

HỘI NGHỊ KHOA HỌC NHI KHOA NĂM 2020

VAI TRÒ LÃNH ĐẠO KHOA TRONG PHÒNG NGỬA CLABSI

BS. Nguyễn Thị Trân Châu Khoa HSN- BV Nhi Đồng 1



Thay thuốc tán tám - Châm màm đất nước

NỘI DUNG

- 1 Mở đầu
 - Nhận biết vấn đề- Mời gọi sự tham gia
 - 3 Chọn giải pháp- Thực hiện- Lượng giá
- 4 Kết luận

MỞ ĐẦU



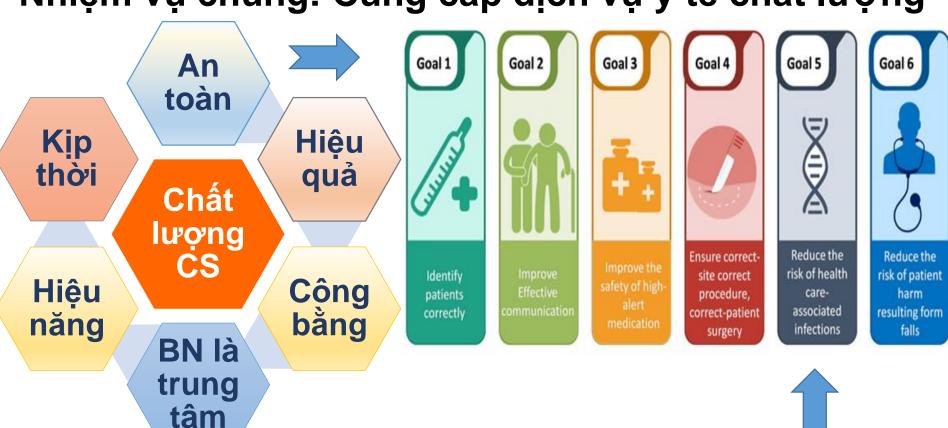
""Khả năng lãnh đạo là một quá trình ảnh hưỡng xã hội trong đó một người có thể tranh thủ sự giúp đỡ và hỗ trợ của người khác để hoàn thành một nhiệm vụ chung""

Chermers M. 1997 An integrative theory of leadership

MỞ ĐẦU



Nhiệm vụ chung: Cung cấp dịch vụ y tế chất lượng





Chất lượng chăm sóc y tế theo WHO



Bạn có vấn đề & bạn giải quyết nó Chúng tôi có vấn đề, bạn giải quyết nó bằng cách nào?

Vấn đề & giải pháp

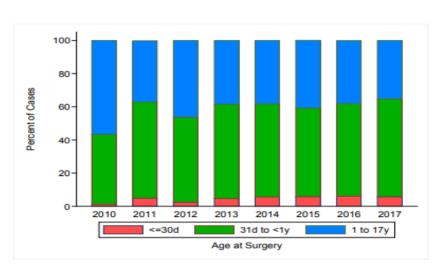
Chúng tôi có vấn đề, chúng tôi giải quyết nó bằng cách nào? Chúng tôi có vấn đề không? Chúng tôi sẽ giải quyết nó bằng cách nào?

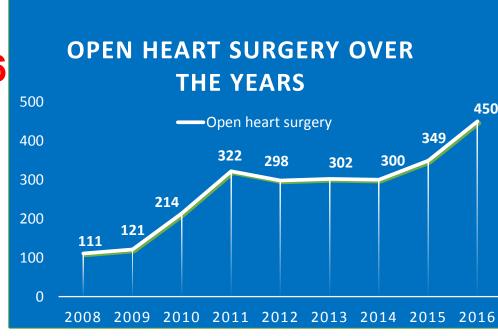


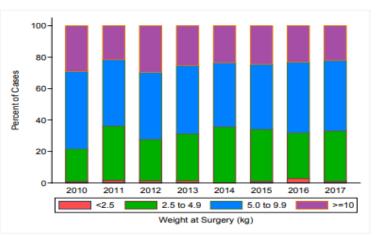
inay thuộc tạn tam - Cham mạm dất nước

Khủng hoảng CICU 2016

Số ca phẫu thuật ↑
PT sơ sinh ↑
PT trẻ CN < 2.5 kg ↑
RACHS-1 nhóm cao ↑



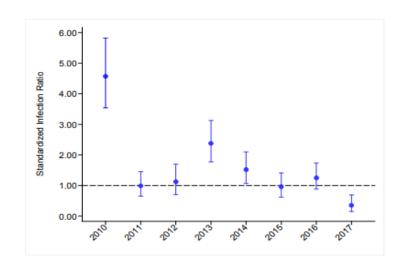






Khủng hoảng CICU 2016

Nhiễm trùng tăng
Tử vong do nhiễm trùnç
BN nằm ICU lâu
Chi phí điều trị ↑



Standardized infection ratios are shown with 95% confidence intervals.

Packed black line = 1.0, representing average performance across all sites in 2011-2015.

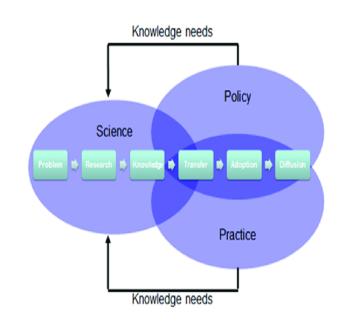


- ≻Hoãn mố
- ≻Vệ sinh môi trường
- ≻Rửa tay



Phản hồi từ đoàn đánh giá chất lượng PT tim của BCH

- Xem lại quy trình chuẩn của CDC 2011
- Quy trình phòng ngừa CLABSI của BYT





Soạn & huấn luyện quy trình tại khoa, chủ yếu ở CICU

Thay thuốc tạn tạm - Cham màm đất nước

NHẬN BIẾT VẤN ĐỀ

Rào cản

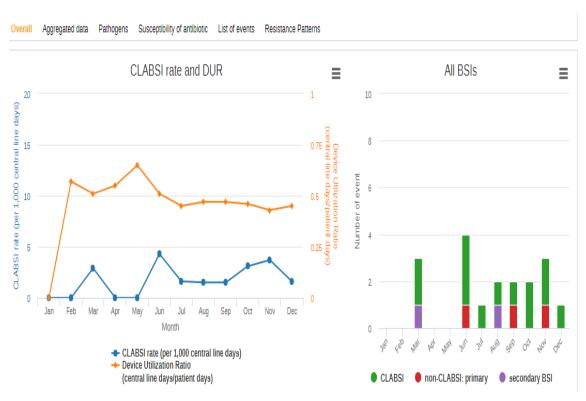
- ❖Nhân viên làm theo kinh nghiệm: ""Tại sao tôi phải thay đổi?""Tốn thời gian khi phải làm theo quy trình"
- ❖Pháp lý: Thay hệ thống CVL/96 giờ
- ❖Nguồn lực: Alcohol swabs, NS....
- ❖Giám sát & tuân thủ



1956

MỜI GỌI SỰ THAM GIA

Cơ hội = Hỗ trợ từ KSNK-PATH-CDC-MOH 2017



HSTC & HSN (2017): 13 ca CLABSI(1.8%₀)

Hồi sức ngoại: 12 ca-

HSTC & HSN (1-5/2018)

9 ca CLABSI (3.8%₀)

(Hồi sức ngoại: 8 ca)

Quy trình giám sát chuẩn (US-CDC hỗ trợ) nhiễm khuẩn huyết tại khoa HSTC & HSN - BVNĐ 1 2017.

HEN NHI BOY

MỜI GỌI SỰ THAM GIA





- Bạn cảm thấy ra sao nếu một trong các ca nhiễm CLABSI là người nhà của mình?
- Chúng ta tự hào về dịch vụ của chúng ta?
- Đây có phải là điều tốt nhất chúng ta đã làm cho bn?

Thay thuốc tàn tâm - Châm màm đất nước

MỜI GỌI SỰ THAM GIA

- Công khai, minh bạch tỷ suất nhiễm CLABSI của khoa hằng tháng
- Nâng cao nhận thức của nhân viên về các thực hành chứng cứ để giảm





MỜI GỌI SỰ THAM GIA

KSNK tham gia chủ trì dự án CTCL





Dự án CTCL: tăng cường gói giải pháp chăm sóc ĐTTT đã được chuẩn hóa và dựa trên chứng cứ.



Mục tiêu: Giảm 20% số trường hợp CLABSI tại HSN từ 7/2018 đến tháng 8/2019



LỰA CHON GIẢI PHÁP

KSNK, CDC, PATH khảo sát điều kiện thực tế tại khoa

Xây dựng hướng dẫn thực hành chuẩn

GP lựa chon dựa vào nguồn lực & bối cảnh của khoa



LỰA CHỌN GIẢI PHÁP

Chuẩn hóa quy trình

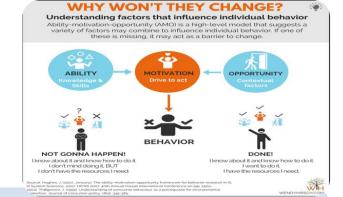
Huấn luyện NV

Làm thay đổi

Nâng cao năng lực

Cung cấp nguồn lực

- Tỷ lệ ĐD/Bn
- Alcohol swabs, NS, Tegaderm, bộ thay băng/ tắm bệnh.
- Công khai số liệu
 - Nhắc nhở/ Thưởng/ Phạt



Tạo động cơ



THỰC HIỆN

Huấn luyện

Đảm bảo nhân viên biết được làm cách nào họ có thể giảm tỷ suất CLABSI

> > 90% nhân viên tham dựlớp HL phòng ngừa CLABSI(LT, TH)





Thay thuốc tạn tạm - Chạm màm đất nước

THỰC HIỆN

Huấn luyện

- Thực hành các kỹ năng dưới sự giám sát & chỉnh sửa của chuyên gia CDC
 - Rửa tay
 - Sát khuẩn cổng vào
 - > Thay hệ thống CVL
 - > Tắm bênh
 - > Thay băng CVL







THỰC HIỆN

Bảng kiếm

- ❖Công cụ hiệu quả để theo dõi sự tuân thủ
- ❖Thiết lập sự tuân thủ cơ bản với các thực hành chứng cứ
- ❖Phản hồi tỷ lệ tuân thủ:
- Nhấn mạnh không tuân thủ bảng kiểm # cố ý làm hại BN
- >BS & ĐD đồng ý cùng giữ cho BN an toàn

Children Hospital #1		CVC Bedside Maintena	nce	Che	ckli	st										
Department: SICU			_				_				_					_
Patient name: Admis		er:											4	Щ		
CVC insertion site: Internal Jagular L	R			Sub	clavia	an	L	R	Ш	Fem	oral	ı		R		
Date of CVC insertion:		(ther	pla	ce (sp	pecify	/):									
Practi	ces		-						_	Da	te					Т
				M A	N	МА	N	мА	N	МА	N	МА	N	M A	N	N
1. CVC neccesirity assessment Is CVC still required for this patient?					_		Т		П							т
If Not, has the removal been discussed amor	ng medical	team during this shift?														Ι
Signature of Physician			_		_				ш		_	_		L		L
2. Site, dressing, tube and cap assessment			_	_		_		_		_			_		_	_
Checking for signs of infection at CVC insertic CVC dressing clean, dry and intact?	on site		_	+	Н	+	+	+	Н	+	+	+	+	H	+	t
Gauze & tape dressing changed within last 2	days, if ne	ccesary or applicable														İ
Transparent dressing changed within last 7 days, if neccesary or applicable				4	\Box	\perp	Н	\perp	П	_	\perp	_	\perp	П	\perp	Į
Administration tube changed: within last 7 days for continuous infusion; 24 hours for									Н					Ш		ı
blood products/fat emulsion; or 6-12 hours fo			-	+	+	_	++	+	Н	+	+	\perp	+	Н	+	╀
Needless connector (cap) changed within las 3. Accessing the lines	st 3 days, if	neccesary or applicable	_	_	ш				ш	_		щ	_	ш	_	_
Hand hygiene performed before manipulatin	ng to the lin	nes?		Т	П	П	П	Т		Т		П	Т	П	Т	T
Sterile technique used? (Aseptic non touch t			\dashv	+	Н	H	Ħ	+	Н	+	+	+	+	H	+	t
Access port scrubbed with Alchohol 70% or Pa			-	+	Н	+	Н	+	Н	+	+	+	+	Н	+	H
30"followed by 30-60" of drying)?	ovidine 10	o cach tille belole use (strub					П		П							ı
Use only sterile equipment to access the line	e (includin	g single saline bottle for this	\dashv	+	\forall	+	\forall	+	Н	+	+	+	+	Н	+	t
					\perp	\Box	Ш	\perp	Ц	\perp		Ш	\perp	\Box	\perp	L
patient for flushing and locking the lines) 4. Bathing patient with CHG 2%															_	Ţ
Bath patient over 2 months of age with CHG 2	2%		ш	_	ш	Щ	ш		Ш	_	Ш	щ		Щ		L
 Dressing change Dressing changed this shift? (If not, come to 6) 	. If upc 60 .	he date to chift column as appropriate	,							T			T			Т
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Sterile glove and mask worn during dressing	changed?		\dashv	+	\forall	+	\forall	+	Н	+	+	+	+	Н	+	t
Sterile technique used ? (Aseptic non touch t		sterile field maintained)	\neg	\top	Н		\forall	\top	П	\top	\top		\top	П	\top	t
Site scrubed with Povidine 10% for 2 minutes				\top	П		Π		П	\top	Т		\top	П		Ť
Proper technique for dressing application (st									П				Т		I	T
			- 1													
Dressing change dated clearly?		reciter or site, moving		ユ	ш		ш		Ц	I			\perp	П	ı	t
6. Administration tube change				_		+				+			_		+	ļ
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alucose in three-in-one admixture or blood products infused separately). If propofol is administered, change tubing every 6-12 hours or when the vial is changed Change gauze dressing every 2 days, clear dressings every 7 days, unless dressin becomes damp, loosened, or visibly soiled then change. Use sterile gauze or sterile, transparent, semipermeable dressings

Thay thuốc tàn tâm - Cham màm đát nước

THỰC HIỆN

Đánh giá & thảo luận sự cần thiết duy trì CVL mỗi ngày Tích cực trao đổi giữa BS & ĐD

BS & ĐD Thảo luận

- Bệnh nhân có CVL không?
- Nếu có, chỉ định đặt ?

BS & ĐD Thảo luận

- BN còn cần CVL không?
- Cần bao lâu nữa?

BS & ĐD Thảo luận Nếu duy trì CVL, băng gạc & hệ thống CVL có cần thay?



THỰC HIỆN



Thiết lập chính sách rõ ràng về chăm sóc CVL

- Sát trùng cổng vào
- Thay băng CVL
- Thay hệ thống/ nắp đậy
- Dùng NS đuổi thuốc riêng cho từng BN

Phân rõ vai trò, trách nhiệm của BS, ĐD

Thay thuốc tán tâm - Châm màm đất nước

THỰC HIỆN

Làm việc nhóm: Giao tiếp, hợp tác

Giám sát & hổ trợ

Nuôi dưỡng văn hóa thực hành chuẩn

Loại trừ văn hóa buộc tội

Giải quyết mâu thuẩn về nguồn lực & thời gian

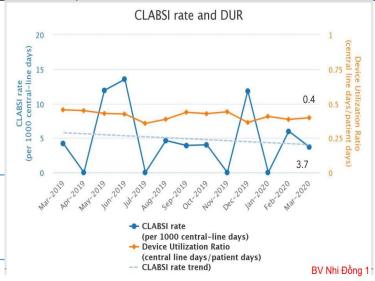


LƯỢNG GIÁ

Tỷ suất cơ bản trước can thiệp

Tỷ suất CLABSI mỗi tháng, tỷ lệ tuân thủ

Công khai kết quả rộng rãi cho toàn NV



STT	CHỈ SÓ QUÁ TRÌNH THỰC HIỆN	T01/20	T02/20	T03/20
1	Rửa tay đúng khi chăm sóc catheter	96.9	96.4	97.1
2	Tuân thủ kĩ thuật vô khuẩn khi thay băng	100.0	100.0	100.0
3	Sát trùng vị trí thay băng đúng	100.0	100.0	100.0
4	Các thành phần của hệ thống truyền có ghi rõ ngày và còn hạn dùng	92.6	91.8	93.9
5	Tắm bệnh trên 2 tháng tuổi hằng ngày với 2% CHG	100.0	91.4	96.4
6	Sát khuẩn cổng bơm thuốc đúng trước khi truyền	100.0	100.0	100.0
7	Tuân thủ kĩ thuật vô khuẩn khi chạm đường truyền	100.0	100.0	100.0
8	Sử dụng ống nước muối để xả và khóa catheter	NA	NA	NA
9	Hoàn thành bảng kiểm tại giường	97.9	100.0	99.3
10	Tuân thủ kiểm tra sự cần thiết của catheter mỗi ngày	100.0	100.0	100.0

That thuse tan tam - Cham mam dat nuce

LƯỢNG GIÁ

Phân tích nguyên nhân gốc rễ khi có ca CLABSI

➤ Loại trừ văn hóa buộc tội

Truyền đạt thành công & thất bại cho cả khoa

➤Tiếp năng lượng cho nhân viên cam kết thực hành dựa vào chứng cứ



KÉT LUẬN

