

## Aim Statement

To reduce the incidence of CLABSI on the Oncology Unit by 20% from a baseline rate of 2.8 in 2015 to 2.26 by 12/2016

Target Condition for bathing is 75% of patients to be bathed daily from the 1/2016 baseline of 28% and 75% of neutropenic patients to be bathed with CHG

# Background & Problem Overview

Variation in blood culture draw practice along with non-robust bathing process contributed to an increase in CLABSI on the Oncology Unit

- Blood culture draw practice:- Supplies in multiple locations. Staff knowledge deficit
- Bathing-: Practice not reinforced . CHG- not currently utilized for neutropenic patients

## Interventions

#### **Blood Culture Draw Process:**

- 1) Create supply kit with instructions and a checklist for blood culture specimen draw (S)
- 2) Pretest/educate/self test/audit staff knowledge (I.S)

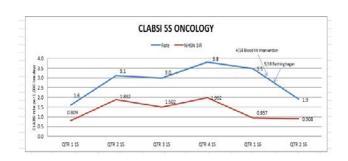
#### Patient Bathing:

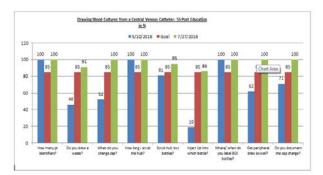
- 1) Supplies:: CHG and warmer stocked on unit (i)
- 2) Policy change: Bathing must be done daily in shower or with CHG wipes. Patient encouraged 2X per day. (S)

Key:Tested (T), Implemented (I) or Spread (S)

# CLABSI REDUCTION in **ONCOLOGY**

# **Run Charts**





## References

- 1)www.apic.org/Resource /.../CHG crosswalk PS1504 wint
- 2) apic.org/Resource /.../2015/APIC CLABSI WEB.pdf 3)apic.org/Resource\_/TinyMceFileManager/.../AC13\_Prog\_FI
- 4)http://www.cdc.gov/getsmart/healthcare/implementation/clin icianguide.html



# **Lessons Learned**

Bundling supplies in a kit with a check off sheet ensures sustained compliance.

Giving patients two options for bathing and auditing documentation and process led to sustained change in the bathing process.

# **Next Steps**

#### Next Steps:

- 1) Secure vender to outsource blood culture supply bundle kit and stock tin all acute care hospitals in system.
- 2) Educate clinical staff throughout system
- 3) Put together process to audit neutropenic bathing processes throughout system

## **Team Members**

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