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Implementation Toolkit

v 2.1 April 2023

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# Introduction

This guide has been developed to support the implementation of a surgical site infection (SSI) bundle in patients undergoing caesarean birth.

SSI is the third commonest Healthcare Associated Infection (HCAI) representing 15.7% all HCAI and an overall 100,965 infections per annum.1 SSI following caesarean birth is one of the highest contributors to this total number per annum (16%)1 but reporting of these is not covered by national surveillance, so most hospitals do not know their SSI rates following caesarean birth. SSI is one of the three key contributors to maternal morbidity and mortality related to caesarean birth along with haemorrhage and venous thromboembolism.2 Intermittent audits from local trusts, Gloucestershire Hospitals and Royal United Hospitals Bath in 2018 and 2020 showed that 30 day SSI rates were on average 11.3% – 15%, but as national surveillance is not mandatory these have not been continually collected.

The West of England Academic Health Science Network (AHSN) is launching a new project, PreCiSSIon. This stands for **Pre**venting **C**aesarean **S**urgical **S**ite **I**nfection across a regi**on** and is a collaborative project involving all hospitals in the West of England. It follows on from the original PreciSSIon project which spread the use of a surgical site infection bundle across five trusts in the West of England AHSN and reduced the incidence of Surgical Site Infection after elective Colorectal Surgery from 18% to 9.5% over 18 months between 2019 and 2021.3 The project won HSJ Infection Prevention Patient Safety Award and BMJ Quality Improvement Initiative of the Year in 2021. The intervention is an evidence-based bundle of care that could be applied to most abdominal procedures where there is a risk of surgical site infection (SSI).

PreCiSSIon is a project to prevent surgical site infection following caesarean birth with two aims:

* To measure SSI following caesarean birth in all 6 maternity units in the region
* To implement an evidence-based bundle of care to reduce SSI by 30% by March 2024

All resources in this toolkit can be found online on the [West of England AHSN website](https://www.weahsn.net/our-work/transforming-services-and-systems/preventing-surgical-site-infections/reducing-surgical-site-infection-caesarean-birth/) or via this QR code:

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# PART 1: Introduction to PreCiSSIon

## 1.1 Background

Surgical site infection (SSI) refers to wound infections following invasive surgical procedures. SSI arises from contamination of the wound site during or after surgery from either endogenous or exogenous sources. The development of SSI is complex with pathogenicity of the microorganism, the host’s immune system and wound factors all contributing 4,5. SSI constitutes a major healthcare burden accounting for 14.5% of all hospital acquired infections in the UKand an estimated 34-226% increase in associated costs.6, 7 It is also a significant cause of patient morbidity including increased length of stay 5, readmission 6, wound dehiscence 8, hernia 9, need for intensive care 10, as well as death 10,11. The PreciSSIon bundle demonstrated significant reduction in SSI following elective colorectal surgery.2

There are some nationally mandated SSI monitoring programmes in orthopaedic and vascular surgery, but it is not a requirement in England to monitor SSI rates after most surgical procedures including caesarean birth. Caesarean birth is one of the most common surgical procedures performed across the UK, with the number increasing every year. Although there is limited reporting of SSI rates, where this data is available it is estimated that SSI occurs in between 3%-15% of all caesarean births.51 It has been reported that caesarean birth contributes to the highest number of SSI across all procedures 1 but most hospitals do not know their SSI rates as reporting is not mandatory. In addition, the prevalence is often likely to be underestimated because SSI frequently presents in the community after the patient has been discharged from hospital.

Over 10,000 mothers in the West of England have a caesarean birth each year and SSI can have a major impact on their recovery and ability to look after their baby. It can cause pain requiring extra painkillers and antibiotics, which can affect breast feeding, require extra visits to healthcare professionals and occasionally readmission to hospital. It can also cause scarring which can make future surgery for a subsequent caesarean birth more difficult and lead to increased comorbidity such as blood loss. It is estimated that an SSI after caesarean birth has a median cost to the NHS of £3,716 (£894–£4,905) per incident (relating to infections identified in inpatients or resulting in a readmission). 6

There is an existing World Health Organisation (WHO) SSI bundle, which forms part of the Surgical Safety Checklist, and consists of four evidence-based interventions, which have been shown to independently reduce infection 12, 13. These are:

* Antibiotics within 1 hour of start of surgery
* Normothermia – temperature >36 degrees on arrival in recovery
* Blood glucose control in known diabetics – glucose in normal range in recovery.
* Appropriate hair removal from the surgical site – using clippers, not wet razors.

This bundle is routinely used throughout the NHS, yet SSI are still occurring and therefore more action is needed to further reduce SSI.

## 1.2 What is the PreCiSSIon bundle?

The use of care bundles has been shown to reduce SSI rates from between 33-70% 14, 15, 16.

The West of England AHSN supported a project called PreciSSIon (Preventing Surgical Site Infection across a region) to adopt and spread a bundle of care to reduce SSI after elective colorectal surgery This was developed by reviewing literature for interventions other than those included in the WHO bundle that have been shown to reduce infection. It was introduced at North Bristol NHS Trust in February 2013 and led to a halving of SSI from 20% to 10% which was maintained until 2019 — the start of the PreciSSIon project.17 The bundle elements are:

* 2% chlorhexidine isopropyl skin preparation 18-20
* Use of a dual ring wound protector 21-24
* Repeat dose of antibiotics after 4 hours operating time25
* Antibacterial suture for muscle and skin closure26-32

The bundle elements have been further validated by inclusion in the 2016 WHO global guidelines on the prevention of surgical site infection and more recently in the April 2019 update to NICE guidelines 33,34. These interventions are in addition to reliable implementation of the WHO bundle.

The SSI collaborative, PreciSSIon, adopted this bundle in November 2019 and almost halved SSI for elective colorectal surgery in 7 hospitals across the West of England region.3

Care bundles have also been shown to reduce SSI after caesarean 35-47. Most have focused on implementing components of the WHO checklist bundle. Many include 2% chlorhexidine prep, a few have included a wound protector, many have included a second dose of antibiotic after blood loss, but none have used triclosan sutures. Methodology for measuring SSI varies but most have attempted to measure 30 days SSI, usually on note review.

Based on the success of the original PreciSSIon project, the aim of PreCiSSIon (reducing SSI after caesarean birth) is to measure SSI and to implement an amended bundle for all caesarean births (emergency and elective) in six hospitals in the West of England region.

The clinical leads in each trust have reviewed the evidence for elements and recommendations to reduce SSI in caesarean births and have agreed a modified PreCiSSIon bundle consisting of:

|  |  |
| --- | --- |
| Icon  Description automatically generated | 2% chlorhexidine isopropyl skin preparation for all cases |
| A picture containing circle  Description automatically generated | Use of a dual ring wound protector |
| Icon  Description automatically generated | Repeat dose of antibiotics if blood loss >1.5 litres (make sure blood loss is reliably recorded and communicated) 49 |
| Shape, arrow  Description automatically generated | Antibacterial suture for sheath and skin |

These are all recommended by WHO or NICE guideline [NG192] 50 and are in addition to reliable implementation of the WHO bundle. All trusts will ensure the WHO bundle is well implemented before implementing the new bundle. All elements are cost effective and easily implemented. Other elements, such as complex wound dressings, were considered and may be implemented at a later phase, but were not felt to be cost effective or achievable at the beginning of the project.

## 1.3 Measuring SSI

The gold standard for reporting SSI is at 30 days. A standardised questionnaire (Appendix 1) was produced by the Public Health England SSI surveillance service in 200948. This is a validated tool designed to detect superficial SSI based on patient assessed appearance and management of wound according to the following criteria:

* Criterion 1 – Discharge pus AND antibiotics prescribed.
* Criterion 2 – Clinical signs\* AND dehiscence
* Criterion 3 – Clinical signs\* AND antibiotics prescribed.

\* At least 2 of the following clinical signs must be present: pain, heat, redness or swelling.

During the original PreciSSIon project the PHE questionnaire was used to measure patient reported 30-day SSI rates after colorectal surgery. These were sent by post or completed by phone as part of PreciSSIon, with overall response rate of 80%. Evaluation of this project highlighted that this process, whilst effective in ensuring high response rates, required significant resource for each Trust to undertake.

During the new PreCiSSIon project, the project team agreed that the PHE questionnaire continued to be the most relevant means of collecting SSI rates after surgery. However, due to the significantly increased numbers of patients who have a caesarean birth, compared to elective colorectal surgery, an electronic patient self-reported outcome (ePROM) tool will be used to send out the standard PHE questionnaire.

Patients will be invited to participate through an invite received either by text, or by email which is personalised to each Trust and sent on behalf of the clinical lead.

## 1.4 The aim of the PreCiSSIon project

The aim of the PreCiSSIon project is to accurately measure the baseline rates of SSI and, after implementing a PreCiSSIon bundle, to reduce surgical site infection after elective and emergency caesarean births by 30% by March 2024.

(See **Appendix 3: Driver Diagram**).

# PART 2: The Project Structure

## 2.1 Project structure and the role of the Academic Health Science Network

We recommend a structured Quality Improvement framework for implementation of sustained change in your organisation, and to be able to measure the impact of this intervention.

Quality Improvement science is the application of a systematic approach using specific methods and techniques to deliver measurable improvements in quality, care, and safety.

The processes can be adapted to meet the needs of staff, service users and organisational context. Our approach uses the methodology developed by the Institute of Health Improvement (IHI) called the Model for Improvement.

The overall structure of the project is based on the ‘Breakthrough Series Collaborative’ model developed by the IHI. It involves a series of 6 monthly collaborative meetings with coaching, calls and teleconferences in between. The aim of the meetings is to share failures and successes, understand how barriers have been overcome and to learn from data.

The Academic Health Science Network (AHSN) is a network of 15 organisations throughout England who link all healthcare organisations in a region to improve healthcare at pace and scale. The AHSNs host the Patient Safety Collaboratives for England and lead on innovation. The West of England AHSN will support this project through project management, provision of resources and funding of collaborative events.

Map

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## 2.2 Planning stage

A key factor to gaining engagement with the project is to invite input from all staff involved in the pathway from the very beginning.

Having agreed the aim, brainstorming about what is required and listening to all views is important for good engagement.

Using tools, such as process mapping or developing a driver diagram, may be a useful part of the planning stage.

A driver diagram is a visual way of breaking down the stages of the project. The driver diagram can act as a personal project plan, and although the aim and measurement strategy will be the same for all organisations, the details of the driver diagram in terms of actions required to achieve the goal might be different for individual teams.

The PreCiSSIon project driver diagram is available in **Appendix 3** and [a template can be found on our website](https://www.weahsn.net/toolkits-and-resources/quality-improvement-tools-2/driver-diagram/) to create your own driver diagram with your team.

The following steps are vital to increase the chance of success and need to be implemented at the beginning of the project:

### 2.2.1 Stakeholder Engagement

Set up a multidisciplinary team (MDT) to include all roles involved in the process.

Suggested inclusions in the MDT are:

* Project Lead obstetrician
* Obstetric registrar
* Anaesthetist
* Theatre project lead nurse
* Theatre ODP
* QI / Audit department
* Midwife elective caesarean team
* Community midwives
* Postnatal midwife
* Infection control nurses
* Speciality manager
* Representation of Maternity voices partnership
* Business Intelligence Analysist

Each person should have defined roles and ensure that effective communication is fed back to each discipline.

Regular meetings to review progress and discuss issues are important to ensure the practicalities are being addressed, staff are being supported, and messages are being appropriately disseminated. Frequency of meetings can be decided by the project lead. The project can be promoted through existing communication channels, such as presentation at clinical meetings and newsletters as well as email and posters, for example **Appendix 6.**

The Chief Executive of each trust has been informed of the project and asked to act as Executive Sponsor. Plan to keep them briefed regularly as this can be important to unlock obstacles if they arise.

### 2.2.2 Availability of PreCiSSIon bundle elements

Before launching the bundle, ensure the bundle elements are available:

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| --- | --- |
| Icon  Description automatically generated | 2% chlorhexidine isopropyl skin preparation for all cases |
| A picture containing circle  Description automatically generated | Use of a dual ring wound protector |
| Icon  Description automatically generated | Repeat dose of antibiotics if blood loss >1.5 litres (make sure blood loss is reliably recorded and communicated) |
| Shape, arrow  Description automatically generated | Antibacterial suture for sheath and skin |

Ensure that the elements required are in stock and readily available in theatres from the agreed go-live date. Stocking these items too early however may lead to unintentional early.

Support might be needed from procurement or pharmacy and engagement of theatre managers will be essential.

### 2.2.3 Data collection and measurement strategy

Developing a robust measurement strategy is important to ensure progress is tracked and maintained and any difficulties addressed. A measurement template for the PreCiSSIon data collection table is shown on **Appendix 4**.

**It is essential to collect baseline data for outcome and process measures** before implementing the bundle so you can see the effect of your change.

#### 2.2.3.1 Type of measures and definitions

The measures for PreCiSSIon have been defined in the template and categorised as outcome, process, and balancing measures.

These are essential to demonstrate any change in outcome and demonstrate that improvement in the processes you have implemented have resulted in the improved outcome.

Although it is useful to be able to compare data between trusts, it is important to remember that the data you are collecting is for improvement in your organisation, rather than for comparison or benchmarking, as each organisation is different.

Before starting the project, you should confirm good compliance with WHO Checklist SSI Bundle:

* % mothers that have caesarean birth receiving Antibiotics within 60 minutes of start of surgery
* % mothers that have caesarean birth receiving hair removal with clippers if required
* % mothers that have caesarean birth with Temperature >36 0C on arrival in recovery
* % mothers that have caesarean birth with Glucose 4-12mmol/l in recovery if they are diabetic

High compliance (>90%) with these measures is important to prevent SSI and should be reliable before implementation of the PreCiSSIon bundle, or if not, improved at the same time.

#### 2.2.3.2 Data collection

##### Outcome Measure: SSI rate

For PreCiSSIon most hospitals will be using an electronic patient reported outcomes tool (ePROM) to determine the SSI rates. Mothers will be sent a link via text or email directly to the PHE questionnaire and the system will collate the answers to determine whether an SSI has occurred based on the defined criteria. Based on similar projects PreCiSSIon will be aiming for a response rate of at least 50%.

Teams will be able to access their own data and review the SSI rate. Patient identifiable data will be available within each hospital which can be reviewed for further details if required. The AHSN project team will receive anonymised rates for each Trust and anonymised aggregate regional data. The supplier chosen to facilitate this ePROMS system is Cemplicity

##### Response Rates

Survey response rates will be collected.

Non responders will be sent a second notification after 5 days. Depending on response rates, mothers may be phoned by hospital team members if response rates are low. However, whatever methodology is used, it must be maintained throughout the duration of the project.

##### Process measures: Compliance with bundle elements:

Decide how are the measures going to collected (paper, electronic)

Who is going to collect them? Allocating responsibility adds reliability and ownership of measures, thereby increasing chance of achieving success.

Measures may be collected by different people depending on availability of staff in your organisation. For example:

* Theatre nurses
* caesarean birth midwives
* Infection control nurse
* Junior doctors
* QI / audit departments
* Input will needed from IT for electronic systems.

Data collection needs to be reliable and continuous. In practice this means recording that each element of the bundle is delivered for every case. **Do not rely on one person to do this so it is not person dependent**. It should happen for every case, no matter who is on duty. Building the data collection into routine processes helps make this reliable.

The AHSN project team will supply a database for the collation of all the measures which will also automatically produce run charts to show progress. These can be printed and shared with the teams (**Appendix 5**).

#### 2.2.3.2 Displaying your data.

* Decide how you are going to display and feedback your data and to whom.
* Allocate responsibility for this.
* Present baseline measures, SSI rates, to stakeholders to win ‘hearts and minds’ and help engage stakeholders in valuing your project as a necessary change.
* Presenting a patient story from your organisation is also extremely helpful for getting staff on board.

## 2.3 Implementation of the PreCiSSIon bundle

### 2.3.1 Test in a small group first

PDSA stands for Plan-Do-Study-Act. This means doing small tests of change and understanding what works before changing your system.

Diagram

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Ideally start testing use of the bundle on one operating list with one surgeon to test ease of delivery of the bundle. Ensure all staff members (theatre nurses, junior doctors, and anaesthetists) that need to be aware are fully informed before the start of the case and asked for feedback, so they feel involved in the change. The important part of doing small PDSAs is to **learn** from what happened.

* What went well and should be repeated?
* What could have made things easier?

Potential things to review:

* Was blood loss communicated easily?
* Was BMI of patient recorded?
* Was drying time for skin prep adhered to?
* Were sutures available?

Add any learning to the plan for testing on the next patient and develop standard operating procedures to be communicated to everyone.

Keep [a learning log](https://www.weahsn.net/wp-content/uploads/2022/12/Academy-Learning_Log.docx) to record implementation activity, learning and reflections from implementation of the PreCiSSIon project

* Capture lessons learnt.
* Inform the approach of future improvement initiatives, and
* Contribute to the evaluation of PreCiSSIon.

For an introduction to PDSA cycles watch this video <https://youtu.be/xzAp6ZV5ml4>

### 2.3.2 Ensure the bundle is delivered and audited

Adapt processes as you learn from testing the bundle and listen to staff feedback. In doing so, the team will feel ownership of the change which in turn will help sustain the change in the long term.

Regular ongoing measuring of compliance with each element of the bundle, as well as the incidence of SSI, is important to demonstrate effectiveness and ensure this is presented regularly to all stakeholders.

Compliance should be fed back to the theatre team to show how well data collection is going and how successfully each bundle element is being delivered as well as showing the effect on SSI.

The data collection tool is shown in **Appendix 5**.

### 2.3.3 Evaluation

As a collaborative, we will aim to meet every 3 months, alternating virtual and face to face. We will share progress and lessons learnt and support each other to achieve the goal.

At the end of the project our aim is publication in a peer reviewed journal, application for a national patient safety award and sharing with the AHSN network to spread any improvement nationally.

### 2.3.4 Celebrate success.

Do not forget to celebrate success as you go and thanking staff has a great impact on engagement and sustainability. Cakes go a long way!

Sharing results in a newsletter and showcase in coffee rooms to make sure success is shared.

Do not forget to showcase to your executive sponsor as well!

# Appendix 1. SSI PHE Questionnaire

Paper questionnaire:

**Surgical wound healing questionnaire**

Dear Patient,

We are monitoring all patients with surgical wounds, to detect patients who develop wound infections after surgery.

We would be grateful if you could complete this questionnaire and return it in the pre-paid envelope.

Have you had any problems with the healing of your wound?

Yes [ ] Please continue with this questionnaire.

No [ ] You do not need to continue with any further questions.

Did the problems with your wound arise when you were in hospital?

Yes [ ]

No [ ]

Since you were discharged from hospital after your operation have you noticed any of the following symptoms?

Has there been any discharge or leakage of fluid from any part of the wound?

Yes [ ]

No [ ]

If yes, was it either: Clear or blood stained [ ]

Yellow/green (pus) [ ]

Other – please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick any of the following additional symptoms that applied to your wound:

Pain or soreness in addition to the discomfort experience

following the operation [ ]

Redness or inflammation spreading from the edges of the wound [ ]

The area around the wound felt warmer/hotter than the

surrounding skin [ ]

The area around the wound became swollen [ ]

The edges of any part of the wound separated or gaped open [ ]

Did any health care worker take a sample from your wound to send to the laboratory?

Yes [ ]

No [ ]

# Appendix 2. Patient survey

## Electronic questionnaire

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**Graphical user interface, text, application, email

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## Mobile Invitation:

Text

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## Survey

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# Appendix 3. PreCiSSIon Driver Diagram

# Appendix 4. Data collection table

|  |  |  |  |
| --- | --- | --- | --- |
| **Measure type** | **Measure** | **Numerator** | **Denominator** |
| Outcome | % mothers reporting SSI at 30 days following caesarean birth | Number of SSI reported from responders to PHE patient questionnaire | Total number of responders to questionnaire per month |
| Process | % response to patient questionnaires | Number of mothers who completed questionnaires | Number of mothers sent PHE questionnaire each month (should be the same as number of mothers having caesarean birth) |
|  | % mothers with BMI >45 having caesarean birth in whom wound protector used | Number mothers with BMI >45 at booking having caesarean birth in whom wound protector used | Number mothers having caesarean birth with BMI>45 at booking each month |
|  | % mothers having caesarean birth in whom AB sutures used | Number mothers having caesarean birth in whom AB sutures used | Number mothers having caesarean birth each month |
|  | % mothers having caesarean birth in whom 2% chlorhexidine used for and allowed to dry | Number mothers having caesarean birth in whom 2% chlorhexidine used and dried | Number mothers having caesarean birth each month |
|  | % mothers having caesarean birth each month who receive second dose antibiotics if blood loss >1.5 litres | Number of mothers having caesarean birth each month who receive second dose antibiotics if blood loss >1.5 litres | Number mothers having caesarean birth each month with blood loss >1.5 litres |
| Balancing | Cost | Cost (£) bundle elements used each year | Number mothers having caesarean birth each year who received the bundle (NB/ no other cost data required) |
|  | Adverse reaction to any elements of the bundle | Number mothers having caesarean birth each month with any adverse reaction to bundle elements | Number mothers having caesarean birth each month |

# Appendix 5. Data collection tool

Screenshots from data collection spreadsheet

Graphical user interface, application, table, Excel

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The data collection tool generates posters to display on your unit with run charts e.g.

Graphical user interface

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# Appendix 6. Project posters

Posters are available to support implementation.

* [Template patient information leaflet (for use pre-discharge after caesarean birth)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.weahsn.net%2Fwp-content%2Fuploads%2F2023%2F02%2FWound-Patient-Info-Leaflet-TEMPLATE-V5-FINAL_.docx&data=05%7C01%7Cnathalie.delaney%40nhs.net%7C4f0a45e029804d194cf008db457b7c2f%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638180168878686995%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=9De3mzaCJwnbVNDfBG0bpx1WoFcmaT0AfIgpC3Mgxyo%3D&reserved=0)
* [Template patient information poster (for display in maternity/post-natal wards)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.weahsn.net%2Fwp-content%2Fuploads%2F2023%2F04%2FPrecission-patient-poster-A4-V2-1.pdf&data=05%7C01%7Cnathalie.delaney%40nhs.net%7C4f0a45e029804d194cf008db457b7c2f%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638180168878686995%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=VdHG2MUB83rrZ%2FVeeTahvPiofjPuKIBt798Xpd0X2kw%3D&reserved=0)
* [Template staff bundle poster (for display in theatre and labour wards)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.weahsn.net%2Fwp-content%2Fuploads%2F2023%2F04%2FPreCiSSIon-Ward-Poster-April-23-5.pdf&data=05%7C01%7Cnathalie.delaney%40nhs.net%7C4f0a45e029804d194cf008db457b7c2f%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638180168878686995%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=NLDTqF7LdRuuyfrz%2Bb4XlFGoAi2%2BLYe7h2DOnb3TZBM%3D&reserved=0)
* General project information [A4 poster](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.weahsn.net%2Fwp-content%2Fuploads%2F2023%2F01%2F03011-A4-PreCiSSIon-Poster-LOW-RES.pdf&data=05%7C01%7Cnathalie.delaney%40nhs.net%7C4f0a45e029804d194cf008db457b7c2f%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638180168878686995%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=m7krHQ5UIFxuTnkAhGh%2FW0gmKoqJ2uTBnRMZ2B6SJbw%3D&reserved=0)

Printable versions can be downloaded from our website via the QR code at the start of this toolkit.

Timeline

Description automatically generated

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| **Project posters** |  |
| Graphical user interface, text  Description automatically generated | Graphical user interface, application  Description automatically generated |
| **Patient information leaflet** |  |
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