AIM

Reduce CLABSI rate by 25% from 1.9 to 1.4 per 1,000 central line days from 2017Q3-2018Q3 in all inpatients with central lines

KEY DRIVERS

Practice standardization and operations

Data and transparency

Safety culture and accountability

INTERVENTIONS

Implementation 1) rapid process improvements on procedural standards 2) clarification of roles and responsibilities

Education and unit level roll-out

Ongoing audit and feedback 1) bundle rounds 2) target-based care 3) workflow assessments

Coordination of CLABSI data requests and reports - Infection Prevention & Control to triage and prioritize for analytics

Data validation and aggregation of patient level data to inform unit level adherence

Transparency for all 1) Service Line, Unit-Level Reports 2) Sharing best practices 3) Posting CLABSI/ Hand Hygiene rates outside all units

Executive-level Accountability 1) C-suite Leadership Rounds 2) enterprise wide communications

Division-level Accountability 1) Division/Clinical Chief Meetings 2) Chief operations Meetings

Unit-level Accountability 1) HAC Steering Committee 2) Local Improvement Team meetings 3) Daily Huddle (Daily Management System)

Individual level- attestation of review of bundle elements at bedside dashboard

CLABSI, central line-associated bloodstream infection; Q, quarter; HAC, healthcare-associated conditions