

## CLABSI Prevention: Have you tried this?

2017

### General

- Reduce process variation to make it easier for people to do the right thing.
- What pathogens you are seeing – skin bugs? water bugs? This will help narrow your focus.
- Where were the lines inserted? ED? ICU? OR? IR?
- Are the CLABSIs early (5 days or less) or late developing? Helps determine whether it is an insertion or maintenance issue.
- Make every CLABSI more visible – Gather unit staff, in person at huddles, to discuss each CLABSI (CAUTI, etc.) – this makes it real; give a brief case description; Garner key ideas offered by staff to improve process.
- Dry erase board – How many days since last infection; have ward clerks manage and take pride in ensuring it is up-to-date instead of nursing manager.
- How much \$\$ is left on the table w/ HAC and VBP? Get entire C-suite to fully understand the impact of each CLABSI, CAUTI, etc.

### Insertion

- Kits should be in the same place on each unit (med-surg), so that staff can easily find.
  - Gowns and sterile gloves should be in same area too
  - Do you use a CHG disk? Can it be put in the insertion kit?
  - Can you put the dressing supplies in your kit?
  - Consider adding a secondary needle to your kit, for unsuccessful attempts; so staff do not try and reuse the same needle.
  - Consider adding adhesive remover and adhesive to kit, if not already there.
- Teaching hospitals: Sit with residents and go through the kit – ensure they use everything in the proper order.
- Yearly orientation/training of residents should include a central line insertion component.
  - Orient to rules of insertion bundle, and why.
  - Evaluate resident inception process into critical care areas and ensure that central line bundle education is reinforced.
- Personally evaluate and perform direct observation of all areas where lines are inserted: ED, ICU, OR, IR – you might be able to identify process variation.
  - Discourage placement of central lines in ED, where possible.
  - Be cautious of OR placement due to the concept “if I am in a sterile room then I am sterile.”
  - Ensure that all staff present are fully dressed.
- Concept: “3 Strikes and You’re Out” – One person can only attempt insertion twice, 3<sup>rd</sup> time must be an alternate provider to ensure that there are no more than three insertion attempts on a patient.
- Empowerment of RNs/ “Stop the Line” – RN explains their role before procedure starts and states up front, “My role in this procedure is . . .”; stating up front helps them to be more comfortable stopping the procedure if sterile technique is broken, or other infraction is observed.

- Concept: Teach ED RNs to cover insertion site with gauze to indicate that line was not inserted sterilely; change line within 24 hours in ICU; ER nurse needs to be present during central line insertion and empowered to stop process if technique is broken.
- Help ED MDs to distinguish the difference between a code or arrest and a very sick patient
  - Code/arrest – okay to insert un-sterilely
  - Very sick patients – should be able to insert sterilely
- Review/utilize MAGIC study – exceptional resource for education of physicians and nurses.

## Maintenance

- Dressing disruption
  - Keep two sizes of dressings available and choose most appropriate for site.
  - Do staff understand the difference between skin prep and adhesive?
  - If you're going to use adhesive, must have an appropriate remover (put in kits if possible)
- Bathing
  - If bath basins are in the hospital, chances are they are being used in some form to bath a patient with tap water, then "painting" on CHG; look for alternative to tap water and get rid of basins; Strategy "don't bathe patient with soap and water first."
  - Review AHRQ website to review [protocol](#) on ICU decolonization/bathing.
  - Bring in or provide 3 cloths for facial cleansing (strategy – non-tap water bathing of face).
  - CHG wipe up to 6" of line or Foley (don't pull line).
  - Skin bugs for late developing CLABSIs – improper bathing may be the issue.
  - Concept: Have a tech give your arm a bath; identify process variation.
- Antiseptic Barrier Cap
  - 2017 AJIC meta-analysis found that use is helpful in the prevention of CLABSI.