Eliminating CLABSI: A Model for Reducing Preventable Harm

Dr. Peter Pronovost, Johns Hopkins University
Teleclass Sponsored by Virox Technology Inc (www.virox.com)

Wrong-site Surgeries Reviewed by Year

Improving Care

1. Educate staff on science of safety
2. Identify defects
3. Assign executive to adopt unit
4. Learn from one defect per quarter
5. Implement teamwork tools

Translating Evidence Into Practice (TRIP)
1. Summarize the evidence in a checklist
2. Identify local barriers to implementation
3. Measure performance
4. Ensure all patients get the evidence
   • Engage
   • Educate
   • Execute
   • Evaluate

www.safercare.net

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Chain of ownership

<table>
<thead>
<tr>
<th>Senior leaders</th>
<th>Team leaders</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage</td>
<td>How does this make the world a better place?</td>
<td></td>
</tr>
<tr>
<td>Educate</td>
<td>What do we need to do?</td>
<td></td>
</tr>
<tr>
<td>Execute</td>
<td>What keeps me from doing it?</td>
<td></td>
</tr>
<tr>
<td>Evaluate</td>
<td>How can we do it with my resources and culture?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>How do we know we improved safety?</td>
<td></td>
</tr>
</tbody>
</table>

Pronovost Health Services Research 2006

Michigan ICU Safety Climate Improvement

Effect of CUSP on Safety Climate

Pre vs. Post Intervention

* "Needs Improvement" - Safety Climate Score <80%

Impact of Statewide Quality Improvement Initiative on Hospital Mortality

Impact of Michigan Keystone Project on Hospital Mortality

Structure of the Program

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Fractal:
• A fractal is the same geometric pattern repeated in different sizes and shapes.
• Each piece is part of the whole.

Michigan Keystone ICU
Infect Control Hosp Epidemiol 2011;32(4):epub

Getting to 0 in a Hospital
• CEO commits to 0
• ICU leaders accountable, know rates, commit to 0
• ICU makes it easy to comply with checklist
• ICU empowers nurses to ensure compliance
• ICU reviews every infection as a defect
• ICU standardizes, audits, and improves catheter maintenance
• ICU posts and discuss infection rates weeks without an infection

Why Did This Work
• Started with goal and worked backwards
• Kept score with measure clinicians believed valid
• Guided by science, phase 1, 2, 3
• Committed to collaborate
• Modified locally to fit context
• Focused on adaptive work
• Framed CLABSI as a social program capable of being solved
• Created a community

Laws and the enforcement of laws, important though they are, can never substitute for the character of the citizens themselves
T. Roosevelt

Lessons about checklists
• View checklists as one component of a broader intervention [TRIP model to identify barriers]
• Link checklists in time and space
• Reduce ambiguity
• Get ground truth
• Encourage local adaptation

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COMING SOON ...

14 June 11 (Free 10th Anniversary Teleclass) Reducing the Spread of Pathogens by Environmental Surfaces in Healthcare: Have We Advanced in the Last 10 Years?
Speaker: Prof. Syed S. Sattar, Centre for Research on Environmental Microbiology, University of Ottawa
Sponsor: Virox Technologies Inc (www.virox.com) and Diversey Inc (www.diversy.com)

15 June 11 (South Pacific Teleclass) Pandemic, Public Health and Emergency Care: Contemporary Trends and New Challenges for Infection Control and Infectious Diseases
Speaker: Prof. Ramon Shabam, Griffith University, Australia

21 June 11 (Free WHO Teleclass – South Pacific) Establishing an Infection Control Program for Acute Respiratory Infections and Ensuring Pandemic Prevention
Speaker: Prof. Wing Hong Seto, Queen Mary Hospital, Hong Kong
Sponsor: World Health Organization Field Global Patient Safety Challenge: Clean Care is Safer Care (www.who.int/gpsc/en)

23 June 11 Ventilator-Associated Pneumonia: Epidemiology, Diagnosis, and Prevention
Speaker: Dr. Lennox Archibald, University of Florida

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