Developing and Implementing Central Line Care in HSCT Patients
Katherine K. Mary-Gonzales
Methodist Healthcare System
Hannah Sowell, Ursula Caga, Deanna Dean, Carole Elledge, Jill Macpherson, Mary Krivoy, Paul Shaughnessy

PROBLEM: Patients undergoing hematopoietic stem cell transplantation (HSCT) are at risk for multiple life-threatening complications during and following treatment, including catheter related bloodstream infections (CRBSIs) which are serious but preventable infections (A Srinivasan, 2009). In 2009, we noted a hospital wide increase in CRBSIs. As a result of the findings we sought to put into practice modifications to fit our patient’s needs.

EVIDENCE: We conducted an initial literature review that included gathering data from other similar care units. Our review of the literature revealed that there is not an evidence-based standard for prevention of CRBSIs in the HSCT patient population.

STRATEGY: To address this concerning trend on our own unit, we initiated a program to minimize this risk for our patients. We developed and piloted two tracking tools to monitor compliance with the current dressing change, cap change, and implanted port needle change policies. After implementation, we selected the more useful of the two tools to move forward.

PRACTICE: Following our initial data collection, we initiated a new standard of care for HSCT patients on our unit and monitored compliance and CRBSIs for a proposed period of 12 months.

EVALUATION: Final totals from (January 2010-December 2010), we have had 3 documented CRBSIs for our inpatient population, or 1.02% that is far below the national average of 3.9% (Jonathan R. Edwards 2009).

RESULTS: As a result of our unit monitoring and compliance our CRBSI’s actually decreased in 2010.

RECOMMENDATIONS: This poster presentation will highlight the process we undertook to impact CRBSIs in our HSCT population, including tool development, our evidence-based dressing change procedure, and finally, nursing and patient education and the current efforts to expand this program to our oncology inpatient unit.

LESSONS LEARNED: Standardizing central line care and maintenance is meaningful in this high-risk patient population. A multifaceted approach involving staff and patients as well as continuous surveillance was essential in our program’s success.

BIBLIOGRAPHY:
