



# ZERO CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION (CLABSI) PERFORMANCE

IMPROVEMENT PROJECT

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### **PROJECT AIM**

The project aimed to decrease the number of Central Line-Associated Blood Stream Infection (CLABSI) events from 144, in 2017, to less than 101 (30% decrease) in all hospital units by 31st of December 2019 (After two years) and continue to sustain the CLABSI cases decrease over years until reaching to hopefully Zero CLABSI.

## **METHODS AND MATERIALS**

- Formulate driver diagrams with change ideas to guide the team improvements.
- Formulate Sub-teams that work on the implementation of the selected change ideas.
- Build a scorecard to monitor the progress of the implemented ideas and the outcome of the project.

### **INTERVENTIONS**

Introduce physicians' training through simulation



Launch Hand Hygiene awareness campaign



Implement lines bundles documentation in the hospital Electronic Medical Record (ICIS)





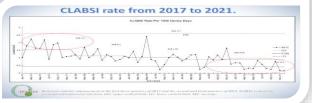
# **INTERVENTIONS**

Conduct CLABSI Events Root Cause Analysis (RCA)



## **OUTCOME**







# **PROJECT TEAM DECIPLINES**

# Physicians Ouality Infection Control Radiology Laboratory Nurses Quality Health Informatics

# **INTERVENTIONS**

Revise and combine the vascular lines insertion, maintenance and removal policies in one policy

	ESEARCH CENTRE eral Organization)	CLINICAL INTERNAL POLICY	AND/OR PROCEDURE (CIP
TITLE: Vascular Access Devices (VADs.) Insertion, Maintenance and Removal Policy			DOCUMENT NUMBER: CIPP-8611
Callegory: Subcategories of Cirical IPPs Categories not selected.			VEESION:
18/12/2018	REPLACES NUMBER/DATE:	APPLIES TO: INFECTION CTRL & HOSP EPID (Dpt)-R, MED & CUN AFFAIRS (Dpt)-R, NURSING AFFAIRS (Dpt)- R	APPROVED BY: HAIL ALAEDELY
PURPOSE     To standardize	the knowledge and pract	r, Please refer to Policy Management Systics related to Vascular Access D. their complications from all patient of	evices to eliminate Catheter