Reducing Primary Blood Stream Infections in the Cardiac Intensive Care Unit
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Problem:
Maintaining a low / zero Primary Blood Stream Infection (BSI) rate in the Cardiac Intensive Care Unit (CICU).

Evidence:
Trends indicate that the CICU can achieve a low/zero Primary BSI rate, but there has been inconsistency over time.

Strategy:
Implement a bedside educational in-service to promote consistent practice in the care of central venous and arterial lines.

Practice Change:
Consistent with an expected CDC recommendation (current recommendation is 10 and 10), a CHG 15-second scrub and 10 second dry time (15/10) prior to line access was instituted in the CICU as the practice standard. Assuring accurate scrub times, the staff sang “Scrub, Scrub Scrub the Hub scrub it very well, if you don’t scrub the hub the BSIs will tell. Count, count count your time, count it 15/10, always count 15/10 and never worry again” to the tune of Row, Row Your Boat. Additionally, one on one bedside education was provided to the nursing staff to ensure consistent central line dressing change per organizational policy.

Evaluation:
Following the education, BSI rates were monitored in the CICU. Audits are used to gather data on compliance and re-educate in real time.

Results:
CICU Primary BSI rate went to historic lows, zero BSIs for 162 days.

Recommendations:
Providing nurses a novel approach to assure consistent care and policy adherence results in a significant reduction in Primary BSIs. This reduces patient care days and negative patient outcomes resulting from BSIs.

Lessons Learned:
When given the proper resources and tools nursing practice improves and in turn patient outcomes improve. Routine education is necessary to keep practices consistent amongst all staff.

Bibliography:
Patient Safety and Quality Blood Steam Infection Data, Children’s Healthcare of Atlanta, Center for Disease Control and Prevention.