



Collaborative Infection Prevention Practices Reduce CLABSI Cases at Chicago Hospital

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A Chicago hospital, together with its interventional radiology partner and TeamHealth embarked on a collaborative effort to reduce hospital-acquired infections. By evaluating, modifying and adapting infection prevention best practices, the team saw a steep reduction in harms cases – and no CLABSI infections in over 18 months.

THE CHALLENGE

Central Line-Associated Bloodstream Infections (CLABSI) are on the rise. As one of the costliest and deadliest hospital-acquired infections (HAIs), healthcare facilities should carefully review their patient safety protocols around CLABSI to fortify harms prevention and enhance patient care. The hospital team took action to mitigate heightened risk of CLABSI and other HAIs during the COVID-19 pandemic. The adoption of best practices in the past reduced infection cases. However, the numbers were still higher than the facility and team desired.

THE SOLUTION

TeamHealth began providing the facility with hospitalist coverage in December 2015 and partnered again in January 2021 for intensivist coverage. In this initiative, the hospital also engaged the national provider of diagnostic and interventional radiology (IR) services with whom they have partnered since 2013. With a shared goal to reduce CLABSI cases, facility staff, leadership and TeamHealth's critical care team embarked on a collaborative project in

December 2021, which began in earnest in quarter one of 2022. The team pivoted to new tactics customized to the patient population and community needs. They focused on the ICU since the department is the highest central line utilizers. Two key aspects boosted prevention measures: close multidisciplinary collaboration and incorporation of tactics in daily workflow.

MULTIDISCIPLINARY COLLABORATION

A multidisciplinary infection control team worked together to strengthen and customize infection prevention tactics. The facility hired a new quality director who brought innovative ideas from a diverse background in healthcare, and worked directly with the senior infection preventionist, who helped launch the project. In addition, new leadership infused good energy and enthusiasm for this work. The chief medical officer championed and sponsored this work, setting a collaborative tone among all parties from the outset.



We knew a singular effort would not make the most impact. Instead, we used a strategic and collaborative plan driven by a leader, but it was truly a team initiative.

Director of Clinical Excellence

Partnership Information

A 476-bed non-profit regional hospital

TeamHealth Services

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The critical care and hospitalist teams partnered with interventional radiology to dramatically increase reliance on midlines and develop policies to lower the use of temporary lines. The increased collaboration and communication standardized protocols and processes around line usage that supported infection avoidance goals. The IR team worked aggressively to reduce utilization of all central lines including peripherally inserted central catheters (PICC), which had a very high utilization rate at the hospital, and increased communication with medical staff and nurses, successfully transitioning most venous access lines to midlines or traditional intravenous lines.

Overall, the multidisciplinary group ensured all were involved and heard in the team-forward project. The approach assured compliance and brought forward a variety of perspectives, and the team now has better, more meaningful communication.

INCORPORATION IN DAILY FLOW

Incorporating enhanced infection prevention tactics in daily practice proved vital to the team's achievements. The goal was to improve line reviews and risk assessment for potential CLABSI cases. Previously, the inpatient department had some ICU rounding, but they knew they could improve the process. They began multidisciplinary rounding with emphasis on line and catheter assessment and indications. Nursing education around mortality and morbidity related to HAIs empowered nursing staff to take proactive action, tapping into their expertise and experience in line justification and review.

The ICU manager and infection control likewise incorporated clear and patient-focused communication in their daily workflow with the team. Regularly scheduled data evaluations allowed for review and discussion of opportunities for improvement and challenges. In touchpoints throughout the day, physician and nurse leadership began assessing and discussing cases. This enhanced communication improved knowledge of patients who needed lines reviewed and removed at any time.

THE RESULTS

The facility has a high end-stage renal patient population, which makes the line-associated infection prevention results more impressive and highlights the patient-centered, team-forward approach. The shared enthusiasm, trust and resolution yielded impressive results:

- **100% reduction with no CLABSI cases in 18 months**

THE CONCLUSIONS

"Being CLABSI-free since December 2021 is gratifying, and we're maintaining focus every day," says the hospital's director of clinical excellence. The team continues to prioritize CLABSI reduction while also rolling out these processes to other HAIs and quality initiatives throughout the hospital. The continued partnership of everyone involved is vital to the sustained success.

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