

CCS/CCHA NICU Improvement Community of Practice
In Collaboration with CPQCC

Agenda for June 12 (Southern California) Meeting
June 18 (Northern California) Meeting

10:00-3:00

10:00	Welcome & Introductions	Marian and Paul
10:05	Review current results of project	Paul
10:10	Clinical Improvement Best Practices	Paul
10:40	What we have learned so far	David and Janet
	Working lunch	
1:00	Early lessons from the S.I.G.s	Janet and David
1:30	Teams report on activities, progress, barriers	5 min/each NICU team
2:40	Key things to do by next Tuesday	David, Janet, All
3:00	Adjourn	

See next page:

Dear Colleagues

~~We also noted your excitement and interest in discussing specific points about implementing infection prevention measure in the NICU during the last conference call. As a result, we have re-organized the upcoming June collaborative meetings so as to draw out and focus these conversations. The proposed agenda for discussion is shown below. We would invite each center to take a few moments PRIOR to the meeting to think about each topic, to identify particular barriers you have encountered, as well as solutions tried and evaluated. If you have relevant documents, e.g., Policies, checklists, forms, videos, or supplies (e.g. closed systems) then please bring them for all to see. (For several specific topics, where we already knew of a center's significant progress on the topic, we have contacted you to invite your help in leading the conversation about the topic.) Thank you in advance for your participation.~~

WHAT WE HAVE LEARNED:

CHG-10 min

Challenges:

- How do survey results inform us as to a “best practices”?
- Getting a better fix on actual experiences-especially adverse events

Hand Hygiene-15 min

Challenges:

- Parent interception and instruction
- Provider (esp consultant) interception and instruction
- Maintenance of high compliance levels by staff
- Bridging into a more generalized “stop the line” mental model
- Addressing the persistently non-compliant colleague

Questions:

1. What methods or materials have you used to improve & more importantly, sustain compliance with hand hygiene by staff and parents/visitors.
2. What methods have you used to maintain regular surveillance of performance that you felt were particularly successful? Any barriers to success & means to overcome?

Environmental Hygiene (Clean Touch Spaces) -10 min

Challenges:

- What to do?
- How to sustain compliance?

Questions:

1. How have you engaged staff & visitors in adherence to the baby's environment or

clean zone? What's worked and what hasn't?

Closed Systems -60 min

For the following (actual system or photos): arterial lines, PICCs/central lines, medication administration

Challenges:

- To do or not to do closed systems
- Product selection
- Coordination with hospital-wide product selection processes
- Product introduction
- Learning curve
- Closed medication delivery systems
- When and how to say quit and regroup

Questions:

1. What have been the challenges encountered with product selection (esp. hospital & staff acceptance)?

2. ~~2.~~—How long did it take to educate the staff to allow them to comfortably use the new system? What methods were most effective and what barriers did you have to overcome?

CVC Maintenance-included in above 60 min

and CVC dressing change kit, P&P, documentation forms

Challenges:

- Documentation of daily nursing assessment
- Documentation of daily provider (MD & NNP) assessment of line necessity

Questions:

1. How are you monitoring the insertion site, dressing integrity, and central catheter function on a daily or shift basis (i.e. daily rounds by specified team of trained individuals, assessment by bedside RN, documentation on form...)?

2. ~~2.~~—Has monitoring by a designated individual improved outcome or decreased complications associated with the catheter? Can you estimate any additional cost, if any, to your facility resulting from implementing this process?

CLIP-5 min

Challenges:

- To integrate or not with your hospital wide process
- Orientation of staff to use form and monitor adherence of sterile technique

Questions:

1. What methods have you used to ensure staff observing the procedure are able to identify adherence to sterile technique throughout procedure (i.e. set-up of supplies on sterile field, skin prep, maintenance of sterile field throughout procedure...)?

Sustaining Motivation:-10 min

Challenges:

- How to know if there is continuing ~~the staff's~~ enthusiasm and participation (measures)?_
- Techniques tried and true vs tried and failed
- Getting more people involved

Questions:

1. How have you tried to sustain staff interest and motivation? What seems to work and what doesn't?

Conducting a BSI Evaluation-20 min

Challenges

- Adapting/adopting a form and methodology
- Retrospective vs concurrent
- What can and cannot be learned from doing evaluation(s)?
- How to modify the process to make it more productive?

Questions:

1. Have you tried to do a positive blood culture evaluation? At the bedside? What have you learned Ideas on how to make the process more productive and more efficient?

“Stop the Line”-10 min

Challenges:

- Understanding its importance
- Moving from special events (e.g., line insertion) to routine events (hand hygiene)
- Staff orientation
- Sustaining the initiative
- How to address persistently non-supportive staff members

Questions:

1. Have you tried to implement “stop the line”? All parts of the bundle or portions, e.g., hand hygiene, PICC insertion, line entry, line change? Ideas on how to get the attendings to support? To get the nursing staff to support?

WHAT WE HAVE LEARNED FROM THE SIGS SO FAR:

Neonatal Infection Burden: CABSIs are only the tip of the iceberg -10 min

Update on the January Presentation

Cycle 1: Can antibiotic days be counted and what do they tell us

Reports by Miller, CPMC, and Cedars

Next Steps:

Cycle 2: Refining the data and extending the snapshot

Cycle 3: Defining an antibiotic stewardship program for the NICU

Cycle 4: Understanding clinical sepsis antibiotic use

Cycle 5: Understanding complex antibiotic use

Surgical Site Infection: -10 min

Key features

Antibiotic Prophylaxis

Skin preparation

Preventing hypothermia

Preventing hyperglycemia

Preliminary Results

Potential for Ancillary SB739 Reporting Requirement

Addressing the other infections in surgical patients

Ventilation-Associated Pneumonia Prevention Programs:-10 min

Key features:

UCD

CHOak

Slides from Cincinnati Childrens & other projects

Evaluation tools