

# Norton Hospital

## CLABSI Reduction

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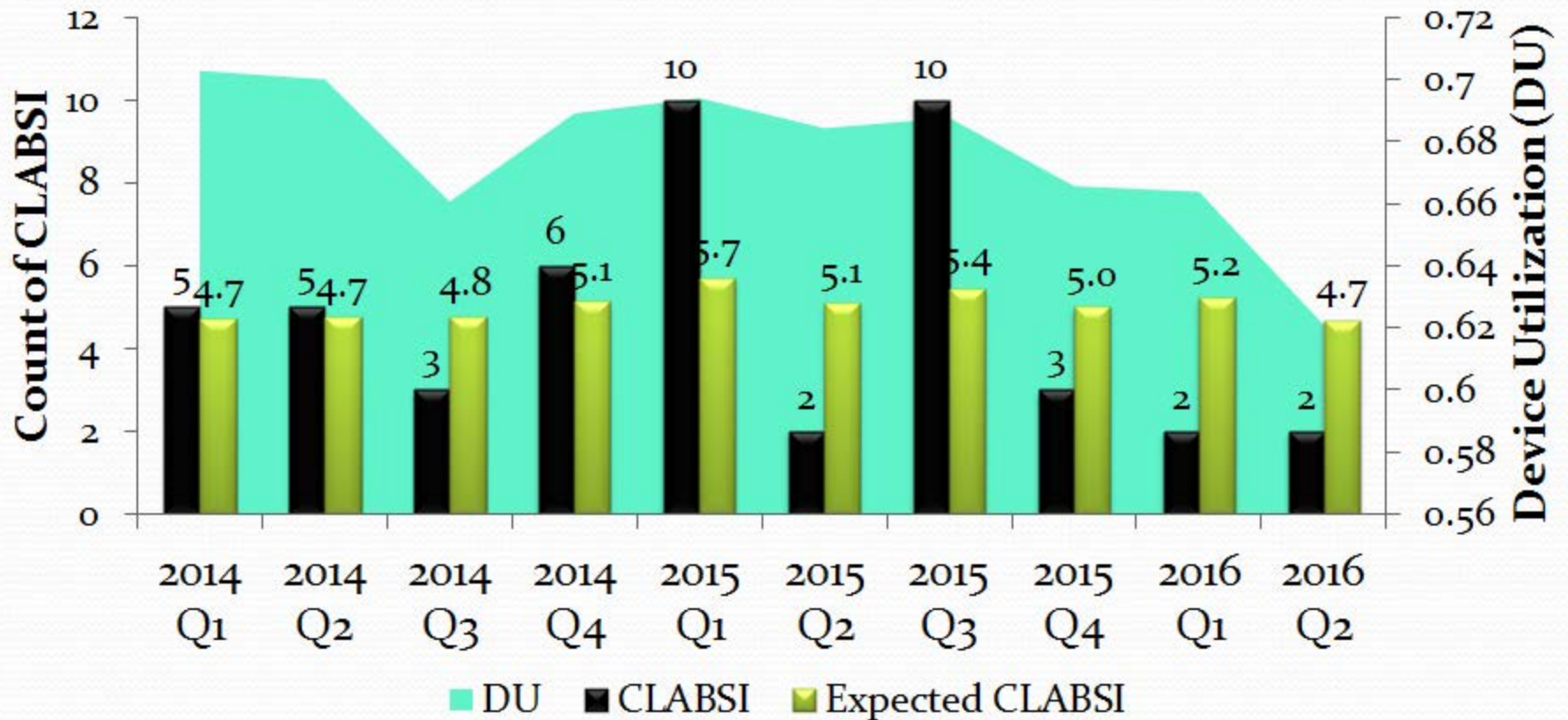
# Norton Hospital Downtown: Who are we?

- Acute Care Facility
- 100+ years of service to our community
- Teaching Facility
- 379 Beds
- 54 Critical Care Beds

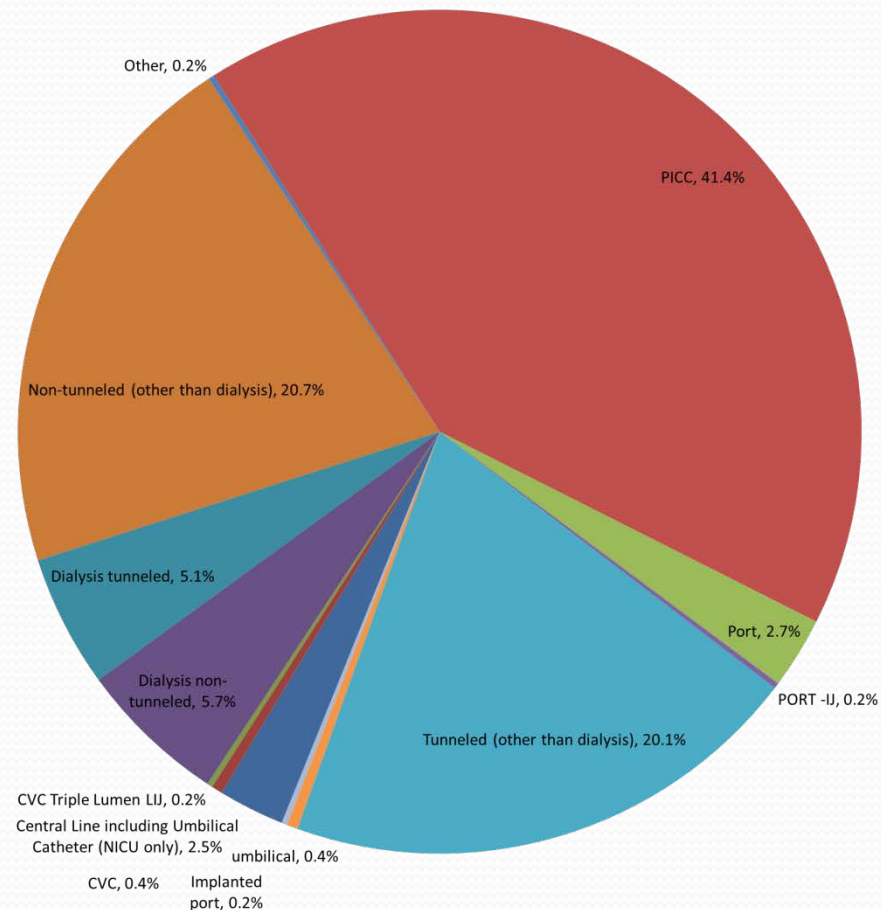


# Norton Hospital ICU CLABSI: Then and Now

## CLABSI for NHC



# Line Type for CLABSIs for NHC



# What are we doing to protect our patients from harm?

- Teamwork
- Creation of a Comprehensive Unit-Based Safety Program (CUSP) Team
  - Vein Preservation
    - Midlines
    - Celebrating

# Comprehensive Unit-Based Safety Program (CUSP)

Structured, strategic framework that supports a culture of patient safety.

Communication

Teamwork

Leadership

Evidence Based Practice



<http://www.centerforpatientsafety.org/cusp-services/>

## CUSP: CLABSI Measures

- CVL Carts on every unit
- Sterile Technique on every line insertion
- CVL need assessed every shift
- CVL cap changes q96h
- Sterile Technique on all dressing changes
- Curoc caps present on all CVL ports
- Multidisciplinary rounds
- CVL line de-escalation whenever possible



# CUSP CLABSI: Performance Goals

- Every unit/ Every Shift has a CVL cart
- Sterile techniques require monthly documented observations by peers, assistant nurse managers, nurse managers, clinical nurse specialists, and educators
- All CVL insertions require a nurse observation
- Documentation, cleanliness, and adherence to the bundle are completed with each shift



# Vein Preservation

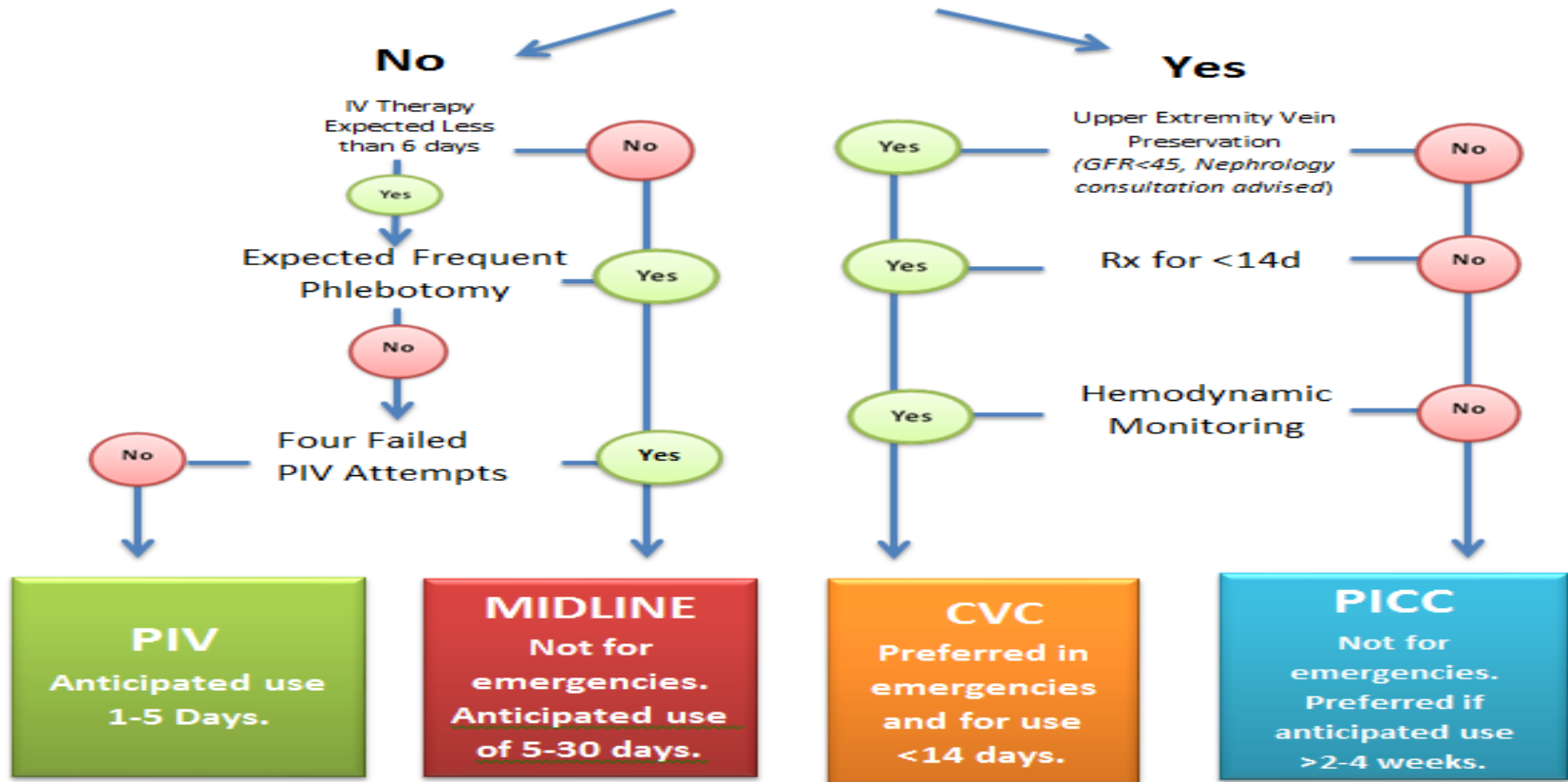
- Order for PICC, now an order for consult
- Providing placement of peripheral IV on difficult insertion
- PICC team collaboration with physicians and staff
- Utilizing Infusion Therapy Standards of Practice
- PIV Classes for staff
- Coming soon: Vein Finder
- Midline for difficult IV access



# Vascular Access Algorithm

## Order for IV Access

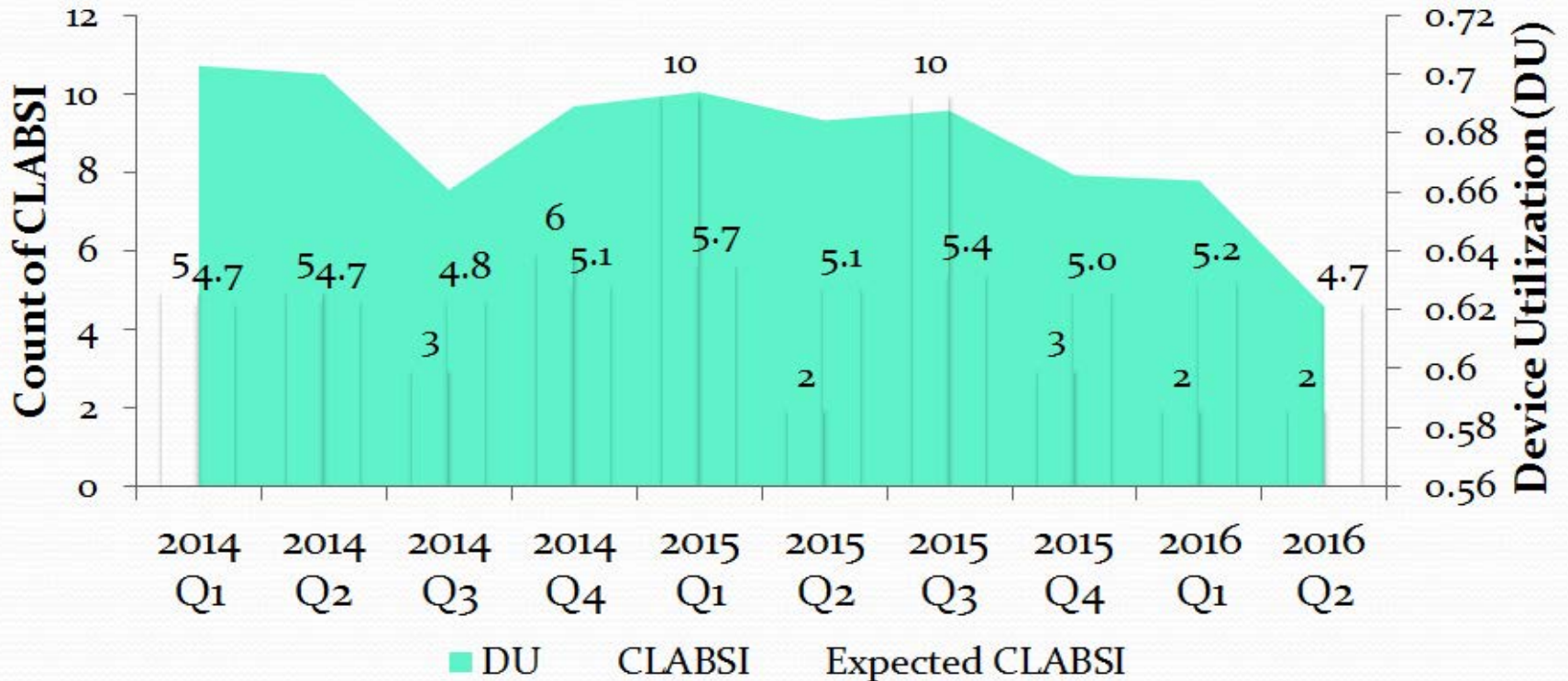
**Infusate Requiring Central Venous Access**  
(e.g., TPN, vasopressors, hyperosmolar, or continuous vesicant)



Contraindications to midline or PICC include hypercoagulable state, history DVT, or poor venous return in the intended arm (mastectomy, superior vena cava syndrome, paralysis). Nephrology consultation advised for GFR <45.

# Norton Hospital ICU Device Utilization

## CLABSI for NHC



# Device Utilization

	PICC	Midline	PIV	Labs	Port	Consult
<b>2015</b>						
Jan	217	2	137	57	1	10
Feb	131	5	88	28	3	7
March	165	3	141	33	4	10
April	151	2	118	54	2	9
May	154	2	102	48	3	7
June	134	3	112	40	2	4
July	165	8	126	59	2	8
August	145	3	95	62	1	6
September	181	7	90	39	0	4
October	165	5	109	44	2	2
November	129	3	71	23	4	4
December	173	3	110	35	3	3
<b>2016</b>						
Jan	210	13	73	25	0	10
Feb	112	36	95	31	3	2
March	138	25	111	28	2	7
April	114	21	62	29	3	8
May	119	46	99	19	5	10
June	113	38	77	37	1	11
July	130	68	120	29	3	9
August						
September						
October						
November						
December						
<b>Device Used 1/2015- 6/2015</b>	952	17	698	260	15	47
<b>Device Used 1/2015- 6/2016</b>	806	179	519	169	14	48

# Midlines

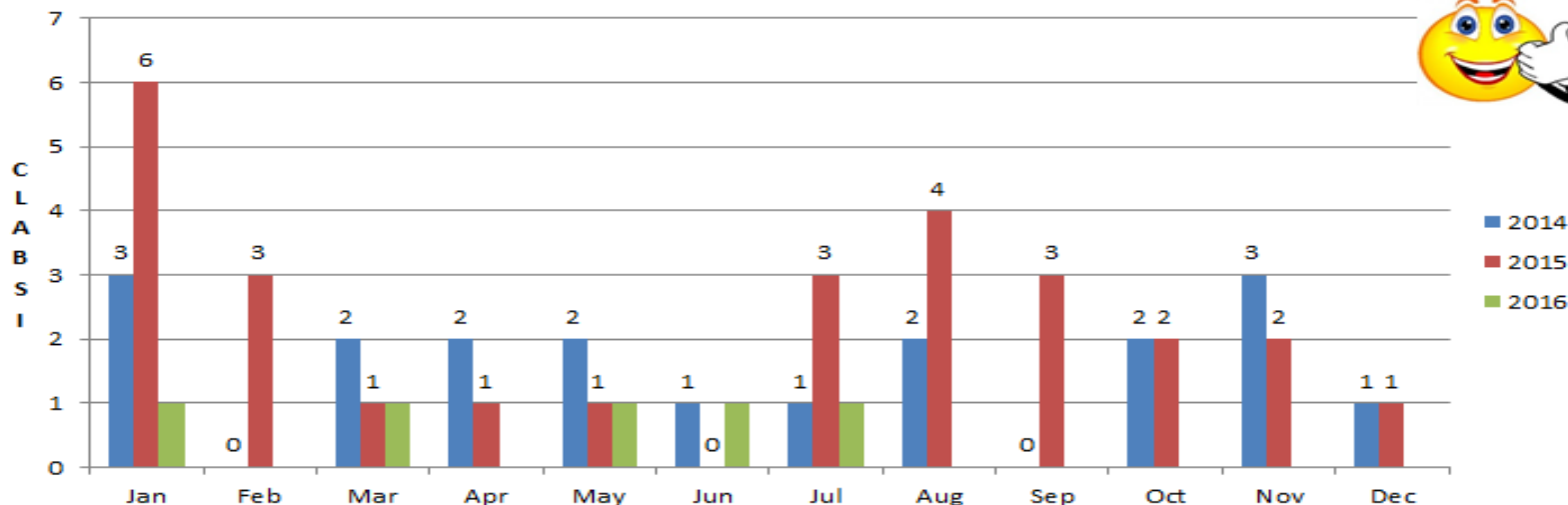
- Literature Review
- Product Evaluation
- Policy and Protocol Development
- Midline Education
- Practice Change
- Follow the data

# Celebrate the Victories

- 3 of 6 Units with NO CLABSI's in 2016
- 1 Unit NO CLABSI's in a calendar year
- Notes of recognition to individual staff and in weekly newsletter
- Recognition during multidisciplinary and leadership rounds
- Posting data in the units

# NH ICU - CLABSI

Our Goal is ZERO



**April 2016 – ZERO Patients were HARMED with Central Line Associated Blood Stream Infections**

