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Improving Patient Outcomes: Decreasing Central Line Blood Stream Infections

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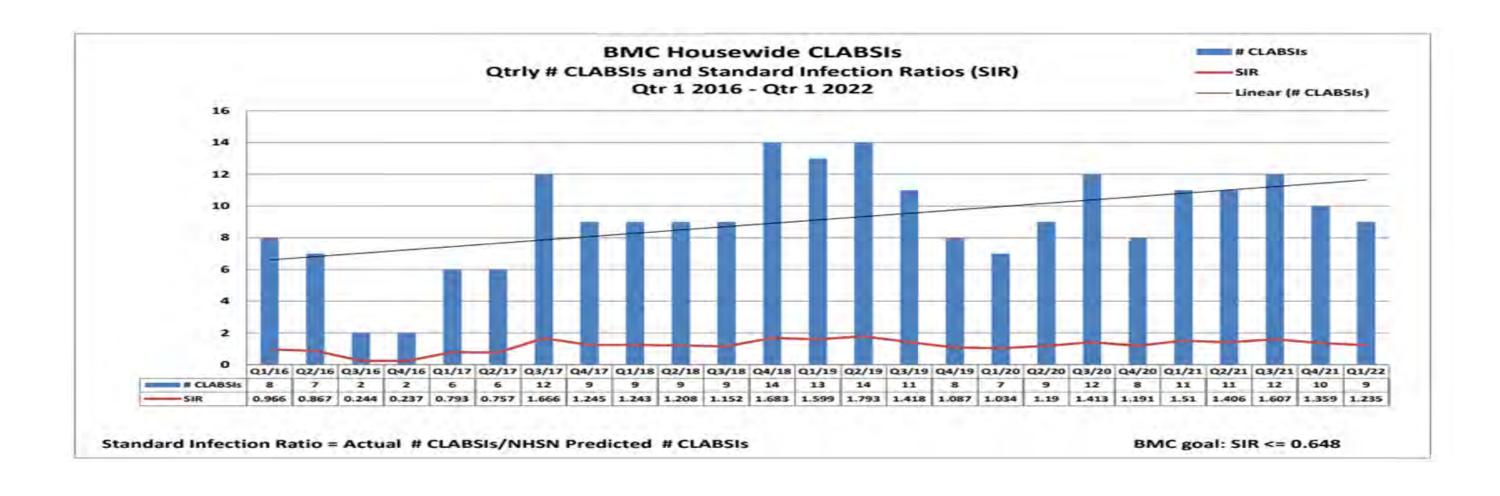
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Improving Patient Outcomes: Decreasing Central Line Blood Stream Infections Erin Sevilla, RN, VA-BC & Diane Kos-Ditto MSN, RN-BC

Problem

- With 15 million central-venous-catheter days per year in the ICU, it is critical to improve patient outcomes and prevent central line blood stream infections (CLABSI).
- Evidence demonstrates that checklists, IV teams, proper disinfection practices and standardizing of practices can improve CLABSI rates.
- With implementation of best practices, organizations can achieve zero CLABSI's related to insertion practices.
- At our organization, CLABSI rates related to insertion, have increased by 25% in 2022.



Objectives

- To implement a checklist for all inserters on the PICC team.
- Education and training of an observer using the checklist to help decrease CLABSI's related to insertion practices.

PICO Question:

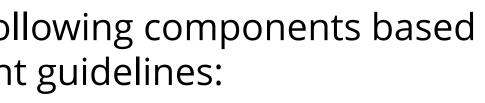
In patients requiring a PICC line, how does implementation of a standardized checklist compared to usual care affect CLABSI rates?

Interventions

- A Checklist was created that included the following components based off the Institute for Healthcare Improvement guidelines:
 - Handwashing
 - Maximal barrier
 - Chlorhexidine for skin antisepsis (waiting until it is completely dried before puncturing the skin with the needle) • Proper site selection with avoidance of femoral vein • Prompt removal when no longer needed to help in the

 - reduction of CLABSI
- Licensed Practical Nurses (LPN) were hired. Their role is as a second nurse to complete the newly created checklist and observe the PICC Insertion.
- A just culture was implemented within the department to establish an atmosphere of trust and clear communication.







- reduction in CLABSIs at our organization.

Significance and Future Work

- We will continue to standardize the workflow and best practices with PICC line insertion. These will include:
 - Perform timeouts with two healthcare providers involved in the procedure.
 - Improve PICC order to actual time of placement.
 - Continue to advocate for proper vascular access device on admission.



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• With the implementation of the checklist and 2nd RN, there was an increase in accountability in the practice of PICC insertions in accordance with ethical, legal, regulatory principles, and professional standards.

• With the Implementation of these interventions there has been a

