



Healthcare Organization Commitment

Contact Details

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Position

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Commitment Details

Commitment Name

APSS #2F: CLABSI

What Patient Safety Challenge does your Commitment address?

Challenge 2F - Central Line-associated blood-stream infections (CLABSI)

Commitment Start Date

01/07/2013

How Many Hospitals Will This Commitment Represent

Commitment Summary

Central line-associated bloodstream infection (CLABSI) is a potentially severe, even life-threatening complication of medical management of complex care scenarios. It is the most frequent HAC for those children hospitalized in children's hospitals in the U.S., and is also the most costly to treat. It has also proved to be perhaps the most challenging HAC to improve, despite significant efforts. In order to implement a program to reduce and eliminate CLABSI, CHOC Children's Hospital is actively working on an implementation plan that will require actionable steps.

Commitment Description & Detail

CHOC Children's has been preventing catheter-associated urinary tract infections since well before 2013, when our formal involvement with the Children's Hospitals' Solutions for Patient Safety (CHSPS) began. The CHSPS network is a CMS Pay for Performance Hospital Engagement Network (HEN) of some 130 children's hospitals across the U.S. and Canada, and the only one specific to children's care. The overarching aim is the goal of reducing serious harm in children through the reduction of hospital-acquired conditions (HAC). CHOC uses best practice bundles for central line insertion and maintenance care in an effort to reduce CLABSI. CLABSI is one of the more frequent HACs, including in children. Despite the focus on central line management best practices (both insertion and maintenance) as well as effective efforts to reduce the duration of time central lines are in place, the incidence has not been dropping as fast as desired. Some of this is due to the types of patients in which central lines are required, i.e., "simple" central line patients have their lines discontinued early. Moreover, it is now known that such catheters are entered multiple times daily. Thus, another avenue for intervention is an active program designed to reduce the number of central line entries each day by "bundling" lab draws, medication administration and IV fluid changes. At CHOC, CLABSI rates are tracked monthly and quarterly, and results distributed broadly across the organization. Tellingly, the "days since last" CLABSI is announced each morning at the CHOC Daily Safety Briefing. CHOC will continue its efforts at best practice delivery and clinical outcomes in CLABSI prevention for both catheter insertion and ongoing management. In alignment with the Patient Safety Movement Foundation's Actionable Patient Safety Solutions (APSS) checklist, CHOC Children's Hospital has successfully completed and implemented the following checklist items.

Action Plan

Commitment from hospital leadership to support a program to reduce and eliminate CLABSIs. Implement evidence-based guidelines to prevent the occurrence of CLABSIs, including: insertion, maintenance, and standardized access procedures. Doctors and other clinicians should:

- Perform a "time-out".
- Wash their hands with soap.
- Clean the patient's skin with chlorhexidine antiseptic.
- Put sterile drapes over the entire patient.
- Wear a sterile mask, hat, gown and gloves.
- Put a sterile dressing over the catheter site.

Develop an education plan for attendings, residents and nurses to cover key curriculum

pertaining to the prevention, insertion and maintenance of central lines. Encourage continuous process improvement through the implementation of quality process measures and metrics. Standardize a central-line kit based on the needs of your facility, and implement technology that will have a significant return on investment (ROI). Efforts should be focused on eliminating all blood draws from central access catheters. This includes patient with longer-standing catheters (e.g. dialyses catheters). • Current organization-wide practice change to reduce central line blood draw frequency All CLABSIs should have a root cause analysis (RCA) completed by the unit where the infection occurred with multidisciplinary participation including nursing, physicians and infection prevention specialists. All learnings from the RCA should be implemented. - All CLABSIs at CHOC undergo an Apparent Cause Analysis (ACA) and are discussed in the multidisciplinary Hospital-Acquired Infection team meeting. CHOC is finding that maintenance care rather than catheter placement is the area of highest risk for the development of CLABSI.

Commitment Timeline

These checklists items are currently in place and our commitment will be ongoing.

Impact Details

Lives Saved

Lives Spared Total =
0.4994999999999998

For reporting purposes, the number has been rounded up to the nearest whole number.
Lives Spared Total

1