



Collaborative to prevent C.L.A.B

***Health Quality & Safety Commission – NZ
Ko Awatea – CMDHB
Lakes DHB members***

***Waverley Newson (CNS- Infection control)
Kate Laidlow (CNS – Infusion therapy)***

waverley.newson@lakesdhb.govt.nz

kate.laidlow@lakesdhb.govt.nz



Our Collaborative Team

- Lakes DHB, (subteam)
- Dr Simon Scothern, Dr David Blundell
- Waverly Newson, Kate Laidlow, Camilla Howard, CNMs ICU



National collaborative to prevent Central line associated Bacteraemia (C.L.A.B.) - HQ&SC NZ

Aim

- Target Zero CLAB in each DHB ICU
- Compliance with IHI best practice bundles.

Goal

- Reduction of clinical harm to patients.
- A prong of the H.A.I work in NZ
- Project sponsorship from October 2011-May 2013.
- Joint project that started with Ko Awatea and CMDHB



Lakes DHB

- ICU and OT only for project time
- Projection to be DHB wide post project time
- Project is rolled out in ICU.
- Key stakeholders.
 - *Anesthetists,
 - *ICU nurses,
 - *CNS Infection control,
 - *CNS Infusion therapy,
 - *Anesthetic techs



Lakes DHB ICU

- Level two – combined with CCU
- Stable nursing workforce – years
- Anesthetic run
- Consultant insertions – or Registrar under supervision
- Dedicated cart for insertion
- Daily review – ICU working sheet
- No TPN
- Very small numbers of line days
- Removal of catheters on discharge
- CNS Infusion therapy informed of any ward catheters



Background

- No CLABs for five years
confirmed in the project time
- Small amounts of catheter days
- Poor compliance
Good behaviors

Our history needs describing !



Evidence

- NO CLABS = good patient outcomes
- History and vigilance has worked
 - locally !.
- Our story is an old story
- No additional evidence that would change our approach
- Dedicated roles to facilitate good outcomes



Evidence cont..

- Local targeted approach with good buy in
 - “Business as usual” from Leadership support



Do we have a problem?

- No and we are proud of that
- Project time = “stock take” of our processes
- Documentation is embedded in ICU working sheets
- Ticking a box does not equal compliance.



Insertion bundle

- 64 insertions in project time
- 13% total compliance to bundle
(documented on CLAB forms) – other documentation used
- ED , ICU and OT insertions included
- 28 ICU insertions reviewed
- 32% - no hat
- 21% - no mask
- 32% - no FULL body drape



Insertion bundle cont

- Removal of hat and mask need = 19 out of 28 would comply (69%).
- Clinical notation of other insertions did not identify the use of hat and mask
? Used.... ? Complied...? included

Maintenance Bundle

- 31% compliance to ticking the sheet.
- Maintenance documentation already in ICU daily working sheets
- If these documents included compliance would be very good
- Old behaviors – not documented.
- “business as usual”



Aim

- Keep up the great work.
- Celebrate our success.
- Do not lose sight of our “old story”

Spread the programme to all central venous catheters in all healthcare settings in our DHB



Ideas for change

- Don't change what is currently effective
- Refine our blood culture taking process.



Thankyou

- Questions?

