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EBP Strategies to Prevent CLABSI in Hemodialysis Patients

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A 6-month review was performed by the vascular access clinical nurse specialist which identified 7 CLABSI in the inpatient dialysis unit, prompting investigation, assessment, and immediate intervention. Because CLABSIs are attributed to the primary home unit, this trend had not been previously identified. The goal was simple, zero patient harm. A literature review was performed to identify standards of care and recommendations regarding the care of the hemodialysis patients' central lines. This review included The Center for Disease Control Guidelines Recommendations and Resources, The National Kidney Foundation Kidney Disease Outcomes Quality Initiative, and the instructions for use for central lines. Assessment also occurred on the unit through observations of practice, review of skills checklists, and evaluation of staff knowledge. A new process was developed which adopted evidence-based practices including Chlorhexidine (CHG) line care prior to access. The use of CHG and 70% alcohol was implemented to scrub the hub and a clean pad is placed under the central line to prevent contamination. Education was performed with 1:1 demonstration followed by return demonstration. Changes to the Electronic health record were made to ensure documentation accuracy and communication of completed line care to the inpatient nurses. Once investigation and education were completed, robust auditing began and continued for 6 months. Observations for hand hygiene compliance and catheter access and de access care continues to ensure sustainability. In 6 months, post implementation there have been 0 CLABSI' in patients treated in the inpatient dialysis unit showing a 100 % reduction or zero harm. Dialysis patients are at high risk of infection so meticulous care must be maintained in the care of the central line. The use of current best evidence is necessary to provide safe care and prevent harm. The relationship and roles of the CNS and UE to ensure excellent care cannot be overstated.

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