

MC-004855

Catheter and Bundle: Is Your Team Complete?

Presenter: Regina Bowen Hines MSN, RN, VA-BC

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Regina Bowen Hines, MSN, RN, VA-BC

Past clinical experience includes Medical Surgical, Emergency Department, Intensive Care Units, and supervisor & leadership roles. Graduate degree in nursing with a specialty track of Nursing Education.

Currently supervise a rapid response team and a vascular access team in a 450 bed acute care facility in Alabama. Currently using my clinical trial experience to share with others good outcomes and EBP.

Marguerite Naseau Core Values Award 2012 – *Creativity*

- •Initiated an in-house vascular access team
- •ABN provider of CEU material rt/vascular access
- •Developed specific EMR charting for special teams
- •Established an Outpatient service for line placement and other services
- Construct and write skill specific policies for vascular access
- •Initiate and present Alabama Board of Nursing applications for procedures beyond basic nursing preparation



Disclosure

Consultant for Teleflex Medical

I will not discuss off label use



Learning Objectives

Review the science behind how infections occur with a bundle.

- Identify how passive protection completes the team.
- Discuss a personal experience of adding a protected catheter to an existing insertion bundle practice.



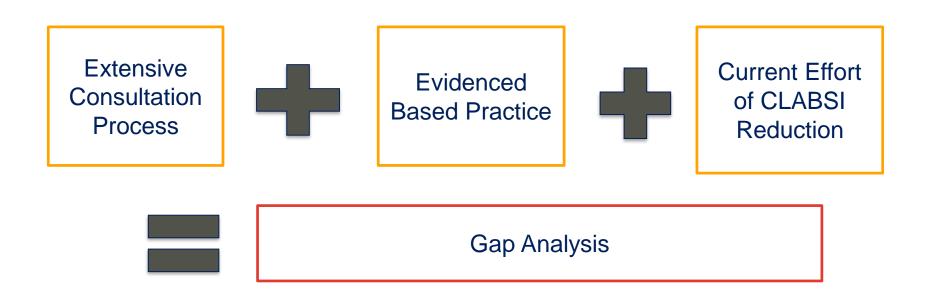
Catheter and Bundle Journey



Clinical Team Approach

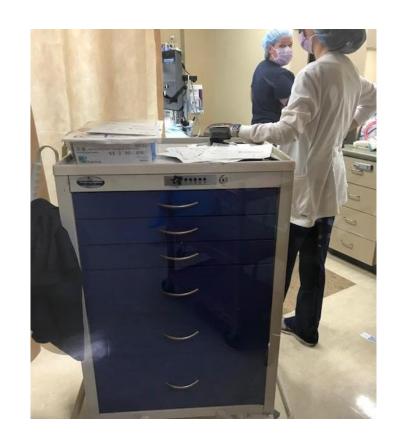
- Interdisciplinary Team
- Key Leader or Champion
 - Vascular access team
 - Infection control leaders
 - Administrative support
 - Infection disease physicians
 - Champion or key leader for outcomes

Gap Analysis: Preventative and Aids In Identifying Cause



Bundles and Solutions

- Maximal Barrier Insertion Bundles
- CUSP Initiatives
- Central Venous Line (CVL) Carts
- Personal Protective Equipment (PPE)
- Central Line Insertion Practices (CLIP) forms
- Antimicrobial Catheter



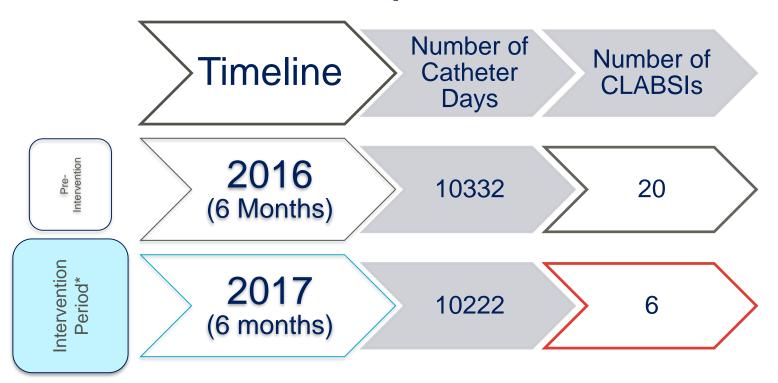
What is "All we could do"?

- Team approach
- Educate all staff hands on & didactic
- 2 person team empowered VAS
- Incorporation of EBP
- VAS perform weekly dressing changes
- Daily assessment of all lines by expert
- Yearly assessment of VAS clinicians
- Data Collection





Remarkable Results = Improved Patient Outcomes



Additional Impact / Organism Specific Continued Results: Candida CLABSI 2017 Intervention Free Period: 0 Candida **CLABSI** 2016 Pre-Intervention: 7 CLABSIs Candida Species

Impact of Reducing Candida

Candida CLABSIs
Reduction= 7





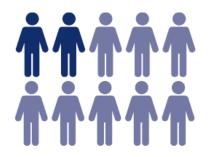
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What Gaps exist in the modern bundles? Let's evaluate the missing pieces.

Central Line-Associated Bloodstream Infection Costs



20% of CLABSI incidents result in a mortality²

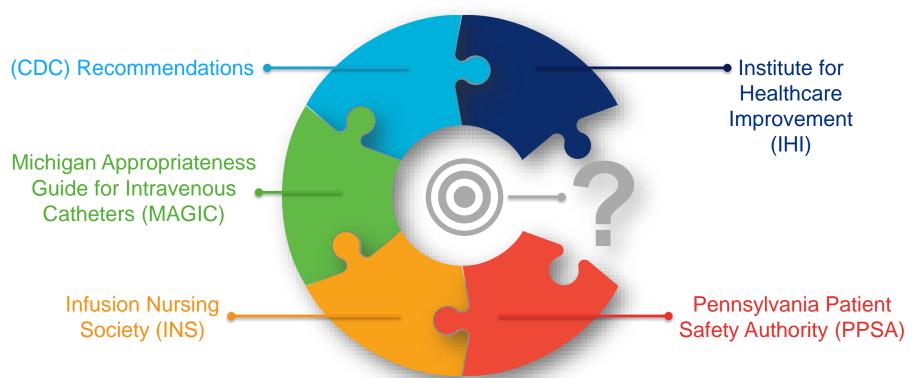


The CDC estimates the annual cost of CLABSI is more than

\$1 Billion²



Winning with a Multi-Faceted Approach



Why Do Catheters Cause Infections?

Key Elements:

- Nutrition
- Surface for attachment
- Minimal competition
- Time (24 hours)



Biofilm formation, thrombus and fibrin sheath around untreated catheter



Biofilm formation

Why Do Catheters Cause Infections?

Key Elements:

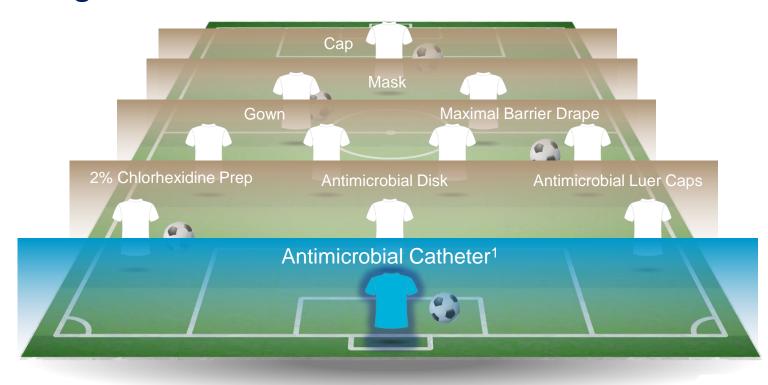
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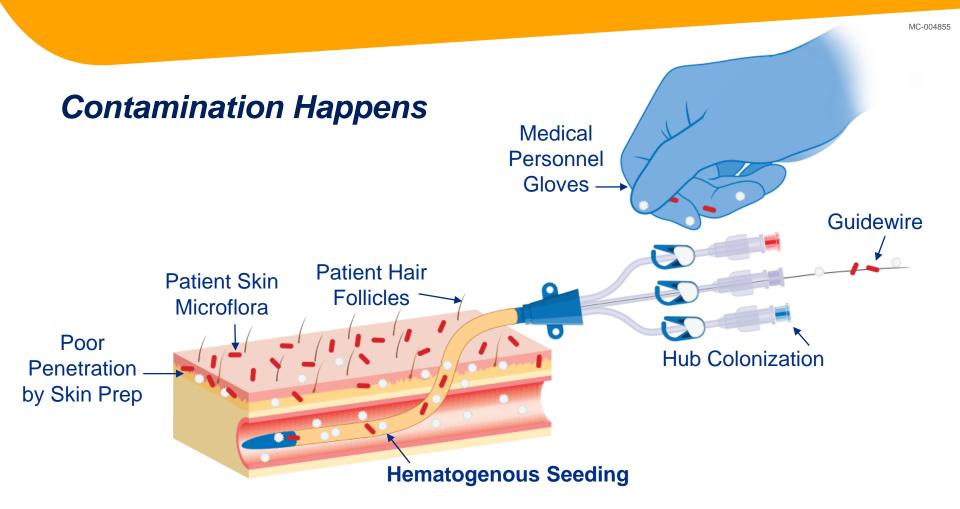
Next Step: Surface Colonization

Biofilm formation



Creating a Gold Medal Team





Colonization Starts with Contact



Extraluminal Colonization



Intraluminal Colonization



Active Solutions to Reduce Colonization



- Maximal Barrier Precaution
- Antimicrobial Dressings
- Skin Prep
- Antimicrobial injection caps
- Proper Care and Maintenance
- Lock Solutions

Extraluminal

Intraluminal

Passive Solution to Reduce Colonization



Antimicrobial Catheters

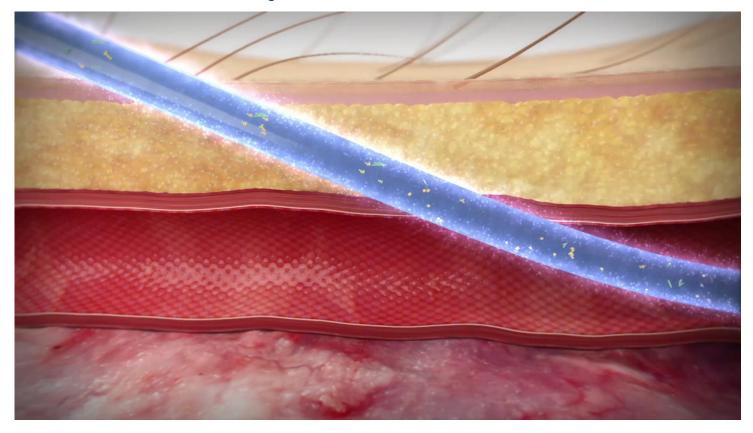
Extraluminal/
Intraluminal*

* and/or

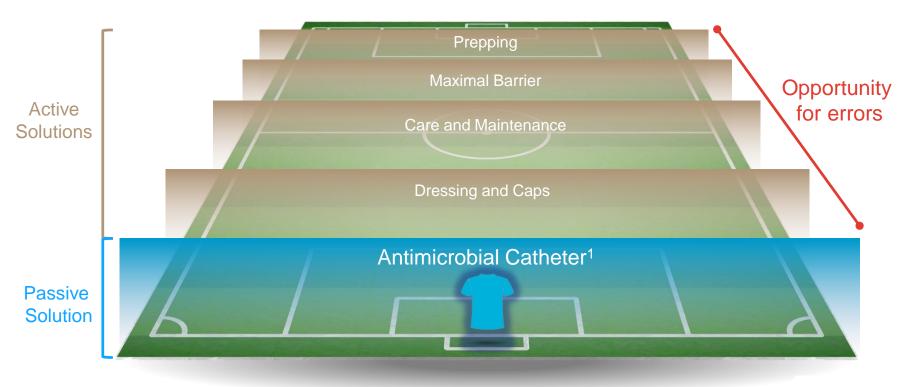
Clinical Trial Evidence: Antimicrobial Catheters



Antimicrobial Efficacy of Antimicrobial Catheters



The Bundle Needs a Goalie!



Conclusion

- Team approach
- Catheter colonization
- Active vs. passive solutions
- Insertion bundle and antimicrobial catheter evidence
- Commitment to look
 - If not all protected, ask why not?

Ask, what would the patient choose for themselves?

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Any Questions?

Thank You