

Preventable Bloodstream Infections Still Plague Hospitals

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Hospitals still struggle to prevent avoidable healthcare-acquired infections (HAIs), according to a survey of infection preventionists released today by the Association for Professionals in Infection Control and Epidemiology (APIC). Half of those surveyed agree that catheter-related bloodstream infections (CRBSIs) continue to be a problem in their facilities and cite lack of time, resources, and the commitment of hospital leadership as hindering their ability to combat these infections more aggressively.

Released during APIC's annual conference, the survey was designed to uncover barriers to hospital adoption of best practices to prevent CRBSIs, one of the most costly and deadly infections transmitted in healthcare facilities. Survey results were collected from 2,075 respondents: 1,563 are APIC members and the remainder, members of the Infusion Nurses Society and the Association for Vascular Access. For the purposes of this survey, CRBSIs include infections resulting from central lines, peripheral lines, dialysis lines and implanted ports.

About half of survey respondents agree that they spend so much time on surveillance or reporting that they do not have time to work on CRBSI prevention. Seven in 10 feel they do not have enough time to train others adequately on how to prevent bloodstream infections. When asked to identify the greatest challenges to implementing best practices to prevent CRBSIs, the top answers were enforcing policies related to infection prevention and educating staff, followed by conducting surveillance for CRBSIs using a paper-based system.

"Bloodstream infections from catheters are nearly 100 percent preventable with clear, actionable steps," said APIC 2010 president Cathryn Murphy, RN, PhD, CIC. "Many hospitals have seen their rates decline dramatically – some have gotten to zero and have maintained that. It is disturbing that some hospitals still report having difficulty implementing best practices to avoid these infections."

An estimated 80,000 patients a year in the U.S. develop CRBSIs, and about 30,000 die from them, accounting for roughly a third of the 99,000 deaths that occur each year from HAIs. The average cost of care for a patient with this type of infection can exceed \$30,000, costing the U.S. healthcare system more than \$2 billion annually.

A federally funded program led by renowned patient safety leader Peter Pronovost, MD, PhD, FCCM, involving intensive care units in Michigan hospitals, reduced the incidence of CRBSIs by two-thirds, saving more than 1,500 lives and \$200 million in the first 18 months. Participating hospitals followed a five-step checklist, which is being replicated in many hospitals in the U.S. and globally. Additionally, the Centers for Medicare & Medicaid Services (CMS) considers CRBSIs to be a "Never Event," which is reasonably preventable through application of evidence-based best practices and as such no longer reimburses for hospital-acquired CRBSIs.

"Despite the evidence demonstrating that many, if not most, CRBSIs can be prevented through consistent application of best practices and the financial penalty imposed by CMS and many private insurers, CRBSIs are still a persistent problem for many healthcare institutions" said APIC CEO Kathy

Warye. "Elimination of CRBSIs needs to be the goal of every healthcare institution."

Commitment of Hospital Leadership Lacking

Half of survey respondents strongly agree that the administration at their facility knows the extent to which CRBSIs are a problem, but only 30 percent strongly feel their administration is willing to spend the money necessary to prevent these infections. Only one in four respondents strongly believe that their facility monitors compliance with best practices for the prevention of bloodstream infections or holds clinical staff accountable for adhering to these practices.

"Preventing infections requires the full commitment of hospital leadership to ensure adequate resources and instill a culture of patient safety within the institution," said Peter Pronovost, MD, PhD, FCCM, lead clinical advisor to APIC on the CRBSI initiative and professor, Johns Hopkins University School of Medicine. "If infection prevention is a priority for leadership, it will be a priority for the rest of the institution. All healthcare facilities need to address the barriers to prevention and begin now to implement comprehensive efforts to prevent HAIs."

Additional Survey Findings

Improper procedures are the cause of CRBSIs, according to the survey:

- Nearly three in 10 report that improper maintenance of lines or ports is a significant cause of CRBSIs at their facilities
- About two in 10 each attribute CRBSIs to failure to remove lines when no longer needed, improper preparation of lines or ports, and failure to perform hand hygiene

The survey also found that healthcare facilities require additional education and resources to prepare for the successful prevention of CRBSIs:

- 29 percent feel their CRBSI education is fair or poor
- 81 percent feel face-to-face training in small groups is effective for CRBSI training
- 84 percent would like to learn more about best practices for CRBSI maintenance of lines or ports

The incidence of CRBSI varies considerably by type of catheter, and how and when the catheter is used. Intravascular catheters are long, thin, flexible tubes inserted into a vein that lead to the heart and are used to give medication, supply nutrition, or monitor blood flow. They are used frequently in healthcare institutions, particularly in ICUs.

The APIC survey was conducted online from May 20 to June 3, 2010 by Mathew Greenwald & Associates, a full-service market research firm. Of the 2,075 respondents, 75percent are APIC members. Sixty-nine percent are infection preventionists, and 80% work in a hospital setting.

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