BACKGROUND
- Central line associated bloodstream infection (CLABSI) prevention focuses on insertion and maintenance practices
- 2016 data at our hospital showed that 88% of CLABSI infections occurred on day 5 or later post insertion
- Leader rounding identified educational opportunities
- Inconsistent maintenance practices were identified; including port needle access and dressing change practices
- Maintenance became the main focus within the department

PURPOSE
To reduce CLABSI incidence by changing culture through return demonstrations and leader rounding on a 30-bed oncology unit.

INTERVENTIONS
Changing culture and increasing accountability through RN led return demonstrations and formal and informal leader rounding.

Return Demonstrations
- Identified nurse champions
- Standardized resources
  - Policies/Procedures: reworked procedure steps
  - Supplies: new kit with all needed supplies in the correct order
- Education delivered by nurse champions
- Video production of accessing an implanted port
- Return demonstration
- Each RN performed a port access using the standardized sterile procedure. Nurse champions delivered real-time feedback.
  - Each RN, LPN, and NA received education on daily CHG bathing, maintenance practices, and identification of non-intact dressing

Leader Rounding
- Two leaders round on each patient with a central line (Port, PICC, or CVC). Once a week in 2017 and twice a week in 2018.
- Leaders include: Patient Care Manager, Patient Care Supervisor, Clinical Nurse Specialist and/or Infection Preventionist performed rounding
- Rounding consisted of checking each central line dressing to assess for adherence to the newly standardized evidence based procedure.
  - Immediate feedback (good or bad) given to staff
  - Immediate feedback to other areas who have impact on dressings and maintenance cares

OUTCOMES
Medical Oncology Dressing Changes Requested

Leader Rounding

CONCLUSION
- Management support and investment in the improvement process was a key foundation for success
- Stakeholders: nurses, nursing assistants and patients became owners, increased accountability, and developed a culture of importance for central line maintenance
- Providing best practice reasoning: the ‘why’ supports culture change
- Continuous collaboration on all levels: nurses, nursing assistants, leaders, patients, family, infection control and Providers
- Using formal and informal processes/networks to sustain the improvements and maintain the important culture
  - Formal: nurse champion rounds and communicates to staff at lease once a month, and unit leader rounding on central lines twice a week
  - Informal: staff hold each other accountable during the shift, central line maintenance is shared by all
- The Medical Oncology Unit has achieved a major milestone of being 1 year without having a CLABSI as of January 12th, 2019.