
Abstract:

PURPOSE: The purpose of this project was to demonstrate the value of clinical nurse specialist (CNS)-led efforts to optimize patient outcomes through continued monitoring and management of a previously implemented evidence-based practice project.

BACKGROUND: Central line-associated bloodstream infections (CLABSIs) significantly impact patient morbidity/mortality and cost of care. In 2006, the critical care unit (CCU) of the Portland VA Medical Center implemented national recommendations for the prevention of CLABSIs through use of the Institute of Healthcare Improvement Central Line Bundle. This practice change was led by the CCU and infection control CNSs, and compliance in the completion of bundle items has remained consistently high (>90%). Although the CCU has maintained CLABSI rates below the national benchmark, it experienced a 4-month period of increased incidence in late 2008.

DESCRIPTION: Clinical nurse specialists in CCU and infection control organized a “Hot Team” of nurses from multiple departments throughout the hospital to evaluate processes/data related to the recent increase in infections. Using national guidelines, the team focused on interdisciplinary implementation of strategies beyond the Central Line Bundle components.
Consideration of cost and workflow patterns was critical to decision making.

OUTCOME:Â Infection rates in CCU decreased from a high of 1.5 per 1000 line days down to 0 in June 2011, with the last CLABSI occurring in May 2010.

CONCLUSION:Â The formation and efforts of a CNS-led team of nurses has been successful in decreasing infection rates through implementation of multiple innovative strategies.

IMPLICATIONS:Â Clinical nurse specialist surveillance, management, and leadership following project implementation are valuable strategies for continued optimal patient outcomes.