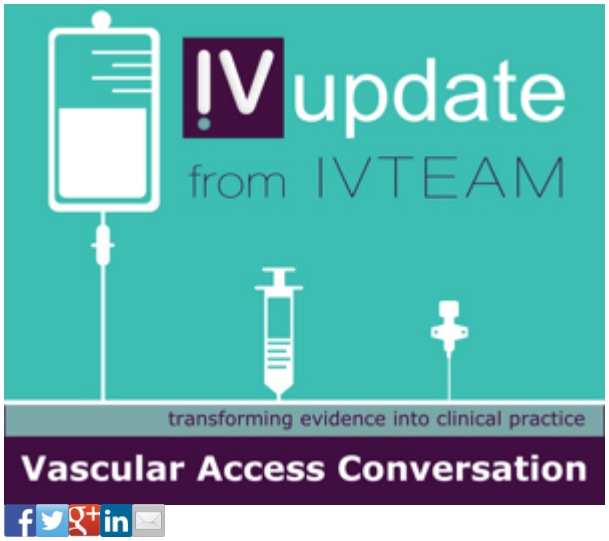

Recognizing the baseline rate of 2.4 CLABSIs per 1,000 central line days and its effect on patient outcomes and medical costs, this hospital made a commitment to improve their CLABSI outcomes" Curlej and Katrancha (2016).

Abstract:

In an effort to take advantage of the Highmark Quality Blue Initiative () requiring information from hospitals detailing their central line-associated blood stream infections (CLABSIs) surveillance system, quality improvement program, and statistics regarding the CLABSI events, this institution investigated the latest evidence-based recommendations to reduce CLABSIs.

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Recognizing the baseline rate of 2.4 CLABSIs per 1,000 central line days and its effect on patient outcomes and medical costs, this hospital made a commitment to improve their CLABSI outcomes. As a result, the facility adopted the Society for Healthcare Epidemiology of America (SHEA) guidelines. The purpose of this article is to review the CLABSI rates and examine the prevention strategies following implementation of the SHEA guidelines. A quantitative, descriptive retrospective program evaluation examined the hospital's pre- and

post-SHEA implementation methods of decreasing CLABSIs and the subsequent CLABSI rates over 3 time periods. Any patient with a CLABSI infection admitted to this hospital July 2007 to June 2010 (N = 78). CLABSI rates decreased from 1.9 to 1.3 over the study period. Compliance with specific SHEA guidelines was evaluated and measures were put into place to increase compliance where necessary. CLABSI rates at this facility remain below the baseline of 2.4 for calendar year 2013 (0.79), 2014 (0.07), and 2015 (0.33).

Reference:

Curlej, M.H. and Katrancha, E. (2016) One Rural Hospital's Experience Implementing the Society for Healthcare Epidemiology of America Guidelines to Decrease Central Line Infections. Journal of Trauma Nursing. 23(5), p.290-7.

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