

Infection Prevention Partners in Intensive Care Units: Participating in Multidisciplinary Rounds Decreases CLABSIs and Central-line Utilization Rates

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Objectives

- Describe one strategy that can be used to partner with other departments within your facility.
- Describe how participation in multidisciplinary rounds impacted central line rates.
- Identify the importance of multidisciplinary rounds to assess policy practical application in real time.

Background

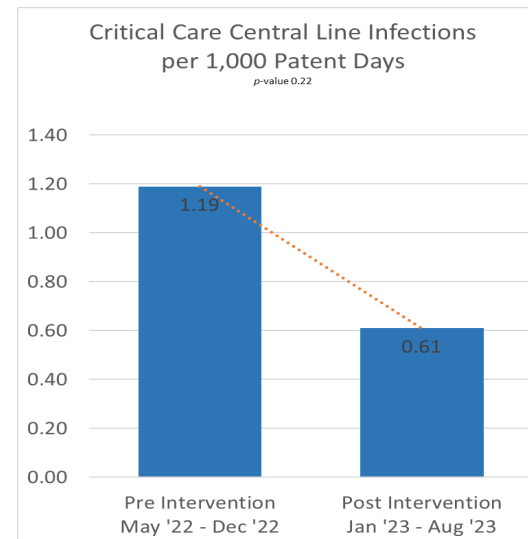
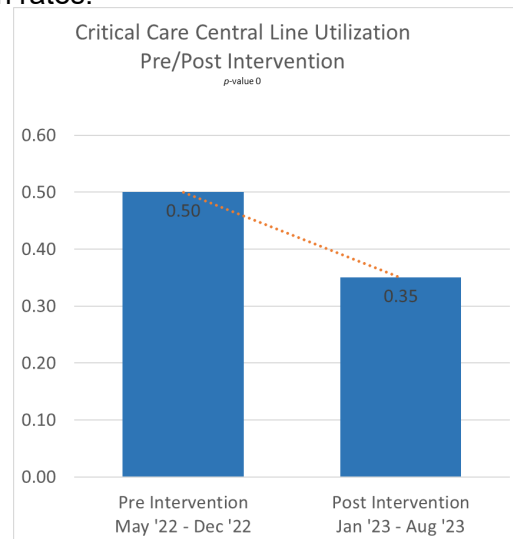
Intensive care units (ICUs) have the highest rates of central line (CL) utilization in hospitals due to patient acuity and complex care. Daily review of CL necessity has shown to reduce CL utilization and central line-associated bloodstream infection (CLABSI) rates. A gap analysis determined that CL policy and protocol was not consistently being followed. An increase in use of CL's was observed while CLABSI rates remained high in our ICUs.

Methods

In January 2023, infection prevention (IP) partnered with ICUs to attend Multidisciplinary rounds (MDR) twice per week. Goals of IP during MDR included ensuring nurse to provider discussion of CL indication and necessity, insertion site location, and treatment plan. Patients with CL's not necessary for treatment were discussed for prompt removal. Recommendations were made to move necessary CL's inserted in high-risk sites to lower-risk insertion sites. Patients were also assessed for the possibility to tunnel CLs in place greater than 7 days. Approximate time for the IP's to attend MDR twice per week in ICUs was 4-6 hours per week.

Results

During the 8-month pre-intervention period, the ICU CL utilization was 0.50, while the ICU CLABSI rate was 1.19 infections per 1,000 patient days. During the 8-month post-intervention phase, CL utilization was reduced to 0.35, while the CLABSI rate was 0.61 infections per 1,000 patient days. This decrease represented a nearly 50% reduction in both rates.



Conclusion

The decrease of CL utilization was statistically significant with a p -value of 0. Although the decrease in CLABSI rates in our ICUs was not statistically significant with a p -value of 0.22, this study supports IP physical presence and partnership in ICU MDR may be influential on these outcomes. While facilities may have policies in place to support best practice, validation of these practices is needed to determine compliance. Dedicated IP time is needed to support ICU MDRs and ensure safe patient outcomes.

References

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Disclosures

Nothing to disclose