

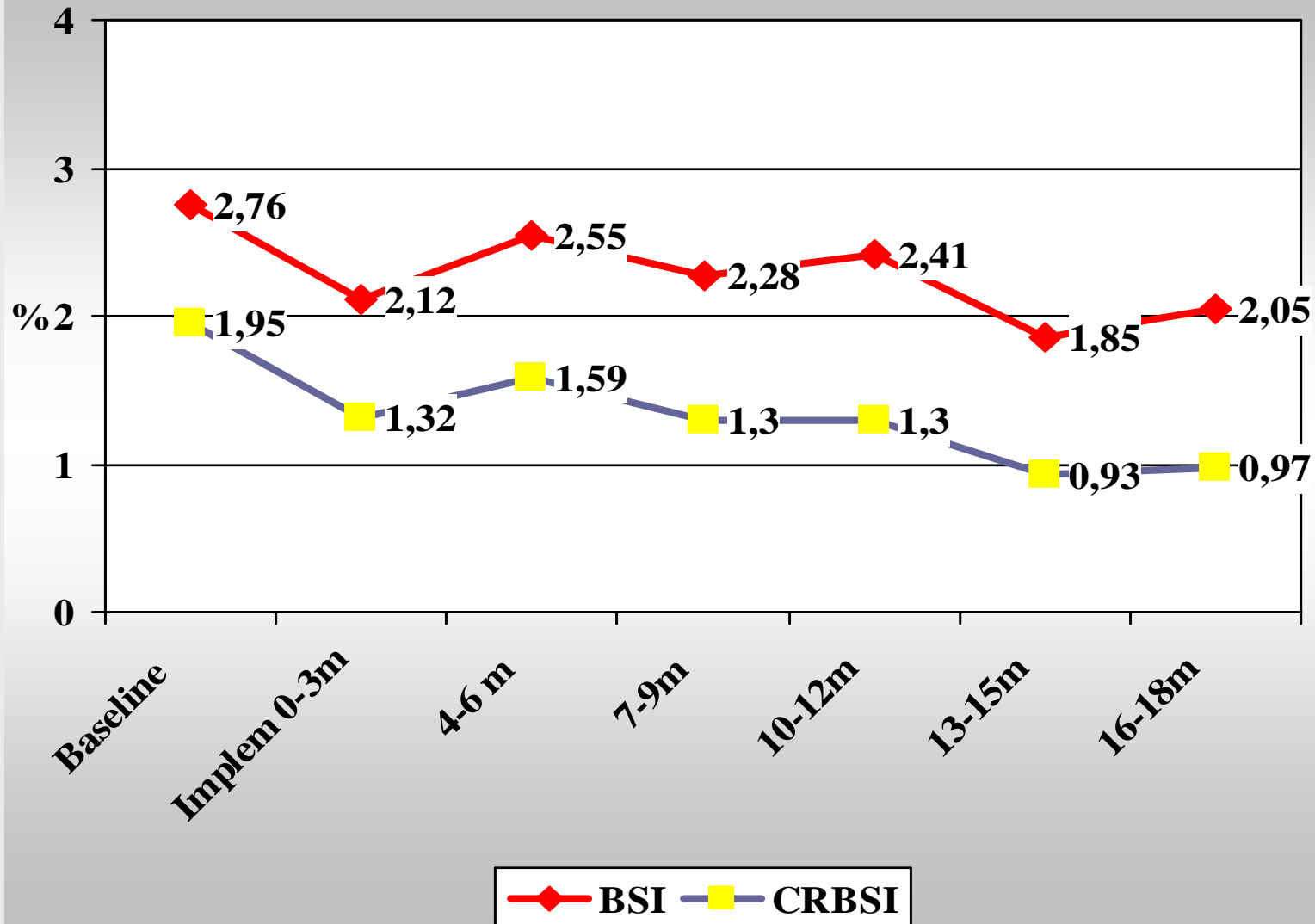
# Bacteriemia Zero:

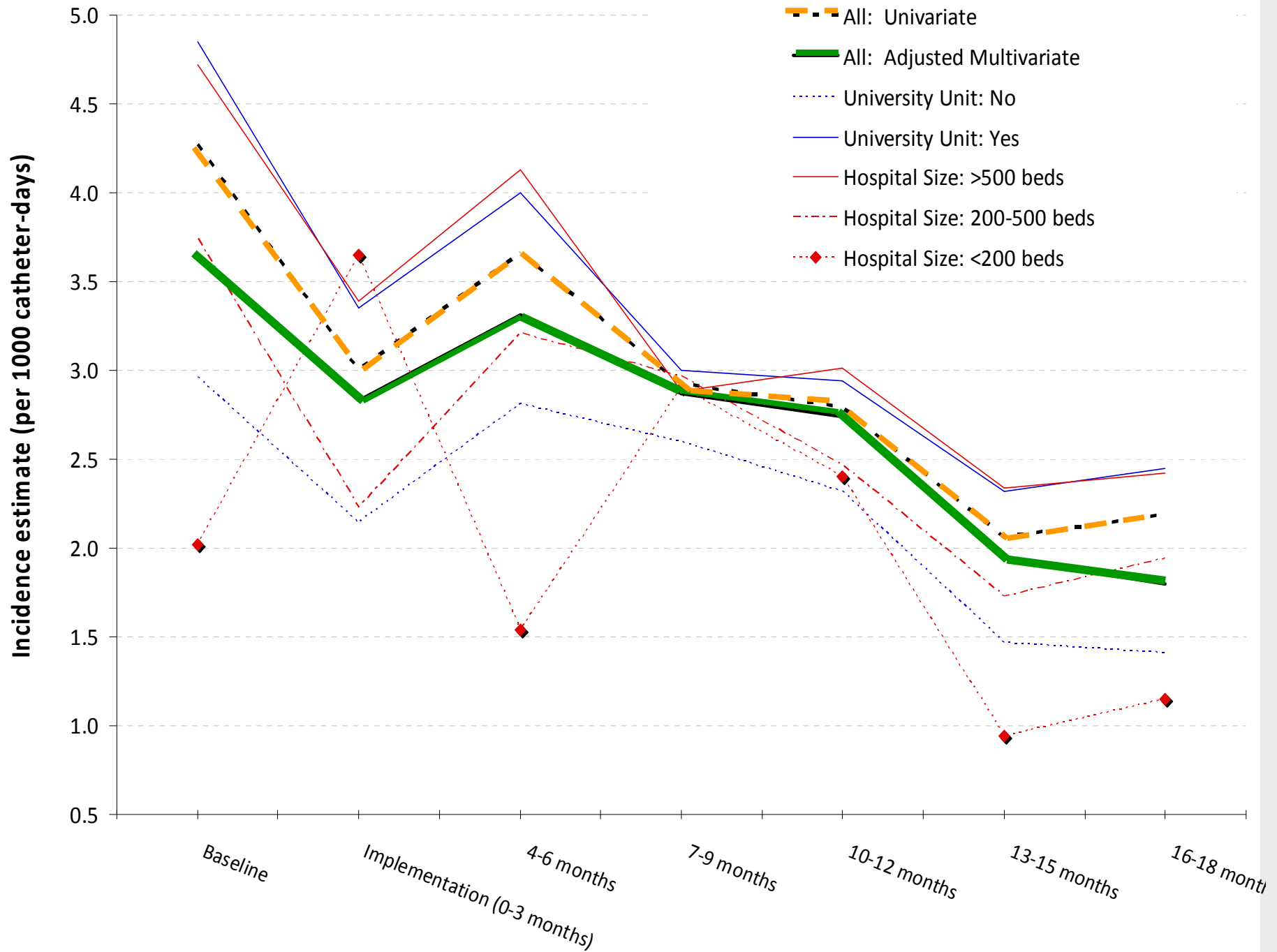
**Mercedes Palomar.**

S. Medicina Intensiva H. U. Arnau de Vilanova. Lleida  
Sociedad Española de Medicina Intensiva, Crítica y Unidades  
Coronarias (SEMICYUC). España.



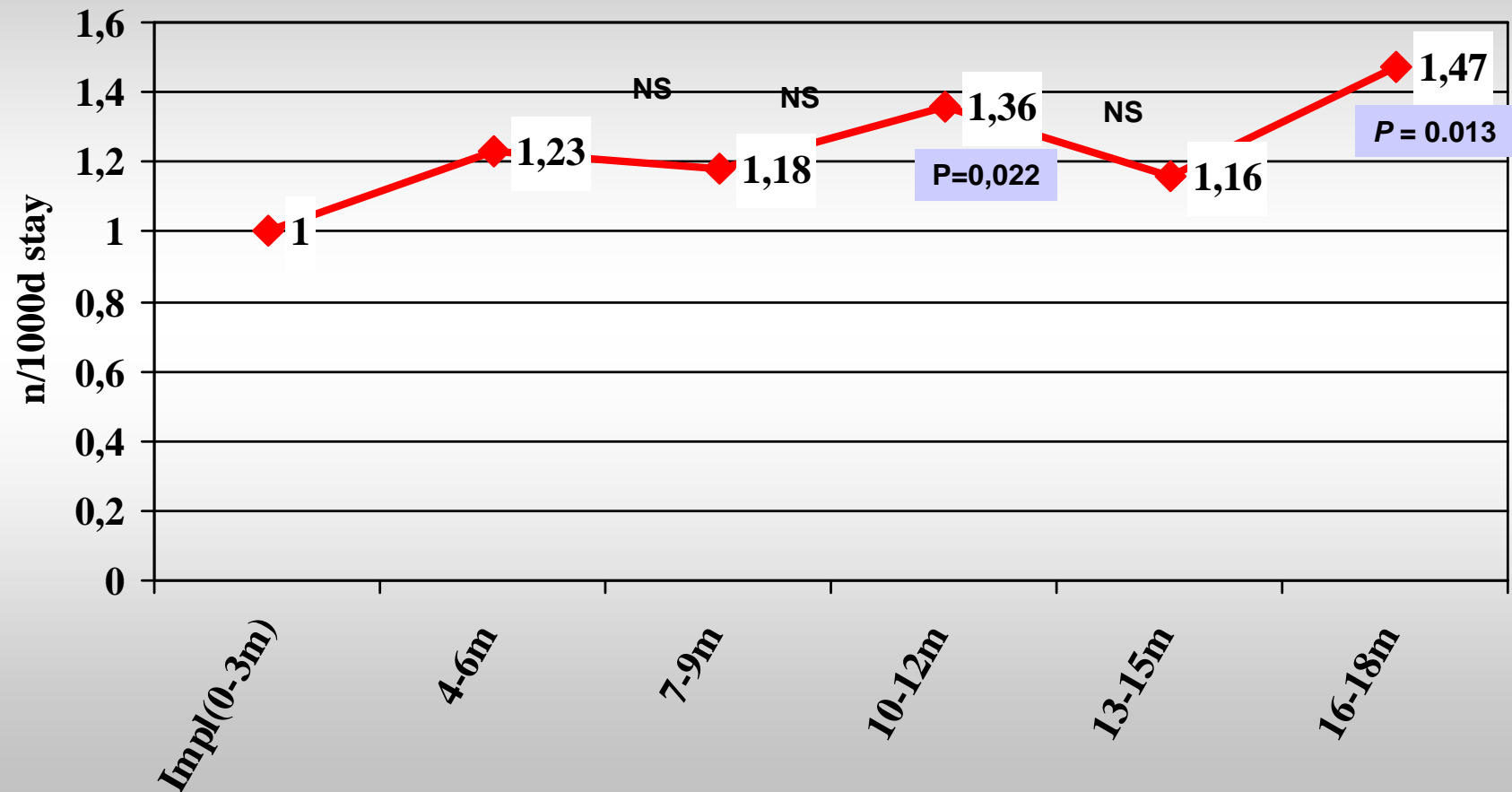
# BZ: Patients with BSI and CRBSI (%)





# BSI-Secondary to other Infection Sites

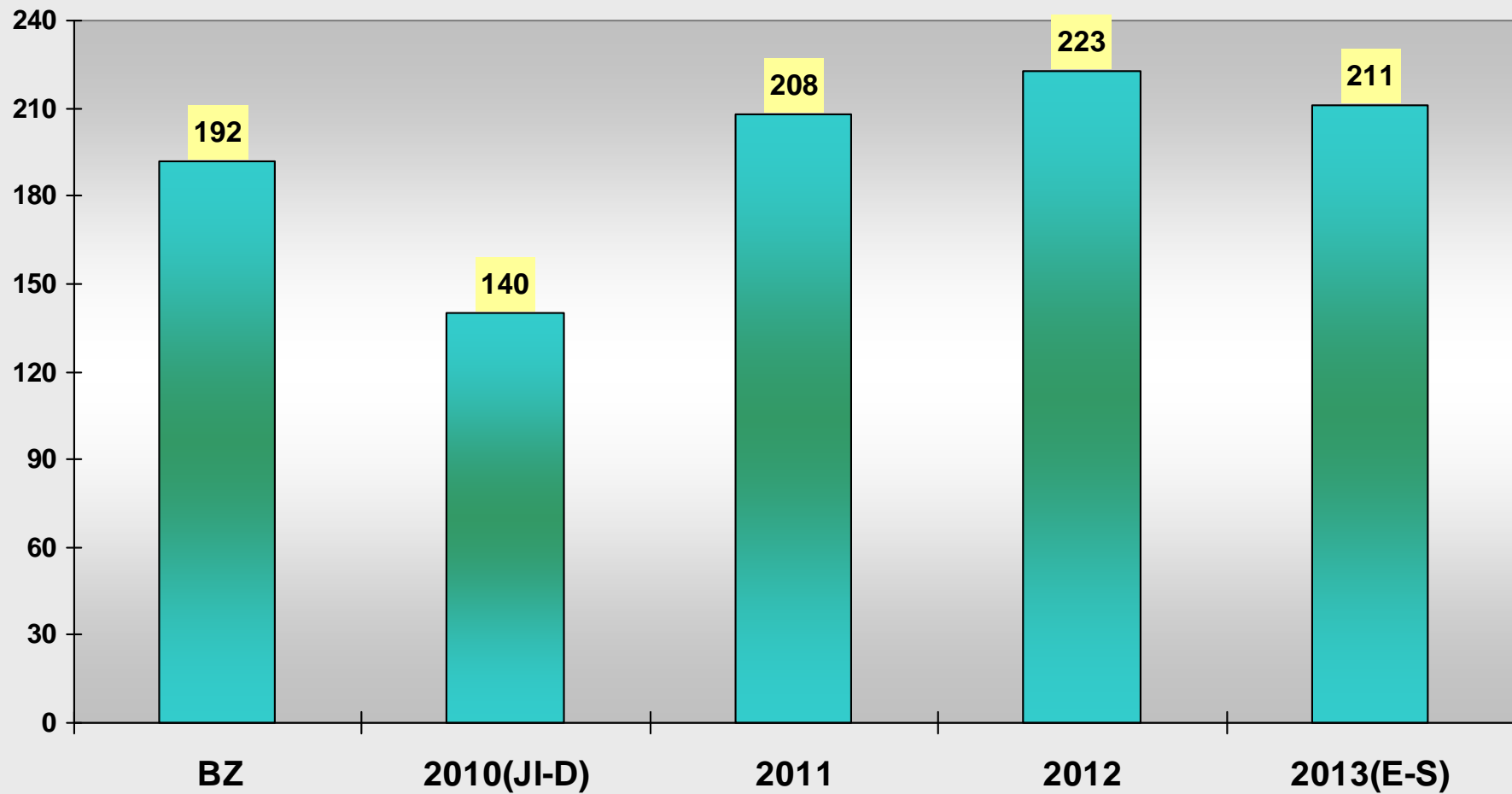
## Incidence-rate ratio estimated





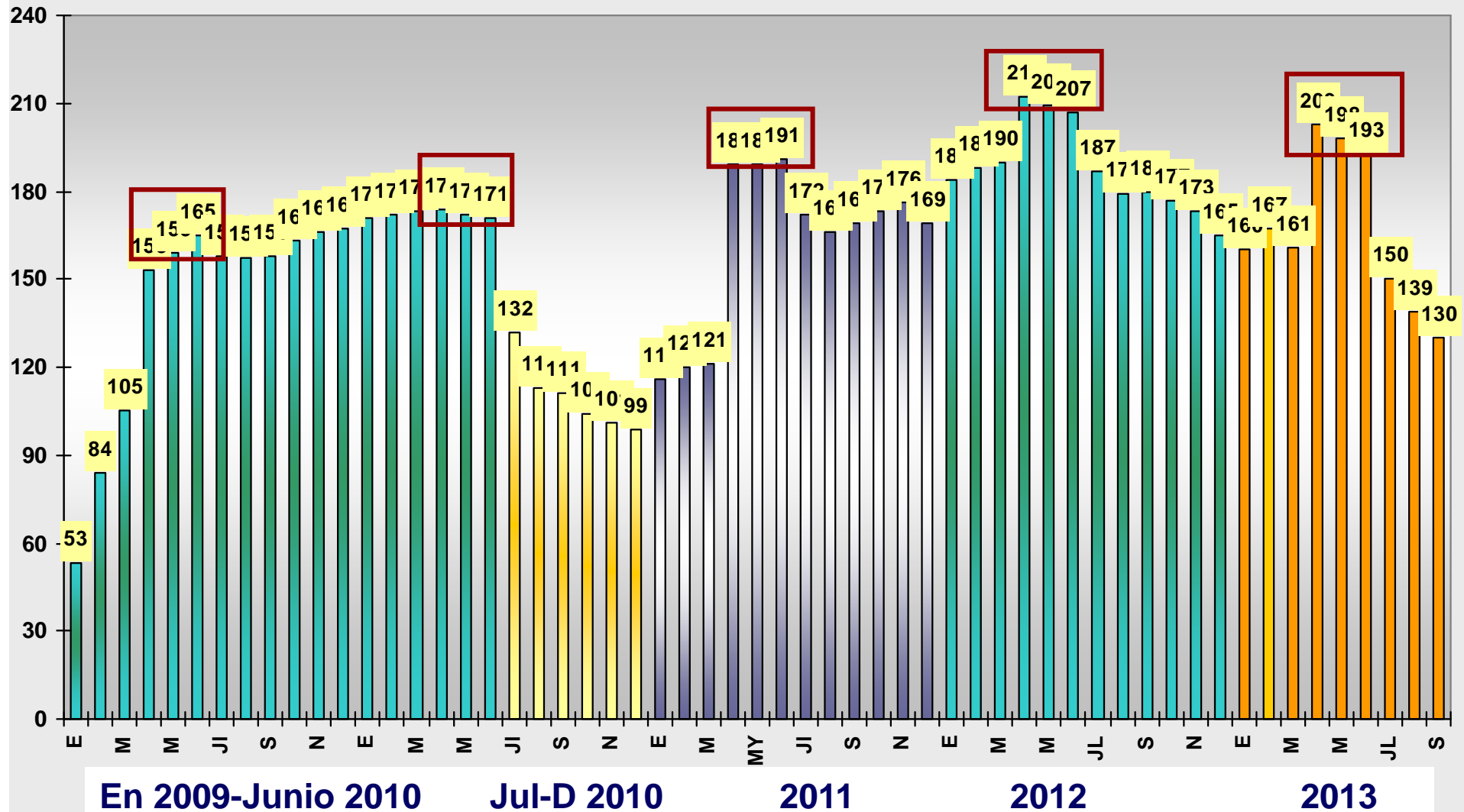
**PARTICIPACION**

# UCI CON DATOS EN LA BASE



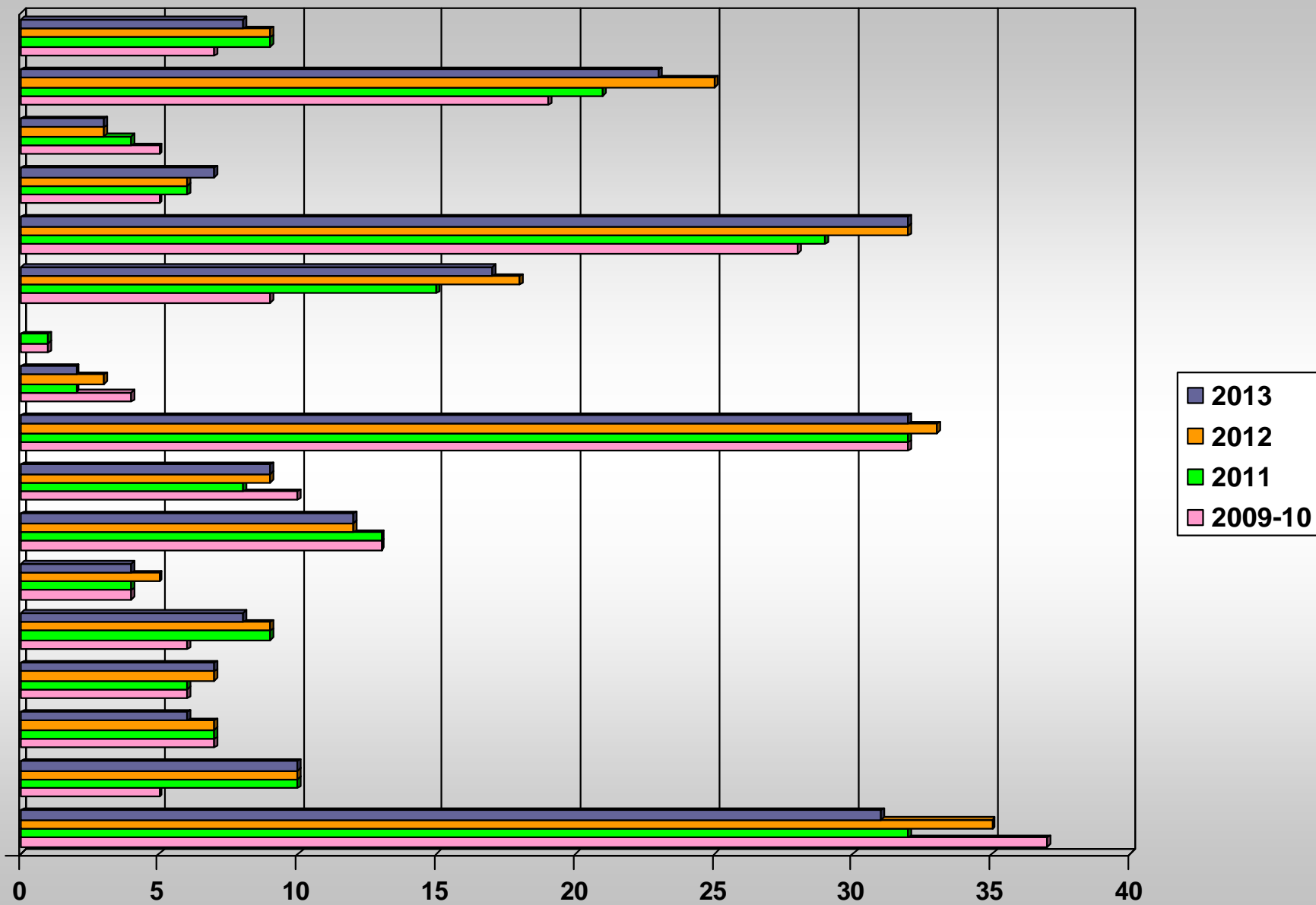


# UCI CON DATOS EN LA BASE

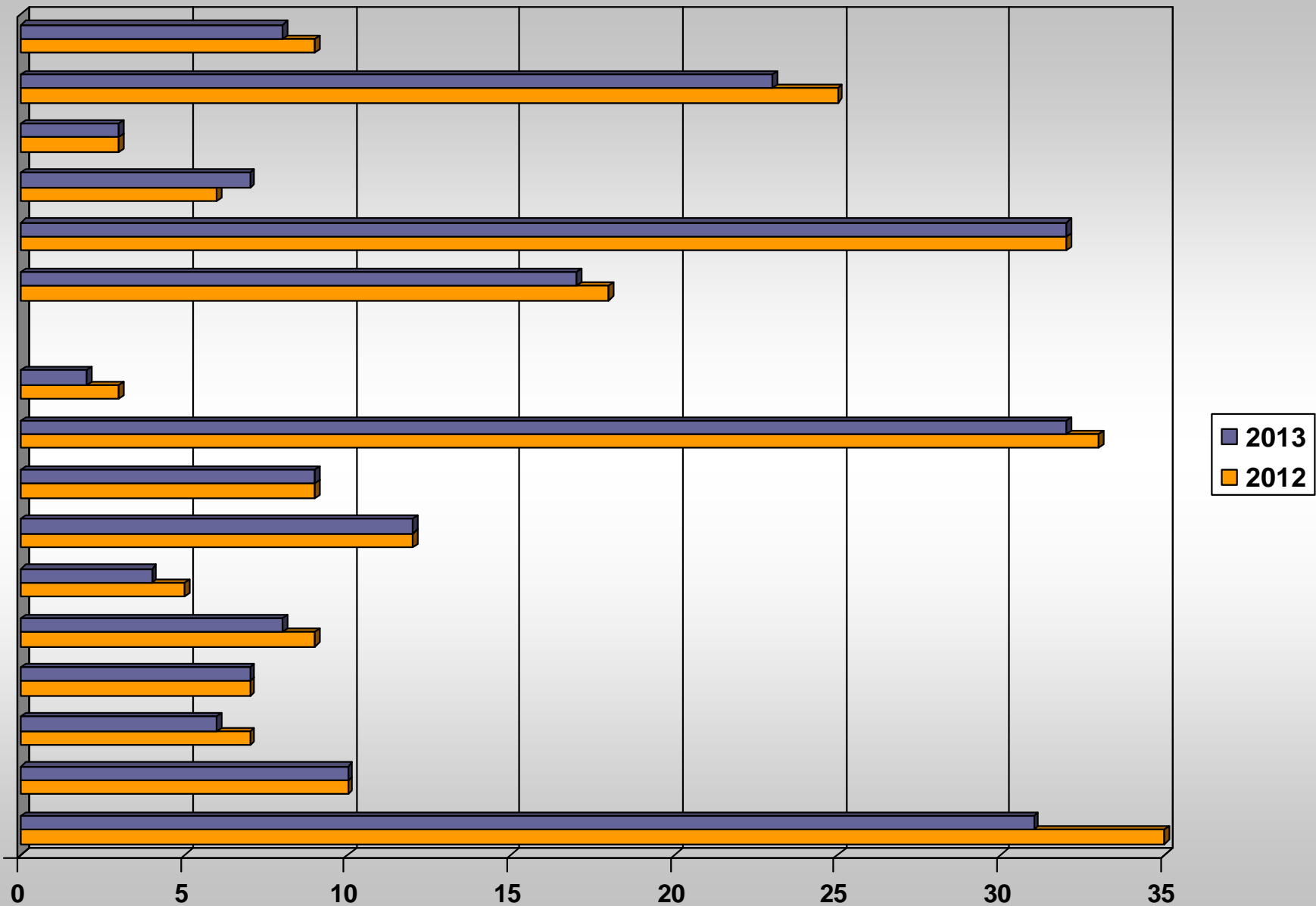




# N UCI x CCAA

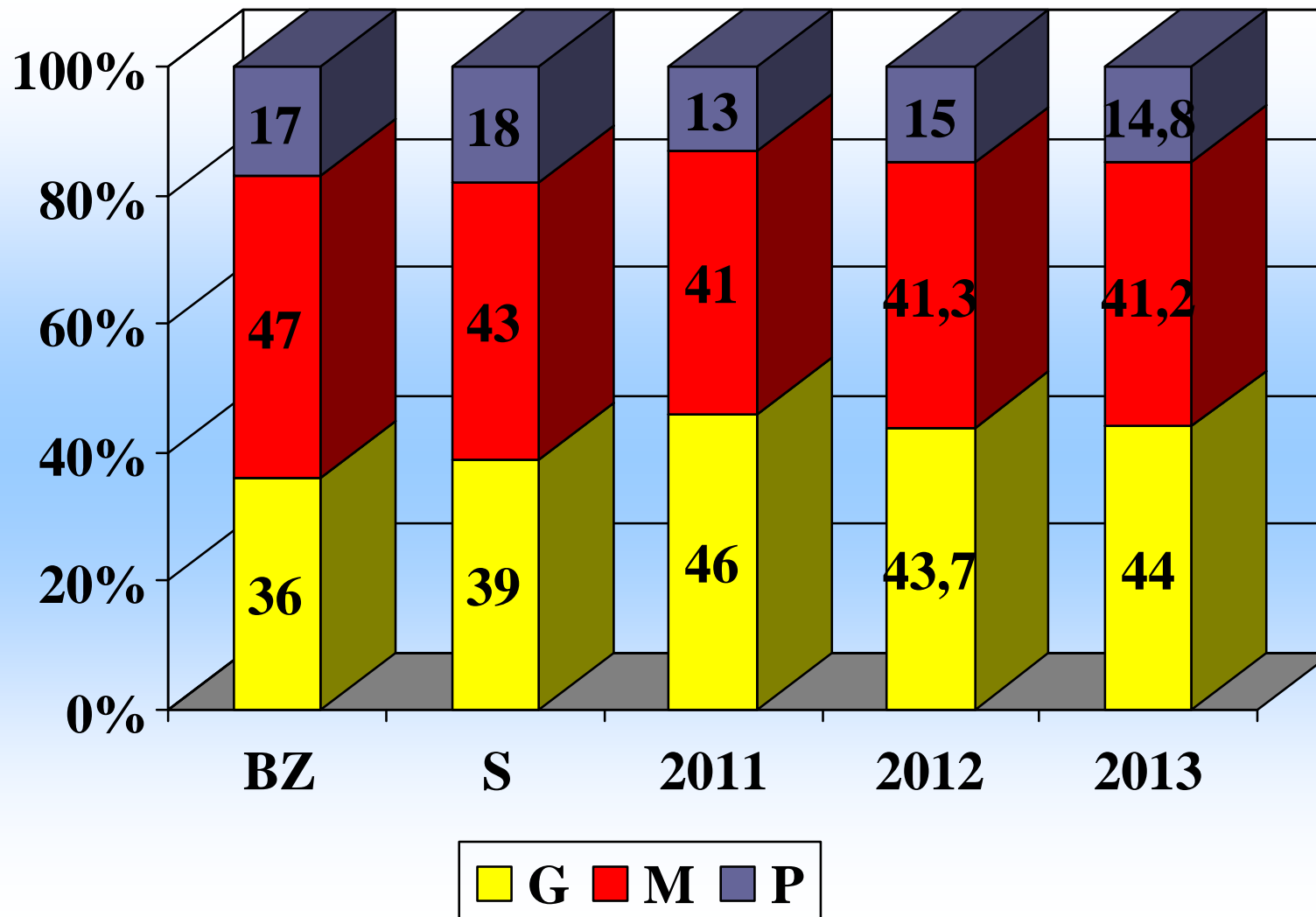


# N UCI x CCAA



# CARACTERISTICAS DE LOS HOSPITALES

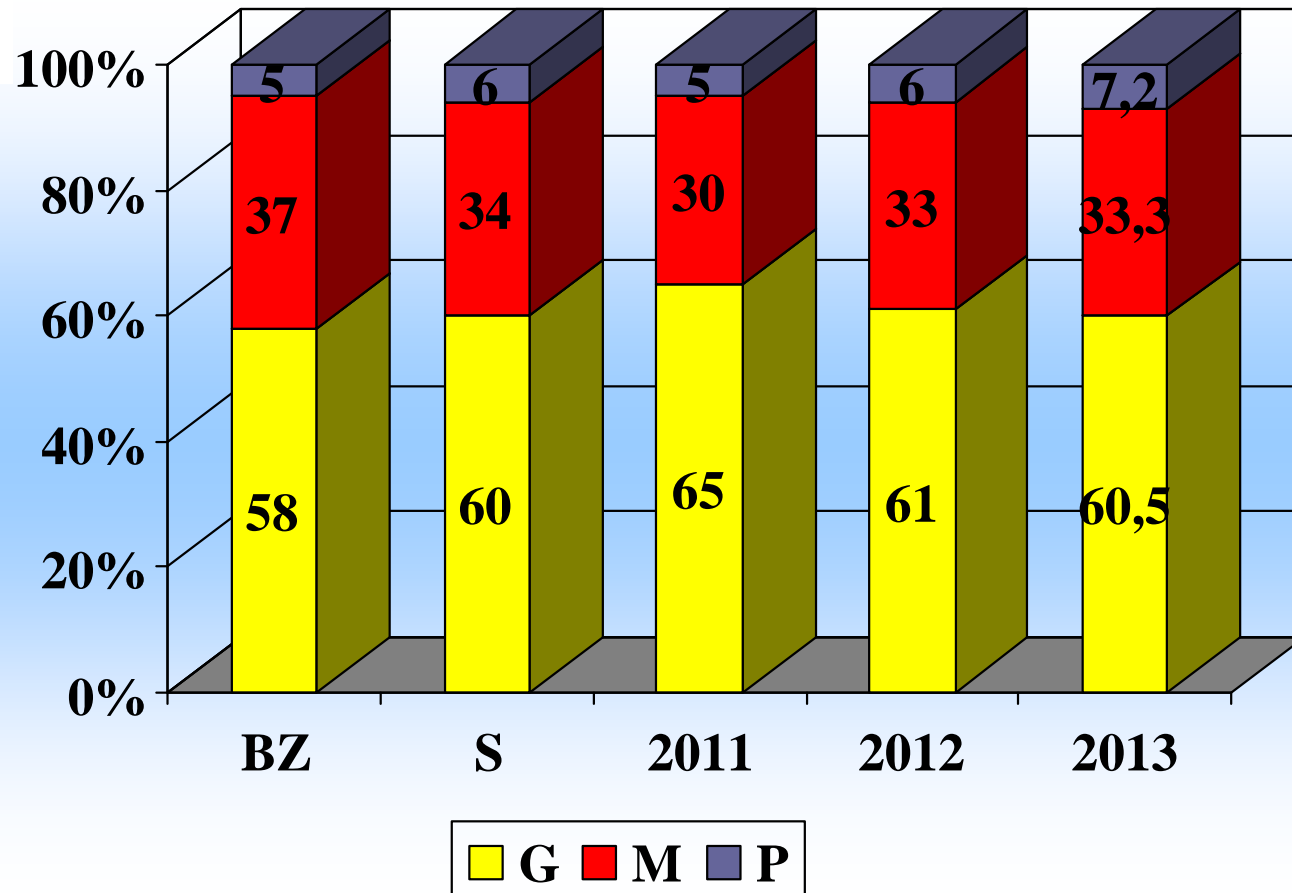
## TAMAÑO HOSPITAL



# CARACTERISTICAS DE LOS HOSPITALES

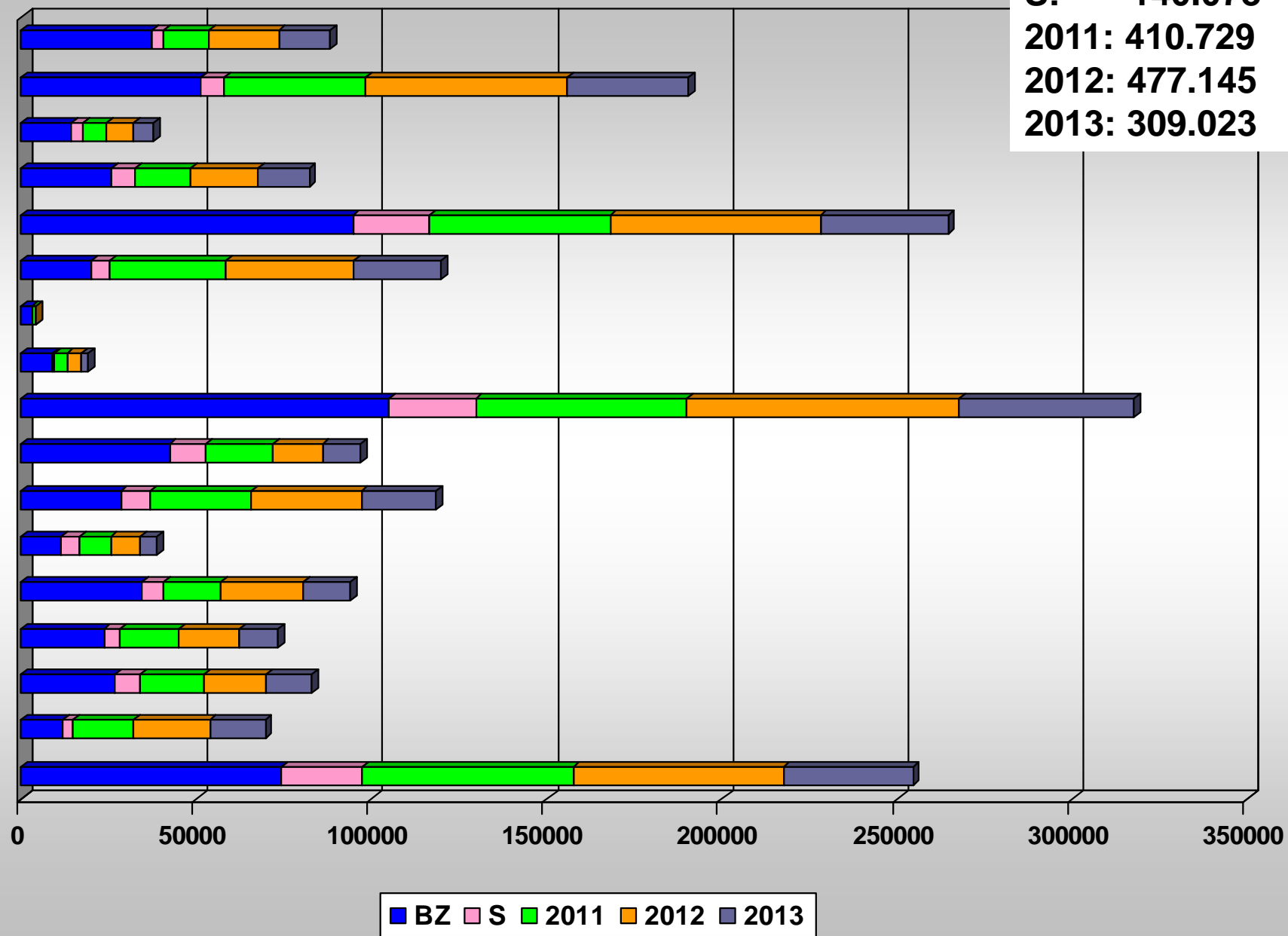
## DÍAS CVC x TAMAÑO

**BZ:** 614.070  
**S:** 140.078  
**2011:** 410.729  
**2012:** 477.145  
**2013:** 309.023



# DÍAS DE CVC x CCAA

**BZ: 614.070**  
**S: 140.078**  
**2011: 410.729**  
**2012: 477.145**  
**2013: 309.023**

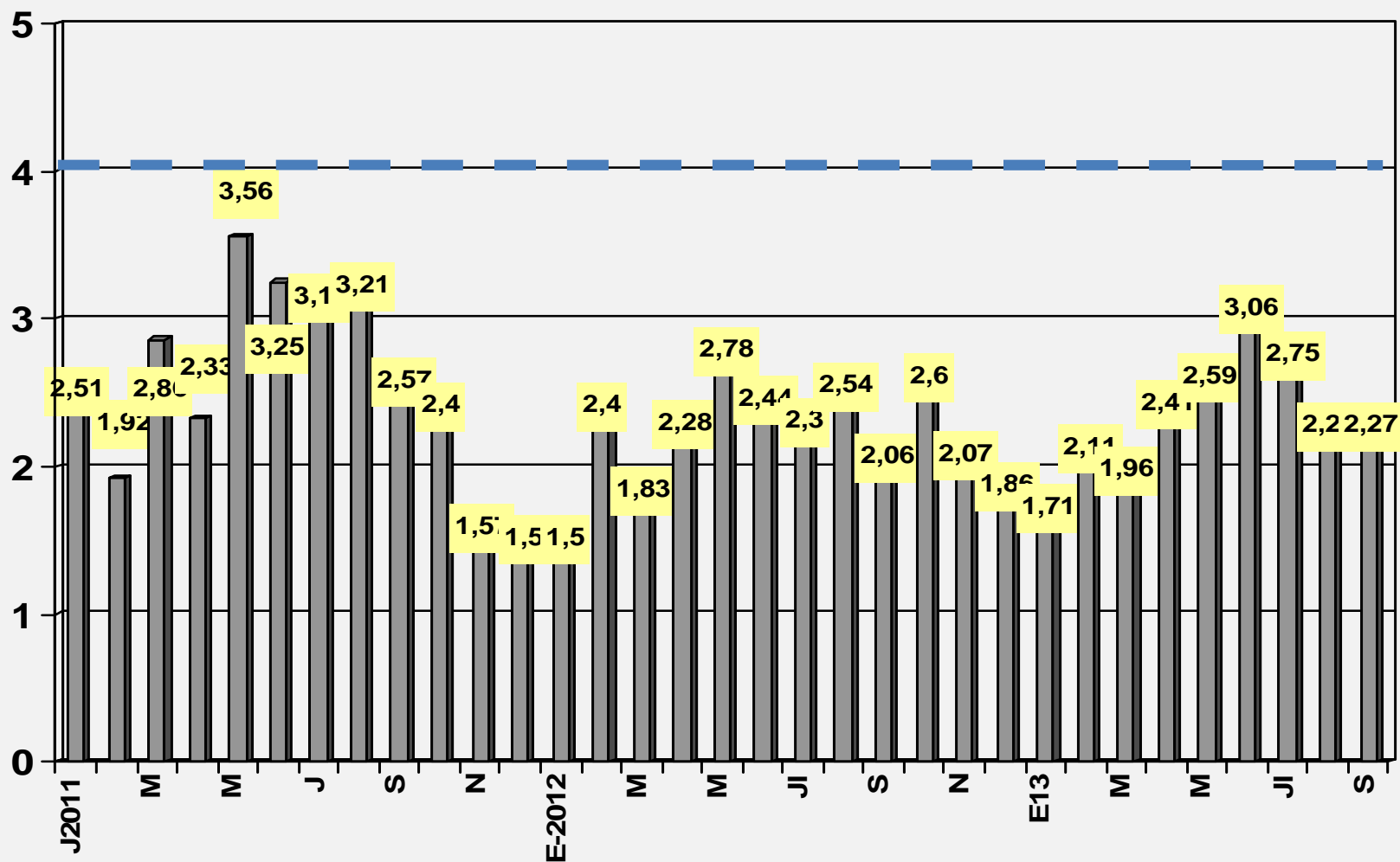


# EVOLUCION DE LAS TASAS: BP (BOD+ BSC)

2011: 1071 BP x 410.729 d CVC = 2,61 episodios x 1000 d CVC

2012: 1073 BP x 477.125 d CVC = 2,25 episodios x 1000 d CVC

2013(E-S) 744 BP x 309.023 d CVC = 2,41 episodios x 1000 d CVC

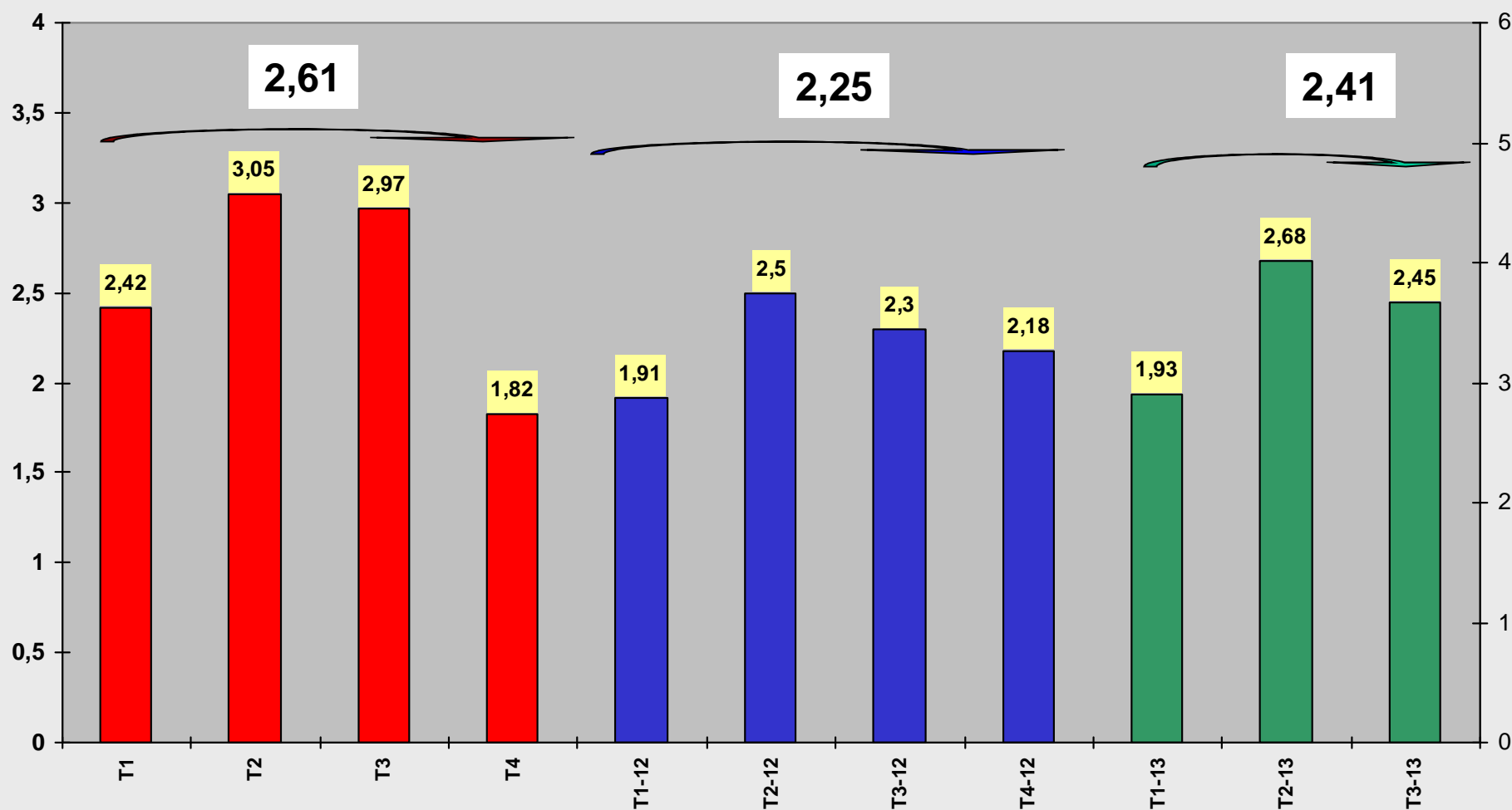


# EVOLUCION DE LAS TASAS: BP

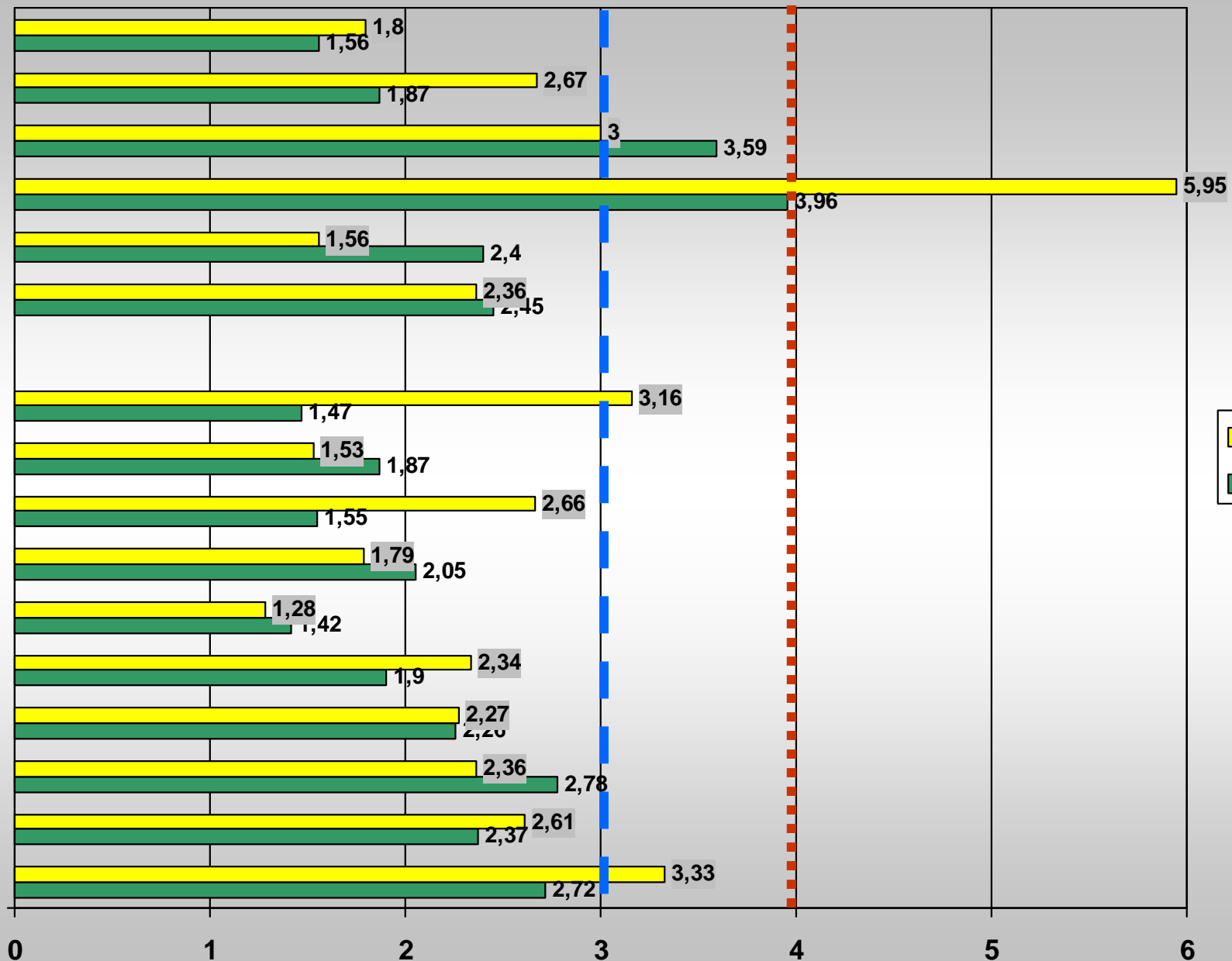
**2011:** 1071 BP x 410.729 d CVC = 2,61 episodios x 1000 d CVC

**2012:** 1073 BP x 477.125 d CVC = 2,25 episodios x 1000 d CVC

**2013(E-S)** 744 BP x 309.023 d CVC = 2,41 episodios x 1000 d CVC

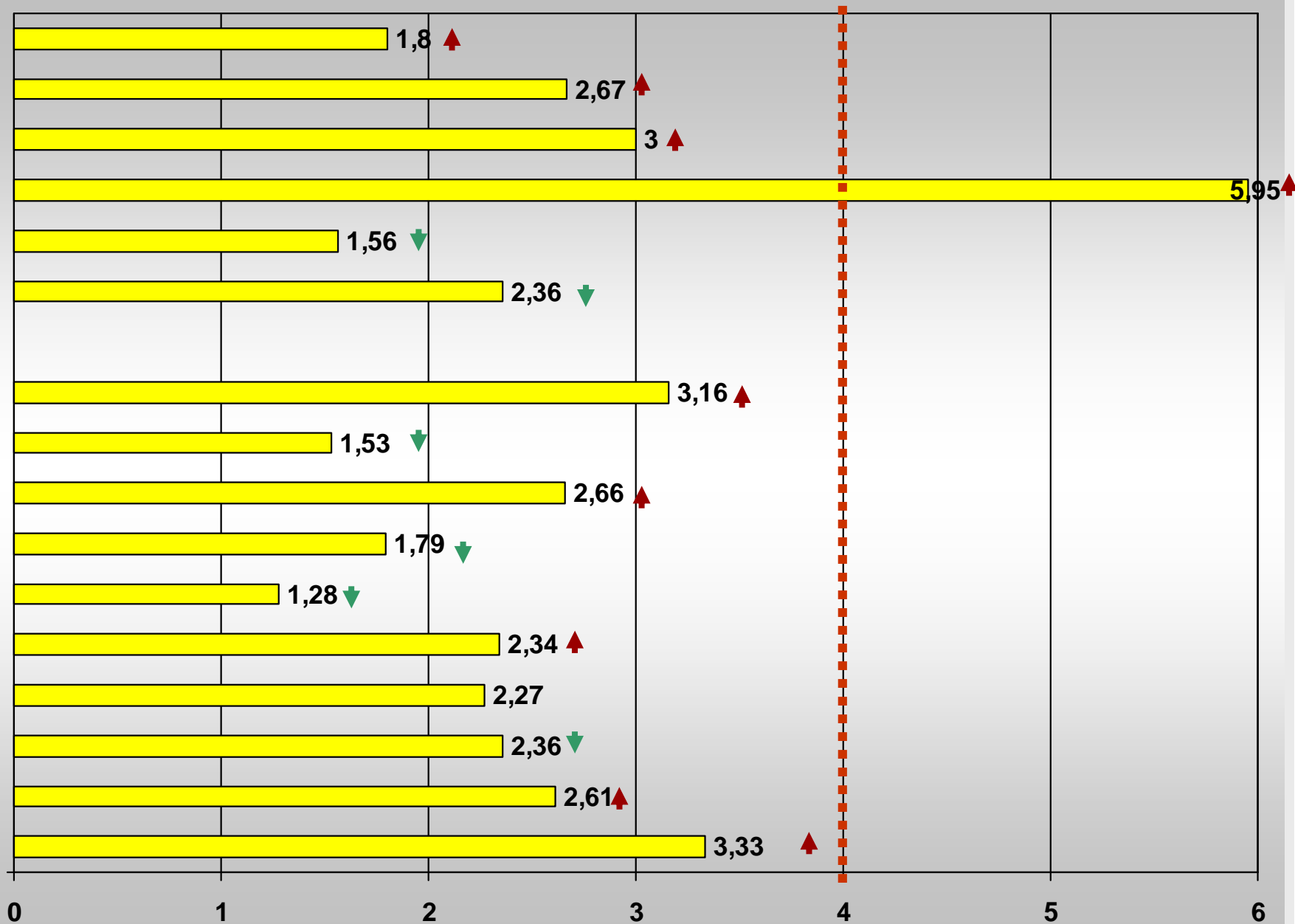


# 2012 y 2013 TASA DE BP x 1000 D CVC

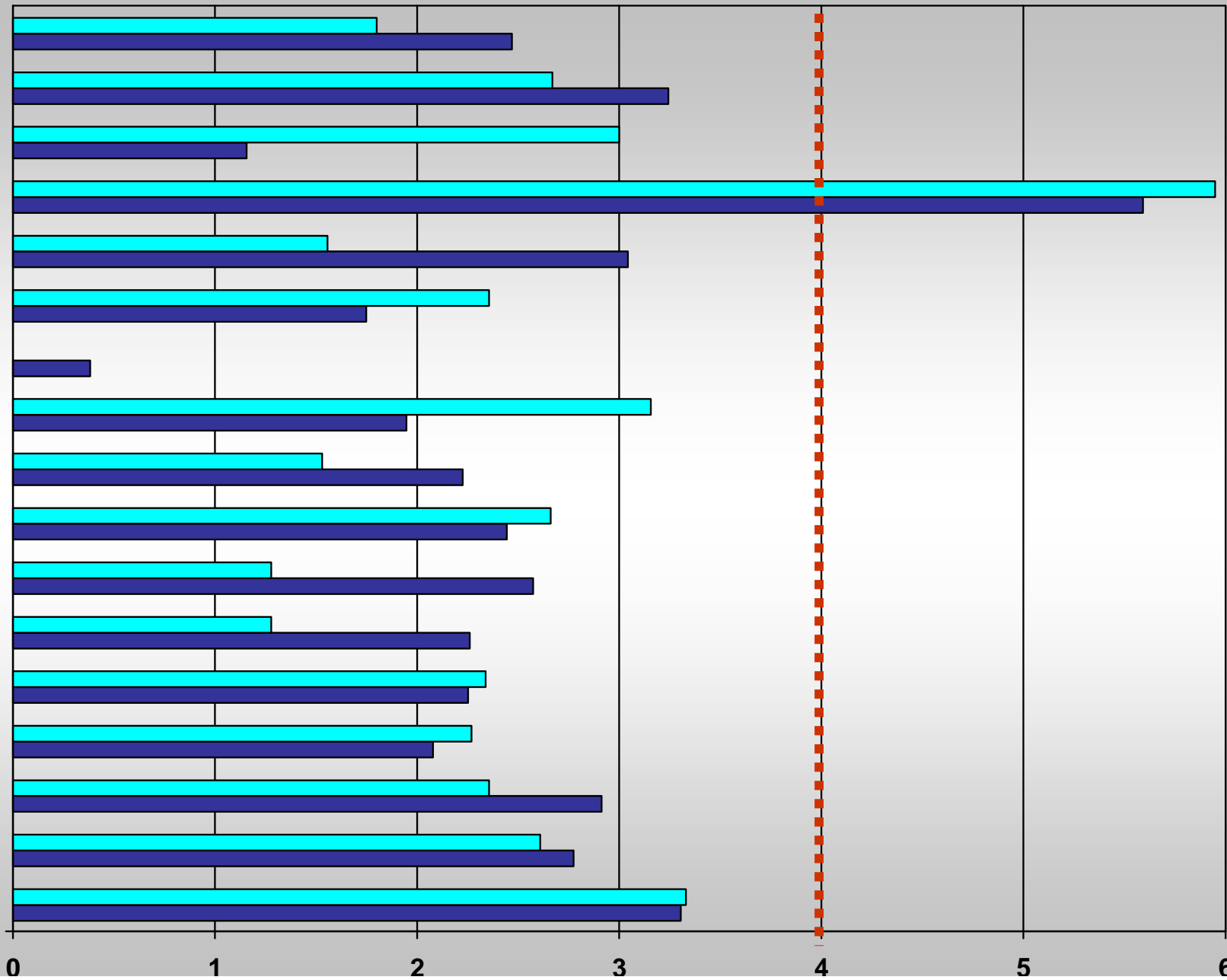




# 2013 TASA DE BP x 1000 D CVC

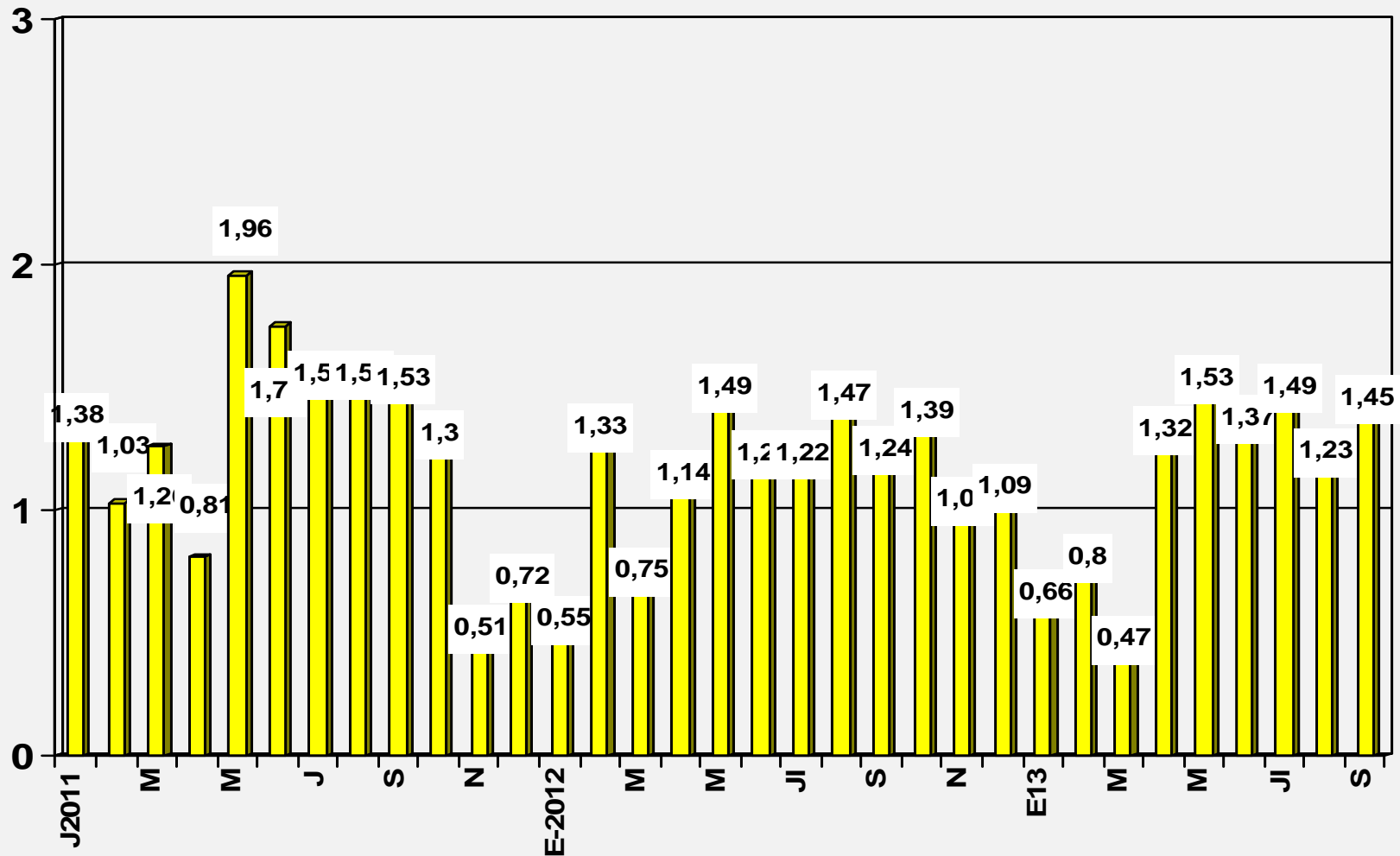


# DI BP x CCAA



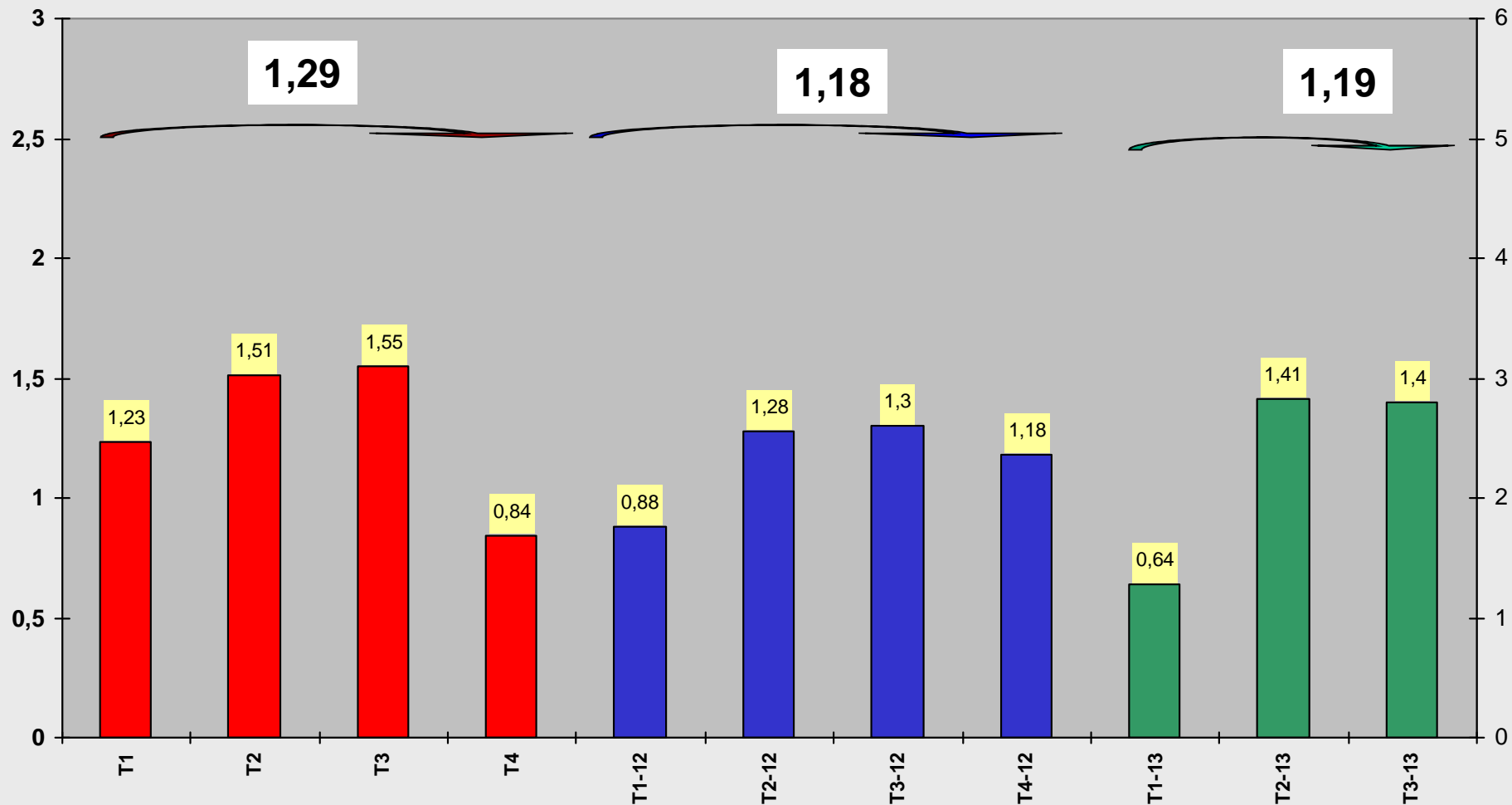
# EVOLUCION DE LAS TASAS: BSC

**2011:** 528 BC x 410.729 d CVC = 1,29 episodios x 1000 d CVC  
**2012:** 561 BC x 477.125 d CVC = 1,18 episodios x 1000 d CVC  
**2013:** 367 BC x 309.023 d CVC = 1,19 episodios x 1000 d CVC

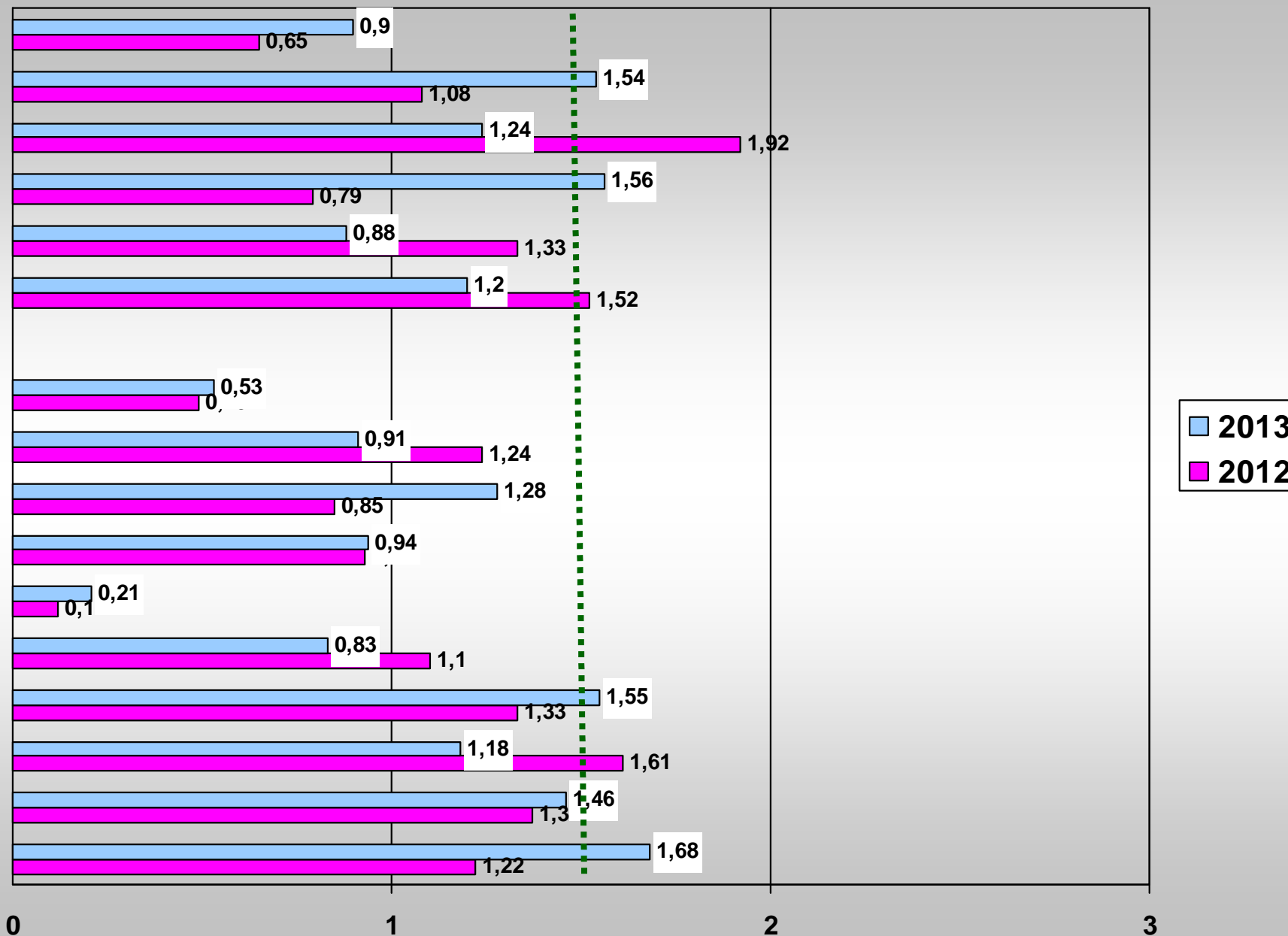


# EVOLUCION DE LAS TASAS: BSC

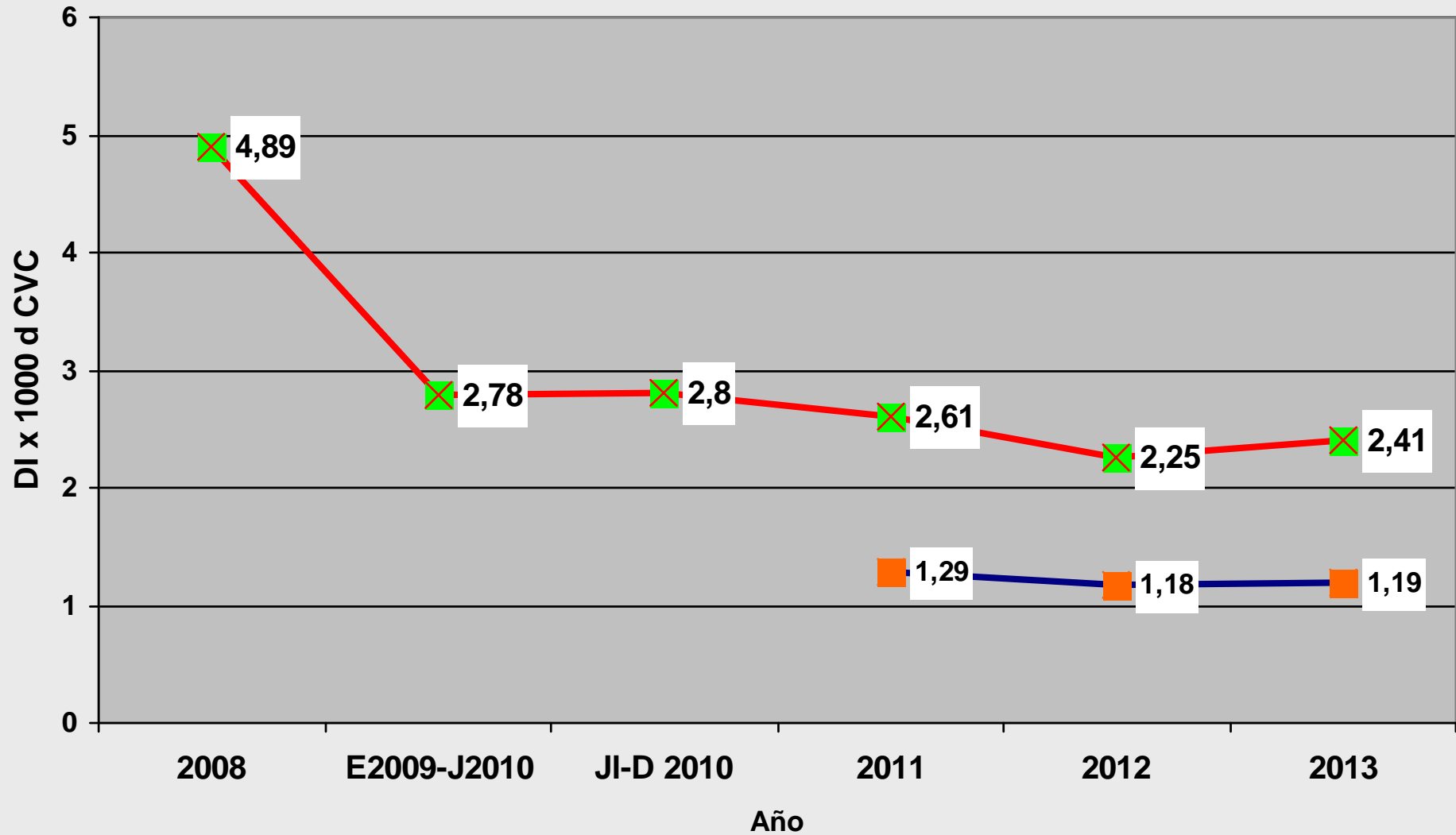
**2011:** 528 BC x 410.729 d CVC = 1,29 episodios x 1000 d CVC  
**2012:** 561 BC x 477.125 d CVC = 1,18 episodios x 1000 d CVC  
**2013:** 367 BC x 309.023 d CVC = 1,19 episodios x 1000 d CVC



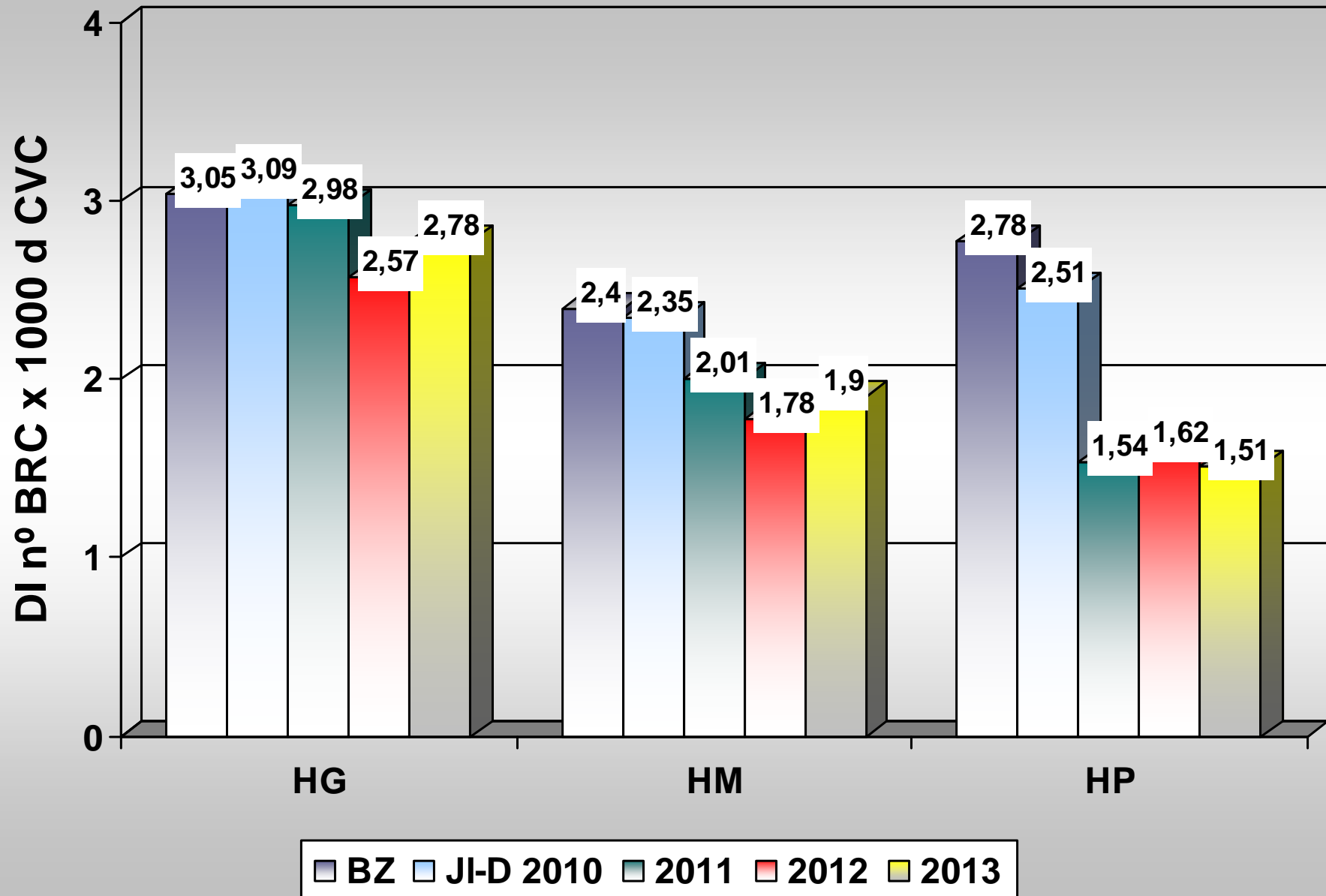
# 2013 TASA DE BSC x 1000 D CVC



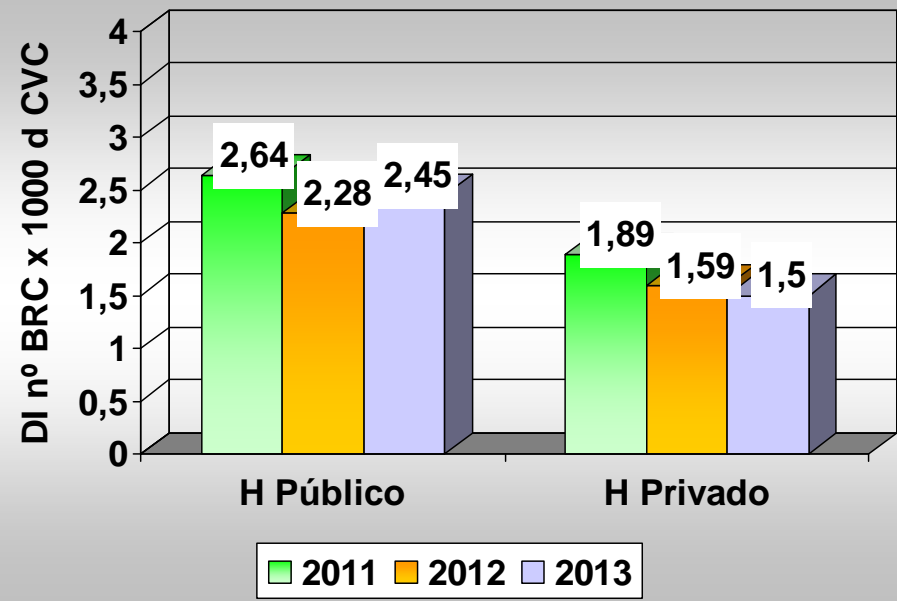
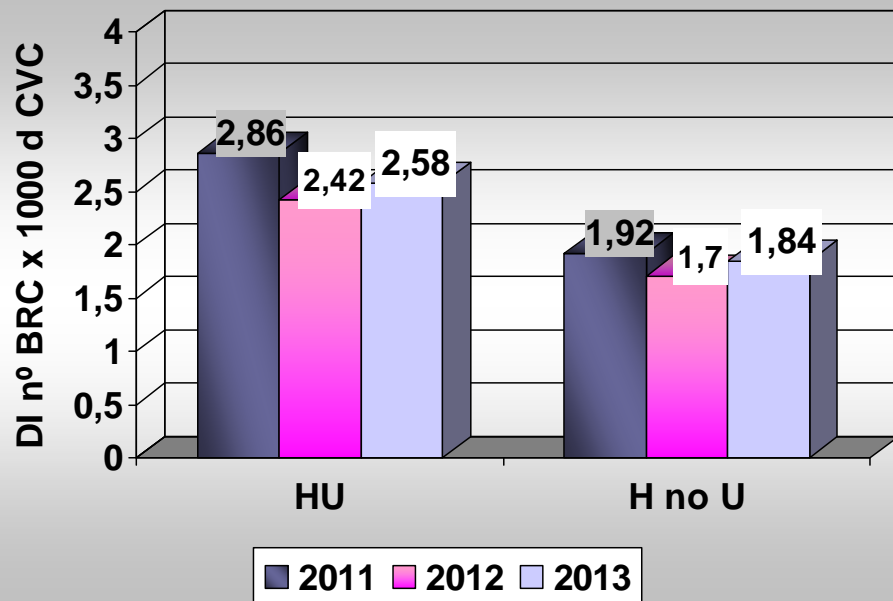
# TASAS BZ: DI BP-BSC



# TASAS BP SEGÚN TAMAÑO DE HOSPITAL



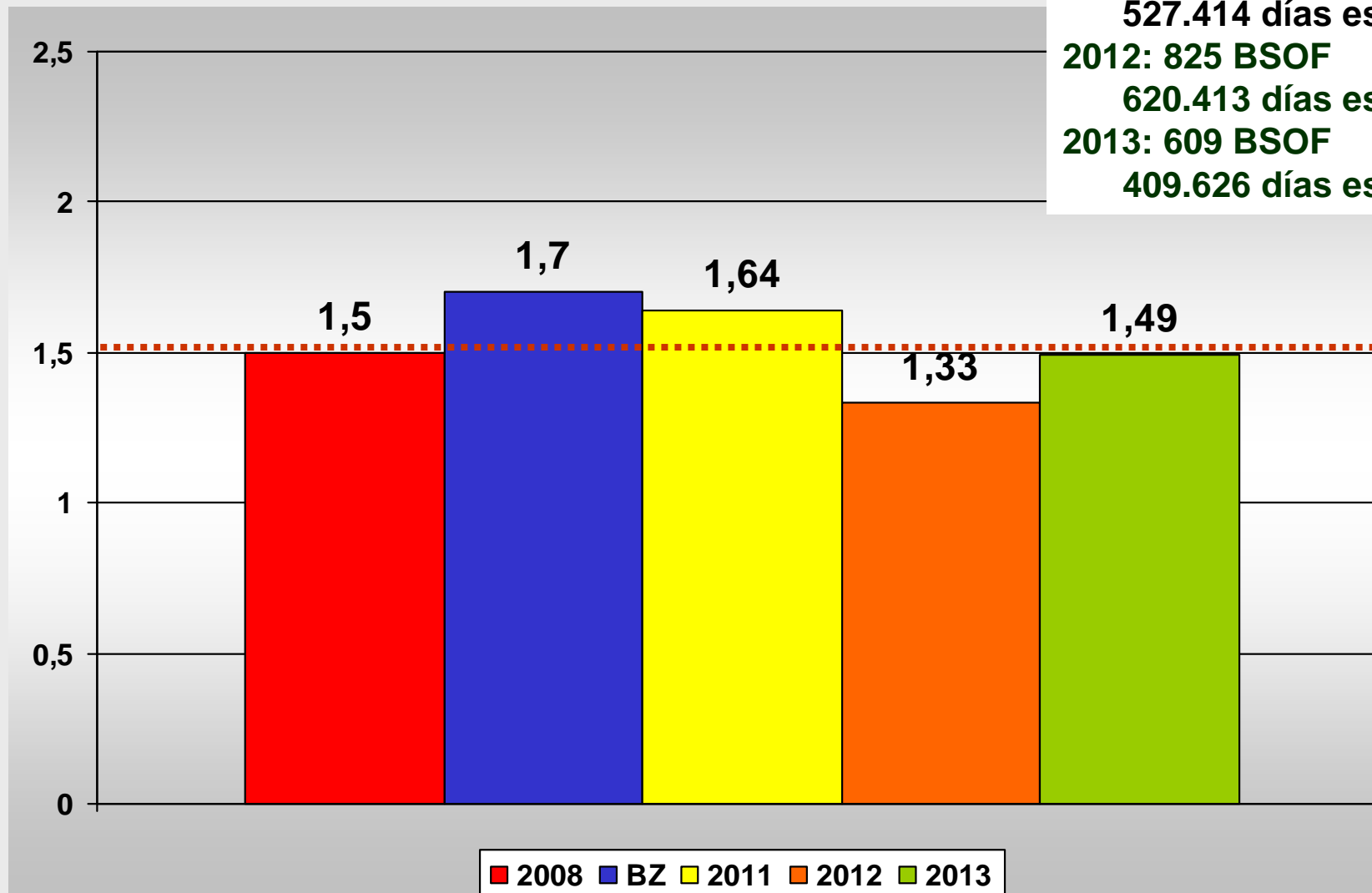
# TASAS BP SEGÚN TIPO DE HOSPITAL



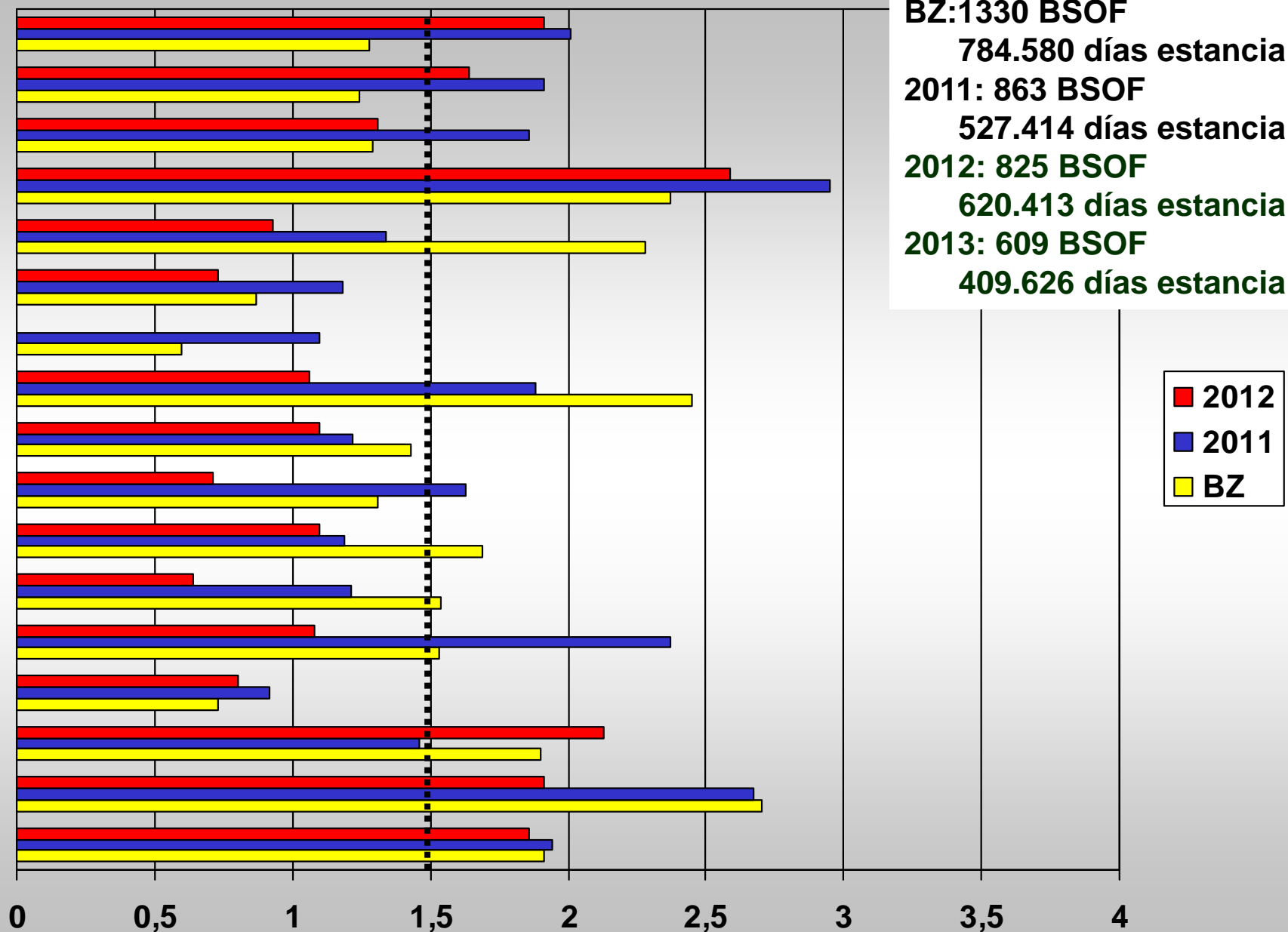


# TASA DE BSOF x 1000 DIAS ESTANCIA

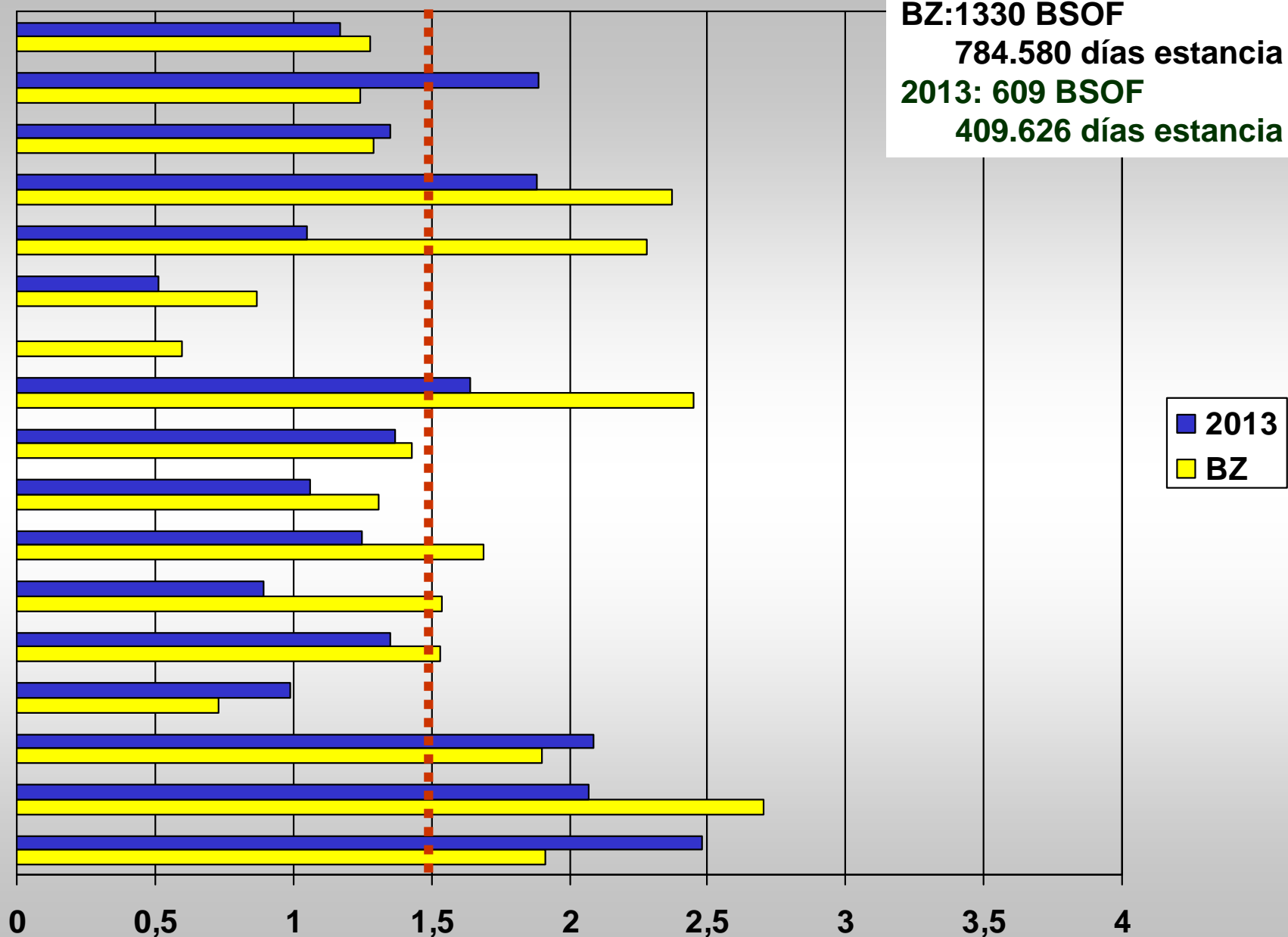
**BZ:1330 BSOF**  
784.580 días estancia  
**2011: 863 BSOF**  
527.414 días estancia  
**2012: 825 BSOF**  
620.413 días estancia  
**2013: 609 BSOF**  
409.626 días estancia



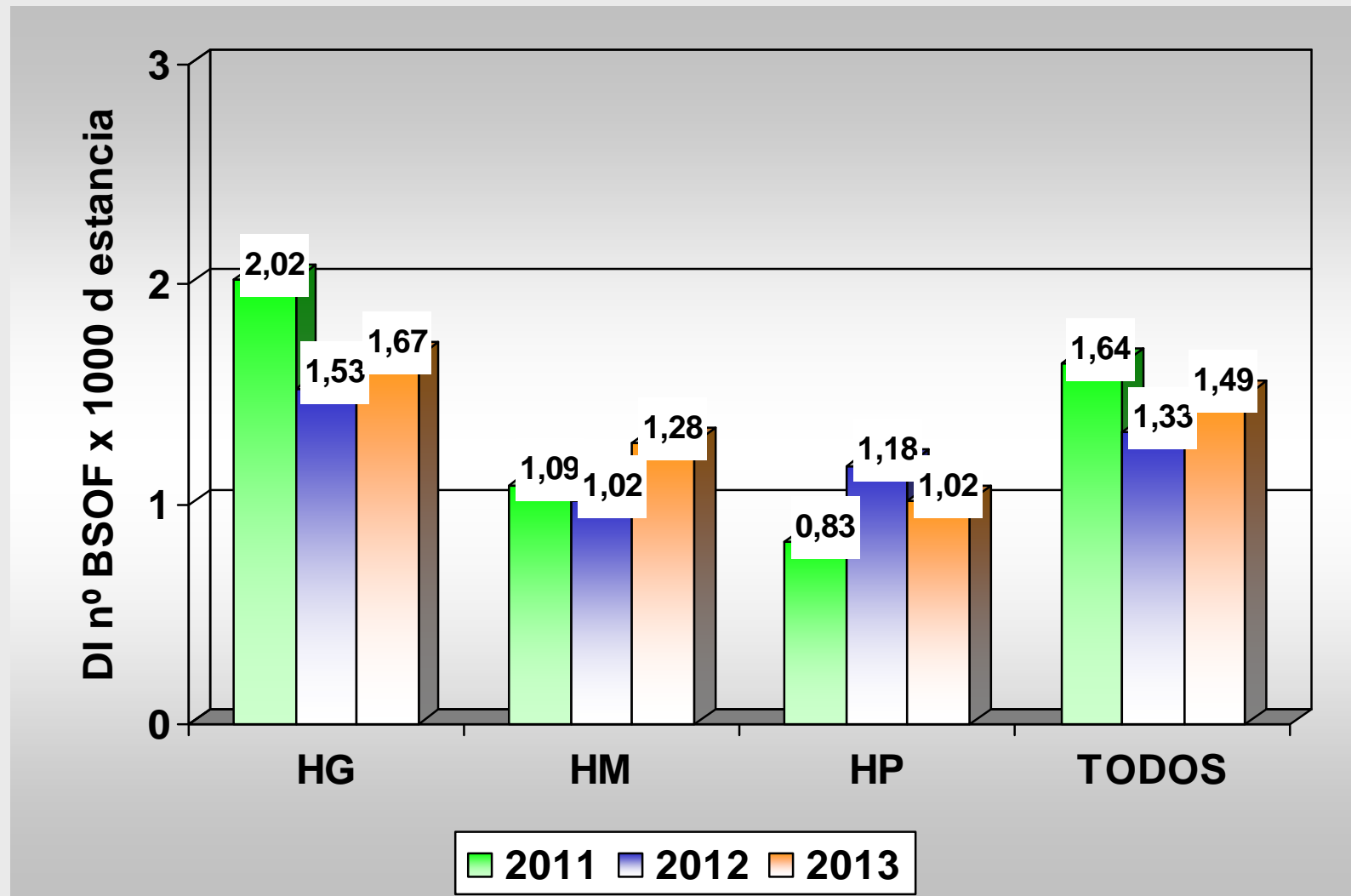
# TASA DE BSOF x 1000 DIAS ESTANCIA



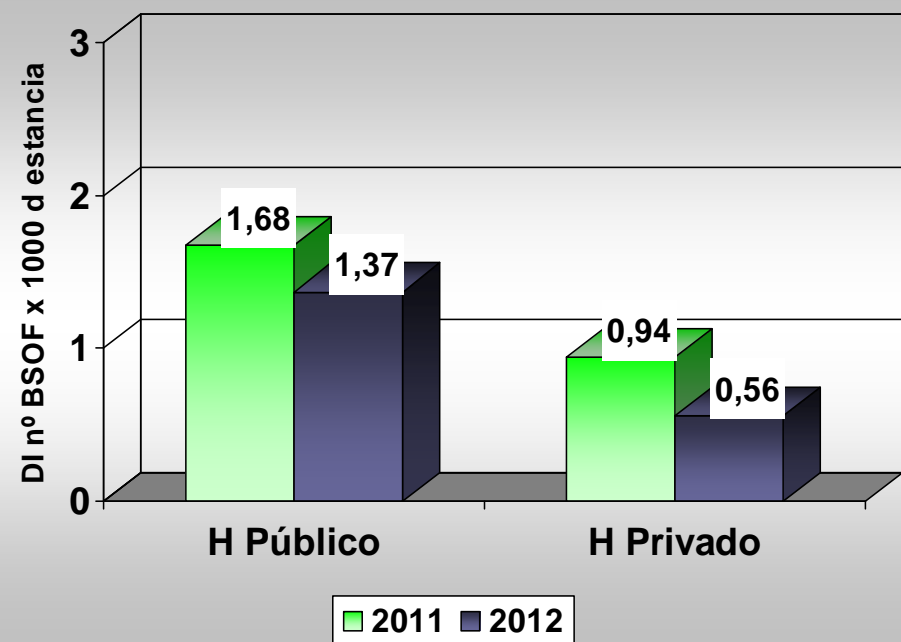
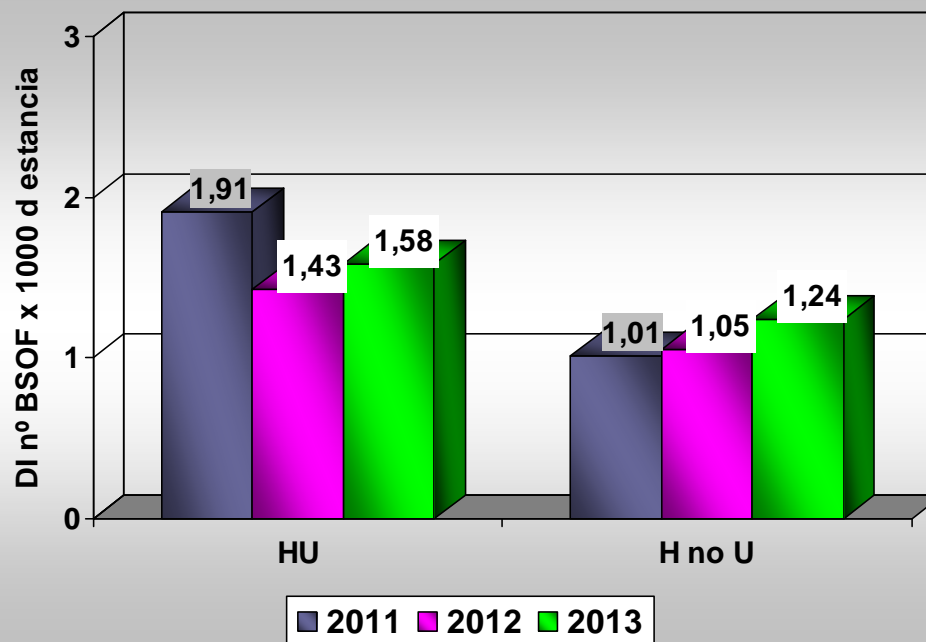
# TASA DE BSOF x 1000 DIAS ESTANCIA



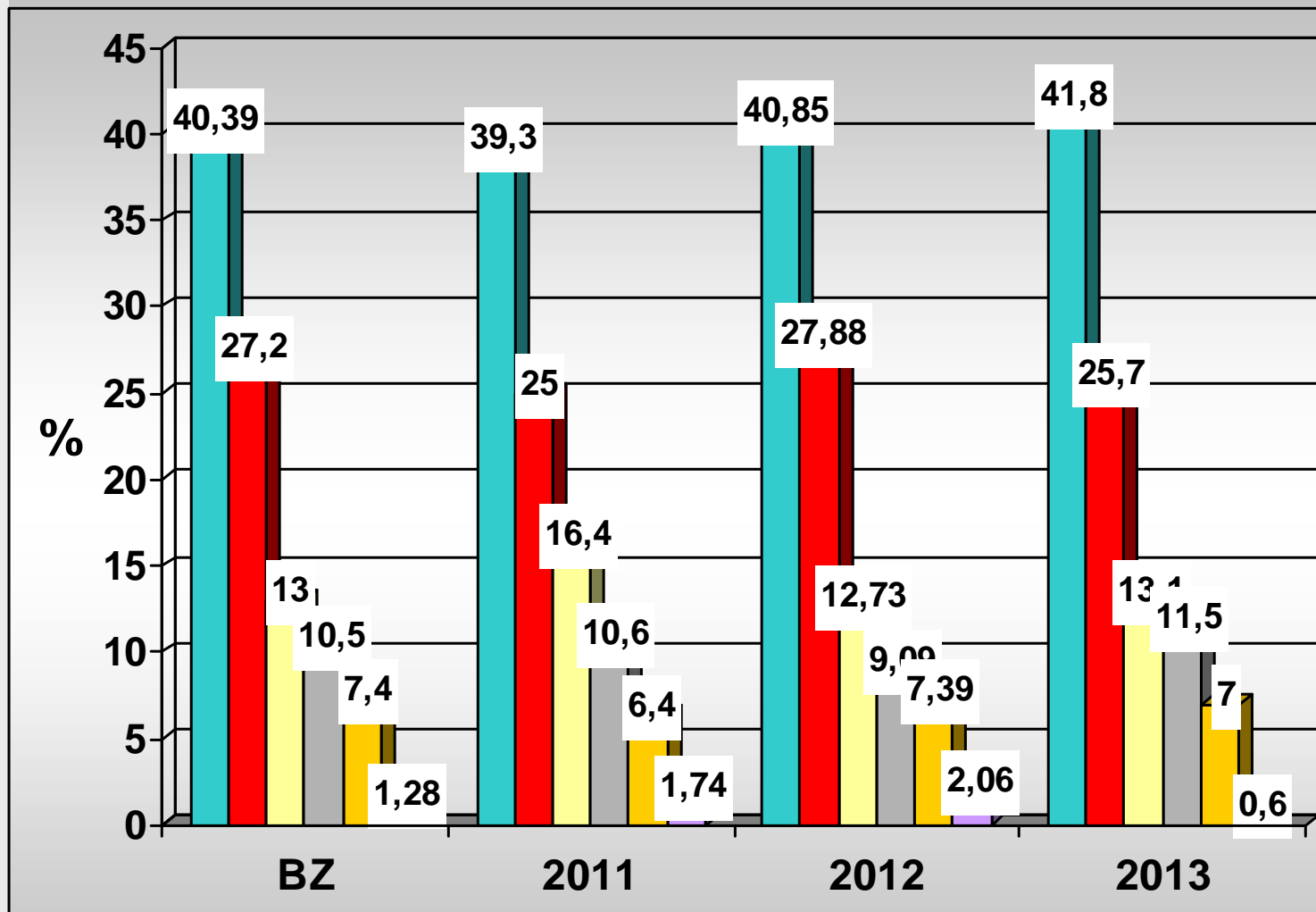
# TASAS BSOF SEGÚN TAMAÑO DE HOSPITAL



# TASAS BSOF SEGÚN TIPO DE HOSPITAL



# BACTERIEMIAS SECUNDARIAS: ORIGEN

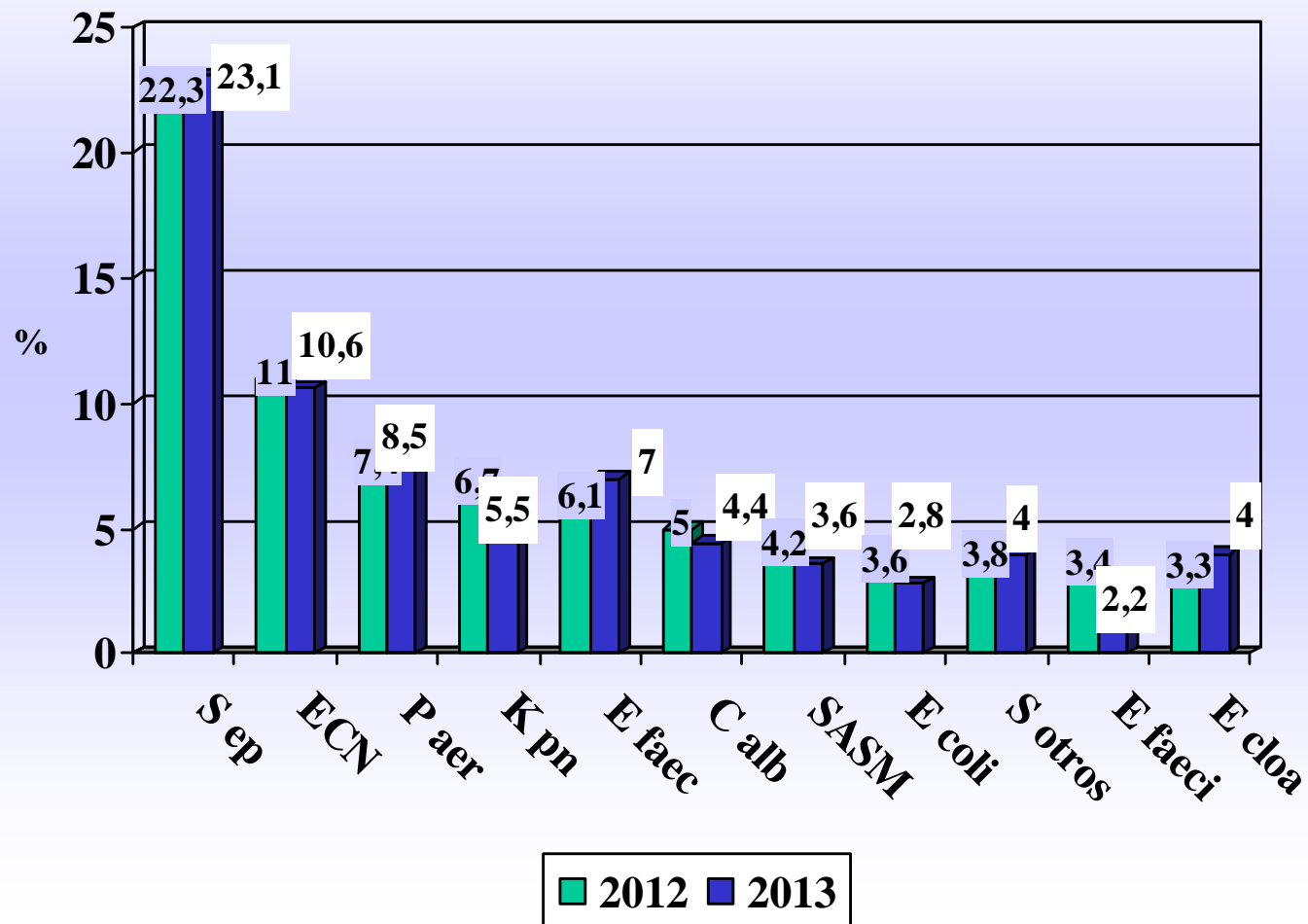


■ Resp 
 ■ Abdom 
 ■ Urin 
 ■ Otros f 
 ■ PPB 
 ■ SNC



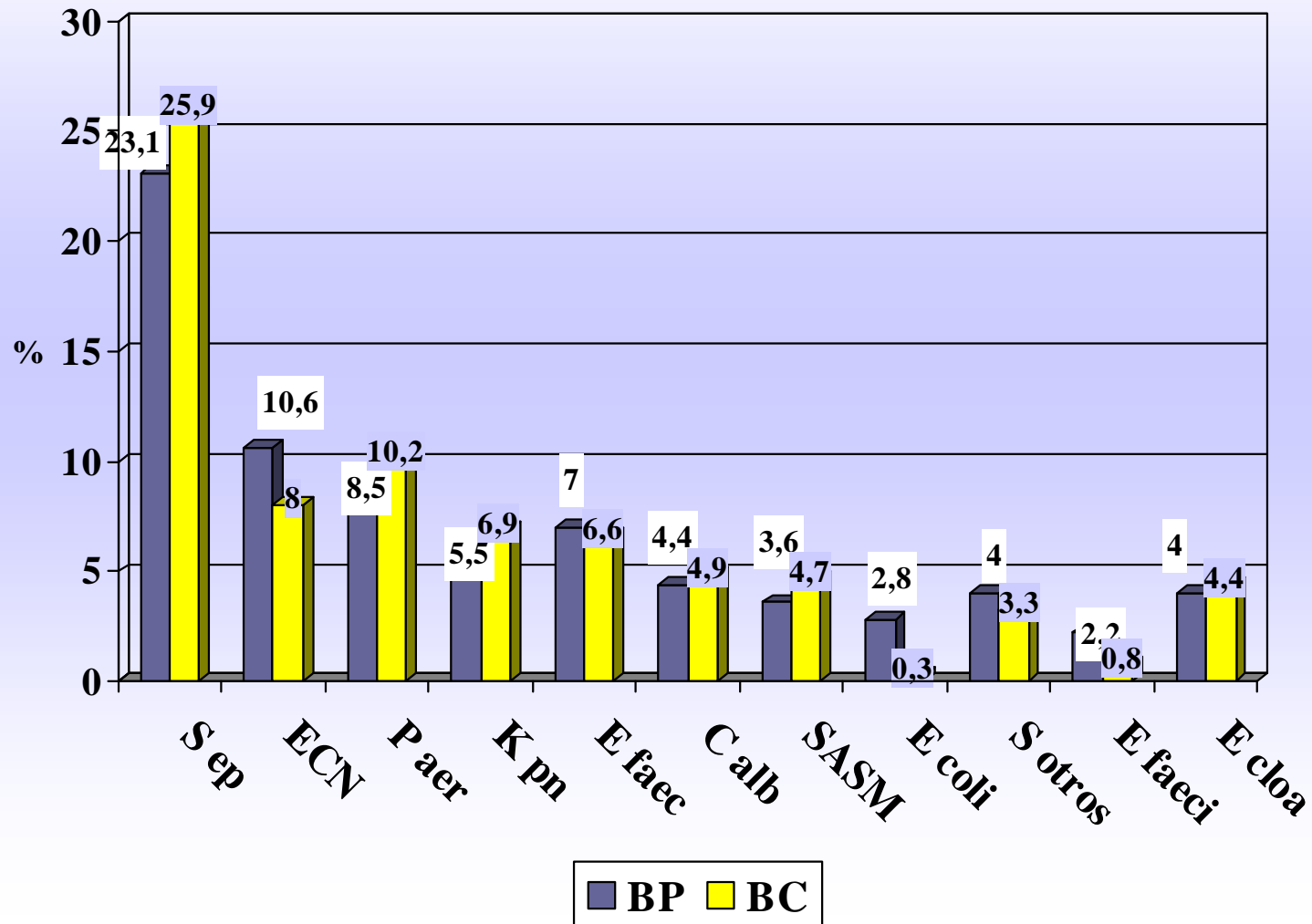
**ETIOLOGIA**

# ETIOLOGIA BP 2012-2013

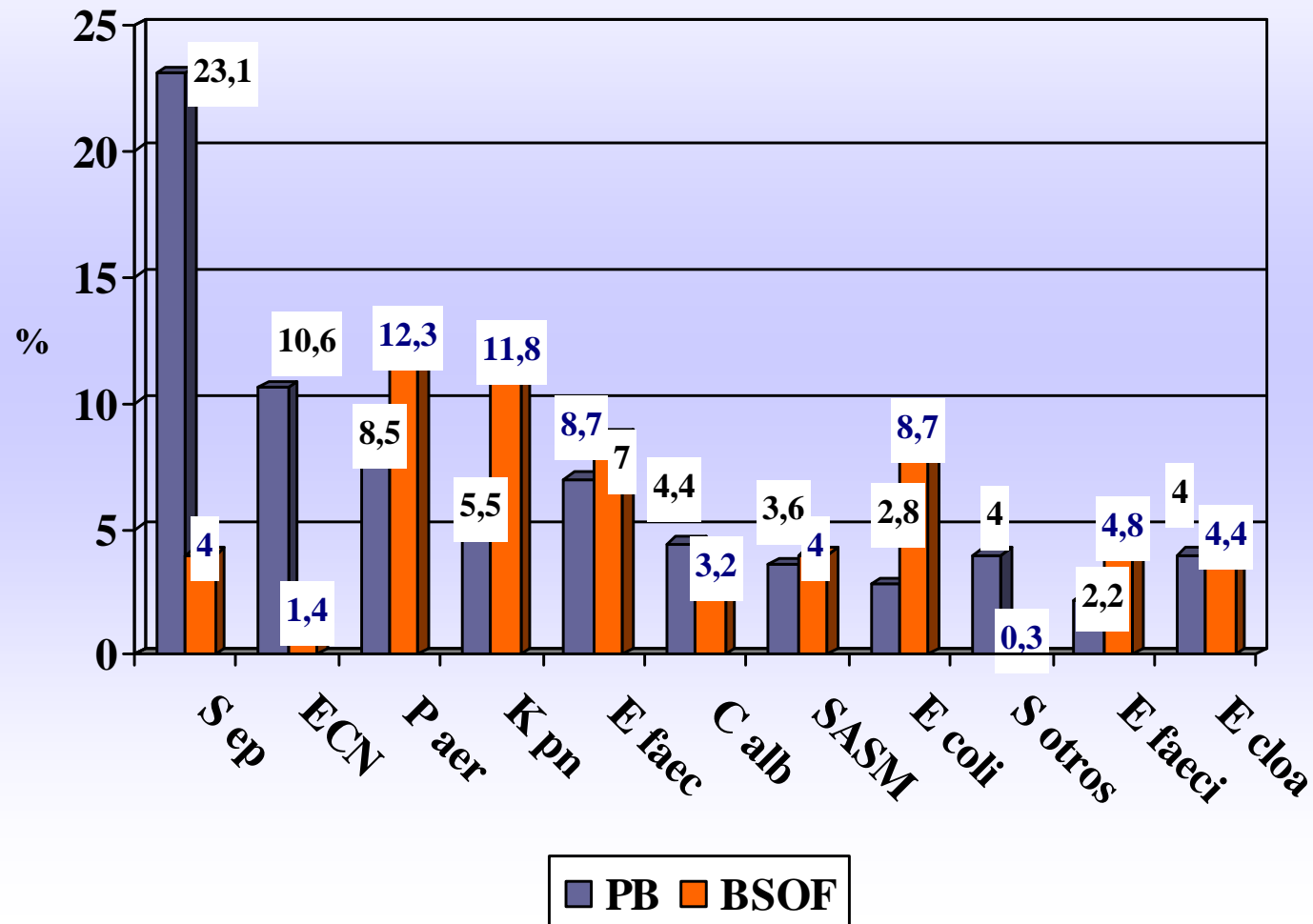




# ETIOLOGIA BP Y BC 2013



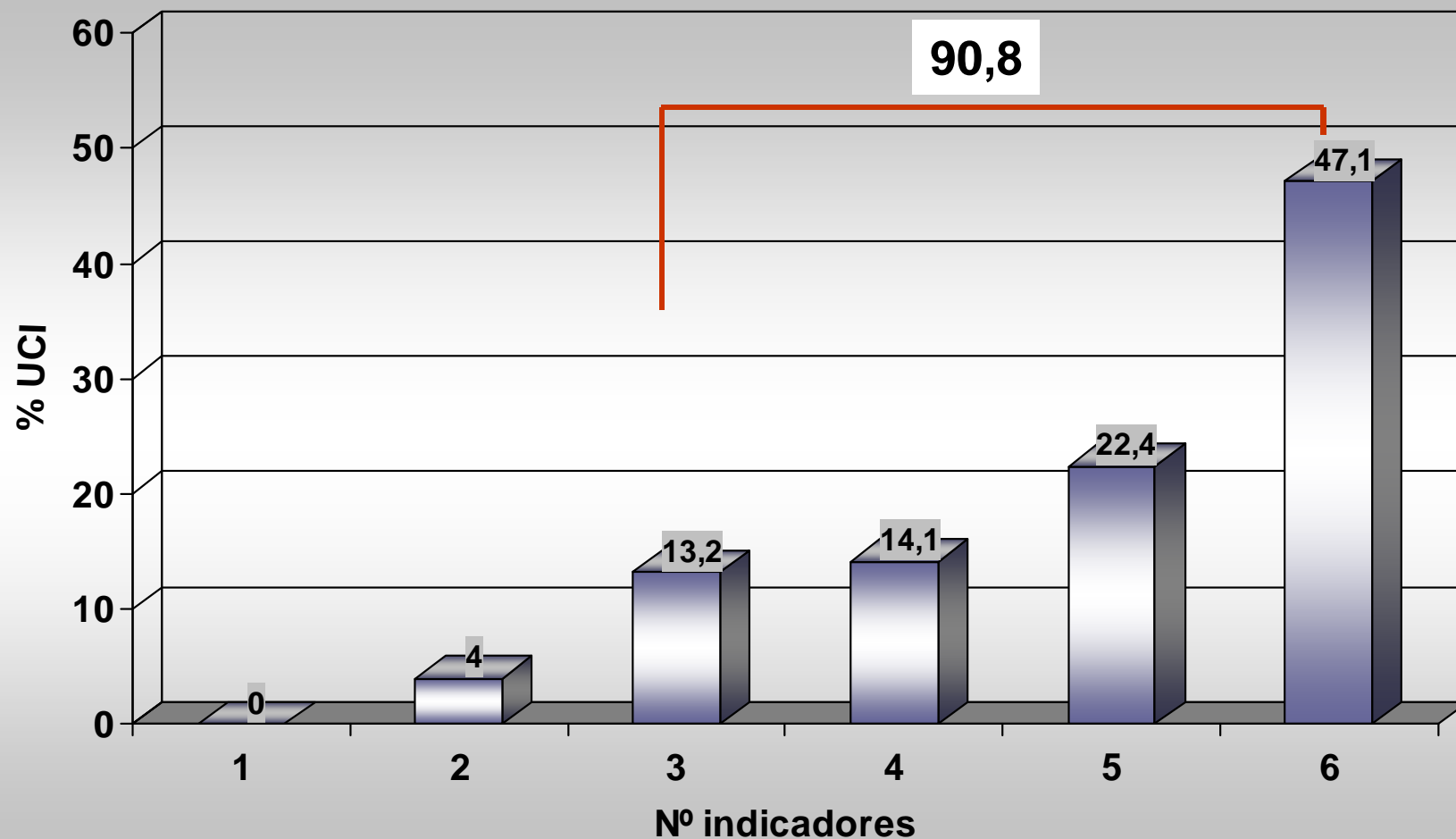
# ETIOLOGIA BP Y BSOF 2013





**INDICADORES**

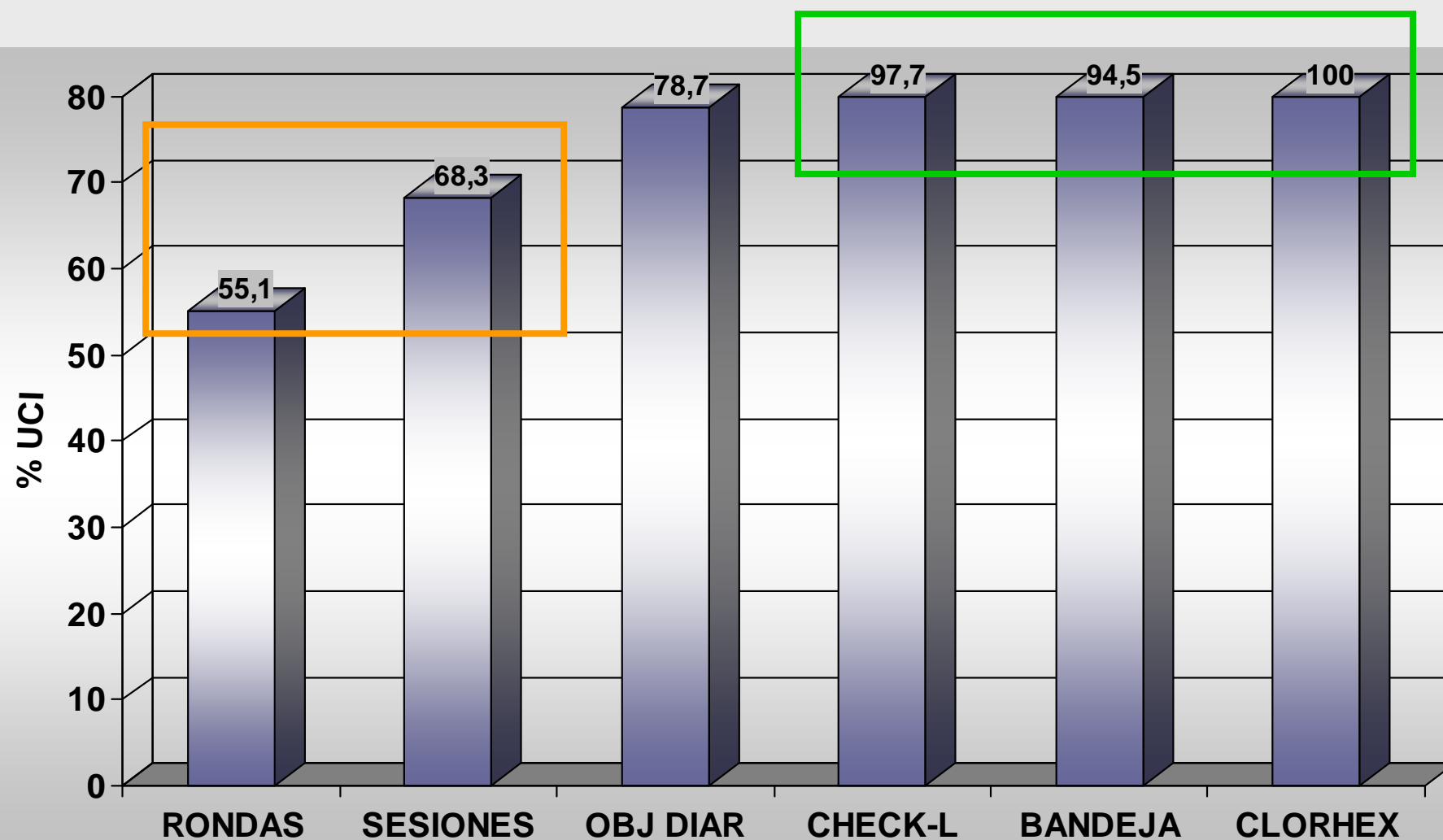
# BZ: CUMPLIMENTACION PSI



01-01-2009 al 30-06-2010

	Nº UCI	1	2	3	4	5	6	1	2	3	4	5	6
	Total	174 (92%)	0	7	23	23	39	82	0,0%	4,02%	13,2 %	14,1 %	22,4 %

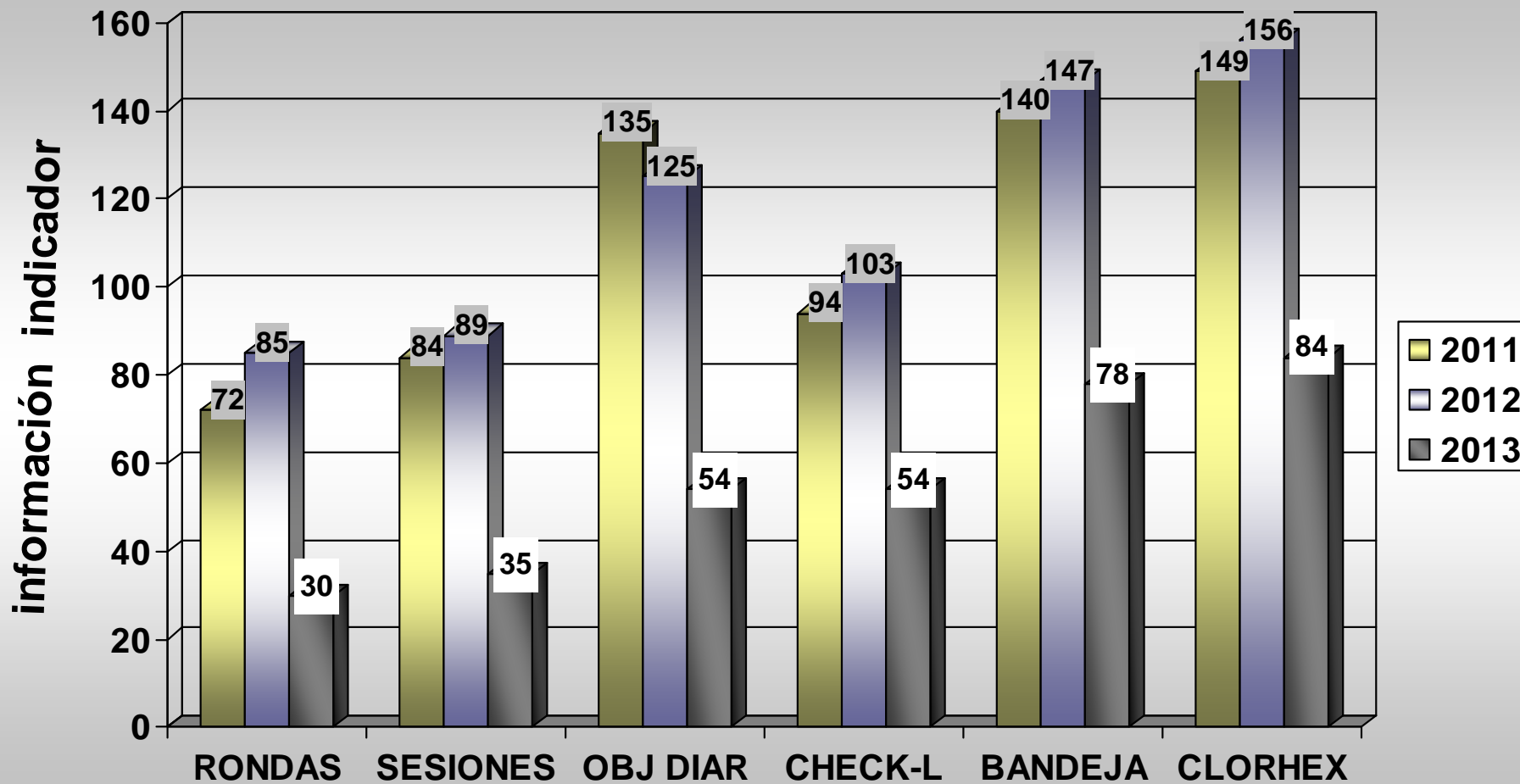
# BZ: CUMPLIMENTACION PSI



01-01-2009 al 30-06-2010

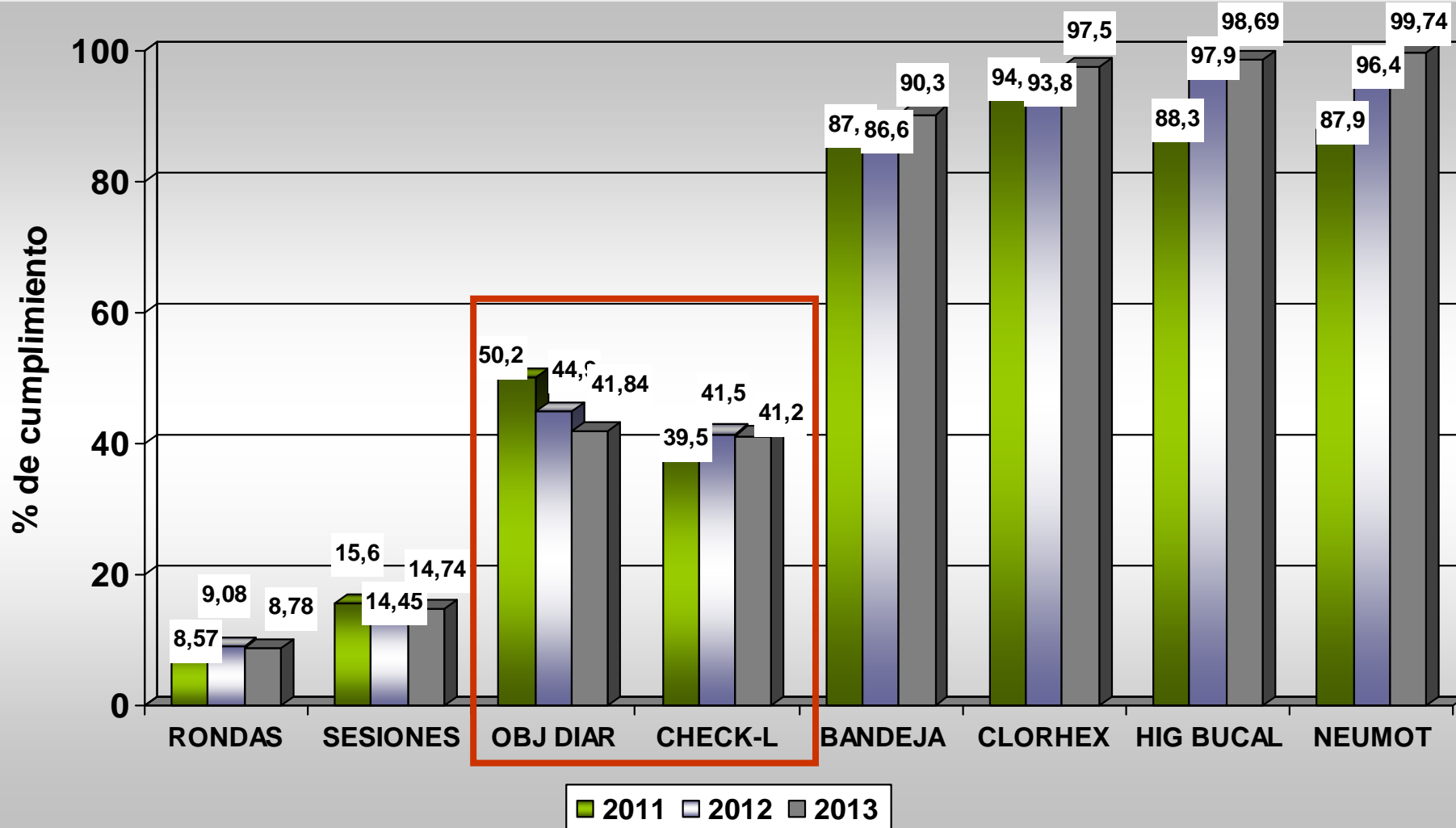
	Nº UCI	1	2	3	4	5	6	1	2	3	4	5	6
<b>Total</b>	174 (92%)	0	7	23	23	39	82	0,0%	4,02%	13,2 %	14,1 %	22,4 %	47,1%

# PSI 2011-13



2011: 155 UCI ( 74,5%), 1410 Meses: 8,5  
 2012: 163 UCI (73 %), 1215 Meses: 7,5  
 2013: 85 UCI ( 40%), Meses : 5,7

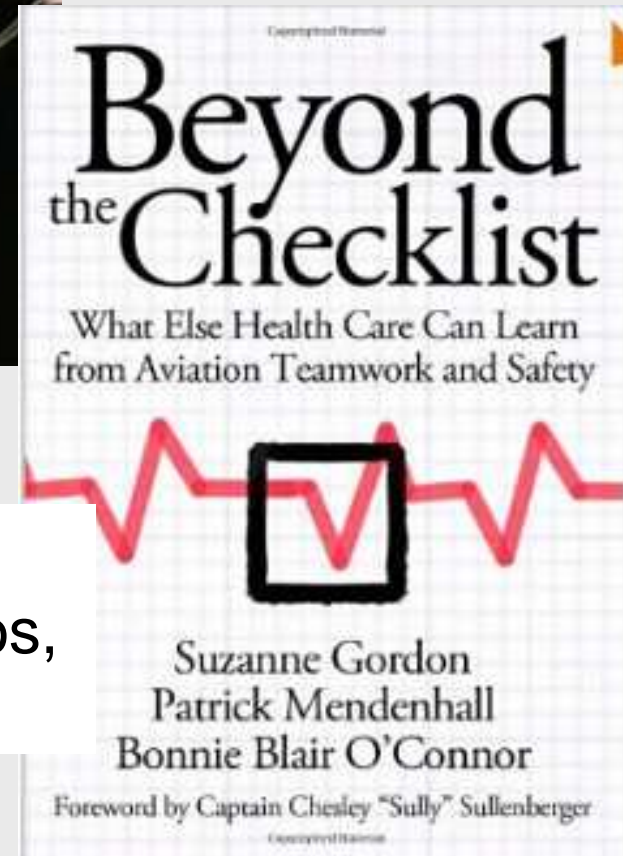
# CUMPLIMENTACION PSI 2011-2013





## Objetivos:

- asegurar el control de todos los elementos,
- contribuir a fijar las conductas correctas







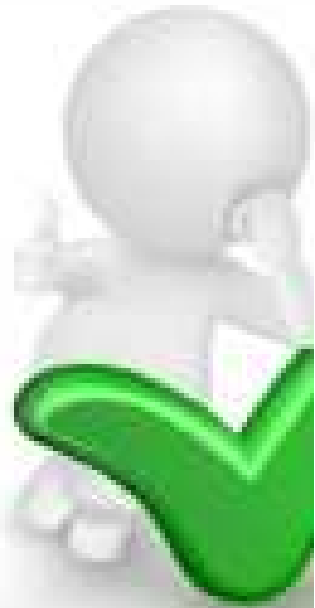
**BARRERAS PARA CUMPLIMENTAR LC**



**No necesito**

**GOOGLE**  
**LC**

**ya lo se todo**

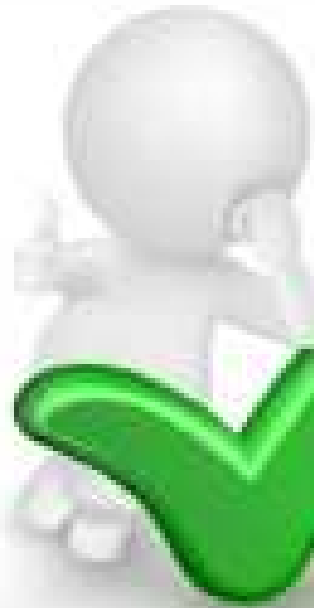


**No necesito**



**y**



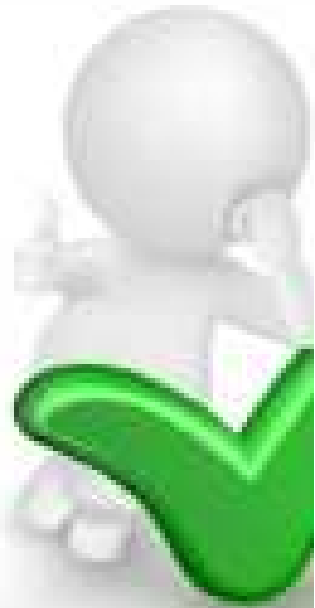


# No necesito



y





No nec



y



## ACCIDENTE BARAJAS.

Ambos pilotos estaban en ese momento con la *after start checklist* cuando encontraron un hueco en frecuencia y pidieron rodaje. Tras la petición, **dieron por finalizada la checklist, siendo la última línea, (que se pasaron por alto) la referente al status de los flaps**



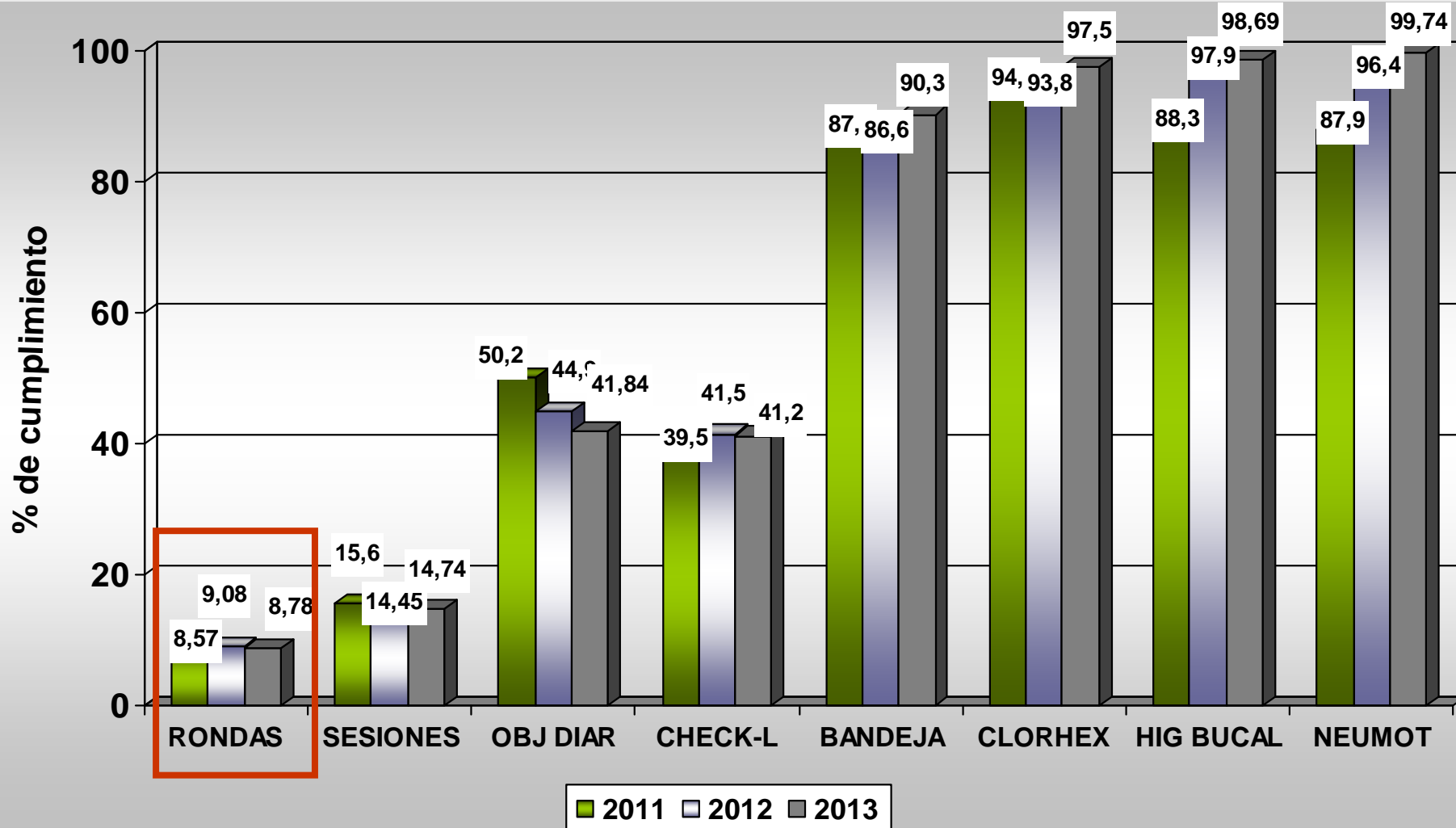
# Rebound in VAP rates during a prevention checklist washout period

Ali A Cheema et al. *BMJ Qual Saf* 2011 20: 811-817

**Table 2** Ventilator-associated pneumonia (VAP) project timeline and interval performance

Phase	Timeline	Key aspects	VAP rate per 1000 ventilator days	p-Value compared with prior
Benchmarking phase	From: Jan 2007 To: Jan 2008 Duration: 13 months	<ul style="list-style-type: none"> <li>▶ VAP screening process was refined</li> <li>▶ VAP rates were benchmarked internally and compared to NHSN data.</li> <li>▶ Staff educated about VAP prevention and oriented to prevention bundle.</li> </ul>	4.2	—
Checklist phase	From: Feb 2008 To: Jan 2009 Duration: 12 months	<ul style="list-style-type: none"> <li>▶ Nurses and respiratory therapists utilised the VAP prevention checklist every day at the bedside of every ventilated patient.</li> <li>▶ The checklist was used to derive self-reported compliance data.</li> </ul>	0.7	<0.059
Checklist washout phase	From: Feb 2009 To: May 2009 Duration: 4 months	<ul style="list-style-type: none"> <li>▶ In response to over-burdensome data collection reported by staff, VAP prevention checklist use briefly optional and subsequently discontinued.</li> <li>▶ No auditing of VAP prevention practice compliance.</li> </ul>	4.8	<0.042
Flowsheet phase	From: June 2009 To: June 2010 Duration: 13 months	<ul style="list-style-type: none"> <li>▶ Cues for key VAP prevention bundle practices added to flowsheets.</li> <li>▶ From Aug 2009, audits were conducted to assess documentation and bundle compliance.</li> </ul>	0.8	<0.047

# CUMPLIMENTACION PSI 2011-2013





- Perform monthly safety rounds in which the executive interacts with staff on the unit and **discusses safety issues** with them. All staff should be invited to attend.
- SR **bridge the gap between senior leaders and frontline staff.**
  - executive become more familiar with safety issues at the **ground level**
  - leader has **access to organizational resources** that can help the team to accomplish its safety goals.
- Evidence indicates that rounding with an executive monthly has **increased culture of safety**, which in turn reduces infections—and that sustained rounding with an executive leads to **further improvements**

## Issue Identifier and Interventions Implemented (from ICU 1 Worksheet)

	Identified Opportunity	Action Taken	Impact
Required Resources	<b>Patient transport:</b> Dedicated team for entire hospital to enhance clinical staff's capacity to provide direct patient care.	Incremental plan implemented that provided timely relief. This plan will be fully funded by July 2002.	This will allow M.D. and R.N. roles for more patient care to be delivered on the unit.
	<b>Point-of-care pharmacist:</b> Pharm.D. assigned to unit to facilitates the flow of information and drug product between the pharmacy and the unit.	Once the program was in place and then removed, the pharmacy department took note of the feedback that units provided and reinstated the program.	Time previously spent coordinating ancillary support is transferred to patient care and unit safety initiatives.
	<b>Reconciliation:</b> Reconciling pre-hospital, preoperative, and ICU prescribed medications before transfer from unit. This improved work process will reduce the potential for preventable adverse drug events.	The performance improvement team created a tool that performs this function.	The improved work process is being spread and is in another ICU (beta site). The intranet is being used to further spread use.*

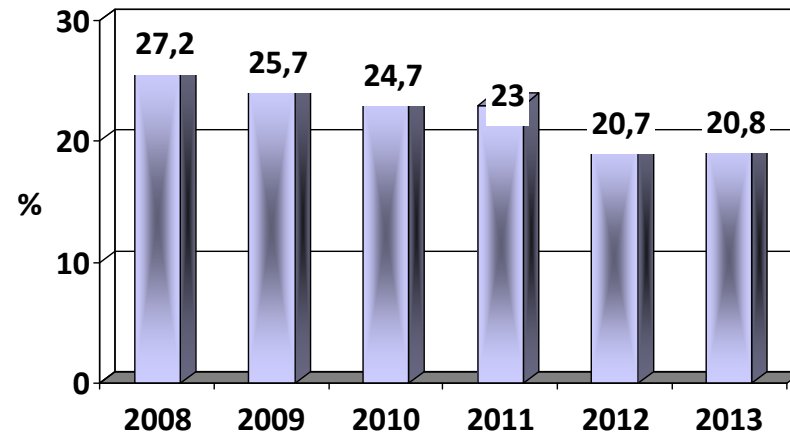
# IMPACTO ESTIMADO DEL PROYECTO BZ

- Controlados 1,950.975 días de pacientes-CVC
  - DI 4,89 (2008) 9.276 BPSC
  - DI 2,63 (2009-13) 4.989 BPSC↓ **4.287 BPSC**
- Mortalidad atribuida a la BPSC
  - 9% (Datos ENVIN)↓ **385 exitus**
- Prolongación de estancia en UCI
  - 12 días (Datos ENVIN)↓ **51.444 estancias**
- Precio día UCI: 3.103 €\* ↓ **159,630.700 €**

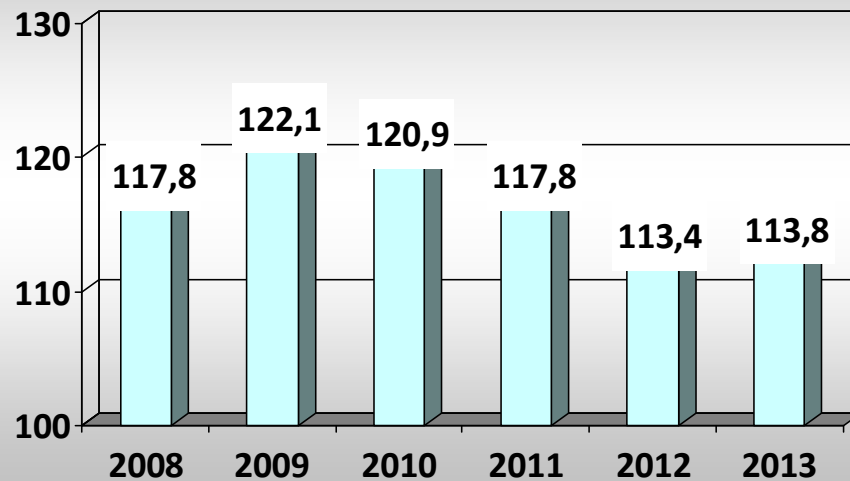
\*Coste estimado cama de UCI año 2010

# IMPACTO EN EL USO DE ATB

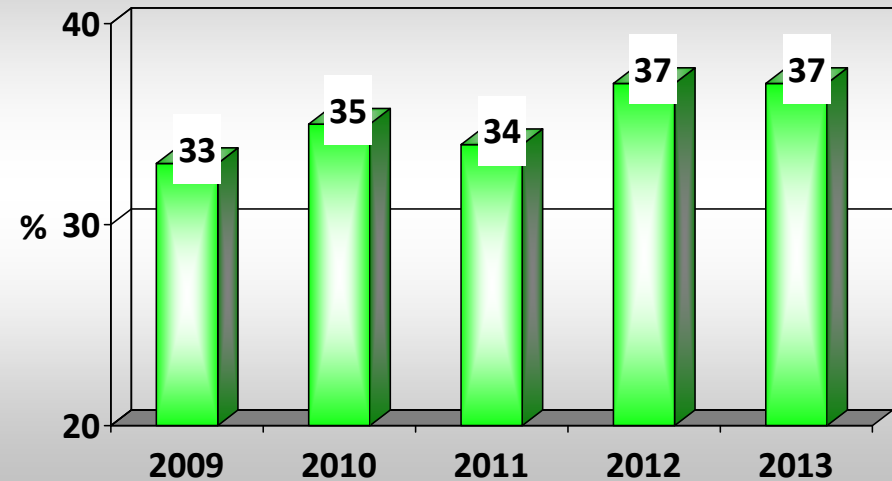
## ATB para IN-UCI



## Días-ATB x 100 días paciente



## Días -paciente sin ATB x 100 estancias



- **Se ha mantenido la participación en BZ.**
- **Se han mantenido las tasas globales conseguidas en BZ, con ligero aumento respecto a 2012.**
- **Disminución del uso de ATB como consecuencia de los programas BZ y NZ documentada por el registro ENVIN.**
- **PSI: Disminución muy importante del registro de los indicadores, tanto listas de comprobación como rondas de seguridad y sesiones de aprenderr de los errores.**



**GRACIAS A TODOS LOS PARTICIPANTES POR EL ESFUERZO**