



Big News! Children's is on a mission to make the best possible care for children even better... Introducing the "Ohio Collaborative"

What is the Ohio Collaborative?

The Ohio Collaborative is a group of 33 children's hospitals that have come together to reduce avoidable harm in pediatric patients by 40% (hospital acquired infections, falls, pressure ulcers, etc.), and to reduce hospital readmissions by 20% by Dec. 31, 2013.

How does it work?

Collaboratives work by sharing data, best practices, and ideas on how to implement those practices. The collaborative sets reporting goals, facilitates information and data sharing and sets deadlines for submitting data and most importantly, implementing best practices. Each hospital has its own quality improvement team.

What is the advantage of being part of a collaborative?

Collaboratives foster collaboration among hospitals and within hospitals to improve the quality of care. Teams collaborate through meetings, monthly conference calls, and emails.

What are the benefits?

The Collaborative has already resulted in several changes in clinical care. For example, to reduce ventriculoperitoneal shunt infections we have changed prophylactic intravenous antibiotics (Ancef to vancomycin), added additional skin preparation (chlorhexidine wipes), and added an injection of vancomycin into the shunt at placement. These changes were the result of collaboration between the neurosurgeons, infectious disease specialists, operating room staff, and the quality/safety consultants.

What do I need to do?

Key to any quality improvement is the engagement of many individuals from various disciplines. **We need more participants.** If you want to make our care safer volunteering just an hour a month can make a difference. Please contact Rob Payne (rob.payne@childrensmn.org) or Bobbie Carroll (bobbie.carroll@childrensmn.org) to share your insights and help our patients.

Preventable conditions to be reduced: Catheter associated urinary tract infection, Ventilator associated pneumonia, Adverse drug events, Central line-associated infections, Falls, Pressure ulcers, Surgical site infections (cardiac and VP shunts), Readmissions, Venous Thromboembolism.