2017 Performance Improvement Report

STRATEGIC PRIORITY

3. Improve efficiency and decision-making

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| **Project Name** | | | |
| Standardize Root Cause Analysis (RCA) meeting process for Medical Devices Related Infections | | | |
| **Site** | | **Department** | |
| Riyadh | | Nursing Quality & Infection Control | |
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| **Project Status** | **Project Start Date** | | **Project End Date** |
| Completed | 01-23-2017 | | 09-30-2017 |

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| **Problem:** Why the project was needed?  It has been noticed on several occasions, that there was no robust RCA process in relation to all hospital acquired infections (CAUTI, CLABSI, P-VAP and VAP); In 2016 a total of 143 RCAs were performed for 240 infections. The RCA meetings were not consistently attended by medical staff, and had non-standardized format of documentation. Nursing Quality, in collaboration with Infection Control did come up with a standardized tool to ensure a timely action plan and follow-up on those RCAs for better patient outcome. | **Aims:** What will the project achieve?  To improve the compliance to the standardized RCA tool up to 90% before the end of September 2017 |
| **Benefits/Impact:** What is the improvement outcome?  *(check all that apply)*  Contained or reduced costs  Improved productivity  Improved work process  Improved cycle time  Increased customer satisfaction  Other (please explain)  Click or tap here to enter text. | **Quality Domain:** Which of the domains of healthcare quality does this project support?  *(Select only one)*  **Efficient** |

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| |  |  | | --- | --- | | **Measures:** Performance metrics to be evaluated | **Targets:** Expected outcomes | | RCA tool Compliance (%) | > 90% | |
| **Interventions:** Overview of key steps/work completed   * Development of a standardized RCA tool encompassing all medical device related infections (CLBSI, CAUTI & VAP). * Development of a check sheet tool to track progress of the process, and a Central Venous Catheter observational audit tool. * Mapping the process in a flowchart for all unit leaders to make it pictorial and easy to understand the process. * Education provided to all unit leaders/delegates on the RCA flowchart. * Project updates shared through the nursing chain of command meetings and infection control committee’s meeting. |
| **Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  *(insert relevant graphs, data, charts, etc.)* |

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| **Project Lead** | **Team Members** |
| **Name**  *(person accountable for project)* | **Names**  *(persons involved in project)* |
| - Shazia Arif, Nursing Quality Improvement Coordinator, Nursing Performance and Transformation. | - Irene Barron, Assistant Director, Department of Infection Control & Hospital Epidemiology.  - Nasser Shwaihet, Program Director, Nursing Quality Section, Nursing Performance and Transformation.  - Tina Hayden, Senior Infection Control Coordinator, Department of Infection Control and Hospital Epidemiology.  - Rehab Shaibi, Infection Control Practitioner, Department of Infection Control and Hospital Epidemiology.  - Tracy Alsarhani, Infection Control Practitioner, Department of Infection Control and Hospital Epidemiology.  - Mahmoud AlFirikh, Infection Control Practitioner, Department of Infection Control and Hospital Epidemiology. |