

CLAB Collaboration Journey CCDHB







Joined Collaboration



IHI Improvement Science Professional Development

- October 2011- 3 days at Ko Awatea
- November 2011- 2 days at Ko Awatea
- June 2012- 2 days- Ko Awatea
- March 2013- 2 days- Ko Awatea
- Plus Webex sessions
- And regional meetings

PDSA 1 Implementation of maintenance protocol

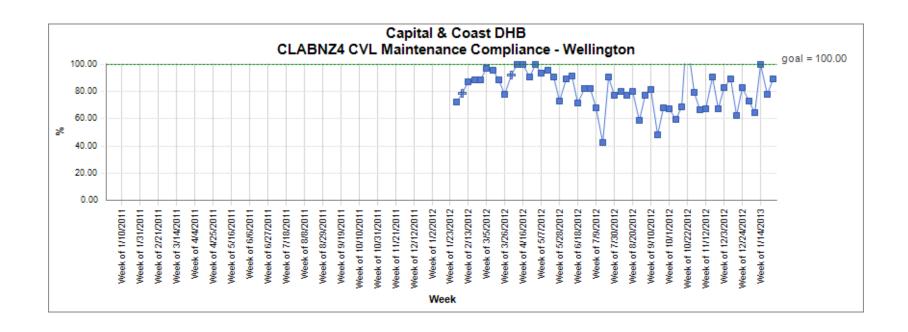
- Plan- implement maintenance protocol, staff education, stickers for progress notes at bedside.
- Do- January 2012, staff commenced maintenance protocol. Audited every shift by champion on duty
- Study- 82.6% compliance reached.
- Act- Ready for maintenance protocol implementation.

PDSA 2

Implementation of insertion protocol

- Plan- Education of registrars and nurses, purchasing of packs.
- Do- April 2012, implemented insertion packs and bundle. Forms designed, extra's packs created.
- Study- 100% compliance achieved consistently. No problems with hats!
- Do- successfully implement insertion protocol

Compliance to date



PSDA 3

Change of maintenance sticker

- Plan- Change stickers to the 24hr Flowchart
- Do- place stickers (labour intensive!) on flowcharts
- Study- compliance dropped to 74%
- Act- New champion alerting staff to fill out stickers. New flowchart with sticker info at 0700 and 1900 right by fluid balance totals. Necessity changed to medical section. Asses compliance levels with new charts.

Positive CLAB 03/10/12



CLAB Declaration and Investigation Form

- Team Members declaring CLAB (must include ICU, LAB and/or ICT Member):
- Blood cultures compliant with testing protocol: Y/N Y
- Reportable Event Completed: Y/N
- Date of CLAB:
- Date positive culture drawn
- Organism Identified: Date Line inserted:
- Site inserted:
- Insertion Protocol Compliant?
- PATIENT SUMMARY;
- Admitted:
- Comments:
- <u>Learning's</u>:
- Feedback to Staff:

Blood cultures

- Audit of current knowledge.
- Education of staff required re 2 sets.
- Debate amongst staff re the need to perform venipuncture.
- Policy and poster development
- BLING trial muddying the waters!

PDSA 4

- Plan- Roll out to wards- PICC service- very independent service, to get anaesthetics on board. In discussions with renal, oncology, neonatal and surgical services.
- Do- Achieved insertion roll out to PICC service
- Study- Review audit of compliance
- Act- Assist with education. Standardised insertion pack.

2012 Data

- 3513 lines days- tally method
- 1 CLAB,
- 79.5% patients in Wellington ICU have CV lines.
- So-- 0.28 CLAB's per 1000 line days.
- Average maintenance compliance over 2012 = (3939.45/49 weeks of data)= 80.39%
- Insertion- 100% in all bar I of 215 insertions
- Last known CLAB 18/05/11. 1st confirmed CLAB since collaboration 03/10/12 after 504 days.
- Had been 504 days between CLAB's. (131 days at 20.02.13)