A Multidisciplinary Approach to Implementing Evidence-Based Practice: Achieving Zero CLABSI in the Immunocompromised Cancer Patient

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OVERVIEW OF PROJECT
- CLABSI prevention has been a Joint Commission National Patient Safety Goal for over 10 years. NPISG 07.04.01 (The Joint Commission, 2015)
- Neutropenic patients are at high risk for infection
- Central lines are the lifeline of a cancer patient
- Can CLABSI be fully prevented in such immunocompromised patients?

BACKGROUND
- 88 Patients with neutropenia and central lines were admitted over the last year
- 64% Central Line Usage and 2154 Central Line Days

GOALS, AIMS, AND MEASURES
- GOAL: Reduce CLABSI on the Inpatient Oncology Unit with 80% compliance of interventions
- AIM: Introduce two interventions and provide education to staff caring for patients
- MEASURE: Compliance measured through chart auditing

SIGNIFICANCE
- 86% of CLABSI are considered preventable measures
- Average cost of a single CLABSI is $16,550
- 65% of CLABSI are considered preventable measures

EVIDENCE BASED INTERVENTIONS
- Daily CHG bathing with 2% chlorhexidine gluconate wipes on all patients
- Using a neutral pressure cap on all central lines

COMPLIANCE MEASUREMENT
- The chart of every patient admitted to the Oncology unit between May 2014 and May 2015, audited for compliance of CHG bathing
- 88 Patients with neutropenia admitted over the past year
- 167 patients with a central line and not neutropenic admitted in the last 6 months

RESULTS
- CLABSI rate of 0 for the first time in over 5 years
- Last CLABSI was 16 months ago
- 82% Compliance Rate of daily CHG bathing and neutral pressure cap usage following PDSA Cycle

ACKNOWLEDGEMENTS:
Katrina D. Rice, BSN, RN, OCN
Paul Poduska, Infectious Disease Specialist - University of Colorado Health, North
Kristine Oberhammer, BSN, RN, OCN, Inpatient Oncology Nurse Manager
All Clinical Inpatient Oncology Staff

REFERENCES

AGENCY SETTING
- Poudre Valley Hospital has 241 beds
- 14 beds are Inpatient Oncology
- 15 RNs, 6 PCTs, 2 Oncology Physician Groups

TARGET POPULATION
- Patients with a central line
  - Hickman, PICC, Port, Aushcart, Broviac, Groshong
- ANC less than 1000

_Potent Infection Prevention and Control Strategies_