Target CLAB ZERO
Central Line Associated Bacteraemia

Health Quality & Safety Commission New Zealand
Kupu Taurangi Hauora o Aotearoa

KO AWATEA
APPLIED HEALTHCARE INNOVATION

National CLAB Collaborative

COMMUNICATION PLAN

Introduction

The Health Quality & Safety Commission (HQSC) has entered into a partnership with Counties Manukau District Health Board (CMDHB) via Ko Awatea to facilitate a national Campaign to "Prevent Central Line Associated Bacteraemia (CLAB). This CLAB Collaborative forms part of the HQSC Infection Prevention and Control Programme (IPC), which currently includes the Hand Hygiene Programme and the Surgical Site Surveillance Programme. This 18 month Campaign commences in October 2011 and is planned to continue to April 2013.

This CLAB Collaborative will enable District Health Boards (DHBs) to learn from each other in a collaborative environment, share their experiences and trial proven improvements determined as best practices. Phase 1 of the CLAB programme will focus on intensive care units and the development of the collaborative approach, understanding the uniqueness of each of the DHB's environment and sharing best practice from around New Zealand.

Clinical Leadership is important to the success of this Campaign. Dr Shawn Sturland from Capital and Coast DHB will be the Clinical Lead and Dr Mary Seddon, Clinical Director for Quality Improvement in CMDHB, will provide technical improvement expertise to the steering group. Dr Sally Roberts will be providing overall Clinical Leadership to the IPC programme.

The National Campaign "To Prevent Central Line Associated Bacteraemia" (CLAB) places the patient at the centre of the initiative and aims at more effective use of increasingly limited and expensive resources. The key challenge for this Collaborative is to create an environment of teaching and learning that supports individuals and units to apply the Institute of Healthcare Improvement, (IHI) Model for Improvement and build on the evidence available to find the best way to introduce and sustain best practices in the prevention of Central Line Associated Bacteraemia. The underpinning methodology will be a 'Collaborative Approach' which creates a robust structure to support the implementation of evidence based best practice. A Collaborative approach is based on a philosophy of "all teach, all learn".

All DHBs are expected to be involved. It is acknowledged that various DHB s are at different stages of their understanding and implementation of the Breakthrough Series collaborative model and their management and monitoring of CLAB rates.

Collaborative Goals

Phase 1 of the National Collaborative will focus on reducing CLAB in ICU's around New Zealand. Goals include:

- Reducing the rate of CLAB in New Zealand ICUs towards zero (<1 per 1000 line days by 31 March 2013).
- Supporting local implementation of best practices regarding the reduction of CLAB across New Zealand Intensive Care Units.
- Establishing a robust measurement approach to CLAB
- Establishing a national web-based data base for collection, analysis and sharing of information.

Communication Objectives - Phase 1

- Promote the campaign in order to enrol all 20 DHBs and 24 ICUs
- Stakeholders demonstrate a high level of commitment to the CLAB Collaborative and its importance to patient safety
- Support training and preparation so that staff engage and commit enthusiastically in implementing the interventions.
- Develop an understanding of the problem and the response
- Increase awareness of the evidence driving change to staff and demonstrate the benefits of change to them and their patients.
- Develop and support an infrastructure to deliver the communication work

Target Audiences

People who will champion the collaborative nationally and locally:

District Health Boards

- Chairperson of each DHB Board
- Chief Executive Officers
- Chief Operating Officers
- Chief Medical Officers
- General Managers - Specific to ICU
- Directors of Nursing

People who will lead the collaborative

District Health Boards

- Clinical Leads
- Quality Leads
- Improvement Advisors
- Project Managers

These stakeholders need to inspire, motivate and empower their colleagues to maintain commitment to the interventions for the duration of the Campaign.

People who will deliver the collaborative

DHB clinical stakeholders

- ICU doctors
- ICU nurses
- Infectious Disease Specialists
- Infection prevention and Control Nurses
- Microbiologists

This group of stakeholders will need to understand the principles and key messages of the Campaign as well as the detail of the interventions they are delivering. It is important that their commitment is maintained so regular updates and feedback will be important.

The plan is to roll the campaign out to the 24 units identified.

NZ INTENSIVE CARE UNITS

(list from the College of Intensive Care Medicine)

Northern Region	Midland Region	Central Region	South Island
Whangarei* (Northland DHB)	Waikato** (Waikato DHB)	Hawkes Bay** (Hawkes Bay DHB)	Wairau (Nelson Marlborough)
North Shore** (Waitemata DHB)	Taranaki Base (Taranaki DHB)	Wairarapa (Wairarapa DHB)	Nelson (Nelson Marlborough)
Auckland DCCM**	Tauranga	Palmerston North*	Grey Base

(Auckland DHB)	(Bay of Plenty DHB)	(Midcentral DHB)	(West Coast DHB)
Auckland CVICU** (Auckland DHB)	Whakatane (Bay OF Plenty DHB)	Wanganui (Wanganui DHB)	Timaru South Canterbury DHB)
Middlemore** (Counties Manukau DHB)	Rotorua (Lakes DHB)	Hutt (Hutt Valley DHB)	Christchurch** Canterbury DHB)
Auckland Starship PICU (Auckland DHB)	Gisborne (Tairawhiti DHB)	Wellington** (Capital & Coast DHB)	Dunedin* (Southern DHB)
			Invercargill (Southern DHB)

Highlights indicate units who participated in the IHI Training in October.

9 out of 24 adult units of which one is a paediatric unit

People who support the Campaign

- Health Quality & Safety Commission
  - Chief Executive

- Clinical lead
- Infection Prevention and Control

- Institute for Healthcare Improvement (IHI)
- Ko Awatea
- DHB Communications teams
- CMDHB Project Team; including a Clinical Lead, Improvement Advisor and Project Manager

Professional bodies

There are a number of professional bodies that will be important to engage with as part of the CLAB Collaborative. These bodies represent many of those stakeholders indicated above and are a valuable avenue for authoritative communication to their relevant members.

- Australian and NZ Intensive Care Society
- National Division of Infection Control Nurses (NDICN) New Zealand
- New Zealand Nurses Organisation
- Nursing Council New Zealand
- Medical Association of New Zealand
- New Zealand Medical Students' Association
- New Zealand Resident Doctor's Association
- Association of Salaried Medical Specialists
- Intravenous Nurse Specialists

The general public

The general public can be further segmented into ICU patients who will benefit from the interventions being implemented and the families and friends of patients. These people will be influenced individually by clinical staff they have contact with and, more generally by those who lead the collaborative.

Communication Challenges

- Fear of change. It is common for staff to feel anxious and defensive when they are being asked to change their practice. It is important that the team anticipates this reaction and that there is strong leadership to help the staff through the process. "The antidote to fear is knowledge about the deficiencies of the present process and optimism about the potential benefits of a new process."
- Questioning the evidence. This is a common reaction from medical staff and is not necessarily negative – it is important to keep coming back to the issue of standardisation, and be prepared to adjust components that do not stack up.
- Denial that CLAB is a problem. It is important to share baseline data that shows the number (and if possible the rate) of CLAB. Useful to pull the charts of patients that had CLAB during their ICU stay and personalise the impact on them.
- "It won't work here". Endless arguments occur about why the process might have worked elsewhere, and why it might not work locally. Leadership is required to move the group on to trying the process and commitment to measuring both baseline data and whether change occurs.
- "There are much more pressing issues in ICU than CLAB." This might well be true, but the CLAB process is relatively simple to implement is very cost-effective and it may be a useful learning phase for other projects that the ICU staff want to work on.

- Staff partial buy-in ("is this just another flavour of the week?"). In order to enlist support and engage staff, it is important to share baseline data and to show the results of improvement efforts. Again having a dedicated, enthusiastic person as the "face" of the collaborative, helps to convince staff that this collaborative is going to the distance.
- Generating enthusiasm and commitment to a new initiative is easier than maintaining that commitment over time. There will be a considerable challenge in embedding a safety culture, maintaining momentum and ensuring that the campaign does not become tired.

Communication Strategy

A core component of this stakeholder communications plan focuses on effecting change among healthcare workers so that the practices outlined in the CLAB Collaborative becomes part of 'business as usual' practice in NZ hospitals

Any successful change programme requires both engagement and buy-in from stakeholders. Stakeholders include those who have an interest in the outcome of the CLAB Collaborative, those who have the ability to influence its success, and those whose work may be affected. If the CLAB Collaborative is to be successful, all such interests must be recognised and accounted for in the various communication strategies used during the Collaborative.

Changing behaviour does not occur overnight. Rather it requires an approach that fosters ongoing two-way engagement and sustained commitment from all stakeholders. For this phase, stakeholder engagement and commitment is essential, not only to increase awareness of the importance of the CLAB Collaborative to patient safety, but to improve and maintain high levels of compliance

To achieve these outcomes, a comprehensive, multi-tiered and tailored approach to stakeholder engagement is required. This will see a 'top-down' approach being taken to engage with the different levels of managerial and clinical workers within District Health Boards throughout New Zealand. This is to ensure the CLAB Collaborative infiltrates all levels of personnel within the hospital environment who are affected by, or who may have an impact on the CLAB Collaborative, from the top level of leadership, through to those on the ground.

The success of the CLAB Collaborative will depend on front-line staff implementing the interventions consistently and continually. These healthcare professionals are the change-makers, with many already involved in successful change initiatives which this collaborative methodology may be able to support and enhance.
Buy-in from all other levels of stakeholders is important to increase and spread awareness of the Collaborative and its importance to patient safety.

Maintaining the momentum of a Collaborative is vital to its success therefore it's important that communication with stakeholders does not diminish after the initial promotional push. While initial communication activities may spur some healthcare workers on, it will not be enough to further increase and sustain momentum. While there are many individuals within DHBs who are extremely passionate about improving safety practices and compliance, they may not always have the scope within their own professional role to consistently promote the importance of the CLAB Collaborative.

With this in mind, the overall stakeholder engagement strategy for the CLAB Collaborative fits within a framework that prioritises the importance of consistent national communications throughout the lifespan of the Collaborative. This strategy and subsequent implementation activities aim to develop a more collaborative partnership with key stakeholders to foster an environment where they know and understand

what is occurring from a national perspective, feel engaged and supported by the Project Teams to enact positive change within their own DHB, and at the same time feel acknowledged for the hard work and contribution they are making.

Clear reporting back on the results of the collaborative is essential to all audiences. This should be a time for celebration of success with momentum created for action to take it further.

Tone of the Campaign

The tone of voice used in all communications should be serious but passionate. Emotional buy-in will be achieved through passion about the cause and clarity of purpose and language. The collaborative requires significant heart. For example "What you do today affects one life, a family and a community."

Key Messages

Key messages will focus on the importance of the CLAB Collaborative to patient safety. By framing messages in this way, it will ensure stakeholders are in no doubt about why the Collaborative is necessary and why they are requested to comply.

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

Key messages (general to all stakeholders)

- The CLAB Collaborative is an important measure in the fight against healthcare associated infections, making it a key patient safety issue in New Zealand hospitals.
- The CLAB Collaborative is a component of the Health Quality & Safety Commission's Infection Prevention Control programme, which aims to improve patient safety by reducing the harm caused by healthcare associated infections.
- A CLAB programme has already been used locally at Middlemore Hospital with success

Key messages for healthcare workers

- Your support of and participation in the CLAB Collaborative will improve patient safety
- If successful the CLAB Collaborative will reduce the risk of spreading an infection to your patient
- For patients, CLAB can cause serious illness, longer hospital stays and may even result in loss of life
- A national data base will be developed to provide valuable information that clinicians can use for improvement.

Key messages for DHB CEO's

- CLAB infections are a significant cost to the healthcare system with the cost of each CLAB estimated to be between $NZ 20,000 and $54,000.
- The potential benefits of a successful CLAB Collaborative outweigh its costs
- Participation in the CLAB Collaborative will be a highly cost-effective investment in patient safety and the quality of care at the level of an individual District Health Board

Branding

The use of logos: HS&QC and Ko Awatea will be used in all external promotional material, along with specific DHB logos when required.

The logo and by-line (on the right) has been developed for the collaborative that will be used on all promotional material. This captures the look, feel and essence of the collaborative. The logo will also feature on collateral material such as pens, note-pads and mugs. Ko Awatea lanyards will also be distributed to all participating ICUS.

Implementation Plan

The following section highlights the key national communication activities that will take place throughout the first year. Please note it is not an exhaustive list of the communication activities that will take place, but provides a detailed indication of the core activities being recommended for implementation. Additional communication activities, including the communication of compliance data and other 'business oriented' communications will also take place.

This communication plan is intended to be a living document that can be added to during the first year as opportunities, new ideas for engagement and additional needs arise.

Invitation Letter and Background Document

An invitation letter and background document was sent to DHBs around NZ. Its aim was to enrol as many ICUs as possible to the CLAB Collaborative.

Announcement Letter

Prior to the launch a letter was sent to participating and non-participating DHBs. Its aim was to acknowledge the people taking part and to encourage other DHBs, who had yet responded to join the collaborative. A follow up letter will be sent after the launch learning sessions on 28-29 November. An announcement of the collaborative will also be posted on:

- HQSC website
- HQSC newsletter
- DHB e-Bulletins
- DHB intranets
- Relevant stakeholder publications eg Infection Control

CLAB Web Site

A National CLAB website will be developed - a core resource tool for the Campaign enabling all staff to access documents, guidance and presentations. It should also be an access point for forum discussions

The site should also be a key communications tool for explaining the Campaign, reporting progress and promoting achievements. It should include all media releases and news items. It can also include audio and video footage.

The site needs to be interactive with regular updates. There could be a clock counting down the days to the end of the Campaign.

Work will need to be done to ensure that links to the site are in place from the other DHBs.

Ko Awatea Blog

The CLAB Collaborative will be included as a section on the Ko Awatea Blog. The Ko Awatea Blog is an online forum, where people can come together to discuss the CLAB Collaborative, ask questions, raise issues and exchange information.

Patient Stories

A bank of patient stories (videos and articles) can be developed so that real life stories are available to support communications. The patient represents the human cost of CLAB, so their stories will be a powerful communication tool

Video of Middlemore experience in reducing CLAB rates

This video will capture the Middlemore experience in reducing CLAB rates and will include some of the key steps, learning's and outcomes of the CLAB programme.

Campaign e-Bulletins/updates

Each DHB will produce a monthly bulletin or update for people directly involved with the Project.

National Newsletter

A National quarterly newsletter will be published for all stakeholders that highlights the main achievements and progress, updates and case studies. The newsletter will be posted on the web site with hard copies being sent to the participating ICUS.

Engagement Meetings/Teleconferences

Meetings, coaching and training will take place every 2 months via WebX. Some on-site visits will also take place.

Promotional material

- Posters

Posters will include the collaborative logo and by-line and will capture the 'heart' of the campaign. The aim is to create messages that will change behaviour

- Progress Board

A Progress Board will be set up in ICU that states the number of current CLAB cases. This will be updated on a monthly basis as it is a good motivator for staff as it signals success towards achieving sustainable zero CLAB rates per 1000 line days and alerts staff to when the last CLAB was recorded.

Top Achiever (Quarterly)

This is to recognise hard work, successes and innovative internal promoting among ICUs that are dedicated to reducing CLAB rates in ICU. A prize will be given to the winner. An article about the ICU will be written and included in the local DHB e-bulletins and National CLAB newsletter.

CLAB Collaborative Posters on Shortland Street

Shortland Street is a hospital-based NZ TV soap. At times opportunities arise within Shortland Street to promote relevant initiatives via the show. This may include placing promotional posters on set. The ability to do so would create a talking point among those healthcare workers who watch the show and who recognise the posters.

Communications tool kit

Each ICU Team Leader will be asked to facilitate the promotion of the CLAB Collaborative to ICU staff. The tool kit will comprise of branding imagery, key messages, promotional materials, information about the website, and contacts for the campaign team.

Conference (TBC)

The National Australia & NZ Intensive Care Society Conference 2012 being held in March 2012 is the perfect opportunity to present a paper or set up a display around the National CLAB Collaborative.

World Hand Hygiene Day - National Celebration (TBC)

As hand hygiene is a key component of the CLAB Collaborative it is recommended that the Project Teams tap into this event. DHBs will also be encouraged to run their own locally based celebrations.

Media Relations

Although primarily an in-house campaign milestones and success stories will be sent to the media. The campaign will need a team of spokespeople - local and national - who can conduct media interviews. All spokespeople should be clinicians. The National Spokesperson is Dr Shawn Sturland, ICU Consultant, CCDHB

ICU Clinical Leads

Northland DHB	Sven Karmann	Anaesthetic Specialist
Waitemata DHB **	Mae CotTham	Nurse Specialist
Auckland DHB**	Helen Richardson	Nurse Specialist CVICU HDU
	Susan Atherton	Nurse Educator Critical Care Medicine
	Elaine McCall	PICU Nurse Consultant
Counties Manukau DHB**	Mary Seddon	Clinical Lead QI Unit Ko Awatea
	Catherine Hocking	Nurse Educator CCU
Bay of Plenty DHB	Lorraine Wilson	Quality and Patient Safety Coordinator
Lakes DHB	Simon Scothern	Intensive Care Clinician
	Kate Laidlow	CNS IV Therapy
Taranaki DHB		ICU Staff Nurse
MidCentral DHB	Susan Kirkman	Charge Nurse ICU
Capital & Coast DHB	Shawn Sturland	ICU Specialist
	Stephen James	Charge Nurse Manager ICU
Hutt Valley DHB	Sarah Harris	IPC Clinical Nurse Specialist
Canterbury DHB	David Knight	Clinical Director ICU

Not yet Recruited

Invercargill Hospital	Claudia Schneider	Clinical Leader ICU
Waikato DHB	Annette Forrest	Intensive Care Clinician
Tairawhiti DHB	Ian Elson	
Hawkes Bay DHB	Ross Freebairn	Director Intensive Care
Wanganui DHB		
Wairarapa DHB	Michael Miller	
South Canterbury	Richard Whitticase	
Nelson Marlborough DHB	Bruce King	
Dunedin Hospital	Kathryn Brooks	Charge Nurse Dunedin ICU

Implementation Timetable

The following table outlines the key communications activities along with an indication of how and when they will be communicated. This table will be updated and populated over the coming weeks. Please note at this stage it does not include an exhaustive list of the mediums for communication, but rather a taste of the avenues that would be used.

Communication description	Stakeholder	Medium
NOVEMBER 2011		
Announcement letter - acknowledges participants and re-enforces aims of collaborative	DHB stakeholders	Letter
Launch Learning Session	DHB representatives leading the Collaborative	Learning and Teaching Sessions Work shops
Collateral: Lanyards, pens, pads, mugs	DHB stakeholders	Collateral
DECEMBER 2011		
Web site (phase 1) goes live	All stakeholders	Web
Follow-up letter following Launch Learning Session. Announces start of CLAB Collaborative and resources available (includes web site)	All DHB healthcare workers	DHB staff newsletters, e-bulletins, intranets CLAB Collaborative web site Relevant stakeholder publications Relevant stakeholder websites

Communication description	Stakeholder	Medium
Meetings/Forums/Teleconferences	Clinical stakeholders	Face to Face, Teleconference
Posters	DHB ICUs	Posters
Progress Board	All ICUs	Progress Board
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
FEBRUARY 2012		
Monthly e-bulletin/update - produced by each DHB	DHB stakeholders	Email
Refresh Posters		
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
Update progress boards	All ICUs	Progress Board

Communication description	Stakeholder	Medium
MARCH		
Presentation or display at National Australia & NZ Intensive Care Society Conference 2012 (TBC)	Local and National Stakeholders	Conference
Top Achiever	All clinical stakeholders	Article and photo included in: bulletin DHB Intranets CLAB Collaborative web site
Update progress boards	All ICUs	Progress Boards
Monthly e-bulletin produced by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
First quarterly National CLAB Collaborative Newsletter	All stakeholders	PDF/link emailed to stakeholders CLAB Campaign website HQSC website The Division of Infection Control Nurses website DHB Intranets?

Communication description	Stakeholder	Medium
APRIL 2012		
Refresh Posters	All ICUs	Posters
Update progress boards	All ICUs	Progress boards
Monthly e-bulletin put together by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
MAY 2012		
Update progress boards	All ICUS	Progress boards
Monthly e-bulletin put together by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin

Communication description	Stakeholder	Medium
JUNE 2012		
Update progress boards	All ICUs	Progress Boards
Monthly e-bulletin put together by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
JULY		
Top Achiever	All clinical stakeholders	Article and photo included in: eBulletin, DHB Intranets, Web site
2nd quarterly National CLAB Collaborative Newsletter	All stakeholders	PDF/link emailed to stakeholders CLAB Collaborative website HQSC website The Division of Infection Control Nurses website DHB Intranets?
Refresh Posters	All ICUs	Posters
Update progress boards	All ICUs	Progress Boards
Monthly e-bulletin produced by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference

Communication description	Stakeholder	Medium
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
AUGUST		
Update progress boards	All ICUs	Progress Boards
Monthly e-bulletin put together by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
SEPTEMBER		
Refresh posters	All ICUs	Posters
Update progress boards	All ICUs	Progress Boards
Monthly e-bulletin produced by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference

Communication description	Stakeholder	Medium
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
OCTOBER		
Update progress boards	All ICUs	Progress Board
Monthly e-bulletin produced by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers Highlight results in e-bulletin
One year celebration event	All stakeholders	
NOVEMBER		
Top Achiever	All ICUs	Article and photo included in: eBulletin, DHB Intranets, Web site

Communication description	Stakeholder	Medium
3rd quarterly National CLAB Collaborative Newsletter	All stakeholders	PDF/link emailed to stakeholders CLAB Collaborative website HQSC website The Division of Infection Control Nurses website DHB Intranets?
Update progress boards	All ICUs	Progress Boards
Refresh posters	All ICUs	Posters
Monthly e-bulletin produced by each DHB	DHB stakeholders	Email
Meetings/Forums/Teleconferences	Clinical Stakeholders	Face to Face or Teleconference
Compliance data results	Report to HQSC	Written report emailed
Compliance data results	DHB Senior Leadership DHB management DHB Clinical stakeholders	Emailed letter containing report. Hard copy to be sent to DHB senior leadership and Quality and Risk Managers

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