

A targeted educational intervention using a simulated central line care model improved competence in central line care and resulted in decreased CLABSI rates for inpatient oncology patients” Page et al (2015).

Abstract:

PURPOSE: Patients with cancer may be more vulnerable to infection because of impaired immune competence as a result of their disease or chemotherapy-induced neutropenia. In these patients, central line-associated bloodstream infections (CLABSIs) can result in significant morbidity and mortality, prolonged hospitalization, and increased costs.

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METHODS: We developed a staff educational series to identify knowledge deficits and standardize the use, care, and maintenance of central lines, with the goal of reducing the rate of CLABSIs. The methodology used for this study employed a simulated central line care model, focused on the re-education of nursing staff from January 2012 to June 2012, and included a pretest, an educational blitz, and a post-test. The educational blitz content was tailored to specifically address the significant practice and knowledge deficits identified from the results of the pretest.

RESULTS: On completion of the education program, the post-test demonstrated a 16.9% increase in nursing staff competence related to the care and maintenance of central lines. Six months before the educational series (June 2011 to January 2012), the CLABSI rate was 5.86 per 1,000 patient line-days. Throughout the educational series (February 2012 to May 2012), the CLABSI rate was 3.45. The data revealed a CLABSI rate of 3.43 for the 6-month period after the educational series (June 2012 to January 2013).

CONCLUSION: A targeted educational intervention using a simulated central line care model improved competence in central line care and resulted in decreased CLABSI rates for inpatient oncology patients.

Reference:

Page, J., Tremblay, M., Nicholas, C. and James, T.A. (2015) Reducing Oncology Unit Central Line-Associated Bloodstream Infections: Initial Results of a Simulation-Based Educational



Intervention. Journal of Oncology Practice. October 6th. .

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