Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Reduction of ICU acquired infection and multi resistant bacteria transmission. The specific goal for catheter-related bloodstream infections is zero.

What Patient Safety Challenge does your Commitment address?
Challenge 2F - Central Line-associated blood-stream infections (CLABSI)

Commitment Start Date
01/01/2017
How Many Hospitals Will This Commitment Represent

Commitment Summary
The estimated prevalence of infections in ICU patients worldwide is 51.4% [1]. These infections target a group of patients at high risk of morbidity and mortality. Based on the data of north-French hospitals network, the median incidence of catheter-related bloodstream infection is 1.5 per 1000 catheter days, with an attributable mortality rate of 12% to 25% [2]. Ventilator-associated pneumonia occurred with a median incidence of 15.4 per 1000 days of mechanical ventilation and is associated with an attributable mortality of 1.5% to 5.8% [3-4]. Our goal is an incidence of zero for catheter-related bloodstream infections and less than 10 ventilator associated pneumonia per 1000 days of mechanical ventilation, with less than 25% of multi resistant bacteria (methicillin-resistant staphylococcus aureus or third-generation cephalosporin-resistant gram negative bacteria).

References

Commitment Description & Detail
Zero catheter-related bloodstream infections and

Action Plan
The global action plan includes a nurse dedicated to hygiene and nosocomial infection prevention inside the ICU. The pneumonia prevention plan will include the following 5 interventions: • Selective oropharyngeal decontamination using chlorhexidine. • Subglottic secretion drainage. • Continuous endotracheal cuff pressure control. • Broad spectrum antibiotics restriction (quinolones, cephalosporins, penems). • Supervision and feedback on hygiene compliance for all ICU workers. The prevention plan for Central Catheter-Related Bloodstream Infection is based on: • Skin antisepsis using a chlorhexidine-based solution. • Use of polyurethane or silicon catheters. • Avoiding femoral catheters in obese patients. • Ultrasound-guided aseptic techniques during catheter insertion, monitored by a dedicated
nurse. • Limiting parenteral nutrition to patients with enteral nutrition failure for more than 7 days. • Changing catheters in case of fever or any sign of infection.

Commitment Timeline
We aim to reduce our ventilator-associated pneumonia rate to