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UNIT Intensive Care Units –Heart Hospital

Reducing Central Line Associated Blood Stream Infection (CLABSI) ICU's Heart Hospital

PROBLEM: From January 2012- Feb2013 the CLABSI infection rate is consistently above benchmark of 50th percentile in Intensive care unit of heart hospital.

AIM: To decrease Central line associated blood stream Infection rate below 50th percentile benchmark by April 2013 and maintain zero infection till January 2015.

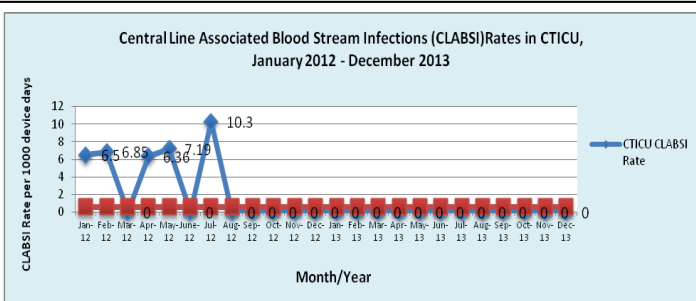
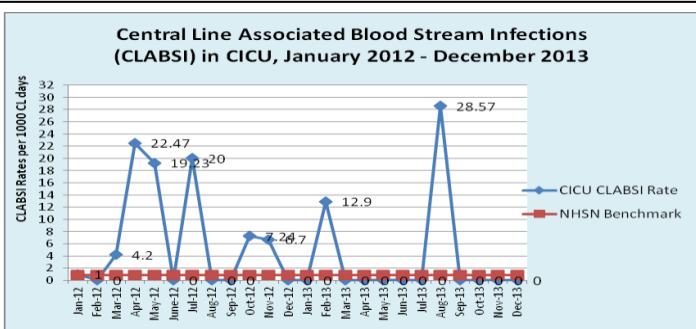
Coach: Ms. Leni Garcia
Sponser: Ms. Linda Peters

INTERVENTIONS:

1. Developed a task force for CLABSI reduction project
2. All ICU nursing staff and other Health Care Providers were educated on Hand Hygiene and maintenance of central line.
3. Hand Hygiene campaign was conducted a in Heart Hospital as an awareness program.
4. Central line associated blood stream infection Bundles are reviewed to meet the Best practice guidelines.
5. Nursing staff education on central line associated blood stream Infection and bundles.
6. Monitoring for compliance on hand hygiene and sterile technique of invasive procedure continued by selected staff members and report are circulated to all staff with action plan.
7. Started using Chlorhexidine Gluconate 2% bath daily for patient with central line.
8. Started to use 4% Chlorhexiding Gluconate bath before surgery.
9. Preferred site of selection was changed to Jugular and Subclavian instead of Femoral site.
10. Early removal of central line and early transfer of patient from ICU are encouraged
11. Monthly presentation of compliance of CLABSI Bundles by Infection Control practitioner
12. Portable hand rub was installed in ICU Stations for easy access.
13. Introduced Chlorhexidine Wipe cloths for bath.
14. Started to use Tegaderm with Chlorhexidine patch for central line site

Team:

1. Mincy Shaji
2. Joy Chryssi
3. Reebea George
4. Alpha Mejo
5. Rezeilyn Dorado
6. Mona Ragab
7. Manal Malkawi
8. Marie Quinn
9. Dr. Jameela Ali



Conclusion:

1. After Implementation of the action plan the infection rate decreased below 50th percentile and maintained zero rate from Feb.2013
2. Site selection and Hand Hygiene compliance were the significant factors of CLABSI

Next Step:

- To maintain zero rate in CLABSI till January 2015.
- Continue re education for the multidisciplinary team.
- Continue monitoring compliance with indicators.
- Achieve 90% overall compliance in Hand hygiene by July 2014.