

# Target CLAB ZERO at Hutt Valley DHB

Central Line Associated Bacteraemia

## The good, the bad and the ugly



### The Good

#### National program

First time CLAB data collected and reported nationally to standardised definitions

#### Networks

- Strengthened between IPC, services (ICU and OT/PACU) and disciplines locally
- Developed links with other DHB services

#### IHI methodologies

- Improvement Science: More than one way to skin a cat! Having the ability to adjust implementation of the project to fit our DHB, whilst maintaining the core priorities of the national project
- Collaborative: Sharing of resources, learning and experiences across all DHBs. Being supported as a part of a larger project, rather than one person trying to implement in one DHB. National and Regional support drove ongoing motivation when local support was occupied

#### Technology

Use of Webinars and teleconference to connect for regional and national meetings

**Zero CLAB at HVDHB for the duration of the project!**



### The Bad

#### Data collection

Time consuming and person dependant. Not incorporated into standard procedures yet

#### Local support

Competing projects and organisational priorities. Difficulty getting project team members to attend regular meetings. Great support of project philosophy

#### The "human factor"

Documentation on CLAB forms is not done consistently. Maintenance compliance low related to incomplete documentation



### The Ugly?...



Project team at Hutt Valley DHB celebrating 365 days CLAB free December 2012

From left: Dr Andrew Stapleton (Clinical Lead), Lynn Salt (ICU RN), Sarah Harris (Project Lead), Collette Breton (Project Sponsor)  
Front: Teresa Thompson (ICU CNM)

