9-2020

Target Zero: Implementing and Sustaining a Successful CLABSI Prevention Program

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Project Goal

Central Line Associated Blood Stream Infections (CLABSI) negatively impact all aspects of the healthcare system, from patient mortality rates to finances.[1]

Project Goals:

- Reduce the number of CLABSI in the ICU
- Create a culture change to sustain this project's momentum

Background

Approximately 250,000 CLABSIs occur in the U.S. each year, with an estimated cost of $46,000 per event.[2] A review of the literature supports an evidenced based approach to the prevention of CLABSI in the hospital setting.[3] Sustaining this change through nursing staff and physician buy-in is equally important.

Implementation

Several components comprised the CLABSI bundle.

- insertion checklist was built into EPIC in order to track aseptic technique of all practitioners involved
- Need for the central line was discussed during daily multidisciplinary rounds, and the line was removed as soon as possible.
- Dressings were assessed and changed by the PICC nurses
- Daily CLABSI self audit is completed by bedside nurse

Outcomes

Over a 7 year period of time (2014-2019), there were zero CLABSI in the ICU. Only 1 CLABSI occurred in 2020 during the height of the COVID pandemic. Bundle compliance was 96% in 2018, 100% in 2019, and currently 99% from January till June 2020.

Discussion

Incorporating CLABSI prevention elements into the daily workflow for not only nurses, but also the physician and rest of multidisciplinary team changed the culture and helped to sustain this change. All members of the healthcare team now take ownership of preventing CLABSIs. With the COVID pandemic, many patients required a central line for an extended period of time, were proned, and were critically ill. There were also more traveler and float staff who were unfamiliar with all of our specific quality bundles, and extension tubing was used to move the IV pumps into the hallways.

References

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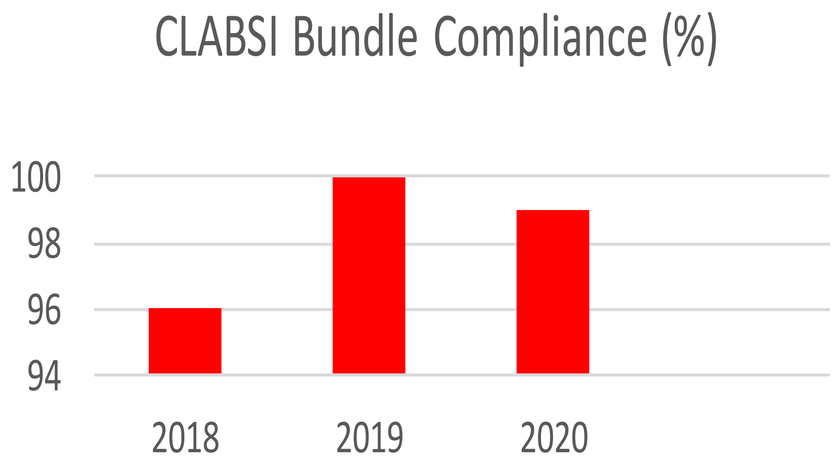

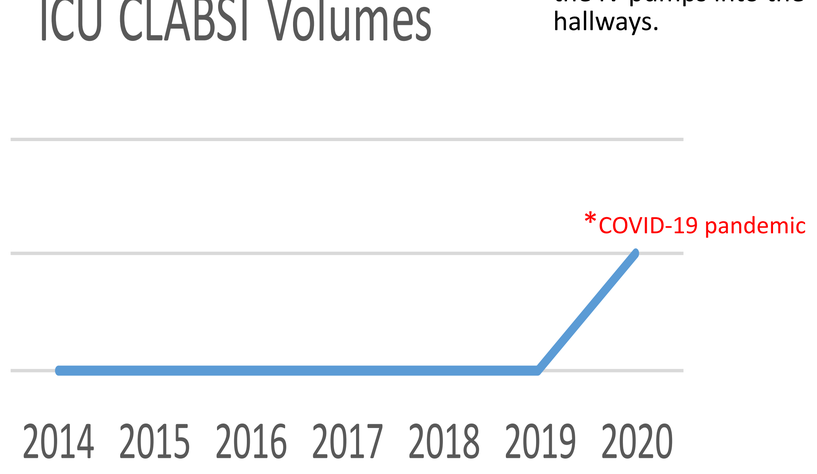

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