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Peer Accountability Improves Performance for Daily CHG Bathing to Reduce CLABSIs

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Peer Accountability Improves Performance for Daily CHG Bathing to Reduce CLABSIs

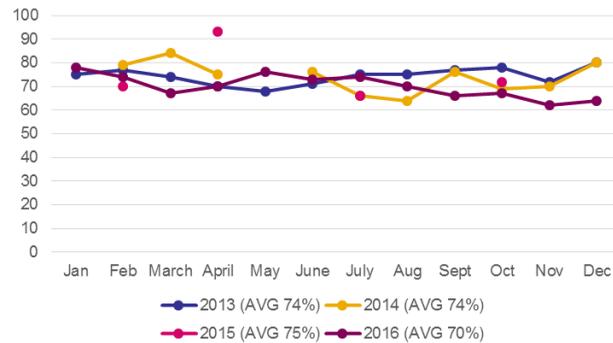
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Background

- Daily Chlorhexidine (CHG) bathing has been shown to decrease central line associated bloodstream infections (CLABSI) when applied consistently.^{1,2,3}
- The Pediatric Intensive Care Unit (PICU) CLABSI team established a protocol for daily CHG bathing for all patients in 2011 to reduce CLABSIs.
- The post-initiation results showed a sharp decline in CLABSI rates with a CHG Bath performance rate at 90%.
- The CHG bath performance rate of 90% was only briefly sustained, and despite multiple education techniques to improve performance, the average performance rate was suspended around 70%.

CHG Daily Bathing Performance 2013-2016



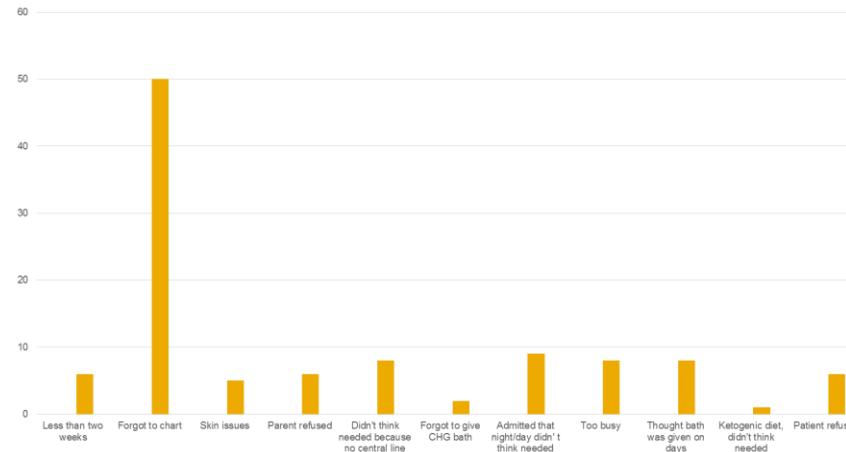
Objectives

- The CLABSI team revolutionized their approach by leveraging peer accountability to personally reach out to individuals in an effort to increase performance, barrier identification and long-term understanding of the protocol.
- The CLABSI team set a goal of achieving $\geq 90\%$ daily CHG bathing performance for all patients in the PICU beginning in June of 2017.
- The exemptions for CHG bathing include: age less than 2 weeks, known allergy to CHG, severe skin conditions or burns, or lumbar/epidural drains in place.

Methods

- Patients who did not receive a CHG bath were identified in a report that was generated daily from the electronic health record.
- This report was checked for exemptions. A list of patients who qualified yet failed to receive a CHG bath was delivered to the peer-nurse lead.
- The peer-nurse lead contacted each bedside nurse in a personal email requesting information regarding any barriers that existed to keep the patient from receiving their scheduled CHG bath.
- Over a 15 month period, 135 emails were sent with 110 responses provided by staff identifying barriers.

Email Responses of Barriers to CHG



References:

- Bleasdale, S.C., et. al. (2007). Effectiveness of Chlorhexidine bathing to reduce catheter-associated bloodstream infections in medical intensive care unit patients. Archives of Internal Medicine, 167(19), 2073-2079.
- Climo, M.W., et. al. (2009). The effect of daily bathing with chlorhexidine on the acquisition of methicillin-resistant staphylococcus aureus, vancomycin-resistant enterococcus, and healthcare-associated bloodstream infections: results of a quasi-experimental multicenter trial. Critical Care Medicine, 37(6), 1858-1865.
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Results

- The peer accountability CHG bath project was launched on June 1st of 2017, which ignited immediate performance improvement from 68% to 82% by the end of the month.
- The CLABSI rate in the PICU has improved during this time period from 2.09 to 1.33. There were multiple interventions implemented by the PICU CLABSI team to reduce CLABSIs during this timeframe.
- The PICU CLABSI team attributes the peer accountability CHG bath project as one of the primary contributing factors in the overall CLABSI reduction.

Percentage of Daily CHG Baths Given in the PICU for Qualifying Patients



Conclusion

- Personal communication from a peer-nurse lead has proven to be an effective way to directly impact the performance of CHG bathing.
- The peer-nurse lead communicated in the email that this project was not to place blame, rather it was a way to gather barriers and improve nursing workflow.
- The receiving nurses demonstrated understanding of the intent of the project as evidenced by an 81% response rate for identifying barriers.