Implementation of Initiatives to Prevent Central Line Associated Blood Stream Infections
Erin Trout, RN VA-BC and Marybell Bernhardt, BSN VA-BC
SCL Health Good Samaritan Medical Center

ABSTRACT and OBJECTIVE

• CLABSI rates were noted to be higher than some facilities in the SCL Health system
• 234 – bed facility initiatives to reduce CLABSSIs through interventions and initiatives.
• Observations of CLABSI infection rates over 30 months revealed a reduction in infections during an 8-month period of time when a set of interventions was applied.
• Reduce CLABSI rates (6 infections September 2013 – September 2014)
• Increase Vascular Access Services RN involvement in device selection and maintenance
• Utilize different devices to decrease central line utilization.
• Re-educate nursing staff and physicians regarding using the right line for the right time

METHODS

• Increased utilization of extended dwell peripheral IV for patients requiring more adequate access, but not requiring central access.
• Piloted weekly dressing change program with designated VAS personnel and later adopted this program as normal practice
• Monitored and encouraged compliance with infection prevention measures already in place
  • Disinfecting end caps
  • Chlorhexidine Gluconate wipes in the Zone of Inhibition
• Created a VAS evaluate & treat order to empower VAS RNs and increase proper device selection
• Utilized several different avenues to educate nursing staff and physicians regarding indications for the use of the various vascular access devices and the care and maintenance needed for these devices.
• Multi-disciplinary, hospital-wide discussions completed daily surrounding line necessity and concerns

RESULTS

• Reduction in CLABSI rate (Decreased to 2 infections after implementation of new bundle)
• Of note, these 2 infections were highly potential secondary infections. Unable to investigate further related patient situations
• Issues with CVADS noted during dressing changes/surveillance, interventions completed and CLABSSIs avoided
• Oozing sites, partially removed lines, skin irritations
• During surveillance rounding, identified areas of educational need
• Central lines were removed when central access was no longer needed, therefor decreasing central line utilization
RESULTS CONTINUED

- Proper selection and timing of the insertion of a CVAD, a clearly defined set of interventions and clinical leader commitment can reduce CLABSI rates.
- Initiating routine dressing changes by VAS has shown decrease in the CLABSI rate and provides early identification of potential risks for infection
- Continuation of education of nursing staff and physicians is needed to protect patients, prevent infection, and increase the likelihood of the right line being used for the right time
- Empowering the Vascular Access Team assists with the ownership of lines, management of care and maintenance of the lines, acknowledgement of issues, knowledge of the interventions to complete when issues arise
- Physician “buy-in” greatly assists the success of newly implemented initiatives.

CONCLUSIONS

REFERENCES

- Policy: Vascular Access Eval and Treat, Document # 4440, Version 1
- Graphs utilized with the permission of Julie Mullica, Infection Prevention employee, SCL Health Good Samaritan Medical Center, Lafayette, Colorado
- Zone of Inhibition image utilized with the permission of Marcia Maxwell, Clinical Educator, SCL Health Good Samaritan Medical Center, Lafayette, Colorado
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