## Healthcare Organization Commitment

### Contact Details

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### Organization Name

King Faisal Specialist Hospital and Research Center (Gen. Org.) – Jeddah

### Organization Address

AlRawdah  
King Faisal Specialist Hospital and Research Center  
Jeddah, Makkah 21499  
SA

### Participants

Samer Dardas, Performance Improvement Specialist

### APSS

Have you reviewed the Patient Safety Movement Foundation's Actionable Patient Safety Solutions (APSS)?  
Yes

What Patient Safety Challenge does your Commitment address?  
Challenge 2F - Central Line-associated blood-stream infections (CLABSI)
Commitment Name
Zero CLABSI in the Medical and Surgical Intensive Care Unit

How Many Hospitals Will This Commitment Represent?
1

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Commitment Details

Commitment Summary
The National Healthcare Safety Network (NHSN) January to December 2017 CLABSI Benchmark was 1.10 and The Medical and Surgical Intensive Care Unit MSICU results was at 2.2 with a total of 10 reported case of Central Line Associated Blood Stream Infections. This high number of CLABSI cases does not go with the organizational strategic goal for ZERO harm and it is not equivalent to best practice.

Action Plan
10 articles were critiqued to find the best evidence based practice related to prevention of CLABSI. Articles were critiqued by MSICU Unit Staff Nurses one (SN 1). CVC Insertion & Maintenance Bundle was created and used immediately in paper format. Compliance was measured daily by NC. Central line /Arterial line insertion trollies were created and used for all Central Line insertions in MSICU. Item Checklist was created for the central line insertion trollies to make sure they are ready for use. New item purchase for a Myostand table was done. This is a table used specifically for line insertions with hydraulic paddles to adjust height and full range movable table to. Created a CLABIS PI Project board displayed in the unit emphasizing the number of ZERO CLABSI days up to date. Femoral Line insertions were restricted to absolute emergency and when Subclavian and Intrajugular sites were not accessible. Femoral Central Lines are removed within 24 hours of insertion if not contraindicated. All Central lines inserted outside of MSICU/Operating Room are replaced within 24 hours- 48 hours of insertion. Ultrasound Guidance is used with every Central Lines insertion. Central Venous Catheter (CVC) dressing must be done by two SN1 during the day shift and preferably with the Nurse Clinician present. Head Nurse following up with number and necessity of all central lines daily with Charge nurses and Nurse Clinicians at morning handover.

Impact Details

Lives Saved
Tell us about your baseline level of harm:
CLABSI rate 2.2 (The National Healthcare Safety Network (NHSN) 2018 CLABSI Benchmark was 1.10

Next, make a prediction (goal) from your baseline above for 1 year from today. We’ll give you the opportunity to update us next year on the actuals:
To have ZERO CLABSI rates in MSICU

Lives Saved:
4

Methodology for Determining Lives Saved:
Number of patients with CLABSI with primary laboratory confirmed bloodstream infection in a patient with a central line at the time of (or within 48-hours prior to) the onset of symptoms and the infection is not related to an infection from another site. Central lines include:
- Aorta
- Pulmonary artery
- Superior vena cava
- Inferior vena cava
- Brachiocephalic veins
- Internal jugular veins
- Subclavian veins
- External iliac veins
- Common iliac veins
- Femoral veins
- In neonates, the umbilical artery/vein