Tips for Successful QI

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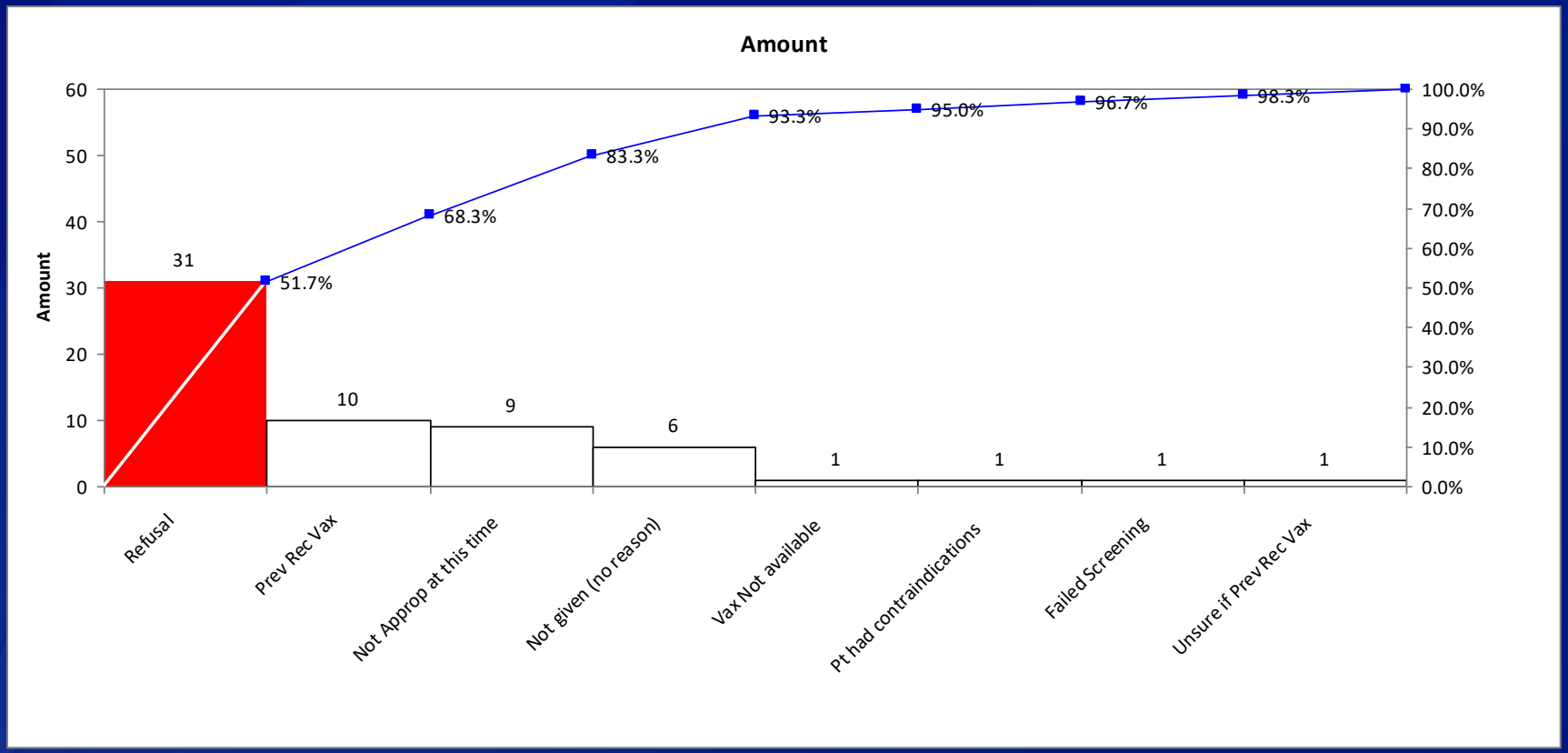
Division of Healthcare Quality Promotion

- Start where you have resources
- Start small – get it right
- Create a non-threatening – safe environment
- See sentinel events as opportunities
- Remember change takes time

Remember the Pareto Principle –

Also known as the **80/20 rule** (roughly 80% of the effects come from 20% of the causes)



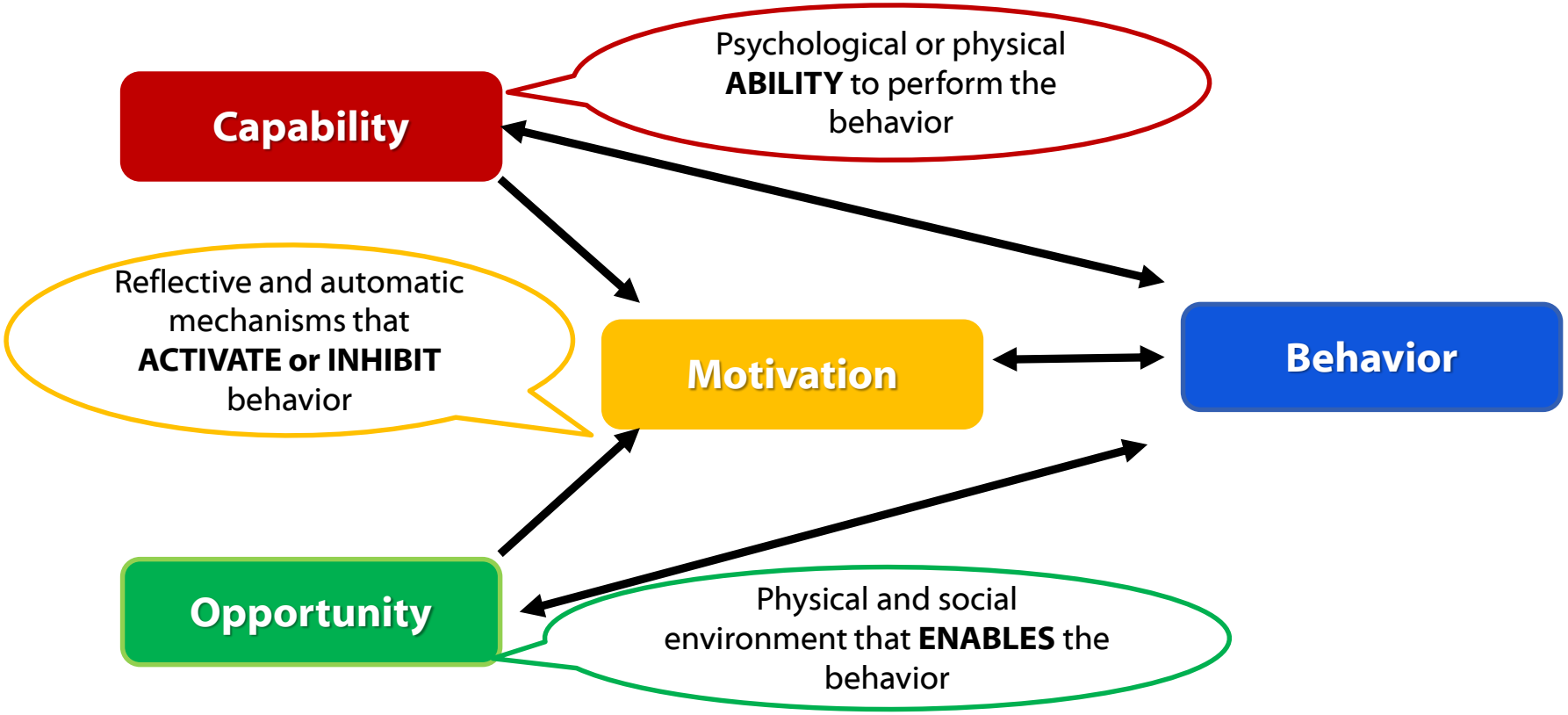
Involve your audience in the implementation and evaluation of selected behavior change strategies

Directly – set up workgroups, committees, or coalitions to go through all the steps together.

Indirectly – conduct audience research to inform your decisions and actions

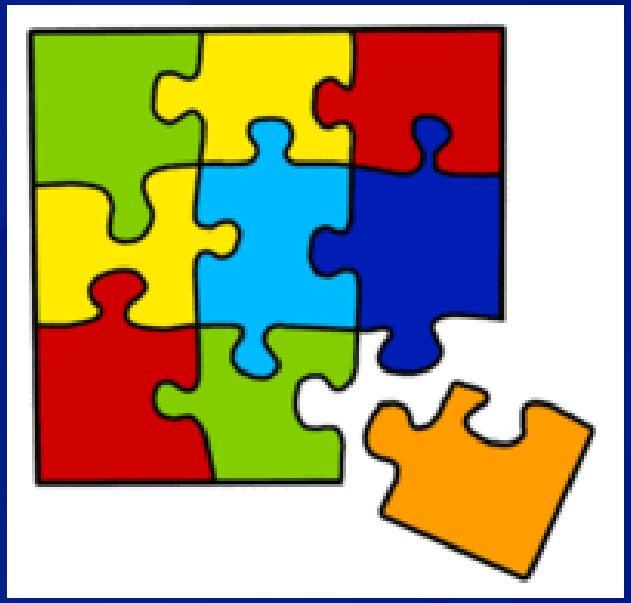
- Focus group discussions
- Intercept or in-depth interviews
- Observations
- Structured discussions
- Surveys

Consider the three main drivers of behavior



The COM-B model. Michie et al (2011) The behavior change wheel: A new method for characterizing and designing behavior change interventions. Implementation Science. 2011; 6:42.

Avoid a Piecemeal Approach to QI



Measure Success

What gets measured gets done.

What gets measured and fed back gets done well.

What gets rewarded gets repeated.

- John E. Jones

- Use a bundle approach
- Schedule regular time to think as a team.
- Incorporate QI into your daily routine


Don’t reinvent it…
http://www.flickr.com/photos/__my__photos/5025541044/in/photostream

Reduction of unneeded CV catheters decreases CLABSI

Systematic review of studies implementing interventions to reduce unnecessary CVC use

- improve appropriateness
- Increase awareness of device presence
- prompt removal

RESULTS:

- 13 studies (92.9%) found **decrease in CVC** - despite different reporting methods,
  - reduction rate varied - 6.8% to 85%. **decrease in the incidence of CLABSI**
- 7 studies (50.0%) reported
  - range 24.4% to 100.0%.

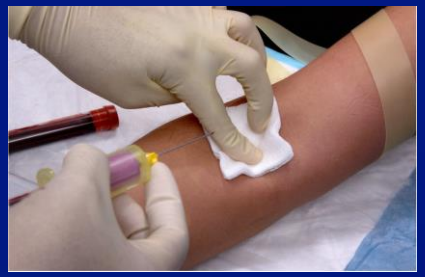
CONCLUSIONS:

- Interventions to reduce unnecessary CVC use significantly decrease the rate of CLABSI.

Infect Control Hosp Epidemiol. 2018 Oct 11:1-7. doi: 10.1017/ice.2018.250. **Interventions to reduce unnecessary central venous catheter use to prevent central-line-associated bloodstream infections in adults: A systematic review.** Xiong Z[1], Chen H[2]

Reduction of contamination rates saves money

- Meta-analysis of 49 articles that that reported immediate or downstream economic costs of blood culture contamination.
  - Up to 59% of patients received unnecessary treatment
  - increased pharmacy charges
  - Increases in total laboratory charges
  - Attributable hospital length of stay increased from 1-22 days.



Am J Infect Control. 2019 Feb 19. pii: S0196-6553(18)31183-0. **Economic health care costs of blood culture contamination: A systematic review.** Dempsey C[1], Skoglund E[2], Muldrew KL[3], Garey KW[4].

How did QI led to decrease in Neonatal sepsis in Accra, Ghana ?

Quality improvement (QI) initiative found poor adherence to hand hygiene in the neonatal intensive care unit was **due to lack of clean towels and leadership for IPC**

Team created **locally acceptable** implementation strategies based on WHO Hand Hygiene bundle

Hand hygiene **compliance rose from 67% to 92%**

- including a 36% increase on night shifts

Int J Qual Health Care. 2018 Nov 1;30(9):724-730. doi: 10.1093/intqhc/mzy111. **Implementation science in low-resource settings: using the interactive systems framework to improve hand hygiene in a tertiary hospital in Ghana.** Kallam B[1], Pettitt-Schieber C[2], Owen M[3], Agyare Asante R[4], Darko E[4], Ramaswamy R[2].

IPCAF used to identify priority areas

IPCAF used in 1472 acute care hospitals in Germany.

Results

- Components on multimodal strategies and workload, staffing, ward design and bed occupancy revealed the lowest scores.

Conclusions

- Potentials for improvement were identified for workload and staffing.
- Insufficient implementation of multimodal strategies

Antimicrobial Resistance & Infection Control2019 8:73 Published on: 8 May 2019 **A national survey on the implementation of key infection prevention and control structures in German hospitals: results from 736 hospitals conducting the WHO Infection Prevention and Control Assessment Framework (IPCAF)** Seven Johannes Sam Aghdassi, Sonja Hansen, Peter Bischoff, Michael Behnke and Petra Gastmeier

Safety Calendar

			1	2			
			3	4			
			5	6			
7	9	11	13	15	17	19	21
8	10	12	14	16	18	20	22
			23	24			
			25	26			
			27	28			
			29	30			
			31				

Month

September

Days without incident

16

101 Kaizen Templates. Retrieved from http://gembapantar

Instructions (see next tab for blank form)

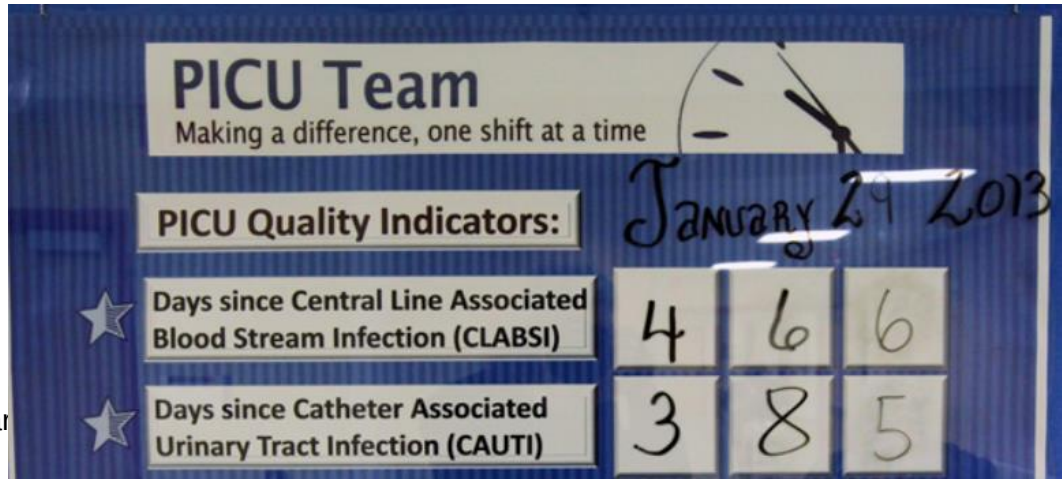
27	Indicates day without injury, e.g. "On the 27th of the month we had zero accident or recordable incidents."
11	Indicates day with injury, e.g. "On the 11th of the month we had an accident or recordable incident."

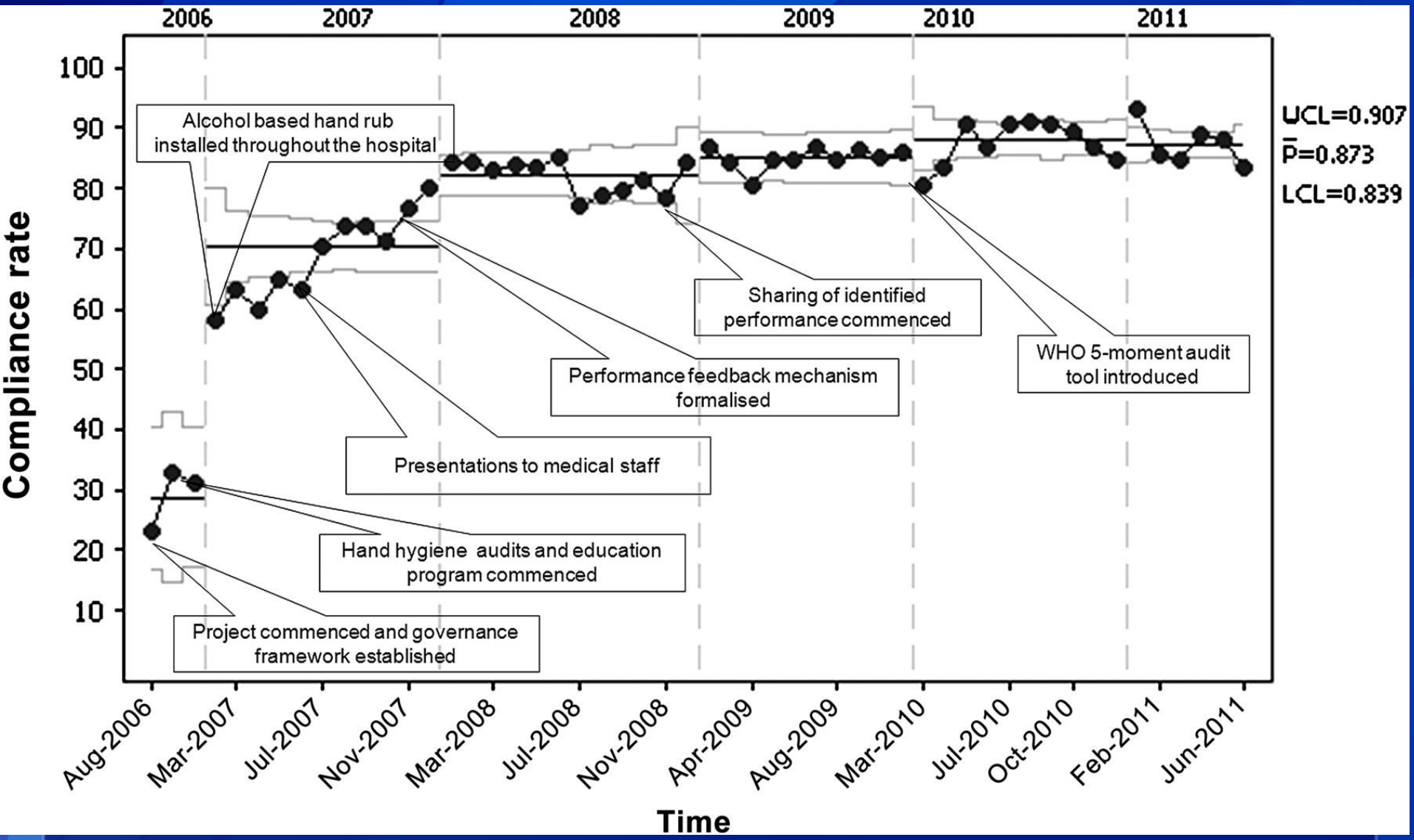
Days without incident

16

Subtract last green date (27) from last red date (11) to get continuous "days without incident" (16).

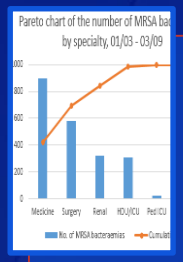
The larger this number is the better your safety record.





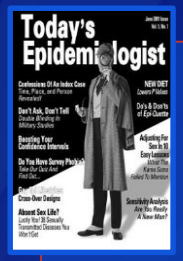
Jamal A, O'Grady G, Harnett E, et al Improving hand hygiene in a paediatric hospital: a multimodal quality improvement approach BMJ Qual Saf 2012;21:171-176.
http://qualitysafety.bmj.com/content/21/2/171?utm_source=TrendMD&utm_medium=cpc&utm_campaign=BMJ_Qual_Saf_TrendMD-0

- SENIC study found that hospitals reduced their nosocomial infection rates by approximately **32%** if their infection surveillance and control program included four components:



1) Appropriate emphases on surveillance activities and vigorous control efforts

2) For surgical site infections, feedback of wound infection rates to practicing surgeons



3) A trained hospital epidemiologist

4) At least one full-time infection-control practitioner per 250 beds

Haley, et al American Journal of Epidemiology, 1985.

- Celebrate success – even small ones with honest and sincere appreciation.