Adiós Bacteriemias was effective in reducing the incidence of CLABSI and improving the adherence to good practices for CL insertion and maintenance processes in participating ICUs in Latin America” Arrieta et al (2019).

Abstract:

QUALITY PROBLEM: The incidence of central line-associated bloodstream infections (CLABSI) in Latin America has been estimated at 4.9 episodes per 1000 central line (CL) days, compared to a pooled incidence of 0.9 in the United States. CLABSI usually result from not adhering to standardized health procedures and can be prevented using evidence-based practices.

INITIAL ASSESSMENT: The first phase of the ‘Adiós Bacteriemias’ Collaborative was implemented in 39 intensive care units (ICUs) from Latin America from September 2012 to September 2013 with a 56% overall reduction in the incidence of CLABSI.

CHOICE OF SOLUTION: Bundles of care for the processes of insertion and maintenance of CLs have proven to be effective in the reduction of CLABSI across different settings.

IMPLEMENTATION: Building on the results of the first phase, we implemented a second phase of the ‘Adiós Bacteriemias’ Collaborative between June 2014-July 2015. We adapted the Breakthrough Series (BTS) Collaborative model to guide the adoption of bundles of care for CLABSI prevention through virtual learning sessions and continuous feedback.

EVALUATION: Eighty-three ICUs from five Latin American countries actively reported process and outcome measures. The overall reduction in the CLABSI incidence rate was 22% (incidence rate 0.78; 95% CI 0.65, 0.95), from 2.58 episodes per 1000 CL days at baseline to 2.02 episodes per 1000 CL days (P < 0.01) during the intervention period. LESSONS LEARNED: Adiós Bacteriemias was effective in reducing the incidence of CLABSI and improving the adherence to good practices for CL insertion and maintenance processes in participating ICUs in Latin America.
You may also be interested in...

- Quality improvement protocol to reduce neonatal CLABSI rates
- Proof of concept for a strategy to reduce CLABSI rates in pediatric patients
- Quality improvement study of the CLABSI App implementation

Reference: