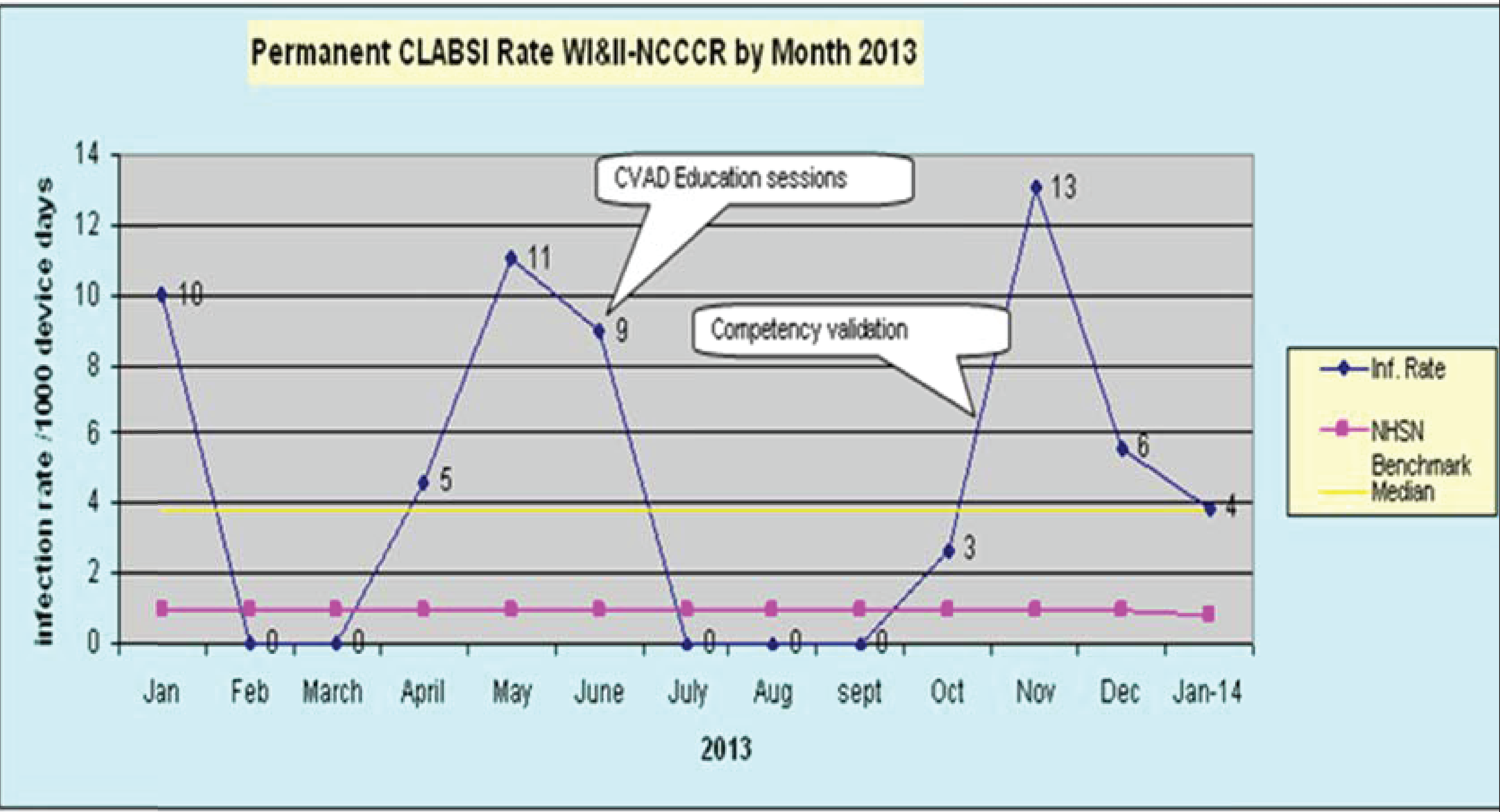


Project Manager - Mr. Nayel Al Tarawneh-A/AEDN Project Leader – Ms. Mylene Fereiras,CNS-Hematology Process owner – Ms. Joanne Daghfal, A/Head Infection Control	NCCCR Nursing
Project Title : Reducing high CLABSI rate among NCCCR Oncology and Hematology, In - patients	
Problem : High CLABSI rate among Oncology and Hematology, In - patients	Team : - Ms. Mary Ann Dayrit, - Ms. Anita Kasthuri - Ms. Fe Martinez, Nurse Educator - Ms .Emelita Ison ,QMR - Ms. Mariamma Daniel-HN DCU -Ms. Kumari Thank am -Ms. Mary Marishawari Project Sponsor : Dr. Muna Coach : Mr. Nayel Al Tarawneh-A/AEDN
Aim: To reduce CLABSI rate from the 90th percentile to the 50th percentile compared with the NHSN benchmarking, by April 30th 2014.	
Intervention : <ul style="list-style-type: none">• Data Analysis• Developed core Team• Reviewed current practice and CVAD competency• Developed New competencies (line specific)• Review and revise CLABSI bundles• Education of the nurses• Introduction of CVAD bundles on the clinical areas.• Identified and selected link nurses and early adaptors.• Enhanced the availability of the core members in the patient care units for advice and supervision.• Continued surveillance and auditing of practices	



- Next steps:**
- To standardize practice for central line care and maintenance.
 - Buy-in of the senior hospital leaders.
 - Link nurses program shall be sustain.
 - To handover the project to the frontline staff and unit council.
 - Follow up and reinforcement of the information/instruction.
 - Continuous monitoring of CVAD care and management compliance

Conclusions:
The reasons for the high rate of infection were due to the following factors:

Patient related factors: Mostly Hematology cases with Febrile Neutropenia, many patients are not having regular showers while being admitted.

Care related factors: Low hand hygiene compliance, the staffs are not scrubbing the hub adequately. No accountability by the assigned nurse. There were no clear guidelines for the CVAD care. Some mistakes in the competency validation document which is followed by the staffs. The bedside and equipment's are not cleaned and disinfected appropriately.