

# Overcoming challenges

## Case presentation

Learning Session Two

# Where we are

- Insertion protocol
- Maintenance bundle
- Data entry
- IPC liaison

# How we work

- Staff function at all levels in the collaborative
- Meet weekly
- Consultants work 24 Hr shifts (loss of continuity for investigations)
- ACNM provides continuity

# Case study

- 60 yo male re-admitted with septic shock and multi-organ failure.
- Previous complicated ICU admission with drug induced bone marrow failure and multi-organ failure 10 days
- Two days on the renal ward (IHD). ICU Vascath still in place.....

# Case study



# Case study

- Checked CLAB diagnostic criteria
- Examined other potential sites of sepsis
- Correct culture protocol
- No IPC liaison over weekends....

# Case study. Weeks later....

- Where was my CLAB
- Who was the patient
- Did IPC miss it?
  
- Find the patient
- Get the bacteraemia list....
- Patient had a Klebsiella pneumonia!  
(which did fit in retrospect)

# Case study

- Diagnostic criteria for other sites
- The fallibility of subjectivity
- The importance of closing the loop
  - Case specific
  - To the whole team
  - To the whole hospital....