

“A multipronged approach blending both the adaptive and technical aspects of care including front line engagement, education, execution of best practices, and evaluation of both process and outcome measures may provide an effective strategy for reducing CLABSI rates outside the ICU.” Dumyati et al (2014).

Reference:

Dumyati, G., Concannon, C., van Wijngaarden, E., Love, T.M., Graman, P., Pettis, A.M., Greene, L., El-Daher, N., Farnsworth, D., Quinlan, G., Karr, G., Ward, L., Knab, R. and Shelly, M. (2014) Sustained reduction of central line-associated bloodstream infections outside the intensive care unit with a multimodal intervention focusing on central line maintenance. American Journal of Infection Control. May 22nd. .

Effective strategy for reducing CLABSI rates outside the ICU [@ivteam](http://ctt.ec/mWsl2+) #ivteam

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Abstract:

BACKGROUND: Central venous catheter use is common outside the intensive care units (ICUs), but prevention in this setting is not well studied. We initiated surveillance for central line-associated bloodstream infections (CLABSIs) outside the ICU setting and studied the impact of a multimodal intervention on the incidence of CLABSIs across multiple hospitals.

METHODS: This project was constructed as a prospective preintervention-postintervention design. The project comprised 3 phases (preintervention , intervention, and postintervention) over a 4.5-year period (2008-2012) and was implemented through a collaborative of 37 adult non-ICU wards at 6 hospitals in the Rochester, NY area. The intervention focused on engagement of nursing staff and leadership, nursing education on line care maintenance, competence evaluation, audits of line care, and regular feedback on CLABSI rates. Quarterly rates were compared over time in relation to intervention implementation.

RESULTS: The overall CLABSI rate for all participating units decreased from 2.6/1000 line-days preintervention to 2.1/1,000 line-days during the intervention and to 1.3/1,000 line-days postintervention, a 50% reduction (95% confidence interval, .40-.59) compared with the

preintervention period (P .0179).

CONCLUSION: A multipronged approach blending both the adaptive and technical aspects of care including front line engagement, education, execution of best practices, and evaluation of both process and outcome measures may provide an effective strategy for reducing CLABSI rates outside the ICU.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan. CancerUK IV chemotherapy information.

