

In an effort to improve quality of care, engage patients in their own care, and reduce morbidity and mortality secondary to infection, the Network designed a joint quality improvement/patient engagement activity to decrease bloodstream infection (BSI) rates” Ball et al (2016).

Abstract:

Introduction: Infection in our immunocompromised patients is the second leading cause of death, according to the Centers for Disease Control and Prevention (CDC). In an effort to improve quality of care, engage patients in their own care, and reduce morbidity and mortality secondary to infection, the Network designed a joint quality improvement/patient engagement activity to decrease bloodstream infection (BSI) rates.

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Methods: Dialysis facilities were ranked utilizing 2014 National Healthcare Safety Network (NHSN) data. Selection included 20% of Network 13 facilities (n = 58) with the highest BSI rates, which captured 31% of the patient population.

Findings: Statistically significant ($P < 0.001$) improvement was reached in the reduction of BSIs; increasing patient engagement in the infection control process; and, correct completion of hand hygiene audits. Significant ($P < 0.01$) improvement was reached in correct completion of cannulation audits. There was also improvement in the catheter audits, but results were not significant.

Discussion: Involving patients in the infection control process contributed to our successful outcomes and could be replicated to meet the needs of the end stage renal disease community as a whole.

Reference:

Ball, L.K., George, C.A., Duval, L. and Hedrick, N.N. (2016) Reducing blood stream infection in patients on hemodialysis: Incorporating patient engagement into a quality improvement activity. Hemodialysis International. 20(Suppl 1), p.S7-S11.

doi: 10.1111/hdi.12463.

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