Reducing Clabsi and Cauti in Medical Intensive Care Unit

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Purpose / Objective:

Reduce the incidence of CLABSI and CAUTI in a large medical intensive care unit (MICU) by implementing evidenced based practices and collaborative multidiscipline efforts to promote a culture of safety.

Background / Significance:

The MICU at a large, academic county hospital provides care for medical patients requiring intensive care. Frequent diagnoses include acute respiratory failure, sepsis, and acute/chronic renal failure. Measurement of central line associated blood stream infections (CLABSI) and catheter associated urinary tract infections (CAUTI) rates in 2013 in the MICU indicated rates greater than the national average when compared against other ICUs in the National Healthcare Safety Network.

Methodology / Data Analysis:

Due to an unacceptable high rate of HAI in MICU, we developed a comprehensive multidisciplinary plan for the reduction of CLABSI and CAUTI this was based on a review of the literature and best practices. Beginning May 2013 actions taken included: prompt, multidisciplinary review of every CLABSI and CAUTI, standardized leadership rounding, evaluation of appropriateness of central lines and urinary catheters, updating infection control policies and practices, education to multidisciplinary teams regarding CLABSI, CAUTI and the development of a direct observation tool to assess infection control practices. The incidence of CLABSI and CAUTI was measured and compared to the incidence prior to the project.

Findings / Implications:

In January-April of 2013 MICU had a CLABSI average rate of 3.11 in the NHSN 90th percentile. Post implementation of this multidisciplinary project resulted with a significant reduction in the CLABSI rate. From May 2013-April 2014 there were 7 months without a CLABSI and all other months were below the 90th percentile. The average for this time frame was .91. In January-April of 2013 MICU had a CAUTI rate most months above the NHSN 90th percentile, average rate of 4.18 . Post implementation there were 6 months below the 50th percentile. The average for this time frame was 3.52.

Discussion:

Evidenced based measures were implemented and incorporated into daily practice in the MICU using a multidisciplinary team approach. Our structured approach along with monthly reporting, rounding, accountability, and engaging staff allowed us to decrease HAIs and improve the quality of care delivered to our patients.

Conflict of Interest:

I have no conflicts financial or otherwise, related to this abstract/presentation.
I confirm that the above disclosure is accurate and complete: Laura Harris