



“Following five months with a sustained CLABSI rate of zero per 1,000 catheter days, the acuity adaptable critical care unit at Geisinger Medical Center in Danville, Pennsylvania, saw the CLABSI rate spike to 3.97 per 1,000 catheter days in March 2011, prompting a quality improvement project and, ultimately, the implementation within the unit of a champion team program to guide central line care.” Reed et al (2014).

Reference:

Reed, S.M., Brock, A.J. and Anderson, T.J. (2014) Champions for Central Line Care. The American Journal of Nursing. August 13th. .

Introduction of champions for better central line care [@ivteam #ivteam](http://ctt.ec/XicMm+)

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Abstract:

OVERVIEW: In 2012, acute care hospitals in the United States reported 30,100 central line-associated bloodstream infections (CLABSIs) to the National Healthcare Safety Network of the Centers for Disease Control and Prevention. Known to substantially increase morbidity, length of stay, and cost of care, CLABSIs are associated with a mortality rate of 12% to 25% and an additional cost of \$22,885 to \$29,330 per incident. Following five months with a sustained CLABSI rate of zero per 1,000 catheter days, the acuity adaptable critical care unit at Geisinger Medical Center in Danville, Pennsylvania, saw the CLABSI rate spike to 3.97 per

1,000 catheter days in March 2011, prompting a quality improvement project and, ultimately, the implementation within the unit of a champion team program to guide central line care.

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.

