



The purpose of this paper is to provide a practical framework that health care organizations could use to decrease preventable healthcare-acquired harms” Pronovost et al (2017).

Abstract:

Purpose: The purpose of this paper is to provide a practical framework that health care organizations could use to decrease preventable healthcare-acquired harms.

Design/methodology/approach: An existing theory of how hospitals succeeded in reducing rates of central line-associated bloodstream infections was refined, drawing from the literature and experiences in facilitating improvement efforts in thousands of hospitals in and outside the USA.

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Findings: The following common interventions were implemented by hospitals able to reduce and sustain low infection rates. Hospital and intensive care unit (ICU) leaders demonstrated and vocalized their commitment to the goal of zero preventable harm. Also, leaders created an enabling infrastructure in the way of a coordinating team to support the improvement work to prevent infections. The team of hospital quality improvement and infection

prevention staff provided project management, analytics, improvement science support, and expertise on evidence-based infection prevention practices. A third intervention assembled Comprehensive Unit-based Safety Program teams in ICUs to foster local ownership of the improvement work. The coordinating team also linked unit-based safety teams in and across hospital organizations to form clinical communities to share information and disseminate effective solutions.

Practical implications: This framework is a feasible approach to drive local efforts to reduce bloodstream infections and other preventable healthcare-acquired harms.

Originality/value: Implementing this framework could decrease the significant morbidity, mortality, and costs associated with preventable harms.

Reference:

Pronovost, P.J., Weaver, S.J., Berenholtz, S.M., Lubomski, L.H., Maragakis, L.L., Marsteller, J.A., Pham, J.C., Sawyer, M.D., Thompson, D.A., Weeks, K. and Rosen, M.A. (2016) Reducing preventable harm: observations on minimizing bloodstream infections. *Journal of Health Organization and Management*. 31(1), p.2-9.

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