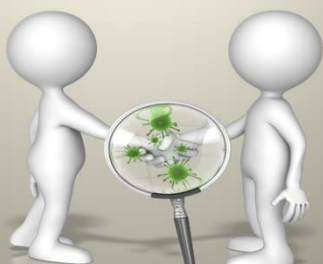


What is Quality Improvement in Healthcare?

Mary McKenna
IPC ADON
HCAI & AMR
National Team



Why are we here?



Why are we here?



Tús Áite do
Shabhaileacht 1 Othar
Patient Safety First

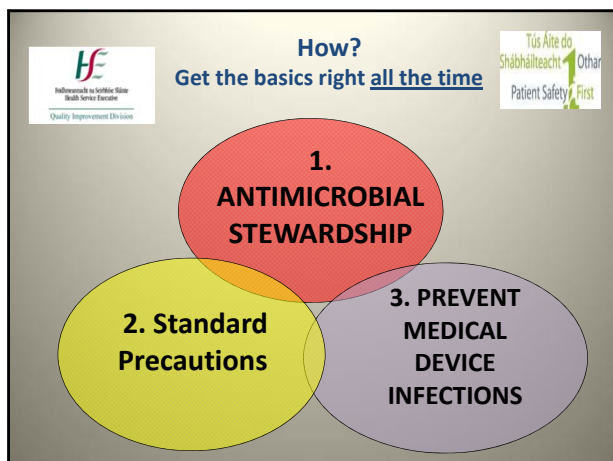


THE BOTTOM LINE.....




Every patient has the right to receive appropriate health care and leave a healthcare facility without a **preventable HCAI or MDRO colonisation**

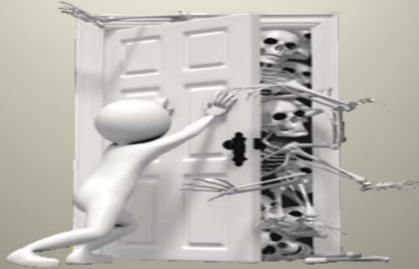
Prevention = during all stages of care and treatment.



Current programme work plan for HCAI AMR ADON

- HCAI Standards update in acute hospitals and to commence in Community and Primary Care Settings 2017
- IPC Workforce planning in community and Primary care settings
- IPC QI network well established
- Hand Hygiene Train the Trainer in final test phase
- STOP Campaign : Tested at local level in one ED
- Antimicrobial stewardship initiatives in hospital and community-
- Guidance to all healthcare facilities national Leadership Team and HCAI Taskforce on CRE

Let the skeletons of unsafe practice
out of the cupboard!



What is a HCAI

Triz

How do we give our patients a
healthcare associated infection?



Meeting the standard



Standard 6:

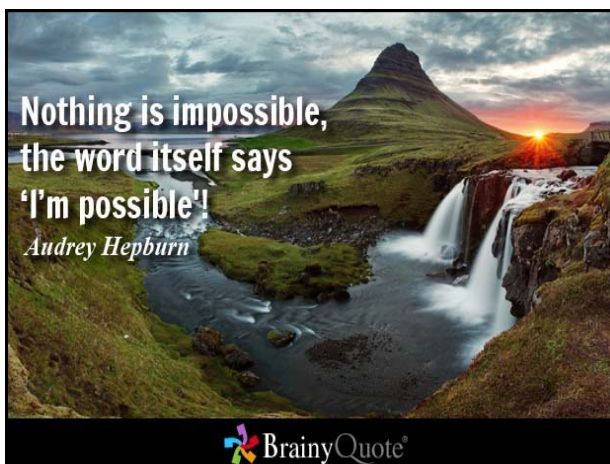
Hand hygiene practices that prevent, control and reduce the risk of the spread of Healthcare Associated Infections are in place.

Rationale:

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAs, particularly in health and social care services.²⁹ It is essential that a culture of hand hygiene practice is embedded in every service at all levels.

Barriers to quality improvement in HCAI

- HCAI and AMR not a top priority on **everyone's** agenda
- **Self perception** a dominant factor
- When do **we** really want to clean our hands
- Education gap- is this **really** the case



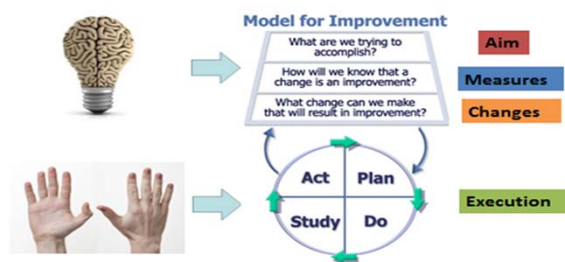
QI Model for improvement part 1

- What are we trying to accomplish?
- What changes can we make that will result in improvement?
- How will we know that a change is an improvement?

PDSA

- The second part is a cycle for learning and improvement called **the PDSA Cycle.**
- These two components together comprise a simple but powerful framework
- Roadmap for
 - process
 - outcome
 - system improvements.

The Model for Improvement



Key steps for improvement to happen



- The aim :what do we want to accomplish
- The measure: using data to tell us whether our aim has been achieved
- Be ambitious yet achievable- set a goal to reach within a certain period of time

Don't panic- it shouldn't be rocket science



Aim

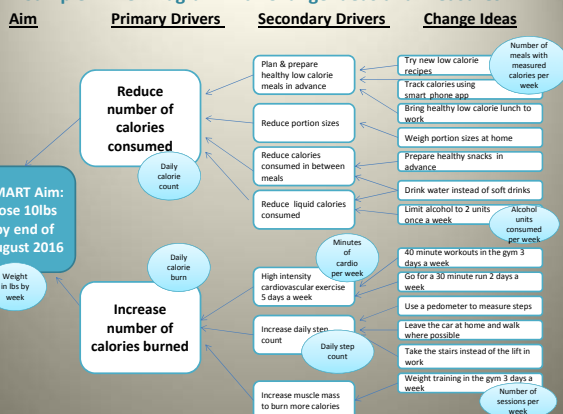
A good aim

- Specific
- Measurable
- Clear time frame
- Addresses who the change is for and what has to be achieved
- Has to be important to those involved



"Reduce the incidence of pressure ulcers amongst patients with spinal injuries by 50% in 3 months"

Sample Driver Diagram with Change Ideas and Measures



Teamwork: Why?



- Need different perspectives
- Increased buy in and front line ownership
- Support at different levels
- Have an idea of your aim and then gather your team
- Remember there is no "i" in the team

Meeting the standard



Example: Invasive medical device related infections are prevented or reduced

Where are we and what can we do to improve?

- National data from a point prevalence survey in Irish hospitals : "13% of HCAs are bloodstream infections of which 42 % are due to the presence of an indwelling vascular catheter."



STOP :A national campaign, supported by local clinical and communications teams in Wales



S.T.O.P.



STOP Is the device needed?
Is there an alternative?


THINK Attention to detail.
What are the clinical indicators for use?
Has the patient consented?

OPTIONS Management of alternative therapies.
Document the rationale for use.

PREVENT HEALTHCARE ASSOCIATED INFECTIONS
Document equipment used with traceability.
Be vigilant with 'Time in, Time Out' prescription.

Further details at
www.1000livesplus.wales.nhs.uk/STOP

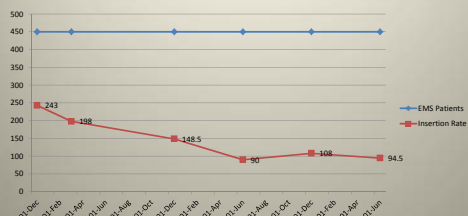
1000 LIVES 
O FYWYDAU



Start with STOP

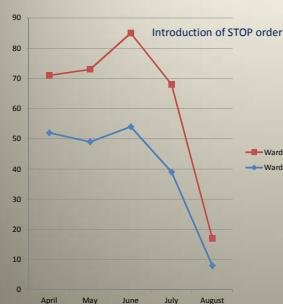
- One ward... one day
- How many cannulas and catheters are insitu
- How many of those are clinically indicated
- In your professional opinion how many could be removed

Welsh Ambulance Service Trust (WAST) Cannula only



Insert name of presentation on Master
Slide

Cwm Taf University Health Board



- Orthopaedic Wards
- % patients Catheterised prior to theatre

Insert name of presentation on Master
Slide

Getting started in the ED



- ED obvious choice of where the patient journey starts
- However a busy place : STOP not previously tested in Welsh ED's
- "I have a QI project in a lovely ward that has experience of QI and its so easy to get engagement"
- Competing priorities " staff are really busy and just couldn't take on another project "
- "Sounds interesting but too ambitious for us to take on"

Lets not make it difficult!



Getting Started
with STOP

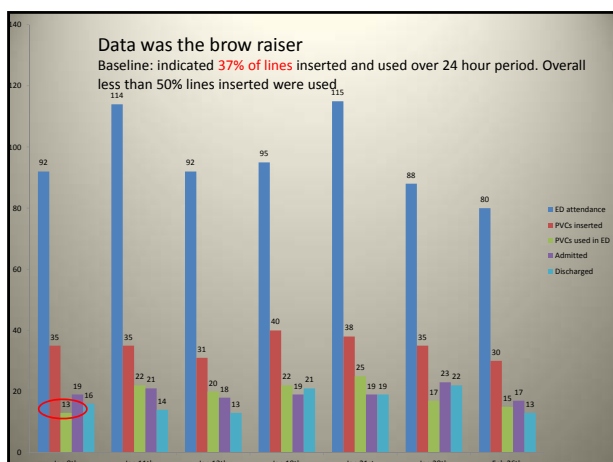
PDSA: from the front line



Started small with measurement

- Review of ED records over previous 24 hours
- Number of PVCs inserted over 24 hour period in ED
 - Number of PVCs used
 - Documentation of clinical need for PVC





Finally getting staff engagement was
hugely important to start



ED Consultant
"lets do STOP"

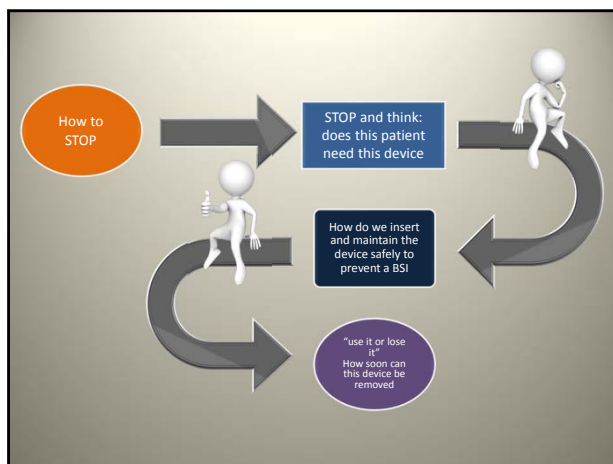
Method


- Feedback at staff meeting
- Senior ED Reg volunteered to lead on STOP improvement campaign.
- Develop driver diagram
- PDSA: change ideas following staff briefings and measure results.



Project aim:

- By the 1st June 2016 a STOP Campaign will be implemented in one Emergency Department (ED) in Ireland leading to $\geq 80\%$ compliance with peripheral vascular catheters (PVCs) inserted and managed in line with best practice for appropriate clinical indications





Process change

- Change culture: STOP and think of clinical indication before insertion
- Peer discussion among clinicians to challenge the "just in case" insertion of PVCs.
- STOP posters developed and prominently displayed.
- Review of PVCs introduced at daily white board rounds.
- Sticker in patient records to prompt rationale for inserting

IV CANNULA: _____ SITE: _____

CLINICAL INDICATION: _____

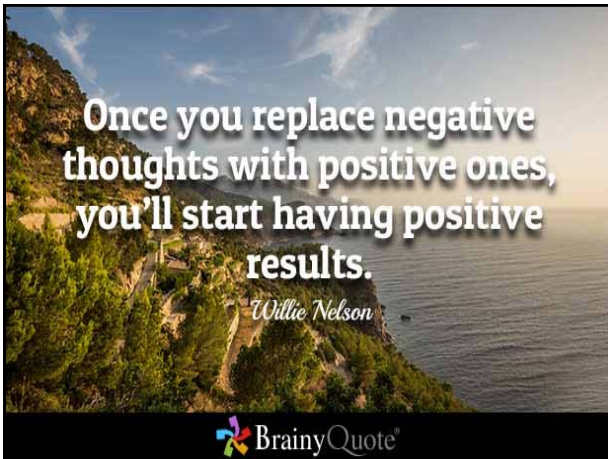
ASEPTIC NON TOUCH TECHNIQUE: ☐

INSERTED BY: _____ Date: _____ Time: _____

DATE: _____ TIME: _____




- Increase in compliance with inserting PVCs for appropriate clinical indication from **40% to between 70-80%.**
- Continued measurement of documentation indicated a **10% decrease** in the number of PVC lines inserted in the ED



Outcome of project

- This is the first reported attempt to implement a STOP initiative for invasive devices in an Irish hospital ED
- Developing a practical audit tool and presentation of meaningful baseline data has set the context for ownership in improvement
- Securing support of front line staff to develop tests of change.
- Experiencing the benefits of testing on a small scale.

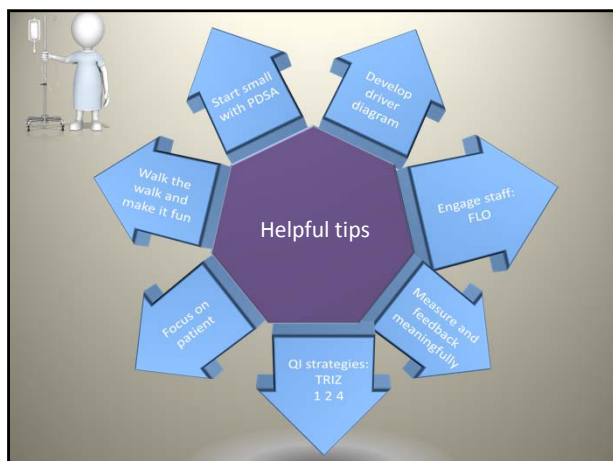
Key learning points



- Realizing you don't need to wait for support from senior executive management to get started, best to get stuck in and work directly from the front line for success in QI
- Starting with feedback to staff with a **meaningful** measure of current practice opens the door to vision for improvement with clinicians.
- Make sure the plan and language to guide change is one that staff understand

Key learning points

- The benefits of engaging open conversations with staff and how this can have a significant bearing on positive patient outcomes.
 - Starting small and growing the seeds of quality improvement methodology with persistence has resulted positively in the development of the STOP campaign
 - Open engagement and ownership by front line staff are key to improving patient outcomes



Hand Hygiene: Train the Trainer

Programme developed in response to gaps identified in access to hand hygiene training across community and primary care settings

National Hand Hygiene "How-to" Guide
For Infection Prevention and Control Nurses within
Community Healthcare Organisations.

Authorship:
HCAI AMR National Clinical Programme:
Hand Hygiene Subcommittee with a CHO working group
Signed off for implementation by HCAI AMR National Taskforce

Getting to grips with 'The 5 Moments for Hand Hygiene' in diverse healthcare settings



A1 Train the Trainer overview overview

- You will understand the importance of a national programme for hand hygiene in primary care, mental health and social care settings
- Develop confidence and skills to teach hand hygiene and influence behaviour
- Bring education and resources to healthcare workers in the workplace.



Current stage of programme

- Suite of Materials developed with sub group of IPCNs
- Trainer the trainer programme package
- Standardised Training presentation
- Tested in 4 CHO areas with varied disciplines of staff
- Very positive feedback
- Ready for full implementation

Slide 47

A1 Hi Roisin & Mary, I would suggest changing this title to 'Hand Hygiene Train the Trainer' overview. I am not sure if everyone would link teaching & assessing to the hand hygiene training programme so early in this ppt??

Admin, 08/08/2016

Who can become a trainer?

The trainer will be considered to be more effective if they have:



- Experience in providing formal or informal education or influence in making healthcare improvement
- Been nominated with agreed support from Service/ Facility Manager as outlined in Governance Protocol

Thank you



Questions?

Comments?