
Abstract:

PURPOSE: There was limited study available on successful intervention for central-line-associated bloodstream infection (CLABSI) done at nonintensive care unit (ICU) and resources-limited setting. The objective of this study was to design, implement and evaluate a strategy to reduce CLABSI rate in non-ICU settings at general medical wards of Hospital Tuanku Ja’afar Seremban. DESIGN/METHODOLOGY/APPRAOCH: Preinterventional study was conducted in one-month period of January 2019, followed by intervention period from February to March 2019. Postintervention study was conducted from April to July 2019. The CLABSI rates were compared between pre and postintervention periods. A multifaceted intervention bundle was implemented, which comprised (1) educational program for healthcare workers, (2) weekly audit and feedback and (3) implementation of central line bundle of care. FINDINGS: There was a significant overall reduction of CLABSI rate between preintervention and postintervention period . PRACTICAL IMPLICATIONS: CLABSI rates were reduced by a multifaceted intervention bundle, even in non-ICU and resource-limited setting. This includes a preinterventional study to identify the risk factors followed by a local adaption of the recommended care bundles. This study recommends resources-limited hospitals to design a strategy that is suitable for their own local setting to reduce CLABSI. ORIGINALITY/VALUE: This study demonstrated the feasibility of a multifaceted intervention bundle that was locally adapted with an evidence-based approach to reduce CLABSI rate in
non-ICU and resource-limited setting.
You may also be interested in
**Vascular access team and CLABSI reduction**
**CLABSI rates associated with hemodialysis patients**
**Evidence-based reduction of neonatal CLABSI rates**

**Reference:**


I enjoyed reading... Reduction of CLABSI rates in resource limited settings

Share Tweet