TARANAKI DISTRICT HEALTH BOARD

www.tdhb.org.nz

Central Line Associated Bacteraemia (CLAB)

Taranaki District Health Board

IN A NUTSHELL...

- Taranaki felt they had a few advantages going into this project:
  - small number of dedicated staff who insert central lines,
  - it is normal practice to remove central lines before discharge from ICU/HDU,
  - no ICU related bacteraemias in the past 3 years.
- Initially the CLAB lead was a floor ICU nurse who has an interest in CV lines. No dedicated time was included for the project.
- It soon became apparent that this was a much larger project than initially thought and there was a need for a more formal project team approach.
- The new team consisted of:
  - CNM - ICU
  - CNE – ICU
  - CNS – Infection Control
  - ICU nurse (as above)
  - Quality Risk Delegate - ICU
  - Health and Safety Rep – ICU
  - Head of Anaesthetics.

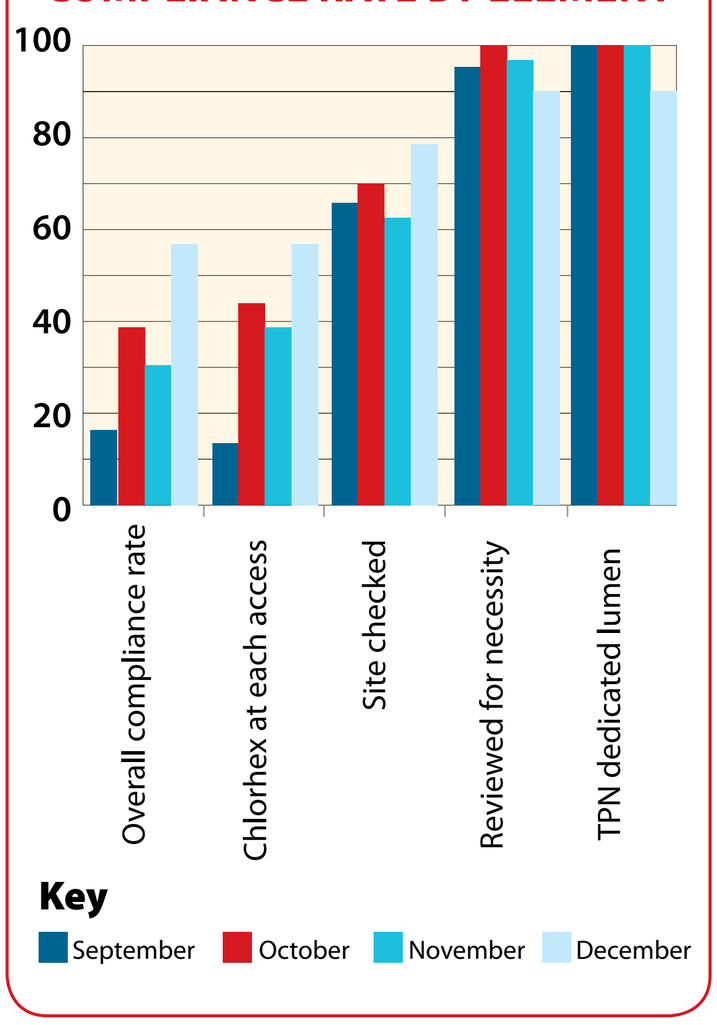
WHAT WAS POSITIVE?

- Anaesthetic buy in quick and positive.
- Weekly meetings helped keep team focussed.
- Breakdown into elements to feed back to staff.
- Involvement of whole unit – including ward clerk.
- WebEx learning sessions were beneficial.

WHAT WAS DIFFICULT?

- Underestimation of time and resources required for project.
- No dedicated resource for project.
- General feeling of "too many projects on the go".
- Hard to "see" results as CLAB is such a rare event.
- Linking with other DHBs teleconferences often difficult to access
- Face to face meetings are a minimum of 3 hours drive each way.

MAINTENANCE BUNDLE COMPLIANCE RATE BY ELEMENT



WHAT WE LEARNT...

1. You can never proof read enough

- We used the "restraint registration" form as the template for our CLAB insertion bundle and after two drafts, six people reviewing and one month in use someone noticed that restraint was still being referred to!

Date Line Inserted: Inserted:	Time Line	Brand: Product No. Lot No.
INSERTION BUNDLE: To be completed by the observer and signed by both proceduralist and observer		
In deciding to utilise the restraint, please answer the following questions:		
1. Did the proceduralist? Perform hand hygiene using chlohexidine solution or alcohol-based hand rub	YES ☐	NO ☐
2. Chlorhexidine Skin antisepsis - Did the proceduralist? Prep the procedural site using chlorhexidine 2% in 70% alcohol for 30 seconds and allow solution time to dry completely	YES ☐	NO ☐

2. You need the right people on the team

- There was little ability to effect change when the driver of the project did not have time released from the floor. They were a great advocate but patient care was their priority. Involvement of Infection Control relatively early decreased the duplication of effort around review of bacteraemia information.

3. Administration and documentation

- The administration support the team has received has saved much time and frustration from development of the CLAB documentation to the end use on the ward.
- Almost one month into the project, we realised that consecutive dates were not always checked and entered. They are now checked carefully each day.

NEXT STEP...

- Our next PDSA cycle is around the wording and layout of the elements showing lower compliance. Anecdotally these elements are most questioned by staff for clarification.
- We will ensure staff are allocated adequate time and resources for roll out to other areas in the hospital.

Taranaki Together, a Healthy Community
Taranaki Whanui He Rohe Oranga