

THE IMPORTANCE OF ENGAGING LEADERSHIP IN ENSURING SUCCESSFUL QUALITY IMPROVEMENT

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1. Mediclinic Panorama 2. Mediclinic Southern Africa 3. Best Care Always!

1. CONTEXT

Mediclinic Panorama is a 378-bed private hospital situated in the Northern Suburbs of Cape Town, South Africa.

In 2010 the catheter-associated urinary tract infection (CAUTI) bundle¹ was selected for the hospital's participation in the Best Care Always! Campaign², as the hospital's CAUTI rate was very high. A champion from the training department managed the implementation of the bundles with the Infection Prevention Control officer.

At the start of the project the focus was on the aseptic insertion of catheters. Registered nurses and enrolled nurses were trained on aseptic insertion, a training drive that continued for a year, at which point we realised most catheters were inserted in theatre and not in the wards.

CAUTI numbers have routinely been measured, but measurement of CAUTI rates (CAUTI per 1,000 catheter days/month) began in June 2011, a year after the project started.

In August 2011 a maintenance checklist was trialled in the general and cardio-thoracic critical care units. It became apparent that a checklist was viewed as a paper exercise, and validity of any information from these forms was questionable. A new process was developed whereby the unit manager took responsibility for spot checks and the data was used to track compliance to the maintenance elements of the CAUTI bundle.

In November 2011 the bundle was rolled out to the whole hospital, despite there being no evidence of improvement. In addition, a catheter insertion checklist was implemented in theatre.

2. PROBLEM

Despite investing many resources, time and effort in improvement activities, no improvement was noted. In April and May 2012 the CAUTI rate was the highest it had ever been since surveillance had begun.

3. ASSESSMENT OF PROBLEM AND ANALYSIS OF ITS CAUSES

Our interventions were not working but we did not know how to respond to the lack of improvement.

4. INTERVENTION

The high CAUTI rates in April and May 2012 sparked increased attention from hospital management. Reducing CAUTI became a priority for the hospital leadership. With greater interest from leadership, unit managers became more actively involved and the project was no longer driven by a single champion.

Feedback, previously communicated largely via email, was now presented on a monthly basis, in person, by the champion at a unit managers' meeting where the monthly data for the whole hospital was displayed and discussed.

5. STUDY DESIGN

Prospective, observational, implementation study.

6. STRATEGY FOR CHANGE

Engagement of leadership and monthly display and review of the data kept everyone focused and engaged on improving compliance with bundle elements.

7. MEASUREMENT OF IMPROVEMENT STRATEGY

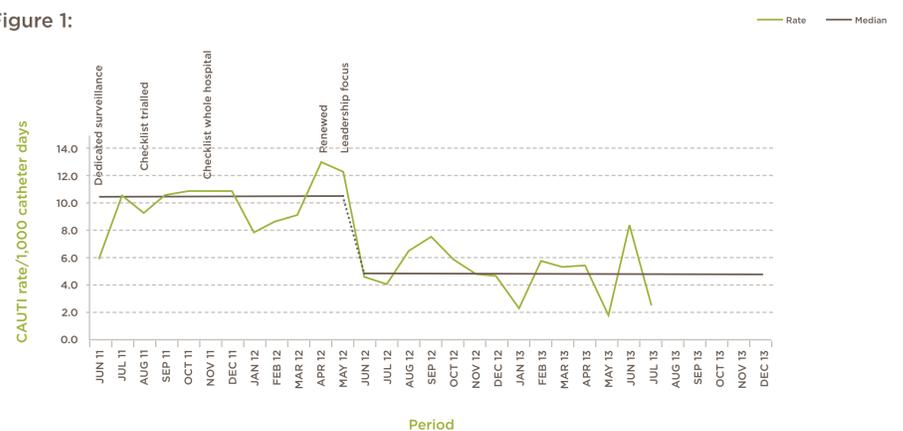
Monthly measures included CAUTI rates/1,000 catheter days and compliance with individual bundle elements. We used line graphs to track progress and Run Chart rules³ to assess improvement over time.

8. EFFECTS OF CHANGES

A significant reduction of 55% in CAUTI rates, from 10.6 to 4.8 CAUTI/1,000 catheter days/month, was achieved from the point where leadership became more engaged (figure 1).

MEDICLINIC PANORAMA CAUTI RATE

Figure 1:



9. LESSONS LEARNT

Understanding the process and practices of quality improvement prior to the implementation of the bundle would have saved time and resources, and would probably have resulted in improved outcomes sooner.

Active involvement from management/leadership is critical. While the management of the hospital supported the process and the campaign, it was only once they became actively involved in communicating their expectations to the line managers that improvement was noticed.

Frequent feedback regarding progress is vital. Feedback at the unit managers' meetings and to staff at ward level sustained improvement.

10. MESSAGE FOR OTHERS

When embarking on a quality improvement initiative, it is important to assemble a team of people who understand the quality improvement process. Management should also play an active role in the process.

1. Getting started Kit: Prevent Catheter-Associated Urinary Tract Infections - Institute for Healthcare Improvement, www.IHI.org
 2. Best Care Always! <http://www.bestcare.org.za>
 3. R. J. Perla, L. P. Provost and S. K. Murray. The run chart: a simple analytical tool variation for learning from variation in healthcare processes BMJ Qual Saf 2011 20: 46-51.
 Downloaded from qualitysafety.bmj.com on January 31, 2011.