



Collaborative To Prevent Central Line Associated Bacteraemia

Learning Session One (LS 1)

Overview

28th November 2011

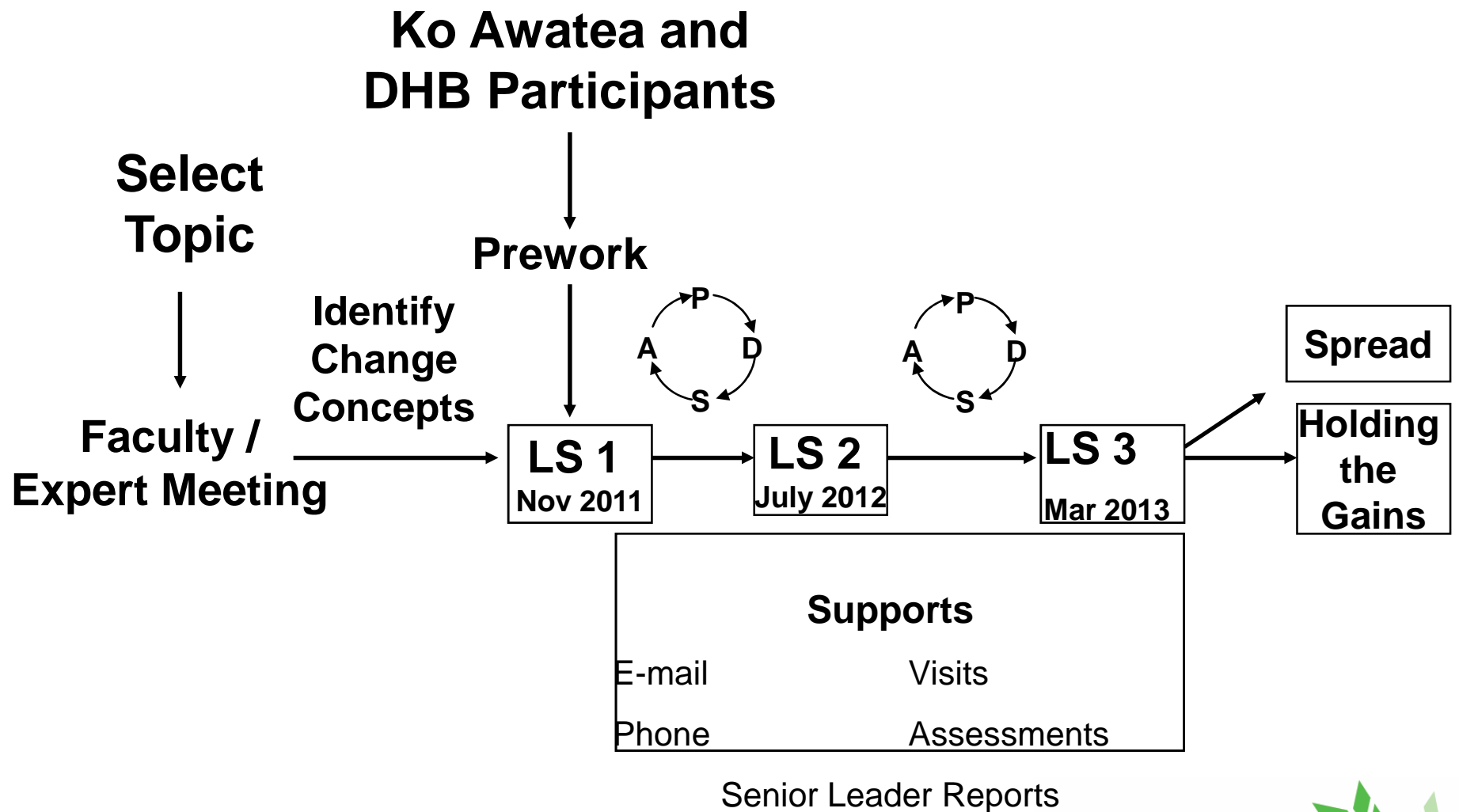
Why Collaboratives?

- Supports learning & discovery
- Supports sharing between teams
- Promotes drive for quick change
- Efficient use of infrastructure

Reference: Institute for Healthcare Improvement; 2011

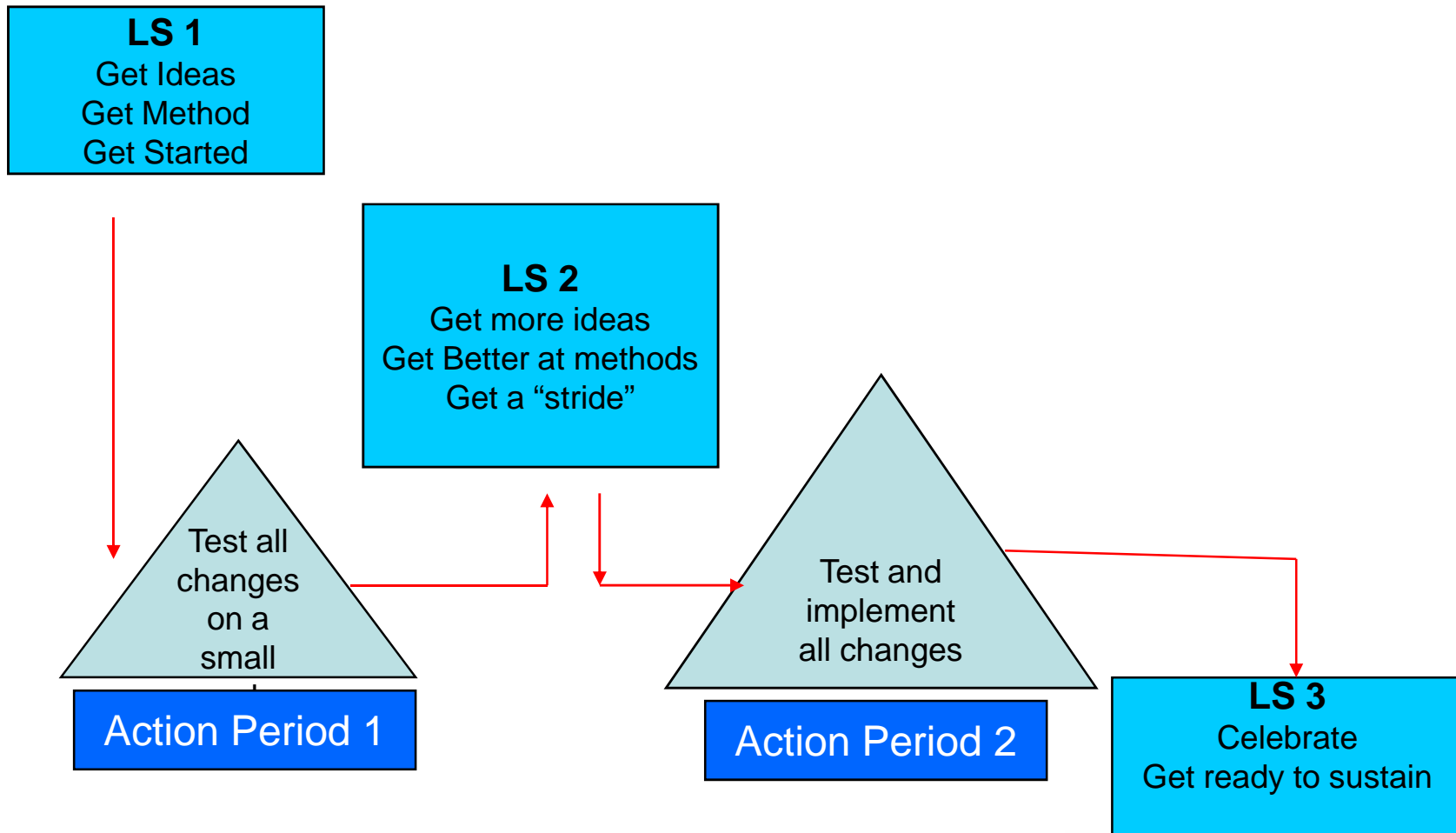


Collaborative Structure



Reference: Based on the Institute for Healthcare Improvement; 2011

Learning Session Structure



Action Periods

Action periods are the times when change happens and processes improve

Organisation Teams

- Try Changes
- Measure Results
- Get help from colleagues and collaborative Leaders

Collaborative Leaders

- Support teams in their improvement work
- Build collaboration and learning
- Assess collaboration progress

Elements for Success

Creating Will

- Leadership support and the resources required to do the work
- An understanding of the alignment of this improvement with the organisation's strategic priorities

Ideas

- High leverage, Evidence based ideas

Execution

- Of ideas, Active and frequent testing of ideas
- Using real time measurement at the outset to guide the testing

Reference: Institute for Healthcare Improvement; 2011



Support for Teams

- Faculty for Healthcare Improvement
- Content Specialists
- Regional Leaders
- Monthly reporting
- Development of data base
- Site Visits
- Regional Visits

Regional Leaders

- Dr. Andrew McKee (Northern)
- Dr. Pranesh Jogia (Midlands)
- Dr Shawn Sturland (Central and National Lead)
- Dr. David Knight (Southern)

Why would you be involved?

Ultimately we are all called to action to do the right thing and be part of an initiative that helps you to deliver high quality, safe care, through a proven methodology.

Evidence states:

- CLAB is preventable and zero CLAB rates are achievable
- Cost per CLAB estimated to be between \$NZ 20,000 and \$54,000
- Each year 19,000 patients get admitted to ICU in New Zealand, approximately 50% have CVL
- The mortality rate from CLAB has been estimated to be between 10 and 50%



Collaborative Goals

- To reduce the rate of CLAB in New Zealand ICUs towards zero (<1 per 1000 line days by 31 March 2013).
- To support local implementation of best practices regarding the reduction of CLAB across New Zealand Intensive Care Units.
- To establish a robust measurement approach to CLAB
- To establish a national web-based data base for collection, analysis and sharing of information.
- To develop capacity and capability in the application of the Model for Improvement

