



The influential voice of Nebraska's hospitals

As part of the CAUTI/CLABSI Cohort, subject matter expert, Kathleen Vollman, MSN, RN, CCNS, FCCM, FCNS, FAAN, Clinical Nurse Specialist/Consultant, visited several Nebraska ICU's. Here are the top tips collected during her visits.

CLABSI Reduction Pathway		Completed
Direct Patient Care Steps		
1	Ensure Appropriate Central Line Use	
	1. Review MAGIC guidelines for best practice indications https://annals.org/aim/fullarticle/2436759/michigan-appropriateness-guide-intravenous-catheters-magic-results-from-multispecialty-panel https://www.improvepicc.com/magic.html	
	2. Consider use of ultrasound or vein finder for more stable peripheral IV placement to reduce need for central lines - If a line is needed, select the central line with the least amount of ports needed, minimizing the presence of unused ports	
	3. Educate on alternatives to central line placement - Midlines or PICCs - Discuss environment for line placement – ER not always the most optimal	
2	Prompt Central Line Removal	
	1. Conduct daily review and include documentation of necessity - If necessity is deemed, what is the plan for discontinuing the line?	
3	Aseptic Technique	
	1. Have necessary protocols – choose products that make it hard not to do the right thing	
	2. Require (at least annual) skills competency including use, lab draws, dressing changes and removal	
	3. Audit practices – do audits more frequently to identify unstable processes & ID CLABSIs (Do they occur in the 1 st five days or after five days?) Will provide info re: insertion problem or maintenance problem	
	4. Focus on hand hygiene and consistent bathing processes, starting at jawline, not collarbone. Use CHG products correctly – both rinse/no rinse products available – decrease variation	
4	Central line maintenance	

	1. Be aware of process for collecting samples and interruption of a closed system – protect the specimen ports	
	2. Dressing disruption - Vendors will do assessments to identify weaknesses in processes. Reinforcement of dressing IS NOT best practice	
	3. BARD and Medline have “pockets” for dressing change kits, ensuring best practice process	
Useful Protocols and Process Changes		
5	<ol style="list-style-type: none"> 1. Nursing Driven Protocol for assessment, interventions, and removal and have structured report templates with consistent use 2. Cultures – best practice is peripheral draw -- as contamination can occur when blood cultures are drawn via central line 3. If using central line ports for lab draws, standardize process to reduce variation 	
Share Data with Med Staff providers and floor staff		
6	Engage staff, celebrate wins and address barriers	
	1. Posting number of infections or number of days since an infection has the greatest impact	
	2. Track central line days – celebrate accomplishments	
	3. Track early infection v. late infection – is the infection related to insertion or maintenance and focus on performance improvement	
Create a Culture of Safety and Advocacy		
7	<p>What is your culture? How does your staff feel if an infection occurs? Do they see a hospital acquired infection as a patient harm?</p> <ul style="list-style-type: none"> - Promote a culture of safety – CUS <u>C</u> – I’m concerned <u>U</u> – I’m uncomfortable <u>S</u> – It isn’t safe - Use consistent language among all staff 	
	1. Learn from Defect Tool: as soon as a potential HAI is being investigated, begin huddles with staff to understand when/where the infection may have been introduced	
	2. Conduct daily huddles at bedside or near the patient room while discussing the HAI so it is REAL to the staff	
8	Alert staff as soon as a culture report is returned to allow real time discussions. <ul style="list-style-type: none"> - If it is deemed a secondary infection, have a near miss discussion 	
9	RCA - post the Learn from Defect Tool results to address more organizational processes	
10	Recruit frontline champions for “Do No Harm” Team <ol style="list-style-type: none"> 1. Provider 2. Nurse 3. Aide 	