



BEYOND THE BUNDLE



Wendy Elliott, MSN, RN, NE-BC, a-IPC and Lori Goraczewski, BSN, RN, CIC

Wellstar Douglas Medical Center, Intensive Care Unit, Douglasville, GA

LEARNING OBJECTIVES

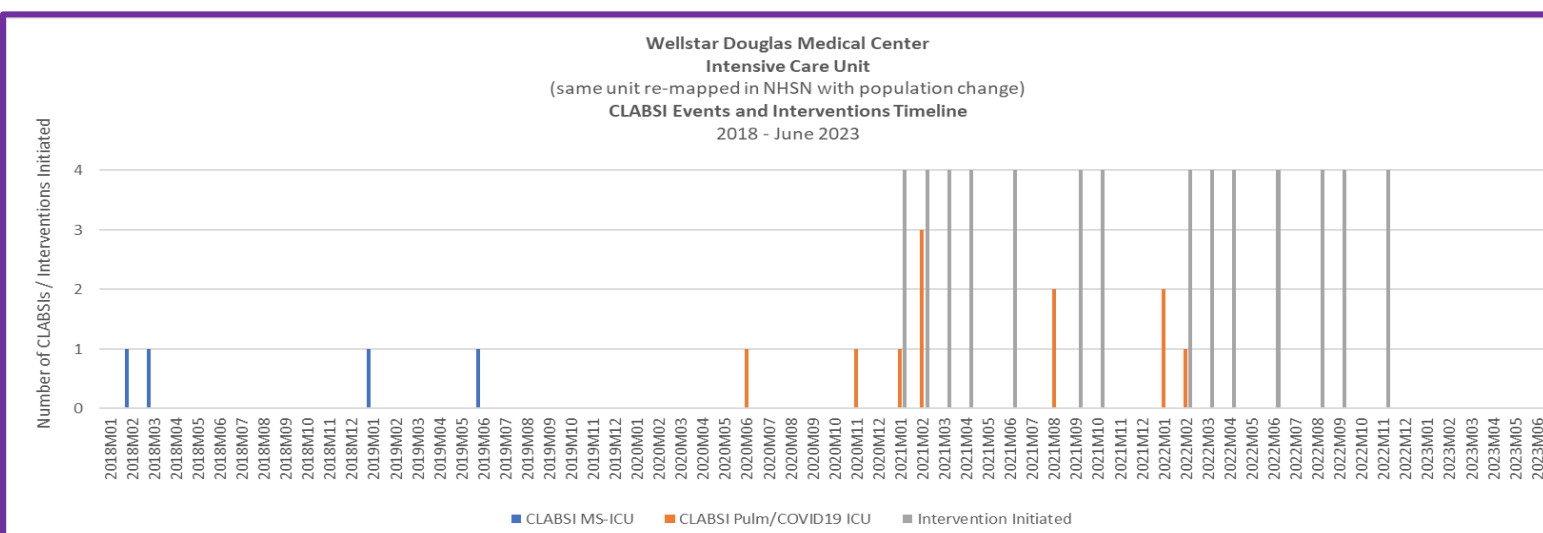
- List at least 3 possible interventions for CLABSI prevention that reach beyond the care bundle.
- Describe at least two strategies for change management to engage bedside team members and promote buy-in.

PROJECT PURPOSE OVERVIEW

The COVID-19 pandemic created many challenges in critical care. One was an increase in central line-associated bloodstream infections (CLABSIs). For these patients, their high acuity level increased risk for CLABSI beyond the point where evidence-based bundle elements could mitigate. Despite conducting unit-based reviews of all CLABSIs with key stakeholders, no clear care gaps or common contributors were found. This resulted in collaborative efforts between critical care and infection prevention to identify and implement interventions that reached beyond the bundle.

BACKGROUND

The COVID-19 pandemic increased CLABSI rates across hospitals by 51% and facilities that had >10% COVID-19 admissions had a standard infection ratio 2.38 times higher than facilities with <5% covid admissions (Fakih, M.G. et al., 2022.) Our medical ICU ran 50-100% COVID-19 patients during peak surges. We couldn't change our patient population. We needed to find other ways to keep patients safe. Our team developed many additional strategies to go *Beyond the Bundle*. Collaboration with Infection Prevention, Critical Care, executive leadership, bedside nurses, providers, and care partners to create sustainable solutions was unique not only in partnership but in practice. Although the interventions are leading the outcomes, the collaborative relationships between all key stakeholders have been critical to our success. This project demonstrated how a truly collaborative team can create sustainable solutions for preventable harm to patients and care excellence can be accomplished together.



RESOURCES

Fakih, M., Bufalino, A., Sturm, L., Huang, R., Ottenbacher, A., Saake, K., . . . Cacchione, J. (2022). Coronavirus disease 2019 (COVID-19) pandemic, central-line-associated bloodstream infection (CLABSI), and catheter-associated urinary tract infection (CAUTI): The urgent need to refocus on hardwiring prevention efforts. *Infection Control & Hospital Epidemiology*, 43(1), 26-31. doi:10.1017/ice.2021.70

Agency for Healthcare Research and Quality (AHRQ) Safety Program for MRSA Prevention. <https://safetyprogram4mrsaprevention.org/page/home>

INTERVENTIONS

- Tissue adhesive for all central lines
 - Baseline data
 - Product evaluation, training and education
 - Results and recommendations to key stakeholders
 - Implementation
 - Re-education
 - Add to central line dressing kits
- Nasal decolonization
 - Engaged clinical governance members
 - Supply logistics availability and roll out
 - Product training and education
 - Routine use twice daily
 - Change in EHR to support standard work / nursing order-task and unique data point for documentation
 - Expanded from ICU to other inpatient acute care units
 - Improved patient education
 - Future work to add to CCM order set
- Hand Hygiene
 - Product options for enhanced practice or “scrub”
 - Implemented “Enhanced Hand Hygiene”
 - Product availability at sink locations with instructions and timers
 - Interview process for compliance monitoring
- CHG Bathing PLUS
 - Added a CHG bath prior to non-emergent central line insertion aiming for within one hour of placement
 - Renewed focus on general CHG bathing process
- Automated Labeling System
 - Improve tubing management
- High Risk Rounding—twice weekly
 - Criteria for inclusion: Patients at high risk for CLABSI or HAPI
 - Hemodialysis catheter, multiple lines, femoral line, TPN/PPN, Immunocompromised, Serial blood draws, sheath, line in place ≥ 10 days
 - Contracted, on paralytics, multiple pressors, pressure injuries present, BMI <17, Braden score ≤ 12 .
- Documentation review, nursing interview, room survey
- High Touch Cleaning
 - For all patients on any Transmission Based Precautions
 - Transitioned from paper form to an electronic form with Charge Nurse validation
- Staff Engagement
 - Used organizational approved social media (closed groups) and flash polls for team member preference
 - Team member resiliency and willingness to trial new products
 - Timing of interdisciplinary rounds
 - Senior Leader engagement for support and help to remove barriers
 - Daily Nursing huddles to discuss lines and process observations for device management
 - Applied Comprehensive Unity Safety Program (CUSP) methodology to participate in AHRQ MRSA Prevention cohort which included CLABSI Prevention resources
 - Regular team member feedback through Visual Management, emails and face to face engagement

RECOGNITION

Sincere gratitude is extended to all involved: our team members, our interdisciplinary support teams, our leaders and our community who all share in this success story.

PRESENTER CONTACT INFORMATION

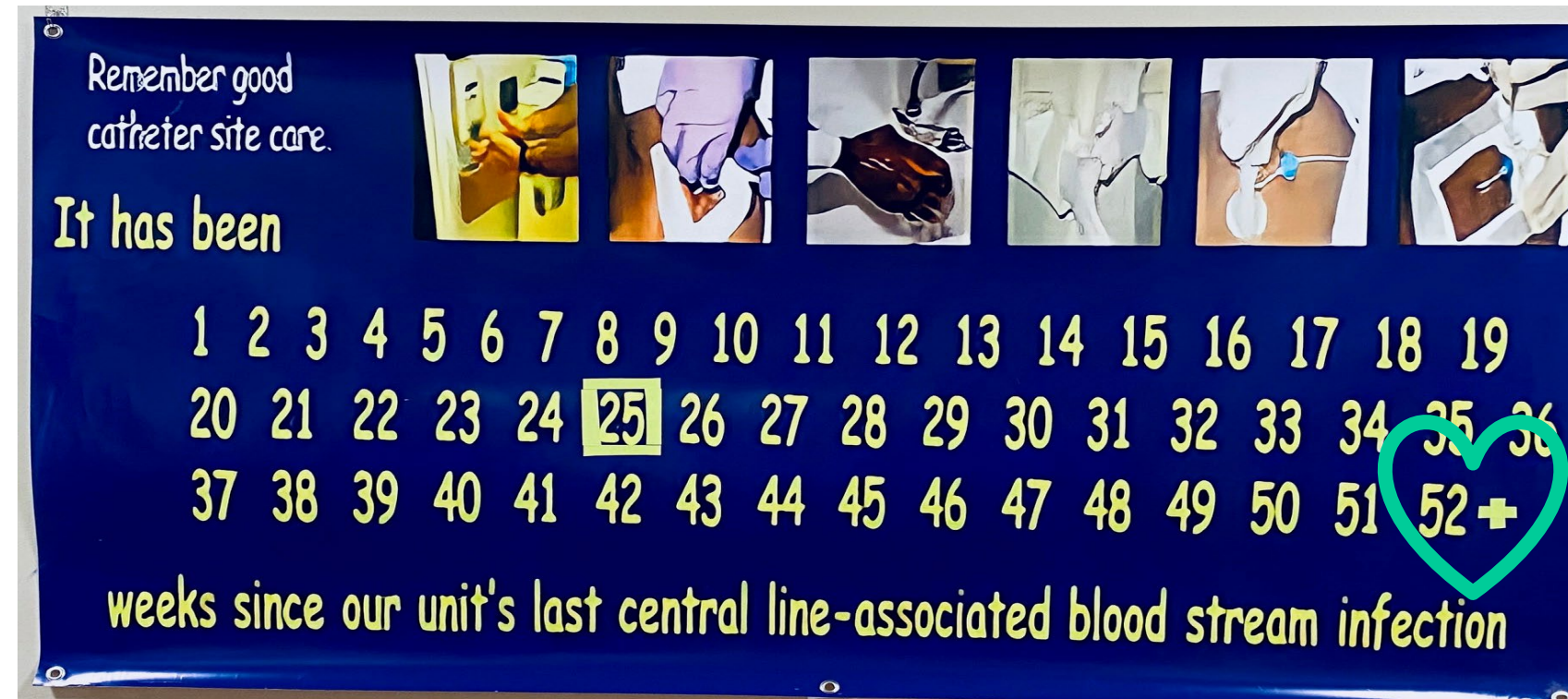
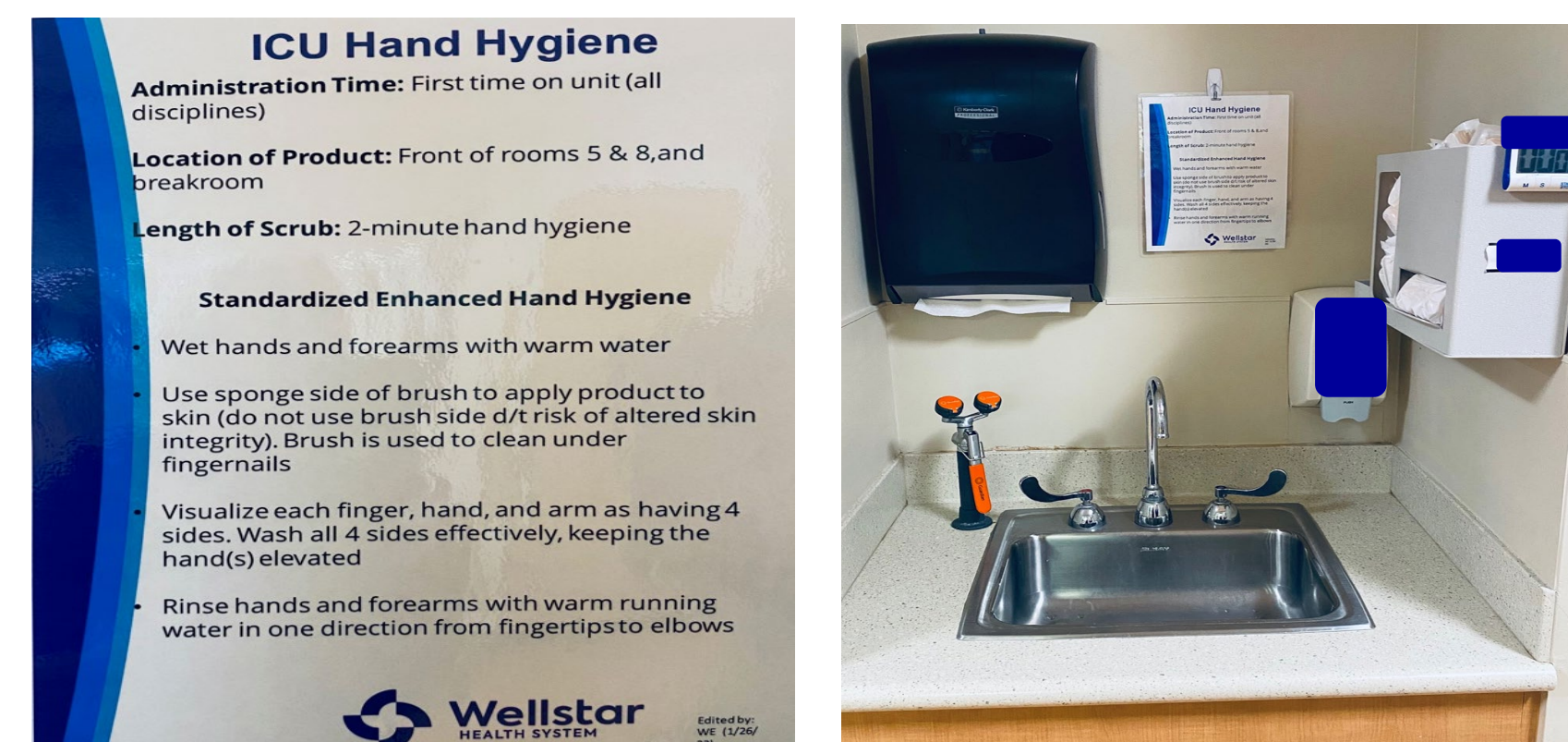
For more information, contact:

Wendy Elliott, wendy.elliott@wellstar.org, 470.644.5439 or

Lori Goraczewski, lori.Goraczewski@wellstar.org, 470.644.6770

RESULTS

As a result of this effort and despite continued high Standardized Utilization Ratio of central lines, there have been ZERO CLABSIs in this population for >500 days!



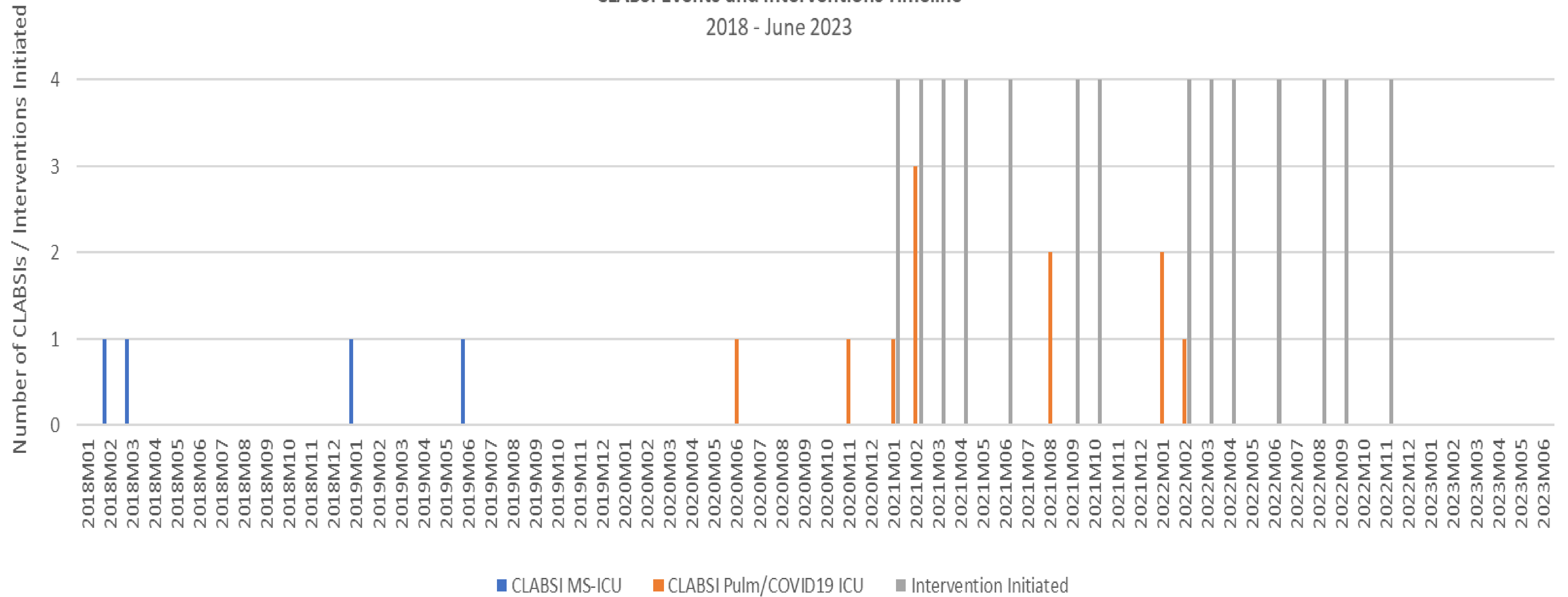
KEY TAKE AWAYS

- Rapid improvement efforts are worth it but put in the time for processes to evolve.
- Persevere to revisit and revise.
- Let the voice of your team be heard.
- Talk, walk, measure, feedback and celebrate.
- Truly collaborative teams can create sustainable solutions for preventable harm to patients

DISCLOSURES

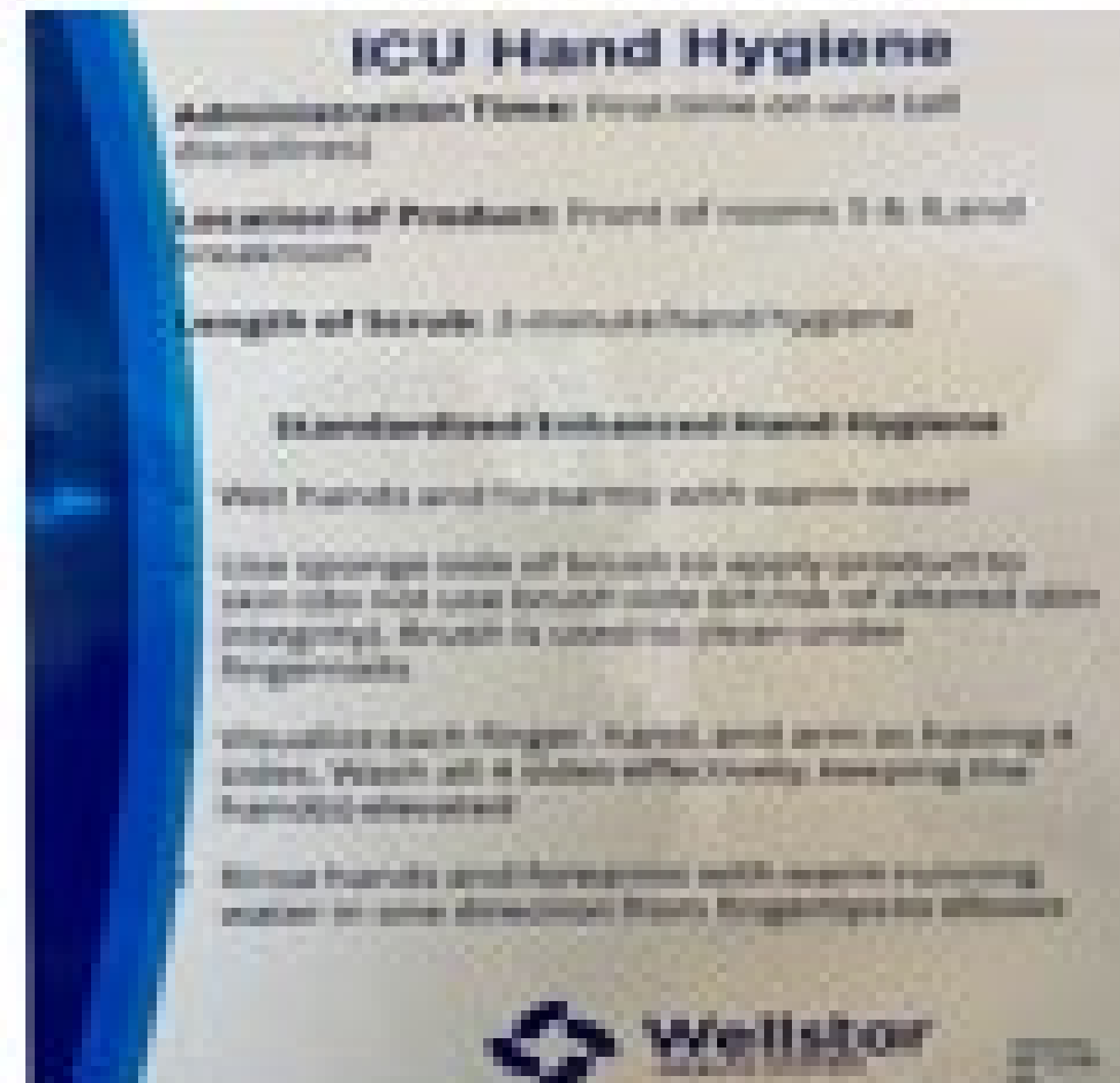
No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies

Wellstar Douglas Medical Center
 Intensive Care Unit
 (same unit re-mapped in NHSN with population change)
 CLABSI Events and Interventions Timeline
 2018 - June 2023



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