

For the Love of the Line Central Line- Associated Bloodstream Infection (CLABSI) Reduction Project

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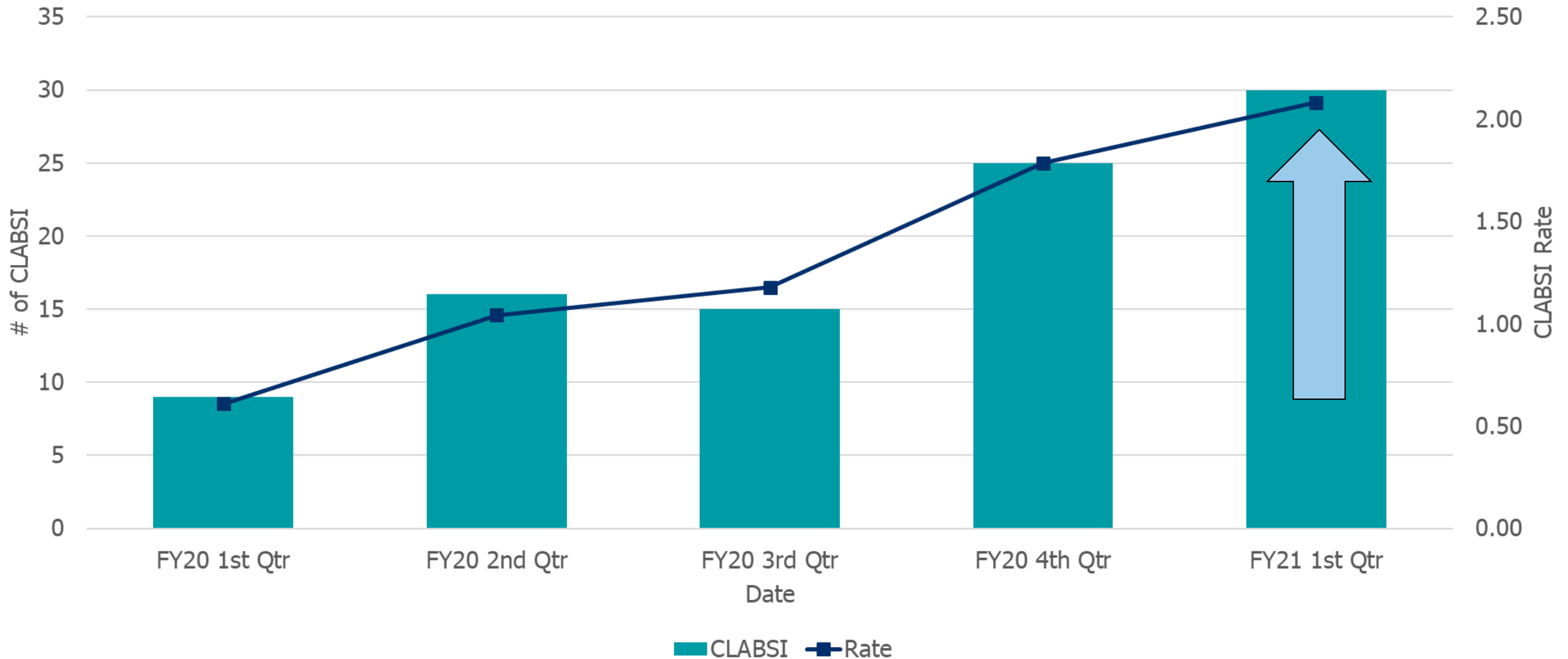
- Erin Pearson, BSN, RN
- Jamie Hall, BSN, RN, CIC, IP
- Takisha Williams, MSN, RN, NPD-BC, Education Specialist, Nursing, Center for Learning & Performance



- Increase in CLABSI in FY21 1st Quarter (n=30)
- CLABSI increase noted since FY20
- Identified need for hospital wide approach at Vidant Medical Center (VMC)
- Implemented CLABSI Reduction Project: *For The Love Of The Line* January 2021

Background

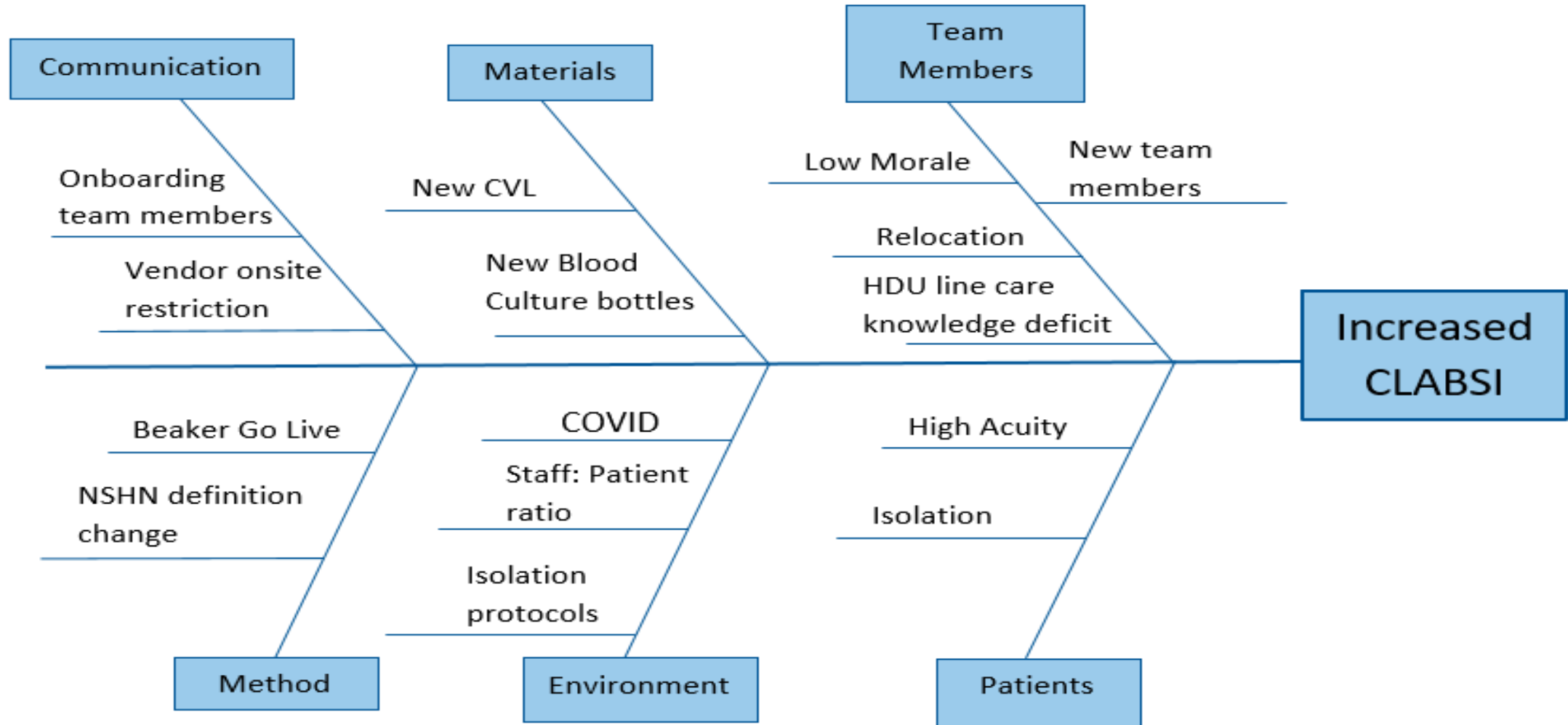
CLABSI # and Rate per 1,000 Device Days



The AIM of this project was to decrease CLABSI by 5% by April 2021 at Vidant Medical Center.



Understanding the Why?



PDSA Cycles

	Plan	Do	Study	Act
CLABSI Reduction: Hospital Wide	<ul style="list-style-type: none"> Obtain baseline, data and identify opportunities Literature Review on best practices 	<ul style="list-style-type: none"> All lines assessment Multidisciplinary team collaboration 	<ul style="list-style-type: none"> Best practice not being done 	<ul style="list-style-type: none"> Hospital wide approach with education and rounding Weekly huddle sheets Friendly competition Positive feedback and celebrations Exceeded goals, culture change, buy in
CLABSI Reduction: Units with Opportunity	<ul style="list-style-type: none"> Obtain baseline data through comprehensive drilldowns to identify opportunities 	<ul style="list-style-type: none"> Dressing changes Blood culture focus Hand off forms Self auditing Line surveillance Dyad partnerships 	<ul style="list-style-type: none"> Gaps noted and work done in silos 	<ul style="list-style-type: none"> Leadership and team member buy in Physician partnerships Reduction in CLABSI

Collaboration Equals Success

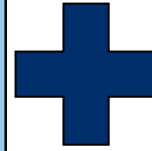
Education

- Huddle sheets
- Education video
- Rounding
- Safety huddle
- Bundle review
- Dressing change
- Blood culture check off



Infection Prevention

- NHSN reviews
- Drilldowns
- Rounding
- Line surveillance
- HDU auditing



Performance Improvement and Quality Analytics

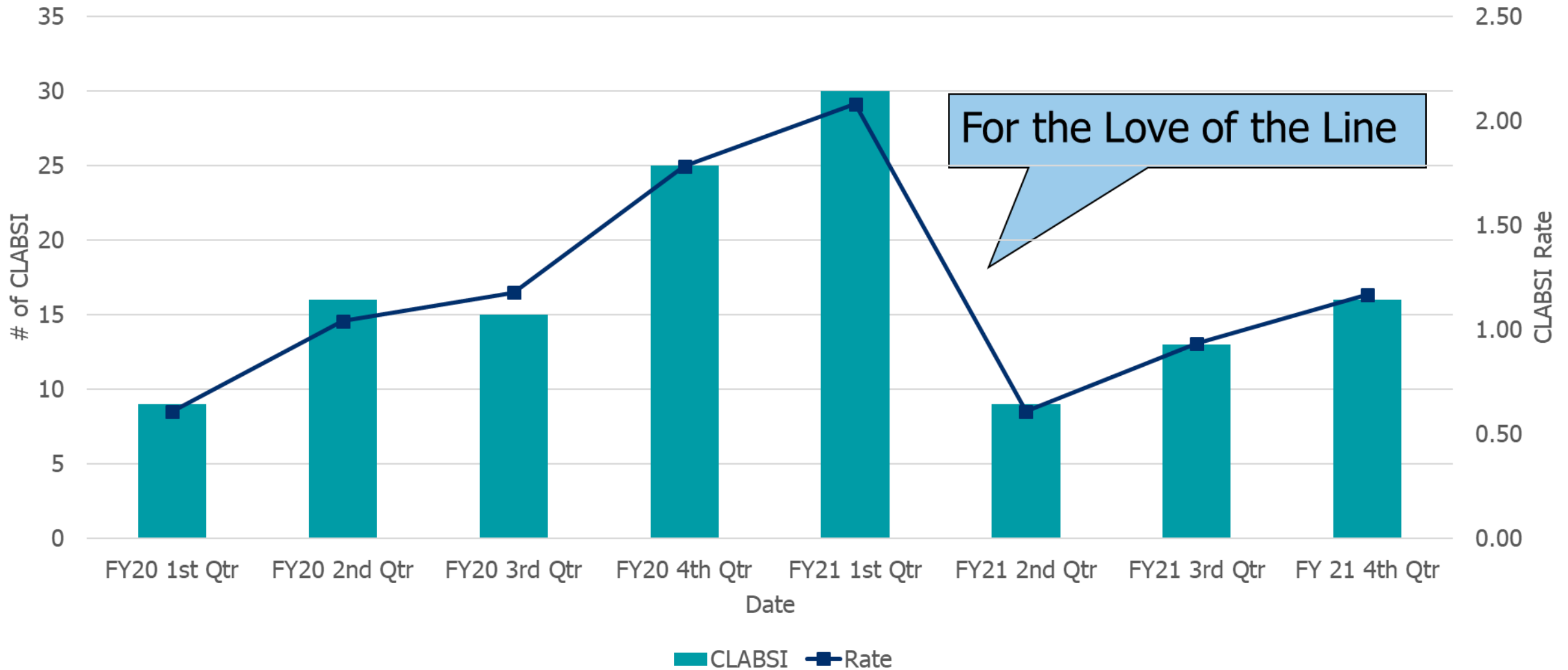
- Unit work
- Data analysis
- Recognition and celebrations
- All lines assessments
- Return demonstrations of dressing changes



Decreased CLABSI by 70% exceeded our original goal of 5%

Outcomes

Clabsi # and Rate per 1,000 Device Days



- Low morale and burnout
- COVID
- Short staffing
- High acuity



“You measure the size of the accomplishment by the obstacles you had to overcome to reach your goals.”

-Booker T. Washington

- Leaders lead the work on their units
 - Buy in from team members
 - Positive reinforcement
- Collaboration across disciplines
 - Breaking down silos
 - All focus on CLABSI reduction
- Dyad partnership
 - Physician involvement
- Celebration of wins
 - Friendly competitions
 - Hospital wide celebration
 - Unit recognition

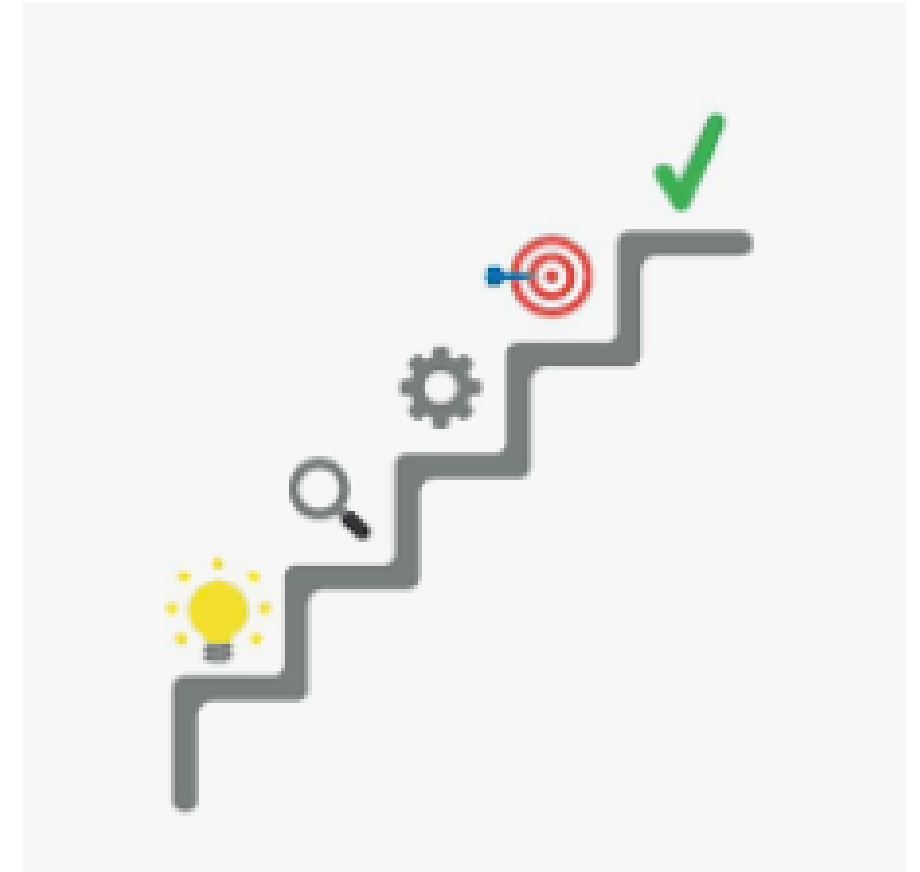
Celebration!

- Initial CLABSI reduction of 70%
- Sustained reduction of 58% based on quarterly average
- Improved patient outcomes
- Cost savings of approximately \$1.5 million dollars
- Increased morale with positive reinforcement and celebration of wins



Next Steps

- Continued work into FY22
- Focus on units with opportunity
- Data collection
- Hospital wide back to the basics
- Expand to community hospitals



Thank you

- Vidant Medical Center (VMC) Nurse Leadership, Physician Leadership
- VMC Administration
- VMC Supply Chain
- VMC Professional Development Specialist Team
- VMC Clinical Nurse Specialist Team
- ECU Office Of Clinical Simulation
- Vidant Health (VH) Infection Control
- VH Performance Improvement/ Quality Analytics



Questions?



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