Abstract

- Central line associated bloodstream infections (CLABSIs) have been a focus area at our large urban academic medical center for several years.
- Multiple interventions were not solving the problem. Hospital-wide rates remained at 1.1 CLABSIs/1000 central line days for two years.
- For improvement, we established a 10% reduction as our goal.
- And, we set the goal to be shared by all across the Medical Center who had any contact with patients with central lines.

Objective

- Decrease CLABSIs by standardizing practice across the continuum of patient care.

Methods

- Multi-disciplinary taskforce was formed.
- Inconsistent central line access practices were identified.
- Protocol was updated to include a 5-second scrub prior to each access using a 3.15% chlorhexidine/70% alcohol swab.
- A “Scrub-Dry-Flush-Scrub-Dry-Medication-Scrub-Dry-Flush” protocol was initiated.
- 1,400 nurses across the patient continuum were validated by a return demonstration for proper line access.
- Patients were taught to monitor practices and “speak up” if proper technique was not used.

Results

- CLABSI rates decreased incrementally from 1.06 CLABSI /1000 central line days in FY11 to 0.5 in FY13 and slightly increased to 0.7 in FY14.

Conclusions

- CLABSIs can be prevented by implementing novel evidence based practice.
- Standardizing practices across the patient continuum decreased patient risk related to inconsistent techniques.
- Teaching patients to “speak up” reinforced best practices by their providers.

Selected References

Hayden, M. (2014, October 11). A randomized cross-over clinical trial to compare 3.15% chlorhexidine/70% isopropyl alcohol (CHG) vs 70% isopropyl alcohol alone (alcohol) and SS vs scrubs for routine disinfection of needleless connectors (NCS) on central venous catheters (CVCs): an adult medical intensive care unit (ICU). Paper presented at 2014 ID Week Conference, Philadelphia, PA.


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