Problem:
Blood Culture Contamination (BCC) is a system-wide problem contributing to an average of 27 BCC cases per month at the South Texas Veterans Health Care System (STVHCS). Missed communication of a policy change resulted in bedside nursing staff not being properly educated and trained about current evidence-based techniques in collecting blood cultures. This resulted in continuously high blood culture contamination rates in high risk units such as the Spinal Cord Injury Center (SCIC).

Evidence:
Evidence suggested that false positive BCC rates caused prolonged hospitalization, increased patient stress rates, hospitals costs, and unnecessary use of antibiotics.

Strategies:
Educational in-services highlighting proper collection and demonstration of the blood culture procedure were completed. Overall impact of contamination rates and false positives were emphasized. Point-of-care education was provided and BCC rates were monitored on a monthly basis.

Practice Change:
SCIC staff nurses, nurse managers, and educators implemented a best practice procedure to collect blood cultures. Interviews were performed on an individual basis to answer concerns and questions regarding policies, critical factors, and issues related to false positive BCC.

Evaluation:
Decrease in the rate of BCC in one month after implementation of 30 minute in-services and continuous point-of-care instruction with RNs during blood culture collection.

Results:
SCIC experienced a decrease in BCC rates from 16.7% to 0% after a month of program implementation and continued to have a 0% BCC rate to date.

Recommendations:
Frequent education of nursing staff, monitoring of contamination rates, ongoing collection of data, and timely evaluation of data collected need to be done. Evidence stated that using phlebotomists to collect blood cultures decreased BCC rates. Further research is needed to implement this intervention at SCIC.

Lessons Learned:
Ongoing point-of-care education of staff nurses and continuous surveillance of BCC rates significantly decreased false-positive BCC rates at SCIC.

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