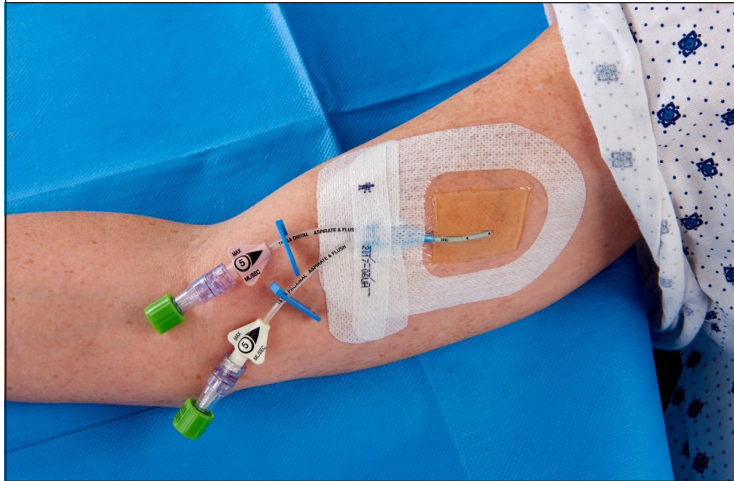


advance for NURSES



Reducing CLABSI at the Bedside

It takes a village to lower infection rates

By Abby Norfleet

OVER THE PAST TWO DECADES, research, innovation and education have made a significant impact in reducing central line-associated bloodstream infections (CLABSI) in the U.S. Yet, CLABSIs remain some of the deadliest and costliest healthcare associated infections (HAIs). In the U.S. alone, estimates have exceeded 200,000 preventable central line infections annually, resulting in as high as 25,000 deaths and \$21.4 billion in avoidable costs.¹

Vascular infection prevention is complex, ongoing and can involve several care providers from catheter insertion through removal. Nurses are often the best positioned clinical team members to help reduce infection risk. Whether you are an experienced infusion nurse specialist or new to your role, there are many ways we can all help curb CLABSI at the bedside.

Own it

It can be difficult to specifically pinpoint what triggered a bloodstream infection. That's why personal accountability to following protocols for every patient, every time, is critical.

Adoption of evidence-based catheter related bloodstream infection (CRBSI) preventive practices remains low, despite data showing bundled approaches can specifically reduce CLABSI risk. In a U.S. hospital survey, about 25 percent of respondents indicated they are not routinely following the recommended best practice of using maximal sterile barrier precautions during central line insertion or using chlorhexidine gluconate (CHG) as a site disinfectant, according to the Centers for Disease Control and Prevention (CDC) 2011 *Guidelines for the Prevention of Intravascular Catheter-Related Infections*.²

It's important to stay focused on your infection prevention goals and recognize that your actions can make a big difference in protecting your patients. Adhering to all recommended evidence-based central line insertion practices is critical. In addition, don't forget about the other recommendations from the Institute for Healthcare Improvement's (IHI) central line care bundle. These include hand hygiene, allowing the skin antiseptic to dry before catheter insertion, optimal catheter site selection that avoids the femoral vein in

adult patients and daily review of the line necessity, with prompt removal of any unnecessary lines.

Stay Current to Increase Compliance

Several industry associations and governing bodies provide evidence-based standards, best practice guidance, useful toolkits and scientific meetings to help you stay up to date on the latest recommendations for preventing intravascular catheter-related infections.

When major guidelines and clinical standards are published, it's a great time for nurse leaders to revisit and refine vascular access policies and procedures, identifying new clinical data and innovative technology advancements that can help ensure your facility is compliant.

One of the most widely used resources comes from the Infusion Nurses Society (INS), who recently issued revised standards published in the January/February issue of the *Journal of Infusion Nursing*. The 2016 "Infusion Therapy Standards of Practice" features the latest body of evidence in vascular access, including updates related to the expanded use of CHG, passive disinfecting caps and dressing securement to prevent dislodgement.³

Mark your calendar too - we're anticipating the CDC to release updates soon, hopefully later this year.

Seek Support

There's more to vascular access infection prevention than a checklist of hand hygiene and contact precautions during insertion. There's no silver bullet in a CLABSI prevention bundle, so it's important to strive for continuous site observation and visible evidence of compliance. Each line and site need ongoing monitoring and maintenance, especially since the surface of the patient's skin and the catheter port are the two most common sources of CRBSI.⁴

However, most nurses can relate to the feeling of being rushed throughout the course of a shift. There never seems to be enough hours in the day to accomplish all you would like to do for your patients. Unfortunately, it's often when we're rushed that errors occur.

If you're struggling to perform the necessary maintenance tasks due to time constraints, ask for help. For example, trusted supplier partners can suggest innovative solutions and tools to help enhance efficiency, consistency and compliance, along with clinical support to help implement and audit new techniques, technology and training.

Be Open to Change

When a CLABSI occurs, participate in your facility's version of a "root cause analysis" to help identify ways to increase best practice adoption and further refine your protocols. Advocate for implementing any identified changes as swiftly as possible, leading by example. Even though process change can be difficult, you can feel good that you're doing everything you can to reduce infection risk for your patients.

Finally, encourage a culture where accountability can be safely voiced, and openly received - promoting teamwork and safety for all.

Celebrate Success

When your facility has achieved a major CLABSI-free milestone marker, take time to celebrate. Celebrations as simple as a pizza party, certificate or giveaways of CLABSI reduction swag (like tote bags, t-shirts and mugs) can go a long way towards renewing the team's commitment to achieving even more days CLABSI-free. This pause to acknowledge your "village's" success can also help reinforce everyone's commitment to evidence-based best practices and overall cultural change within your unit and across your facility. ■

References

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