VAP CRBSI Collaborative

Informational Calls
Hosted by Canadian ICU Collaborative
November 18 and 20, 2008
Purpose

• By the end of this call, participants will have:
  – Better understanding of topics, methods and expectations associated with the Collaborative approach
  – Questions answered
Context
Why these Topics?

- The Gap: Evidence vs. Practice
  - International
  - Canadian
- Canadian ICU Collaborative
- *Safer Healthcare Now!*
- Accreditation Canada
- Provincial expectations
CLI Rates - National Data - September, 2008

Rate per 1000 Line Days

UCL = 7.3
Mean = 2.9
LCL = 0.0

Source: Safer Healthcare Now! Quarterly Reports - September 2008
What is Possible:
Examples of Better Performance

Collaborative Teams
Kelowna General Hospital

Richard Milo
VAP Team
Change Concepts

- VAP Education (Daily Rounds and Storyboard)
- Replaced old HOB Posters
- Beds marked with 30 degree
- Oral Care Product Trial (Educational Intent)
- Oral vs. Nasal Gastric Tube Placement in ER
- ICU pre-printed orders
  - (included VAP bundle concepts)
- Sedation Protocol developed (Regionally), education and implementation
- Hand hygiene audit done by Infection Control

- Continued with HOB and Oral Care Audits
Potential Barriers

- Buy-in from Administration, Medical staff and front-line staff.
- Time commitments for meetings, data collection and educational sessions.
- Prioritization with other initiatives and educational events.
- Staff compliance with bundled therapy. (HOB, mouth care and proper documentation)
- Adequate equipment and supplies (Evac tubes, dedicated suction, oral care products)
- Timely notification of VAP diagnosis from ICU.
Achieving Buy-in

• Initial education and frequent updates
• Empowered influential staff into the process
• Start on a small scale (1 or 2 patients) and then expand
• Positive re-enforcement
• Continued education and updates
  compliance rates, VAP rates, knowledge spread
ICU Collaborative

• Helped us understand and implement Rapid Cycle Change Concepts

• Provided links to other centers involved with VAP – information sharing

• Clinical resource – don’t re-invent the wheel

• Data “Run Charts”
Key Lessons Learned

- Team champion is mandatory
- Multidisciplinary team approach
- Must be evidence and quality based
- Use PDSA cycling (test small changes)
- Incorporate front-line staff to achieve buy-in
- Continued staff updates/education
- Meet regularly
- “Spread” knowledge
VAP at Kelowna General ICU

# Infections Per 1000 Vent Days

Benchmark (7.4 Infections Per 1000 Vent Days)

Linear (# Infections Per 1000 Vent Days)
London Health Sciences Centre

Dr. Claudio Martin
CRBSI and VAP Team
VAP Rates: Cases per 1000 Ventilator Days
All Admissions CCTC

- Number of cases
- Month

NHSN Mean for Trauma ICUs 10.2
NHSN Mean for Med-Surg ICUs 3.6

Inservice blitz
National Healthcare Safety Network (NHSN) mean for medical-surgical ICUs is 3.6 and for a pure Trauma ICU is 10.2

The UCL is the upper control limit (3 Sigma above our mean).
2007-2008 BSI/1000 line days-CCTC

SHN initiatives initiated

Flolink initiated June 11/08

Rate
UCL
Mean
Success factors

- Team effort
  - Information services
  - Infection control
  - Educator
  - Data collection process
- Educational program and re-enforcement
- Physician buy-in or acceptance/support
About the VAP CRBSI Collaborative

Bruce Harries
Benefits of Participating

• Faster learning and quicker gains
Benefits of Participating (continued)

• Face-to-face Learning Sessions
• Evidence-based changes, ready to test and implement
• Coaching from experienced Faculty on application of changes
• Education and training on tools for improvement and measurement
• Advice on targeted strategies to overcome resistance and address barriers
• Monthly feedback on progress from the Collaborative Faculty
• Monthly conference calls specific to challenges your team is facing
• A website for storing and sharing your documents with others
• A comprehensive Improvement Guide with examples, checklists, tools
• No cost to join!
Expectations for Participating Teams

• Commitment of a team sponsor
• Full participation of a multidisciplinary team
• Development of measures
• Regular reporting of progress to the Faculty
• Willingness and commitment to implement rapid and widespread changes
• Desire to innovate
• Regular access to email and Internet
Timelines

- **Action Period One**
  - **Planning & Pre-work**
  - **Enrolment Deadline**
  - **November 28**
  - **Pre-Work Calls**
  - **December**
  - **January 15-16**
  - **Learning Session One**

- **Action Period Two**
  - **April 27-28**
  - **Learning Session Two**

- **Action Period Three**
  - **Oct TBD**
  - **Learning Session Three**
  - **Distribute Findings**

Support

November 2008
Questions
How to Enroll

Ardis Eliason
Expression of Interest
www.saferhealthcarenow.ca

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<tr>
<th>Announcing new National Collaborative for VAP and CRBSI</th>
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<td>In partnership with Safer Healthcare Now! (SHiN), the Canadian ICU Collaborative is inviting teams for across the country to participate in a new National Breakthrough Series Collaborative to prevent ventilator associated pneumonia (VAP) and reduce catheter-related bloodstream infections (CRBSI).</td>
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<td>Enrolled teams will be invited to the first Collaborative Learning Session in Toronto, Ontario on January 15-16, 2009 and will be supported by expert Faculty until December 2009, as they test and implement the latest knowledge available.</td>
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<td>For more information, please see the Call to Action English or Call to Action French.</td>
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<td>If you are interested in participating, please complete the Expression of Interest form.</td>
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<td>To learn more about the Canadian ICU Collaborative click here.</td>
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With the increasing national and international focus on patient safety, the need for a broad forum for learning has been identified.
Enrollment Package & Questionnaire

VAP – CRBSI Collaborative
Enrolment Package

VAP-CRBSI Collaborative Enrolment Questionnaire

1. Key Contact

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<td>Contact Name</td>
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2. Commitment: We wish to formally enroll in the Canadian ICU Collaborative. We have included a Letter of Commitment from our senior leader. We agree to all the Expectations outlined in the Enrolment Package.

3. Briefly describe your organization, hospital or clinic (including type, size, patient population and structure).

Please complete and e-mail this information to Ardis Eliason, Project Coordinator at aeliason@telus.net.
Planning Team

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• Ardis Eliason
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Faculty

- **Ms. Paule Bernier**, P.Dt., MSc, Sir MB Davis Jewish General Hospital, Montreal
- **Dr. Paul Boiteau**, Department Head, Critical Care Medicine, Calgary Health Region; Professor of Medicine, University of Calgary
- **Dr. David Creery**, Head, Paediatric Intensive Care, Children's Hospital of Eastern Ontario, Ottawa
- **Ms. Rosmin Esmail**, BSc, MSc
- **Mr. Gordon Krahn**, BSc, RRT, Quality and Research Coordinator, BC Children’s Hospital
- **Dr. Denny Laporta**, Chief, Department of Adult Critical Care; Director, Respiratory Therapy, Sir MB Davis Jewish General Hospital, Montreal
- **Ms. Debbie Lynch**, RN, ICP, Eastern Health, St. John’s
- **Dr. John Muscedere**, Assistant Professor of Medicine, Queens University; Intensivist, Kingston General Hospital
- **Ms. Tracie Northway**, RN, MSN, Quality & Safety Leader, Critical Care Program, BC Children’s Hospital, Vancouver
- **Ms. Kim Rafuse**, RN, BN, DOHN, ICP Annapolis Valley Annapolis Valley District Health Authority
- **Dr. Peter Skippen**, Division Head & Medical Director, Pediatric ICU, BC Children’s Hospital, Vancouver