

# Adapting Safety and Quality Initiatives to Reduce CLABSI in an Environment of Competing Priorities

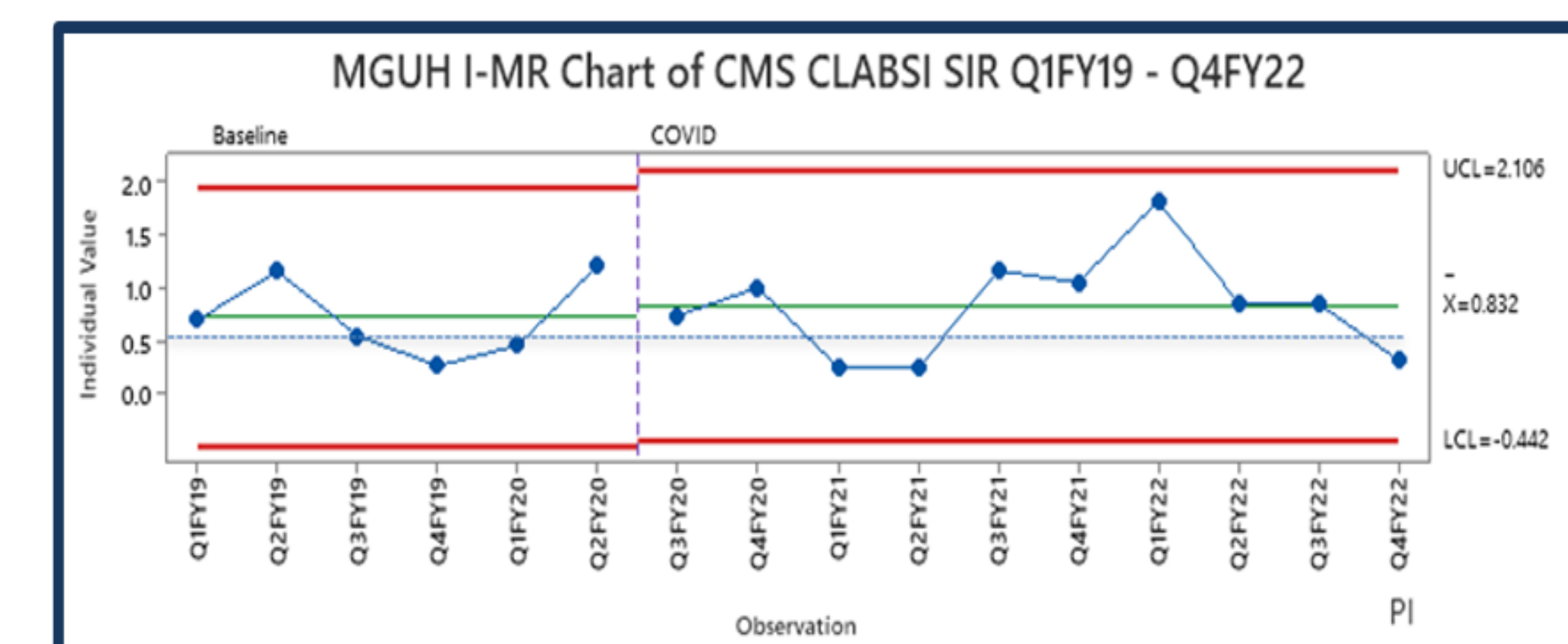
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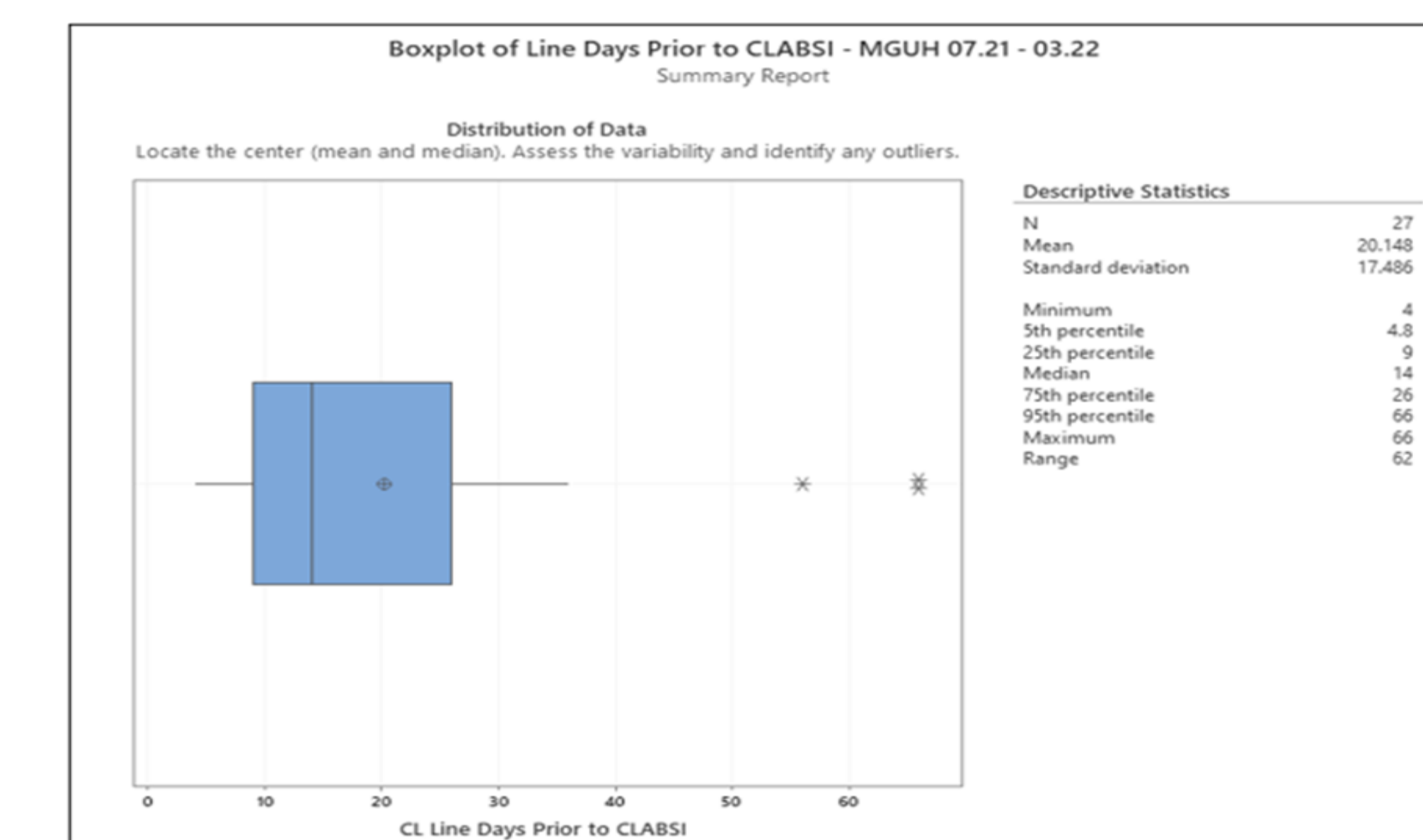
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## Introduction

A large teaching hospital in the District of Columbia (DC) experienced an increase in variability of central line associated blood stream infections (CLABSI) standard infection ratio (SIR) since the start of the Covid-19 pandemic. Similar challenges were documented nationally by the CDC in the published analysis. The challenge before us was to develop resilient and agile processes and systems solutions that deliver desired outcomes.



The distribution of central line days prior to CLABSI identification focused our attention on central line maintenance.



## Methodology

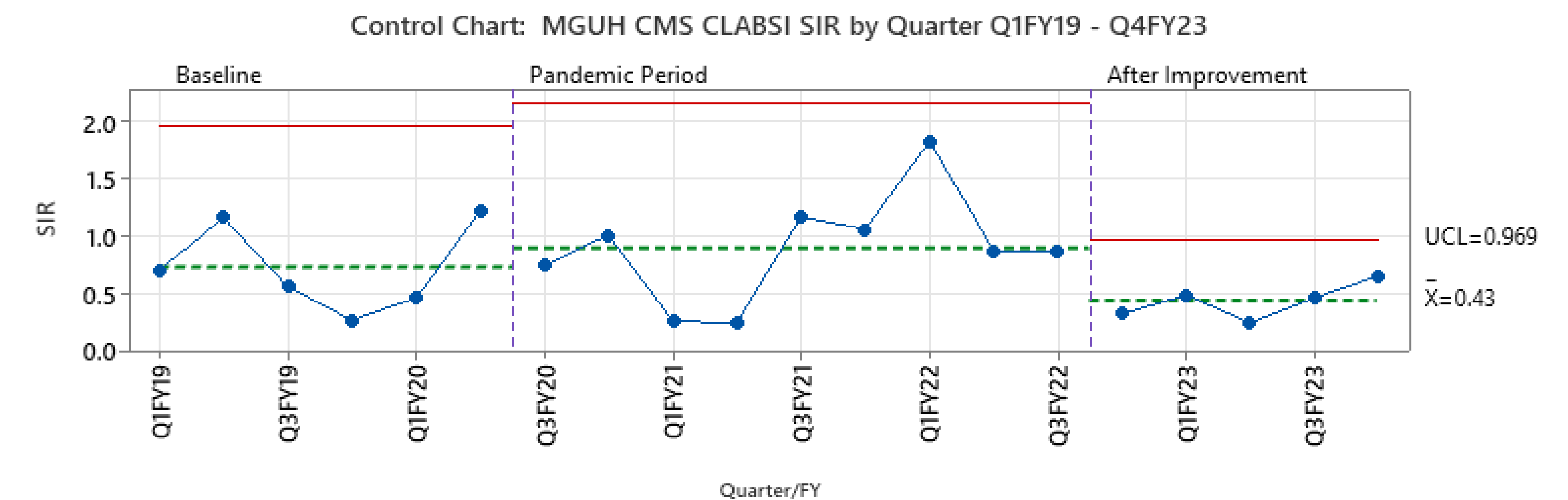


The MedStar SMART performance improvement (PI) methodology combines principles of Lean Six Sigma, PDSA, Change Management, High Reliability and Human Factors

After causal analysis and prioritization, the performance improvement team tested and implemented the following interventions:

- 2 RN central line dressing change separating soiled and clean tasks
- One CLABSI Council & standardized interdisciplinary debrief
- Standardized CLABSI electronic event review and trending lessons learned
- Multidisciplinary rounds and dialogue “continued medical necessity”
- CHG bathing reinforcement
- Central line accessing and culture practices

## Results



Conclusion: Organization wide CLABSI SIR has decreased from a mean of 0.88 (Q3FY20 – Q3FY22) to 0.43 (Q4FY22 – Q4FY23)

## Conclusion

Interventions implemented at MGUH will be spread system wide. Opportunities for improvement will be trended over time using the standardized CLABSI electronic event review. A daily management system is in development to track actionable key process indicators to ensure desired outcomes are sustained.

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