



Optimizing Treatment for Community Acquired Pneumonia (The optiCAP project)

Markus Fally

1. reservelæge, Ph.d. studerende
Gentofte Hospital

Et samarbejde mellem:





Problemerne (nogle af dem)

**In Danmark behandler vi CAP patienter
ikke iht. retningslinjerne**



Hypotesen

Vi antager, at vi kan øge andelen af CAP patienter behandlet iht. retningslinjerne igennem skræddersyede interventioner.



Vores mål

Tid til første antibiotika dosis
Varigheden af behandlingen



Andel patienter CURB-65-scoret
Andel korrekt empirisk behandling
Andel af nedre luftvejssekret





Designet

Baseline:

November 2017
- February 2018



Intervention:

March 2018
- October 2018

Interventions:

- theoretical education of medical staff
- design of educational material (e.g. pocket cards)
- personal feedback
- process analysis and improvements

Follow up:

November 2018
- February 2019





The interventions

	Site 1	Site 2	Site 3
Technical interventions			
Educational activities			
Repeated hands-on training in tracheal suction for physicians		x	x
Repeated hands-on training in tracheal suction for nurses	x		x
Repeated hands-on training in sputum induction by nurses		x	
Non-technical interventions			
Educational activities			
Repeated education of physicians at the relevant departments	x	x	x
Repeated education of nurses at the relevant departments	x	x	x
Personal face-to-face feedback to physicians			x
Personal feedback to physicians via email		x	
Personal feedback to physicians via the feedback option in the health record system			x
Educational material			
Pocket cards on CAP	x	x	x
Regular newsletter distribution	x	x	x
Process improvements			
Authorising triage nurses to order X-rays		x	
Authorising triage nurses to order LRTS	x	x	
MCS and PCR for atypical bacteria analysed using the same LRTS	x	x	
CURB-65 as a standard phrase in the EHRS	x	x	x
Standard phrase for antibiotic reassessment in the EHRS		x	
Order sets for CAP in the EHRS	x	x	x



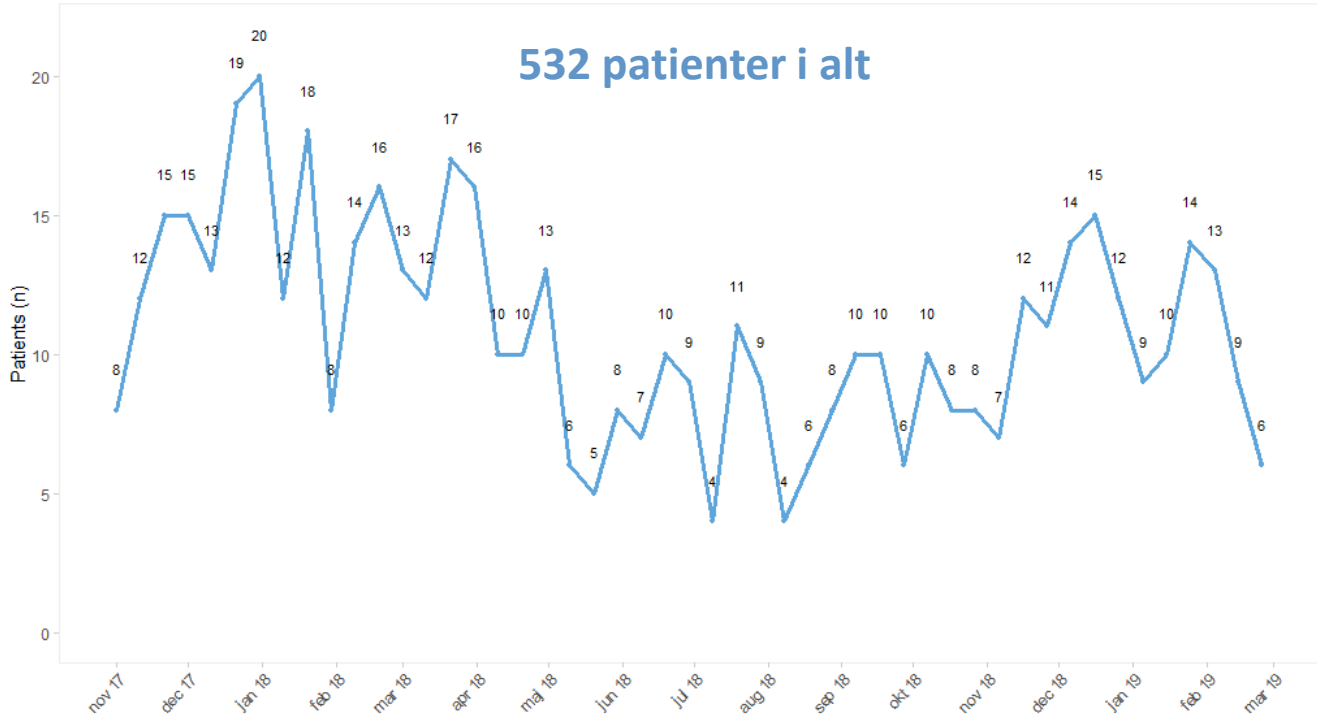
The interventions

	Site 2
Technical interventions	
Educational activities	
Repeated hands-on training in tracheal suction for physicians	x
Repeated hands-on training in sputum induction by nurses	x
Non-technical interventions	
Educational activities	
Repeated education of physicians at the relevant departments	x
Repeated education of nurses at the relevant departments	x
Personal feedback to physicians via email	x
Educational material	
Pocket cards on CAP	x
Regular newsletter distribution	x
Process improvements	
Authorising triage nurses to order X-rays	x
Authorising triage nurses to order LRTS	x
MCS and PCR for atypical bacteria analysed using the same LRTS	x
CURB-65 as a standard phrase in the EHRS	x
Standard phrase for antibiotic reassessment in the EHRS	x
Order sets for CAP in the EHRS	x



Indlagte

Number of patients admitted with CAP
Gentofte Hospital

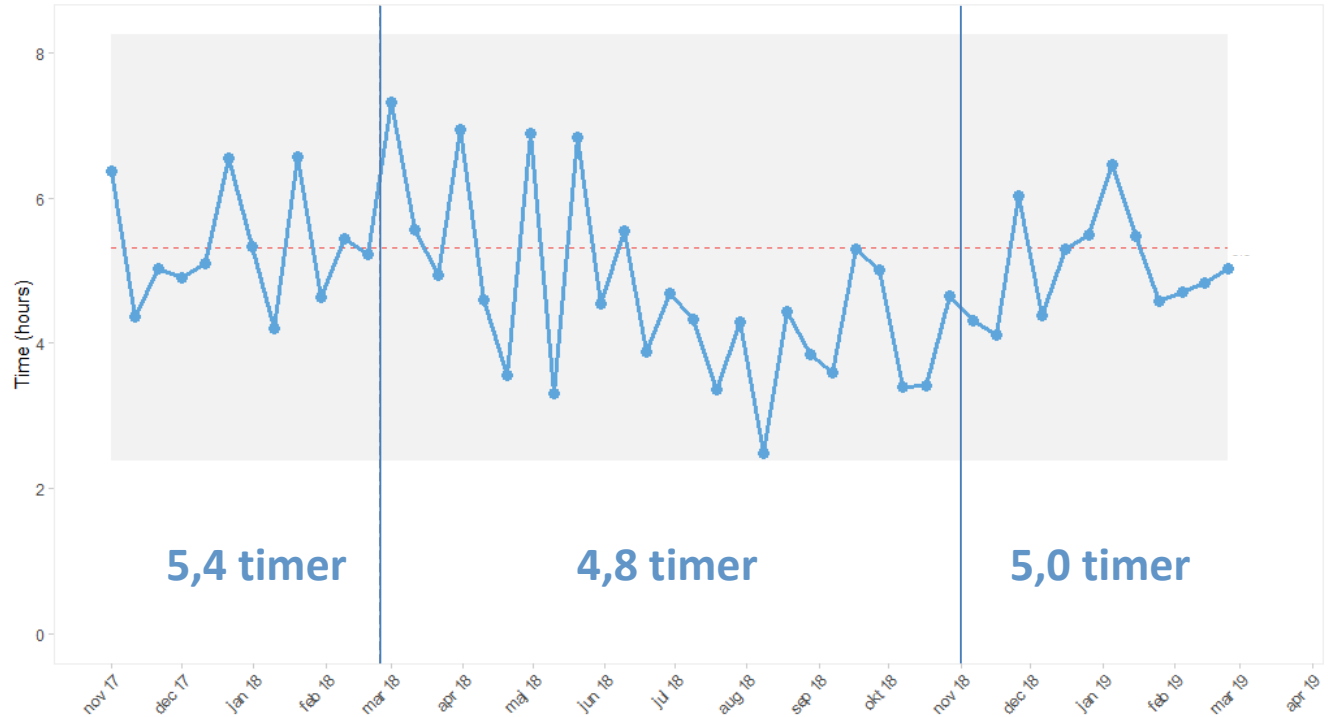




Tid til første antibiotikum

Time until antibiotic treatment is initiated (door-to-needle time)

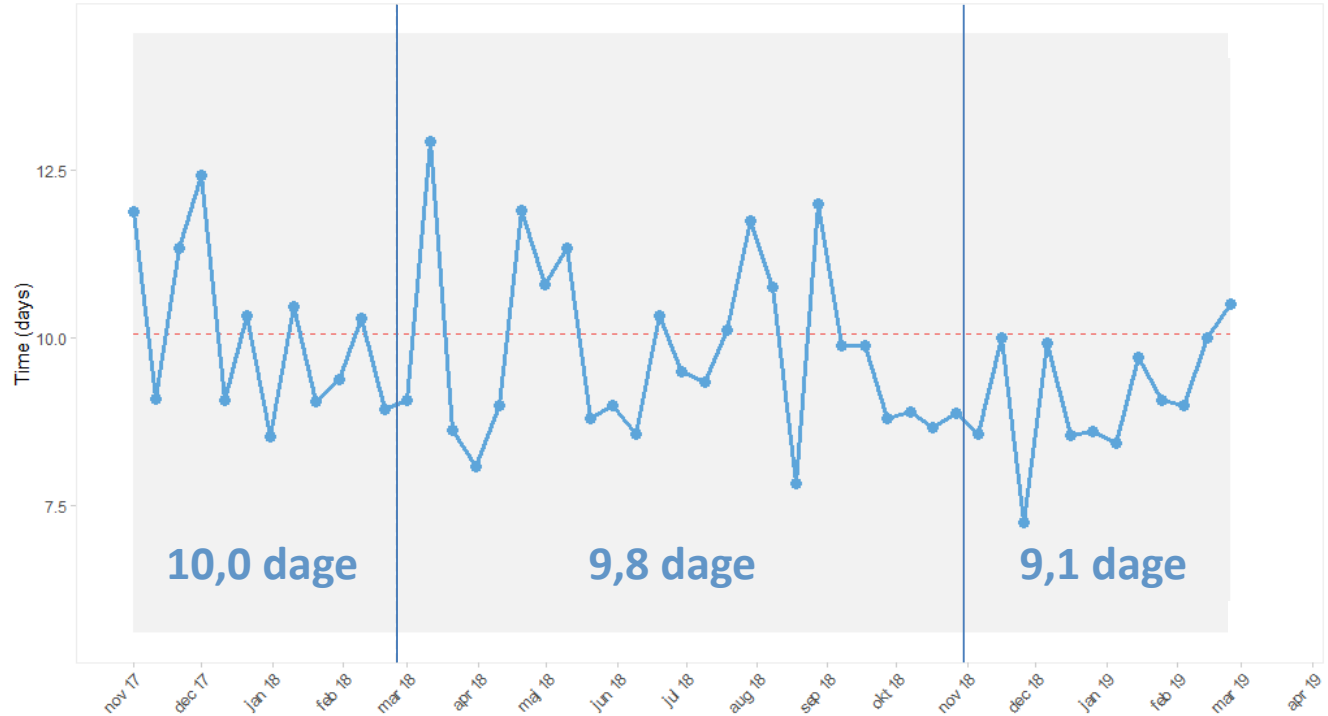
Gentofte Hospital





Varighed antibiotika behandling

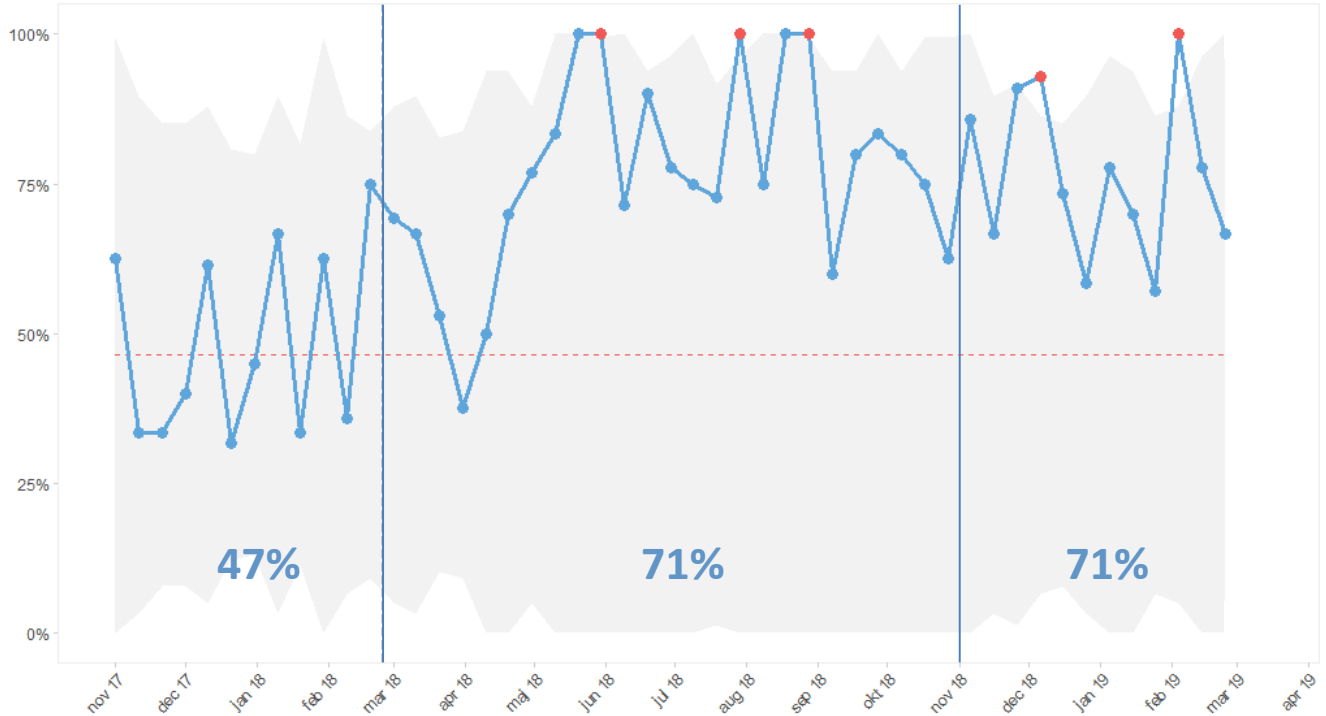
Duration of antibiotic treatment in days
Gentofte Hospital





Relevant antibiotika behandling

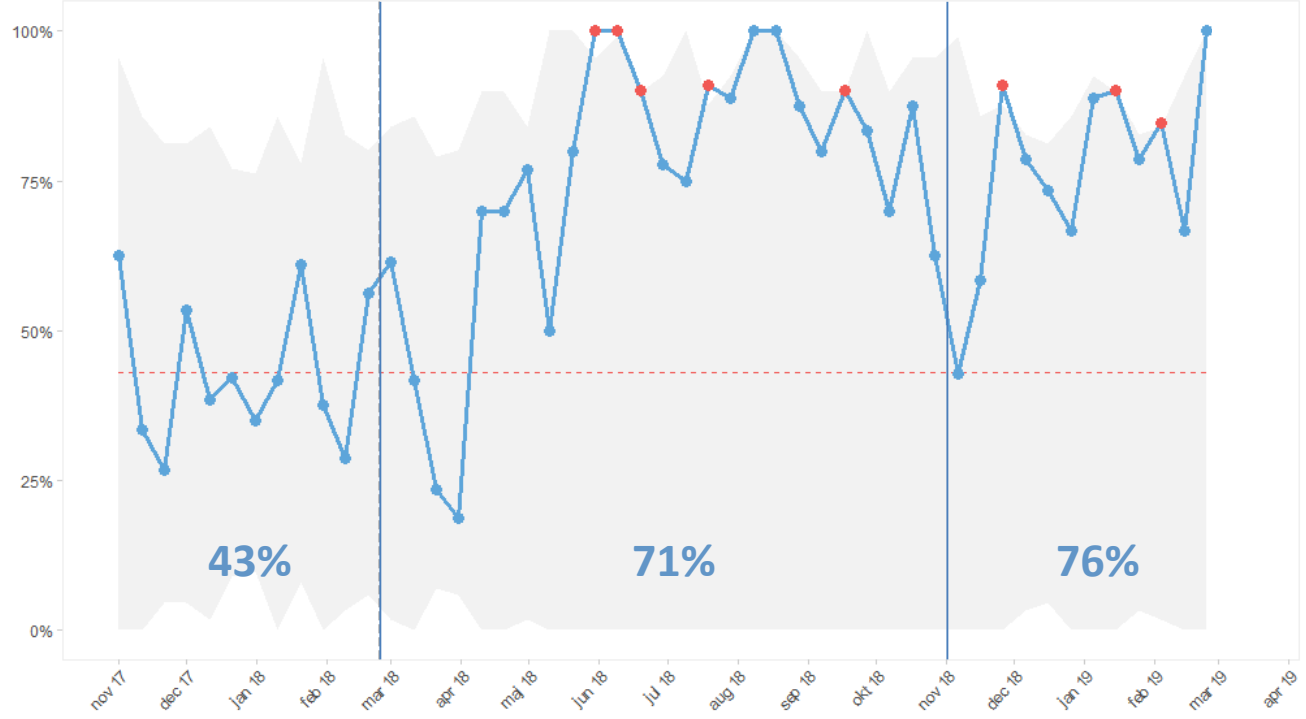
Proportion of patients receiving antibiotics according to guidelines
Gentofte Hospital





CURB-65 stratificering

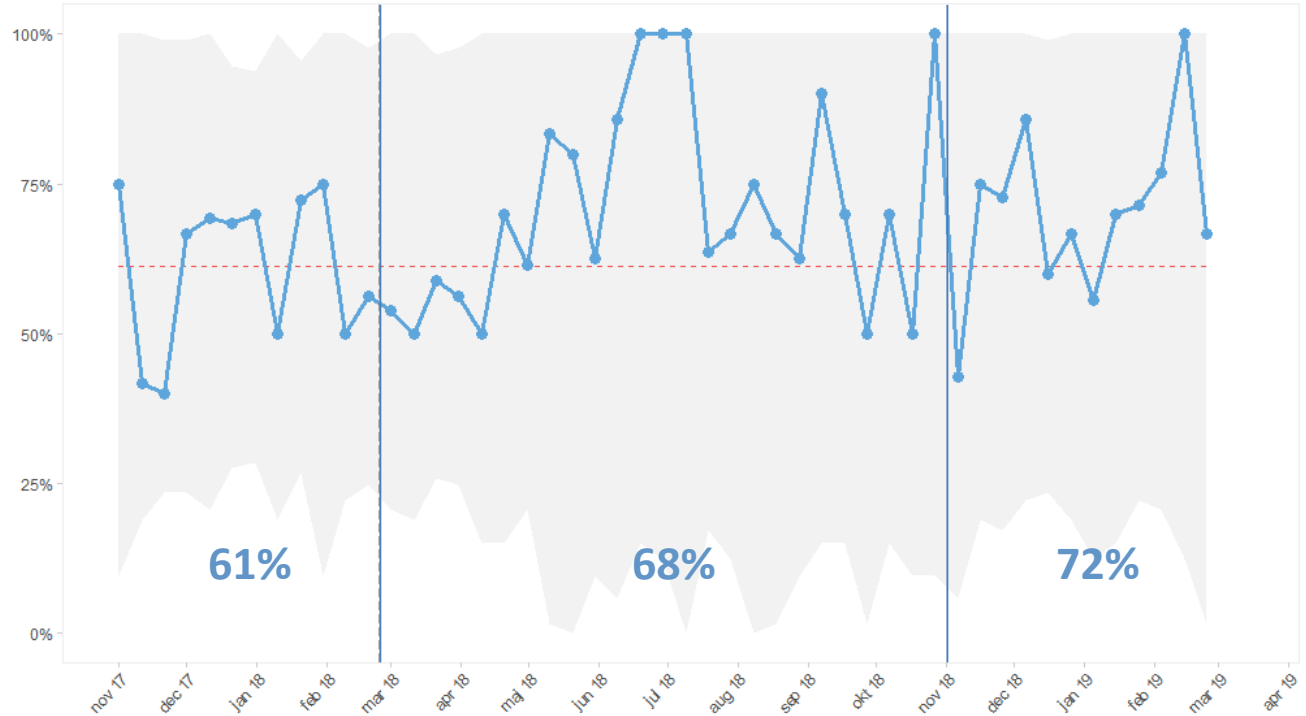
Proportion of patients assessed by CURB-65
Gentofte Hospital





Nedre luftvejssekret

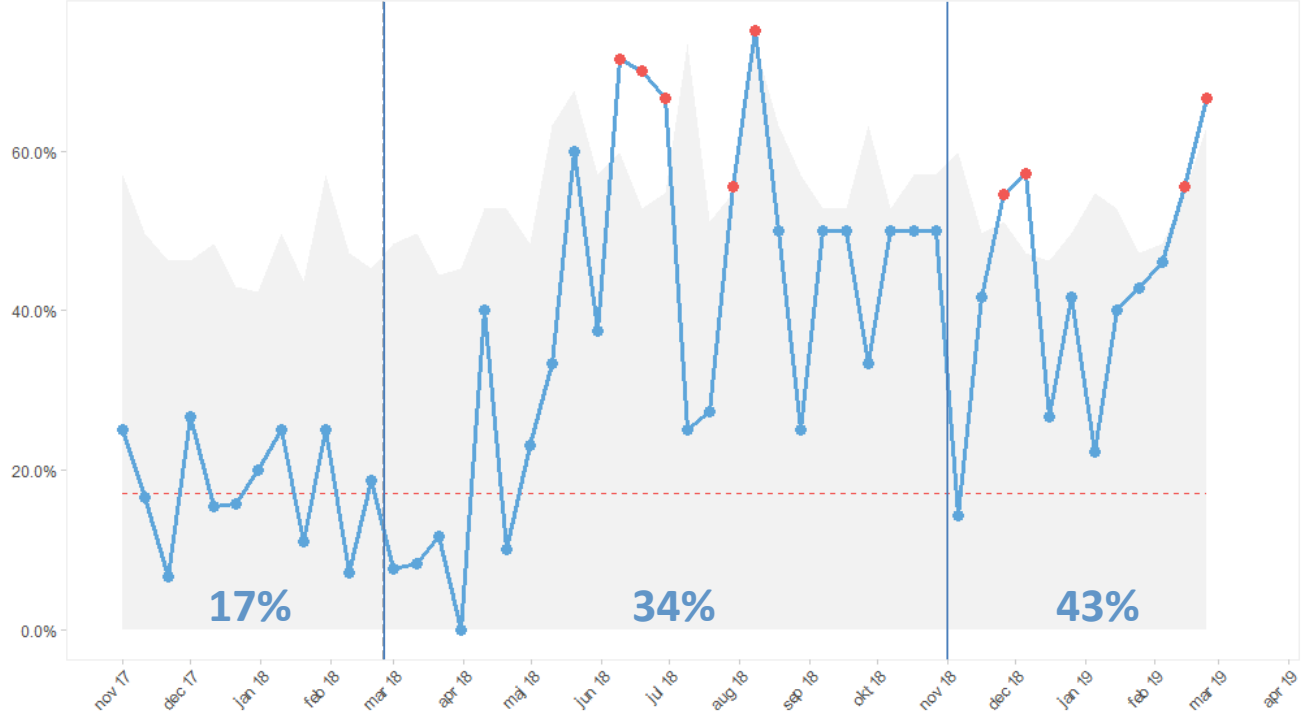
Proportion of lower respiratory tract samples taken
Gentofte Hospital





Bundle care

Proportion of patients w/ chest X-ray, LRTS, CURB-65 and antibiotics within 8 hrs.
Gentofte Hospital





Hvad virkede

1. Ryk sygdommen i medarbejdernes fokus:

- Undervisning med 2-4 ugers mellemrum:
 - Data fra optiCAP
 - Teoretisk (præsentationer, lommekort)
 - Praktisk
- Newsletter
- Feedback til behandlingsteams

2. Se på processer der kan optimeres:

- SP tools (order sets, standard phrases)
- Rutiner
- Nye procedurer: induceret sputum

3. Se på politiske beslutninger der kan ændres:

- Sygeplejersker der ikke må trakealsuge



Hvem skal lave alt det arbejde?

Antibiotic stewardship teams

Som består af læger og sygeplejersker som:

- Kender afdelingens procedurer
- Er engagerede
- Har den viden der skal til
- Er gode og villig til at give feedback
- Er gode og villig til at forhandle

Forudsætninger skal skabes af ledelsen og politiske beslutningstagere:

- AB stewards skal få tid til at gøre deres arbejde
- Villighed og opbakning til at afprøve nye procedurer, processer
- Ryd op i vejlednings junglen og brug nationale retningslinjer (fx 18 forskellige VIP vejledninger om CAP, 645 relateret til "pneumoni")



Optimizing Treatment for Community Acquired Pneumonia (The optiCAP project)

Spørgsmål?

Et samarbejde mellem:

