons for your answer****Post discharge surveillance****Q22. Do you do routine clinical follow-up or any other post discharge surveillance?***Please tick one box only*

	%
Yes	73
No	25
Don't know	0
Blank	2



**IF 'NO' TO Q22 PLEASE GO TO Q25**

**Q23. Please provide brief details of type of post-discharge surveillance, type of surgery, and time frame (eg. Telephone follow-up for all knee replacements 2 weeks after the discharge).**

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**Q24. Which reporting method(s) does the Directorate use?**

*Please tick all boxes that apply*

Base: All undertaking routine clinical follow-up or other post-discharge surveillance (70)

	%
Telephone follow-up	9
Patient completed questionnaire	11
Out-patient follow-up	96
General practice reporting	13
District or other nurse reporting	19
Re-admission monitoring	44
Other	10

**IF 'YES' TO Q22, PLEASE GO TO Q26a**

**Q25. If your Directorate has not undertaken post discharge surveillance, what are the barriers to/reasons for not doing so?**

*Please describe briefly*

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**ALL TO ANSWER Q26a**

**Q26a. Is it possible to identify patients routinely who are re-admitted to your hospital for infection problems? e.g. via your patient administration system**

*Please tick one box only*

	%
Yes	50
No	50

**Q26b. If 'yes', have the number of re-admissions for infection increased, decreased or stayed the same since March 2000?***Please tick one box only*

Base: All where possible to identify patients routinely who are re-admitted to the hospital for infection problems (48)

	%
Increased	6
Decreased	15
Stayed the same	40
Don't know	38
Not stated	2

**Changes to protocols, procedures****Q27a. Does your Directorate undertake a regular peer review or audit of clinical practice?***Please tick one box only*

	%
Yes	84
No	15
Blank	1

**Q27b. If 'yes', please give brief details:**

**Q28. If possible, please complete the table below to show the clinical practices or environmental factors that were reviewed and/or changed as a result of the surveillance/audit information:**

*e.g. higher than expected rates of Surgical Site Infection/audit of procedures/protocols*

Area	Type of operation	Brief description of changes
a. Pre-operative microbiological screening		
b. Antibiotic prophylaxis		
c. Other pre-operative care		
d. Intra-operative theatre discipline		
e. Intra-operative asepsis		
f. Theatre environment (e.g. ventilation, building fabric etc).		
g. Post-operative care		

**Q29a. If changes have been made, has the Trust made any economic evaluation of the changes?**

*Please tick one box only*

	%
Yes	4
No	35
Don't know	35
No changes made	10
Blank	15

**Q29b. If 'yes', please provide details:**

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**Q30a. What is the availability of alcohol hand rub (gel/liquid) in your Directorate?**

*Please tick one box only*

	%
All beds	33
Some beds	30
Available elsewhere in the wards	36
Not available	0

**Q30b. Please provide brief details of your response to Q30a:**

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**Q31a. In your opinion, has the standard of cleanliness in clinical areas in your Directorate improved, worsened or stayed the same over the past three years?***Please tick one box only*

	%
Improved	41
Worsened	23
Stayed the same	32
Don't know	4

**Q31b. Please provide a brief explanation for your answer to Q31a:**

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**Q32. In the past three years, have there been changes within the Trust to any of the following actions ...?***Please tick one box for each below under Q32*

Base: All respondents

**Q33. ... and do you think it/they have/may have helped reduce your Directorate's infection rates?***Please tick one box for each under Q33*

Base: All where change has taken place: (a) 41; (b) 69; (c) 27; (d) 18; (e) 41

Activity	Q32 – changes?				Q33– reduction in infection rates? Helped reduce rates (% or N)
	Yes (%)	No (%)	Activity has not taken place (%)	Blank (%)	
a. Segregation of elective surgical patients from trauma patients	43	26	25	6	59%
b. Reduction in post-operative stay in acute unit	72	13	14	2	42%
c. Change in bed management practices i.e. a decrease in bed occupancy	28	44	24	4	10 out of 27
d. Reduced movement of in-patients within the hospital	19	53	23	5	10 out of 18
e. Improved standards of cleanliness	43	33	17	7	59%

**Q34. Please give brief comments on any of the above activities if they have helped to reduce your infection rates during the past three years:**

**Q35. What recommendations, if any, do you feel would help improve the management and control of hospital acquired infections in your specialty?**

*Please outline briefly*

**Thank you for completing this questionnaire.**

**If you are the Clinical lead for Orthopaedic Surgery, please complete contact details on front page.**

**Name of the person completing this questionnaire if you are not the Clinical lead for orthopaedic surgery:**

*Please print* \_\_\_\_\_

Title \_\_\_\_\_

Contact telephone number \_\_\_\_\_

Email address \_\_\_\_\_