
Abstract:

Reduce CLABSI rates in ICU and Med-Surg/Telemetry. Our 242-bed community hospital serves adults requiring acute care, including a 14-bed ICU as well as many long-term care patients. To address this issue, a multi-disciplinary team formed including an ID physician, surgeon, infection preventionists, director of quality, ICU nurses, Med-Surg/Telemetry nurses, an ED clinical educator and IV/ PICC team members. We reviewed the entire care process although the insertion and prevention bundle had been previously explored. The focus became blood draws through central lines. The team proposed a major change: no blood draw from a central line without a physician order. To implement this we wrote a policy and sent it to the Medical Executive Committee, which approved it despite reservations. Implementation was initially difficult for nurses who called for orders because physicians were upset by the timing, the inconvenience and their preference for a “blanket order” for certain patients. To overcome this, team members did follow-up on non-compliant orders which changed the culture from the norm of drawing blood by explaining to staff, physicians and patients that the critical goal was to save central lines since every blood draw increases the risk of infection/malfunction.