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ABSTRACT	Methods Maisney Metra Cener, Maisney, 14, 654	DAILY AUDIT TOOL
<u>carner objectives:</u> Understand how implementing a team-based approach towards elimination of CLABSI and incorporating front line staff suggestions has produced sustained reduction.	In late 2009, a Nursing StaffInflection Prevention Performance Improvement (PI) team was established to address CLABSI in our facility 1 CLT. The team: incurring reaches the state of the state of the state of the streng averial statement. This information was used to formative the CLABSI Probes Statement and Planc. These main cateories a streng averial assignment. This information was used to formative the CLABSI Probes Statement and Planc. These main cateories	Items on list were monitored daily for Central Line care compliance: one spreadsheet was used per patient with one column completed for each day CL was in place. Data was monitored for fall-outs, with any issues addressed immediately by the ICU manager.
Purpose:	were identified and weighted as follows:	Central Line Insertion Date:
In January 2010, a Nursing Staff/Infection Prevention Performance Improvement (PI)	<ul> <li>CL maintenance factors = 40%         <ul> <li>a) Implement annual CVC maintenance competency</li> </ul> </li> </ul>	Central Line Insertion Date: Criterion Comments Day 1
team was established to address CLABSI in our facility. The team formulated a "CLABSI Problem Statement Tool," and PI plan, the purpose of which was to eliminate	<ul> <li>CL insertion factors = 30%</li> <li>a) Develop and implement a CVC insertion bundle.</li> </ul>	CVC dressing is occlusive.
CLABSI's from our facility.	<ul> <li>Overuse/Necessity of PICC lines = 30%</li> </ul>	
Significance:	<ul> <li>a) Develop and implement PICC criteria and central authority to authorize insertion.</li> <li>This resulted in a temporary drop in CLABSI's to zero. Ongoing efforts and a continued team focus proved necessary.</li> </ul>	CVC dressing has insertion date noted. CVC dressing has date of last dressing
CLABSI's adversely affect patient outcomes and substantially increase hospitalization costs. During the 4th Quarter 2009 and 1st Quarter 2010, the CLABSI rate for the ICU		change noted.
was significantly above the median for comparable hospitals in NDNQI.	In January 2010, a Nursing Staff/Infection Prevention Performance Improvement (PI) was reconvened and CLABSI's elimination was again addressed. Three main categories were identified and weighted as follows:	CHG patch is secured and in the
Strategy and implementation:	<ul> <li>CL maintenance factors = 40%</li> </ul>	CHG patch has been changed in the
In January 2010, a Nursing Staff/Infection Prevention Performance Improvement (PI)	CL insertion factors = 30%     CL discontinuation factors = 30%	last 7 days.
team was established to address CLABSI in our facility. The teams' membership included bedside caregivers, nursing management personnel and the Infection	The PI team focused on the maintenance factors identified. These maintenance factors were weighted as follows:	Insertion site is clean, dry and free from
Prevention Manager. Since previously established CLABSI bundle measures were	<ul> <li>Non-compliance with existing care bundle = 25%</li> <li>Technique/time = 20%</li> </ul>	signs/symptoms of infection.
already in place, the team decided that additional measures beyond the established care bundle would be necessary, and that implementation of more measurable care	<ul> <li>Education = 15%</li> </ul>	green on payday week,
parameters would be essential. The team's initial task was the identification of various	<ul> <li>Policy/criteria known? &amp; annual competency = 10% each</li> <li>Supply availability &amp; scattered location of supplies = 5% each</li> </ul>	red on off week.
factors contributing to CLABSI occurrence; each barrier to infection prevention was then weighted. This information was used to formulate the CLABSI Problem Statement	Since previously established CLABSI bundle measures were already in place, the team decided that additional measures beyond the established care bundle would be necessary, and that establishment of more measurable care parameters would be essential. Below are	IV tubing is dated/timed. IV tubing is current.
and PI plan. The PI project and interventions implemented included: hub/tubing	major foci of the PI project and interventions implemented to support each.	Inserted (circle location); ED OR ICU 2E 3E 4E IR
maintenance, a CHG scrub-the-hub campaign, decrease of microbial bio-burden on patient skin (CHG bath) and on-going extended bundle compliance monitoring.	<u>Major focus: Hub Maintenance</u> Hubs aseptically changed every Thursday with dressing change	Cath Lab
Svaluation:	· COLOR-CODED HUB implementation (GREEN on payday week/RED non payday week) for quick visual check of hub-	CVC insertion note used
Since implementation of the extended CLABSI bundle measures in January 2010, there	changing compliance <ul> <li>Major scrub-the-hub campaign completion</li> </ul>	All 5 elements of Max Sterile
have been no CLABSI's in the ICU and only one non-ICU CLABSI in the entire hospital.	<ul> <li>Initiated CHG swab use house wide (limited use of alcohol swabs)</li> </ul>	Technique documented (one not
	<u>Major focus: Tubing/Dressing Changes</u> All tubing must be dated (including IVPB)	followed = non compliant) Emergently Placed
implications for Practice: Focus on primary bundle intervention may be effective in the short-term, but sustained	<ul> <li>All IV tubing and add-on devices changed every 7 days (Thursdays)</li> </ul>	Total for each column
improvement requires: staff involvement, prompt problem identification, ongoing	<ul> <li>All central line dressings changed every Thursday (and prn to keep dressings occlusive/dry/intact)</li> <li>Maior focus: Decrease nationt skin bio-burden</li> </ul>	
monitoring, and the need for further intervention development when gaps in care are identified.	<ul> <li>Patients with central lines bathed every 24 hours with CHG-impregnated cloths</li> </ul>	FRAMEWORK FOR PROBLEM ANALYSIS
	<ul> <li><u>Major focus: Compliance Monitoring</u></li> <li>Daily audits of all central line care issues on all central lines in the ICU</li> </ul>	
Zero CLABJI!	After CLABSI PI interventions were successfully established in the ICU, the extended bundle interventions were spread to non-ICU areas in the facility.	Extended bundle FY2010 Problem Statement: Too Many CVC Infections
NTRODUCTION	ue acinty.	measures implemented CLABSI
	RESULTS/CONCLUSIONS > Following	in late January 2010. through March, 201
Methodist Mansfield Medical Center (MMMC) is a 168 bed community-based hospital located in Mansfield, Texas, in	implementation of the	ablem Statemant: CVC Infections
far southeast Tarrant County. The medical center provides	measures in late	
inpatient services primarily to adults and newborns. Inpatient care includes intensive care, surgery, medicine,	January 2010, the quarterly ICU	
women's services and special care nursery. Annually, there	18.1 CLABSI rate decreased to zero,	analysis and a second s
are over 8,000 inpatient admissions. Approximately 760 employees support these services.	and no CLABSI has	
improjeci support nexe su rices.	g st occurred in the ICU Paston	32_% 30 % 70 %
SIBLIOGRAPHY	12 completed through	
	0ctober of 2011.	Necessity of Line Sile Marianeers Continued
Guideline for the Prevention of Intravascular Catheter-Related Infections, 2002, Centers for Disease Control and Prevention, available at:	§ 5.3 55 OUTSIDE the ICU	
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5110a1.htm	also decreased to zero the quarter following	20% 10% 40% 15% 15%
APIC Elimination Guide: Guide to the Elimination of catheter-Related Bloodstream Infections, 2009, Association for Professionals in Infection Control and Epidemiology.	2	
available at:	s s s s s s s s s s s s s s s s s s s	Concerning Program Statused Unable to Technology Program Status Statused Unable to Technology Program Status S
http://www.apic.org/Content/NavigationMenu/PracticeGuidance/APICEliminationGui	CLARSU's in the non-	32.5 Two master 200 SG vs. too monitor 901 Hub Menitoring Valid Two master 200 SG vs. topt change South Tools of in

