Abstract:

Background: The neonatal population is at increased risk for central line-associated bloodstream infections (CLABSIs) related to prematurity, critical illness, and compromised immune function.1,4,5 METHODS: To address a 30 percent CLABSI rate increase, a quality improvement (QI) project in a Level IV NICU was developed and implemented by the NICU CLABSI team in 2018. The project trialed a dedicated CLABSI prevention-registered nurse (DCP-RN) role with select responsibilities aimed at rate reduction. The DCP-RN spearheaded an RN education plan, addressed prevention bundle compliance, and aided in establishing a reliable apparent cause analysis (ACA) process.

Results: The outcome resulted in an over 50% reduction in the CLABSI rate and permanent adoption of the DCP-RN role in the NICU.

Reference: