UC Medical Centers Collaborate to Reduce Catheter Related Bloodstream Infections

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UC Collaboration to Reduce CRBSI

Getting Started

- 2008: UC CEO, CMO, CNO groups discuss collaboration in the arena of quality and safety
- Wide range of CRBSI rates across the system with desire for improvement at all UC medical centers
  - 07/08 UC average 2.96 infections/1000 line days
- Decision to collaborate and to develop a system wide incentive program to improve rates
- Input from leaders and stakeholders: CMO, CNO, Infection Control, ICU Medical Directors
The Goal

• Reduce catheter associated blood stream infections/1000 line days in adult ICUs compared to FY 07/08
  – Threshold: 10% reduction
  – Target: 15% reduction
  – Outstanding: 20% reduction

• System-wide executive level incentive
  – At UCSF incorporated into incentive plan for all medical center employees, ICU medical directors
Implementing the Goal

- Agree on definitions and methodology for data collection
- Determine best practices
- Discuss and disseminate best practices
- Quarterly data submission and feedback
- Visits and observations across campuses
## Sharing Best Practices, November 2008

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Complete spreadsheet includes: Line maintenance, MD education and training, RN education and training, Products, Availability of line insertion team.....
Results

• System-wide decrease 40% (11-63%)

• Decision to continue program for FY10
  – minimum: 2.0 infections/1000 line days
  – target: 1.5 infections/1000 line days
  – maximum: 1 infection/1000 line days

★ 1.58 as of December ’09

• Program expanded to other quality and safety efforts
  – Developing standardized, system-wide quality dashboard
    • Includes CRBSI rates and Surgical Site Infection Prevention process measures
  – Pressure ulcers
  – H1N1 vaccination and preparation
Hospital Medicine Reengineering Network

The HOMERUN Collaborative

- 16 Academic Medical Centers across 6 states
  - 7 hospitals in Bay Area
- Leaders in hospital medicine
- Goal to standardize and share data to set benchmarks and improve:
  - Catheter Associated UTIs
  - Care Transitions
  - Pneumonia Care
  - Medication Reconciliation