West Bank Hospital-acquired Infection (HAI) Project Driver Diagram

**AIM**

Institutionalize a system to control HAIs across 22 hospitals in West Bank by Sept 30th 2017

**Primary Drivers**

- Participation in Improvement Collaborative
- Highly reliable Infection control measures
- Effective communication
- Reliable, Timely Microbiology Results
- Antimicrobial Stewardship
- Reliable implementation of insertion, maintenance, and prevention bundles, for common high risk processes and devices
- Identification and timely treatment of Sepsis

**Secondary drivers**

- Collaborative design
- QI methods taught to clinical teams
- Measurement embraced
- transparent evidence of use of QI methods
- Hand Hygiene*
- Patient empowerment
- Contact isolation/appropriate precautions*
- Identification of HAI through active surveillance/screening*
- Cleaning of environment and equipment*
- Uniform policy
- Visitor engagement
- Communication methods
- Use of existing modules on HIS system and ID module
- Adopt Evidence-based protocols in place and followed for every eligible sample (CLSI)
- Continuous availability of equipment and supplies
- Laboratory staff appropriately skilled to carry out protocols
- Integrated part of the healthcare team, locally and national
- Start/Stop dates for Antibiotics
- Monitor antimicrobial use productively and provide direct feedback to the prescriber.
- Restrict antimicrobial formulary and require preauthorization for prescribing and administration of high risk/alert antimicrobials.
- Use of Antibiogram to manage patient population and antibiotics
- CAUTI
- PVC
- CVC
- VAP
- SSI
- Culture of safety around devices
- Escalate concerns regarding deteriorating patient using SBAR
- Standardized use of Sepsis bundle