

SHARING EXPERIENCES FROM CLAB COLLABORATIVE

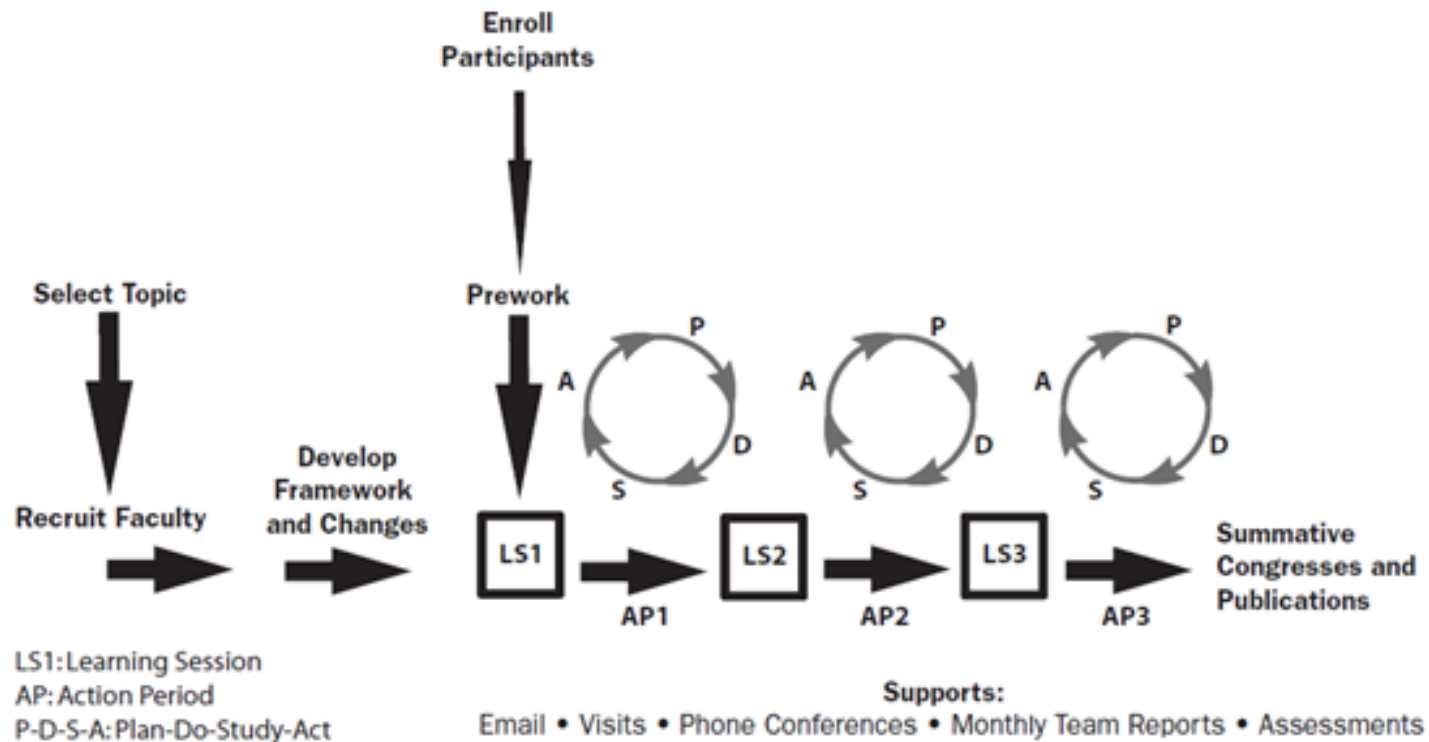
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CNS-INFECTION PREVENTION & CONTROL

HIGHLIGHTING:

- How the collaborative methodology worked for Central Line Associated Bacteraemia (CLAB)
- Key success factors
- Some challenges

Collaborative methodology



How the collaborative methodology worked for CLAB

- Face-to-face learning sessions contributed greatly to success:
 - Important to be able to share learnings with other DHBs
 - Provided templates and reporting processes – new knowledge and skills
 - Share problems and get resolution through discussion and expert knowledge and advice
- Well supported throughout the national collaborative to prevent CLAB
- Shared web-based database – data analysis, reports
- Teamwork and effort – members committed, all contributed their parts to prevent CLAB

Plan-Do-Study-Act

- Measurements recorded and reported as per process requirement
- Regular team meeting at DHB level to monitor progress and discuss achievements and problems
- Still supported nationally during the ‘action periods’ – on site visits for coaching and support and monthly collaborative calls with other teams

Key success factors

- Common goal
- Right people in the team – each contributing their parts and working to achieve the common goal
- Provision of tools, resources, knowledge, process and support
- New learnings & gains – for self and for DHB
- Collaborative approach and accept the uniqueness of each DHBs environment ie, leeway to adapt and modify
- Campaign was modelled on a well established programme from USA CDC

Challenges

- Increase of workload and additions of more projects – leading to changes in team members
- CLAB affects only a very small number of patients – perceived as a low priority issue in NZ
- Without the learning sessions and national project manager, at times with increased workload, had to work harder to harness enthusiasm