Effect of interdisciplinary team rounds on CLABSI rates


Abstract:

Interdisciplinary team (IDT) rounds were initiated in the intensive care unit (ICU) in June 2010. All catheters were identified by location, duration, and indication. Catheters with no indication were removed. Data were collected retrospectively on catheter days and associated infections in a 20-month period before and after intervention with an aggregate of 19,207 ICU days before and 23,576 ICU days after institution of rounds. Results showed a statistically significant decrease in the number of indwelling urinary catheter (IUC) days (5,304 vs 4,541 days, P = .05) and catheter-associated urinary tract infection rates (4.71 vs 1.98 infections/1000 ICU days, P < .05). Central line days statistically increased after IDT rounds (3,986 vs 4,305 days, P < .05) but the catheter-related bloodstream infection rate trended down (3.5 vs 1.6 infections/1000 ICU days, P = .62). This analysis suggests that IDT rounds may have an impact on reducing the number of IUC days and associated infections.