

## Spotlight On: Inova Fairfax Medical Campus Reduces CLABSI with APSS #2



*HAIs are costly both in terms of harm/mortality and cost. Close attention to aseptic practices and monitoring patients can greatly reduce the incidence of these infections.*

Central Line-Associated Bloodstream infections (CLABSIs) are the most costly type of hospital-acquired infections, both in terms of morbidity and mortality, and financial cost to hospitals. Fortunately, most of them are preventable with proper aseptic techniques, surveillance, and management strategies. A CLABSI is a serious infection that occurs when bacteria or viruses enter the bloodstream through the central line, the catheter used for delivering medicine or nutrition. By adopting best practices included in the [Patient Safety Movement Foundation](#)'s Actionable Patient Safety Solutions (PSMF APSS), [Inova](#) Fairfax Medical Campus (IFMC) in Northern Virginia has been able to drastically reduce the number of CLABSIs across its entire system.

In 2016, when IFMC committed to [PSMF APSS Challenge 2F \(Central Line-Associated Blood Stream Infections\)](#), the hospital had recorded almost 80 such infections over the course of the year. By 2018, the number of cases was reduced significantly to 30. This exceeded the 2019 reduction goal – largely as a result of the formation of a CLABSI team in March of 2018. As of Oct. 1st 2019, IFMC has recorded fewer than 20 CLABSIs.

### Targeting ZERO

While this is a huge improvement, for Dr. Charles Murphy, Chief Patient Safety Officer at IFMC, there is still work to be done. "One of the things we embraced [about PSMF APSS] is the target of achieving zero harm," Murphy says. "Some other industries believe 'as low as reasonably possible (ALARP)' is an acceptable goal, and would argue that zero is not attainable. The way I look at it, it's never acceptable to have to say to a family, 'I harmed your child.'"

IFMC's CLABSI prevention team includes its CMO, infection prevention quality professionals, nursing directors, and physicians across departments. The multidisciplinary team has helped to create a [Culture of Safety](#) at IFMC. Leadership is supportive of the team and its goals, and has been instrumental in providing the resources needed and reducing barriers to make changes in safety protocols. Each unit has a safety team that is empowered to determine where problems exist and take responsibilities to employ solutions. Hospital leaders frequently walk around the units and talk to teams about patient safety, reinforcing the APSS and getting information and feedback related to CLABSIs.

Evaluating processes is another important step. "We have a daily safety check-in where we go over any issues that have occurred over the last 24 hours, or that might be a problem in the next 24 hours," Murphy says. "Obviously the optimal outcome is fewer infections, so we track that. The last CLABSI that occurred [at IFMC] was 117 days ago. We also audit processes to make sure all safety steps are being followed, and then do further audits to look at compliance with any issues we've identified."

In addition, every healthcare professional at IFMC has undergone medical teamwork training using the [TeamSteps](#) curriculum, an evidence-based set of teamwork tools aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals. The hospital is also implementing the [Communication and Optimal Resolution \(CANDOR\) online toolkit](#) published by the [Agency for Healthcare Research and Quality](#) (AHRQ), which helps organizations create a culture of safety that focuses on organizational accountability.

### Taking Action

"As with most hospitals, patient safety is a primary objective," Murphy says. "From our perspective, one of the great things about PSMF is that it brings together a group of stakeholders – hospitals and health centers, families, patients, industry and both government and non-governmental organizations – who are working together to improve patient safety." Because the APSS are very action-oriented, he says, they have incredible potential to create solutions to patient safety issues. "Talk is cheap, but [following the APSS] is about actually putting into action things that will reduce harm. We haven't achieved zero yet but have had significant reduction over the last several years."

IFMC follows 21 different evidence-based steps recommended in the PSMF APSS. Some examples are hand hygiene, using sterile gowns and drapes, and having a standardized central-line kit based on the needs of your facility. "It's really about doing these things well, like hand hygiene," Murphy says. "If you get to above 85 percent compliance on hand hygiene, your infections drop drastically. Unfortunately, emphasizing hand hygiene hasn't been done as much as it should in some hospitals."

Murphy is admittedly passionate about patient safety. In fact, his Twitter handle is @ZeroPatientHarm. He says IFMC will continue to make further PSMF commitments as they move toward zero. "I like that there's a sense of urgency with the commitment you make to the APSS. If you put a time and a date on it, that has leverage. That's what makes implementing the APSS worthwhile. It inspires the team to perform at a higher level."

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