



**Project Name**

Standardize Root Cause Analysis (RCA) meeting process for Medical Devices Related Infections

**Site**

Riyadh

**Department**

Nursing Quality & Infection Control

**Project Status**

Completed

**Project Start Date**

01-23-2017

**Project End Date**

09-30-2017

**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)  
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**Quality Domain:** Which of the domains of healthcare quality does this project support?

*(Select only one)*

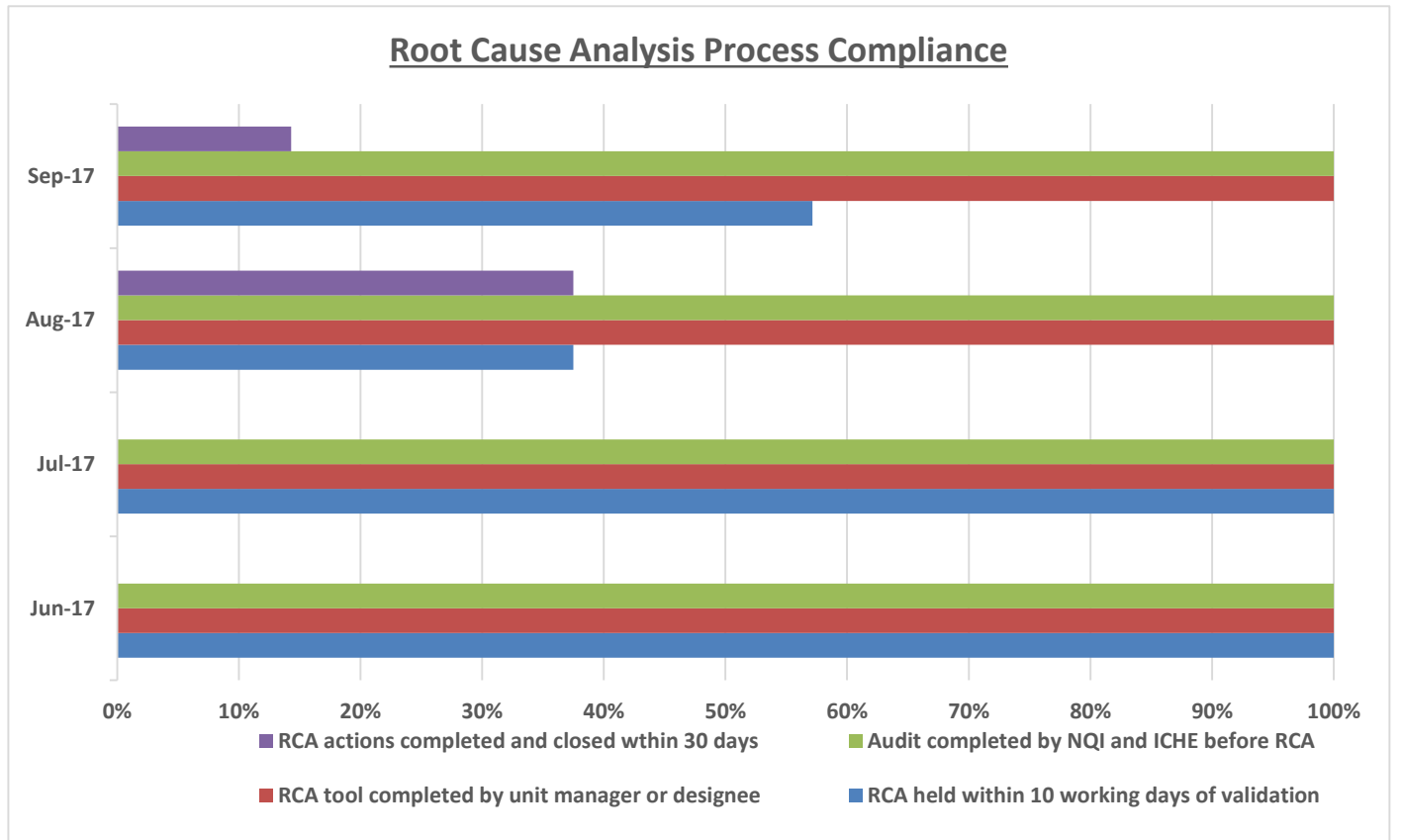
**Efficient**

<b>Measures:</b> Performance metrics to be evaluated	<b>Targets:</b> 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.)



**Project Lead**

**Name**

*(person accountable for project)*

- Shazia Arif, Nursing Quality Improvement Coordinator, Nursing Performance and Transformation.

**Team Members**

**Names**

*(persons involved in project)*

- 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.