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%.

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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.

Results

- 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 >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.
- 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.

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.

References: