

UNTANGLING THE LINES

A PLAN FOR REDUCING CATHETER RELATED BLOOD STREAM INFECTIONS (CR-BSIs)

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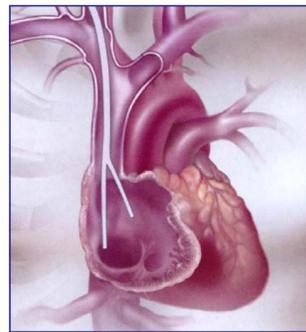
PURPOSE:

To educate and increase awareness of clinical staff nurses at Jackson Health System (JHS) regarding evidence based practice when providing care and maintenance of vascular access devices (VADs).

METHODS:

Methods were evidence-based, multifaceted and included:

- education at the point of care
- policy changes
- health fairs
- poster sessions
- conferences with expert speakers
- demonstration and hands on care
- revised competency checklists
- VAD packaging changes that included the recommendations set forth by the Institute for Health Improvement (IHI)
- additional training for clinical educators
- joint partnership with Kimberly Clark motor coach offering simulated learning
- and increased involvement with hospital wide infection control practices.



FINDINGS:

Data collection in process.

DISCUSSION:

Due to the number of VADs placed each year at Jackson Health System and the commitment to safety and quality healthcare, the focus is to decrease CR-BSIs and CA-BSIs. These interventions are congruent with the Institute for Health Improvement (IHI) recommendations. However, there remains a strong need for a centralized nursing research approach, data collection, and a correlation of central line infections to the direct care provided and subsequent mortality and morbidity of patients.



SIGNIFICANCE:

Jackson Health System is a large county hospital in a healthcare system that places upwards of 13,000 VADs a year. In October 2008, Congress will mandate under the Deficit Reduction Act that hospitals will not be reimbursed for catheter related-blood stream infection (CR-BSIs) or catheter associated blood stream infections (CA-BSIs). Due to the significant number of VADs being placed, data was collected from the oncology floor and medical intensive care unit. Our 2008 first quarter results were a combined 29.6 CR-BSIs per 1000 central venous catheter days.

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