Storyboard - 2014 Middle East Forum on Quality & Safety in Healthcare

Weaving a blanket of success
Sustaining Improvement

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Maintaining A Zero CLABSI Rate For Two Years Across A Large Adult Patient Population

For generations, health care providers considered bloodstream infections an unavoidable byproduct of care. However, it was clear that providers did not consistently follow simple evidence-based guidelines for preventing these infections and did not have a culture that allowed nurses to speak up whenever there is deviation.

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PROBLEM:

A single CLABSI infection in ICU costs 5000 AED per day and treatment may be needed for minimum 10 days. It means 50,000 AED / infection which amounts to a total of 250,000 AED/year. Central line associated blood stream infections should not be viewed as an inevitable part of care. It is entirely preventable if care teams follow proven, evidence-based practices and if the unit culture allowed nurses to speak up when something wasn't right.

AIM:

1. To create a culture of safety, by engaging frontline caregivers in developing solutions for improving care.
2. To achieve zero CLABSI, By standardizing Central Venous Catheter care

INTERVENTION:

The **"Comprehensive Unit based Safety Program"** is a successful solution to this problem initiated by SEHA in collaboration with Johns Hopkins Armstrong University.

The domains associated with zero achievement:

1. Evidence-based practices for central line insertion and maintenance
2. Culture and environment
3. Maintenance

The Changes brought about in the Intensive Care unit of Al Ain Hospital are:

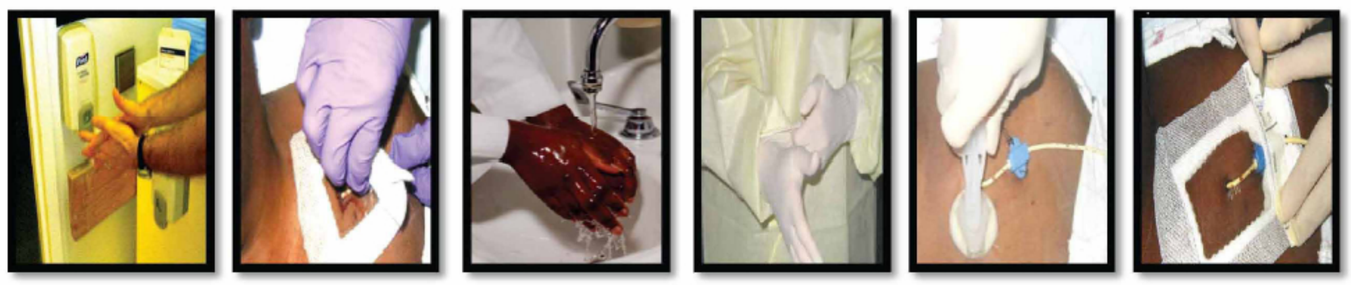
1. **Adopting CUSP** the Comprehensive Unit-based Safety Program
2. **Patient safety culture survey**
3. **Adopting SBAR,** to improve communication
4. **Developing dashboards** to display performance on key measures and encourage frontline workers to seek improvement
5. **Using checklists** that guide caregivers to consistently follow evidence-based practice in such areas as reducing bloodstream infections
6. **Introducing bundles of supplies** that make it easier for caregivers to follow these recommended practices. Central line cart containing all that a provider will need to safely insert a central line
7. **Encouraging nurses to speak up,** and even stop the procedure, if providers deviate from the guidelines.
8. **Central line maintenance bundle** - "Scrub the Hub" was reeducated around the clock.
9. **Chlorhexidine** (CHG) baths of patients with central lines.
10. Documentation of **review of necessity of lines.**

RESULT:

Primary Measurable Results

Sl. No	KPI	Benchmark	Mar 2012	Feb 2014
1.	Clabsi	0	0	0
2.	Central	90%	90%	90%

761 days (Till 01/04/2014)



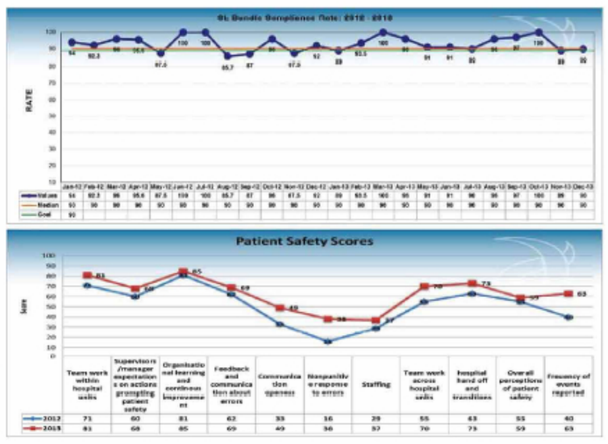
Days since our unit's last central line-associated blood stream infection. Remember good catheter site care

SECONDARY RESULTS:

- Staff awareness
- Standardized the practice
- Multidisciplinary round (nursing led)
- Constant communication
- Staff empowerment

CONCLUSIONS:

A robust culture of safety and collaboration plays a role in mutual accountability and ownership of the care processes and patients' outcomes.
Consistency with best practices, Documenting adherence to the process and monitoring infection rates was also critical in holding the care-giving staff accountable and contributed to the on-going success.



SUSTAINING RESULTS AND CONTINUOUS IMPROVEMENT:

Results for the following Key performance indicators are reviewed on a monthly basis:

- Daily statistics- Central line days
- CLABSI events if any
- Bundle compliance audits.
- Monthly data of Key Performance indicators
- Documentation of review of line necessity
- Monthly calculations using data collected

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