Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Targeting Zero: Reducing Central Line Associated Blood Stream Infections in the Critical Care Unit

Participants
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What Patient Safety Challenge does your Commitment address?

Patient Safety Movement Foundation | patientsafetymovement.org
Challenge 2F - Central Line-Associated Bloodstream Infections

How Many Hospitals Will This Commitment Represent
1

Commitment Summary
Chlorhexidine Gluconate bathing has been proven to decrease skin flora counts and has been shown to be effective in reducing the incidence of Surgical Site Infections. This performance improvement project will focus on using CHG to keep patients with central lines as clean as possible, and thereby reduce the incidence of Central Line Associated Blood Stream Infections (CLABSI).

Commitment Description & Detail
In 2012, the hospital had two cases of CLABSI. We totaled 4824 Central Line Days, giving us a rate of 0.21. The benchmark from the Keystone Project was a rate of 0.5. In order to reach zero, we analyzed the characteristics of the patients who experienced CLABSI over a 2-year period and observed the following:
1) More than 1 central line was in place - PICC, Arterial lines, Quintons, Tesios and Port-a-Caths are all considered central lines.
2) Length of stay in ICU was greater than 2 weeks
3) Lines were inserted due to altered mental status or tendency to pull out medical devices
4) Coagulase Negative Staphylococcus (CONS) was the organism involved.

Action Plan
Since CONS is a normal skin flora, the supposition is that the central lines were being infected due to contamination from skin - either the patient’s own, or that of caregivers. Since we have observed that ICU caregivers are meticulous about hand hygiene, and that the environment cannot provide this type of contamination, the next item to tackle would be to keep the patient’s skin as clean as possible. The patients included in this study are those who meet all the criteria listed above. A regular bed bath will be given first. Since CHG cannot be used on mucous membranes, the face, peri area, and hair are not washed with CHG. After the bed bath, a wipe containing 2% CHG will be used on the torso, hands, and axillae. The use of the wipe as opposed to 4% CHG solution is designed to eliminate variability in technique or concentration of CHG used, as well as to minimize sensitivity of the skin to the CHG.

Commitment Timeline
The one-year study period will conclude on January 4, 2014. This is the date of our last CLABSI.