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Reference:

Ridling, D.A. and Magyary, D. (2015) Implementation science: describing implementation methods used by pediatric intensive care units in a national collaborative. Journal for Healthcare Quality. 37(2), p.102-16.

Pediatric intensive care unit CLABSI outcomes from a national collaborative perspective
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Abstract:

BACKGROUND: In 2001, the Committee on Quality in Health Care in America found it took 17 years for evidence from randomized controlled trials to be applied to practice, with little improvement over the last decade. Even abbreviated and summarized evidence fails to be consistently implemented at the bedside. More emphasis needs to be placed on understanding which Implementation Methods are most effective in successfully implementing evidence-based practice at the bedside.

PURPOSE: The purpose of the study was to explore the use of 20 Implementation Methods by 57 Pediatric Intensive Care Units (PICUs) participating in the National Association of Children’s Hospitals and Related Institutions (NACHRI, 2011) collaborative to eliminate central line associated blood stream infections (CLABSI) in critically ill children.

METHODS: This descriptive research study was conducted using a Likert survey to determine the intensity of use of 20 Implementation Methods by PICUs. PICUs were also asked to identify any additional Implementation Methods that were used, but not included in the survey.

RESULTS: Most Implementation Methods had high or very high use across the 57 PICUs.



CONCLUSIONS: The 20 Implementation Methods identified as part of this study, represented the vast majority of Implementation Methods used by PICUs.

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