

# 33<sup>rd</sup> Euro Nursing & Medicare Summit

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## Caution! Clabsi Free Zone

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**Background:** Central lines, particularly peripherally inserted central catheters are commonly used for Heart Failure inpatients to support strict intake and output monitoring related to IV diuretic administration. In our 30 bed Heart Failure Department, the use of PICC line led to high central line blood stream infection or CLABSI. As we drilled down on the problem, we identified inaccurate I & O documentation and staff knowledge deficits. These triggers prompted us to use the Iowa Model to identify best practices in CLABSI prevention.

**Purpose of the Study:** To reduce the incidence of Central line Blood stream Infections on adult heart failure patients, by combining intentional daily rounding and focused staff education.

**Methods (Include study design, sample, and setting):** Using the Iowa Model, our unit Research council under the umbrella of our Shared Governance Council, reviewed the literature for best practice strategies. Baseline data on I & O documentation and central line care practices were collected. With the full engagement of Department Leadership, staff were re-educated on the central line catheter care guidelines, and I & O documentation through daily huddle messages and one on one staff education. Post-education, documentation was audited by Leadership daily for 60 days with the team continuing audits monthly. Daily rounds re-educated staff on the practice standard and adherence to the central line guidelines such as scrub the hub as a department priority.

**Results:** Implementation of daily rounding combined with focused staff education dramatically reduced the units CLABSI rate. By FY14 CLABSI rate was 0 and to this date, the unit has achieved 6 years of CLABSI free.

**Conclusions and Nursing Implications:** This EBP project has positively impacted practice by:

- Improving staff morale through teamwork
- Increasing patient satisfaction
- Decreasing Central line utilization and central line days
- Promoting early removal of central line
- Enhancing understanding of how evidence based practice impacts clinical practice
- A total saving for the hospital of \$1.2M

Protocol driven care and increased staff awareness has dramatically reduced the incidence of CLABSI on our department resulting in the unit's achievement 6 years CLABSI free.

## Biography

Monette Mabolo has completed her Doctor in Nursing Practice at American Sentinel University in Aurora, Colorado with a focus on executive leadership and her Master's degree in Nursing at Duke University, School of Nursing. Currently, she is the Director of a 30 bed heart failure unit at Moses H Cone Memorial Hospital, a 500 bed acute care hospital that is a part of a 6 hospital enterprise in southeastern North Carolina. She has presented numerous evidence based posters and podium presentations to various national nursing conferences including the American Nurses association, American Association of Critical Care Nurses and the North Carolina Nurses Association.