Lessons Learned from Keystone ICU Project

Leaders of the successful Keystone ICU collaborative model to reduce CLABSI rates compiled a collection of lessons learned to keep in mind when considering a large-scale improvement project, including the following ideas:

- ♀ Maintain a patient-centric mindset.
- Acknowledge and support people who are leaders, whether formal (authorities such as hospital executives) or informal (frontline staff).
- Stay within the scope of the project.
- Address both content (technical work) and context (adaptive work) in quality improvement.
- ♀ Convey specific objectives and goals and develop a robust database before any work is done.
- Reduce data collection bias by defining each variable; creating, pilot testing, and revising data collection forms; and developing a data quality control plan.
- Keep in mind that a smaller amount of high-quality data will be more meaningful than a larger amount of poor-quality data in evaluating the impact of the intervention.
- Explain the connection between a culture of safety and an organization's ability to implement successful clinical interventions.
- ♀ Try to strike a balance between interventions that are scientifically sound and those that are feasible.
- Anticipate delays at various points for various reasons.
- **Q** Remember that quality improvement itself can be improved.

Source: Goeschel CA, Pronovost PJ. Harnessing the Potential of Health Care Collaboratives: Lessons from the Keystone ICU Project. Accessed Sep 24, 2013. http://www.ahrq.gov/downloads/pub/advances2/vol2/Advances-goeschel 24.pdf.