Reducing Central Line Associated Blood Stream Infection in Medical Intensive Care: Leadership and Standardization

Jennifer Ghidini, MSN, BSN, BA, RN, Jonathan Siner, MD, Carrie Gutman, MSN, BA, BSN, RN, Monica Gasperini, BSN, RN, Dawn Cooper MS, RN, CCRN, CCNS
Andrea Giordano, MSN, BSN, RN, Rachel Southard, BSN, RN, Carolyn Picci, BSN, RN and Amy Bennett, BA, AS, RN, CCRN

Drill Down
If an infection does occur, the team does a thorough case review to determine likely causation and follows up with providers who cared for the patient.

Evaluation:
The MICU achieved and is sustaining a significant reduction in incidence of CLABSI. The unit went 152 days with no infection in early 2011 and performed better than the benchmark NHSN pooled mean (per 1,000 catheter days) six out of the last nine quarters. MICU performed better than the NDNQI benchmark mean for Academic Medical Centers four out of the past eight quarters and anticipates outperforming the benchmark for the fourth quarter 2011. MICU had zero CLABSI three out of the past nine quarters. The unit has currently as of January 12, 2012 has gone 173 days with no CLABSI. MICU publicly reports infection rates and was one of only two ICUs in the state of Connecticut that had individual CLABSI Standardized Infection Ratios “better/lower than expected.”

Implications for Practice:
Improved quality care for patients with central lines using standard bundles leads to reduced CLABSI. All ICUs within YNHH and the 2 other hospitals within the YNHH System can benefit from collaboration to standardize best practices to reduce infection rates, improve care and reduce loss of revenue.