

AACN CSI Academy Teams Reduce Incidence of HAIs

New York City hospital teams decreased CLABSIs and CAUTIs up to 67 percent. Anticipated combined hospital savings will exceed \$540,000 a year.

Teams of bedside nurses from four New York City hospitals significantly reduced two healthcare-associated infections (HAIs) — central line-associated bloodstream infections (CLABSIs) and catheter-associated urinary tract infections (CAUTIs).

Based at New York-Presbyterian (NYP)/Columbia University Medical Center, NYP/Morgan Stanley Children's Hospital, NYP/Weill Cornell Medical Center and North Shore University Hospital, the teams conducted the quality improvement initiatives as part of AACN Clinical Scene Investigator (CSI) Academy.

Including three teams that focused on other conditions — Long Island Jewish Medical Center, Maimonides Medical Center and New York University Langone Medical Center — seven groups planned, implemented and measured improvement in patient outcomes and hospital bottom lines.

At a CSI Academy Innovation Conference in November 2014, teams reported decreases of up to 67 percent in CLABSIs and CAUTIs, with combined anticipated annual hospital savings exceeding \$540,000.

"Clean It Like You Mean It" at NYP/Morgan Stanley uses a central-line maintenance protocol, ongoing education sessions and weekly surveillance by nurse champions to reduce CLABSIs. The group identified key do's and don'ts for staff and hosted a CLABSI Carnival Kickoff to educate 100-plus nurses. They produced a 25 percent overall reduction over nine months, including a unit where CLABSIs decreased from six to zero.


NYP/Weill Cornell Medical Center's project — "Preventing CAUTI in Neuroscience ICU" — aimed to decrease catheter use, reduce unnecessary insertions, eliminate inconsistencies in catheter care and increase availability of incontinence care supplies.

The team's strategies to change unit culture included data collection, increased physician engagement, identification of CAUTI champions and providing rewards and recognition. The strategies reduced CAUTI cases 44 percent and catheter days 26 percent.



Nurses at North Shore University Hospital reported quantifiable improvement with "Take CAUTI-On!" To decrease the incidence of CAUTIs in their Neurocritical Care Unit by 25 percent, the nurses concentrated on protocol improvement, staff education and skill validation. These efforts resulted in a 31 percent reduction in device days and a 26 percent overall decrease in CAUTIs.

The "AACN CSI CAUTI Queens" of NYP/Columbia University Medical Center sought to reduce CAUTIs in the Neuroscience ICU by 50 percent over the previous year and increase patient satisfaction, decrease length of stay and cost of hospitalization, and improve long-term neurological outcomes. They applied specimen collection changes, daily reviews, a buddy system and alternative urinary incontinence products to exceed their goal, reducing CAUTIs 67 percent over nine months.

Visit the AACN CSI Academy Innovation Database at www.aacn.org/csiprojects to explore the results of all CSI projects and the tools each team used. 

Comment on 'AACN Scope and Standards for Acute and Critical Care Nursing Practice'

How is nursing practice at the bedside evolving to optimally meet the needs of patients, healthcare organizations and society? We need your input.

Comments from clinicians, managers and educators are important, because "AACN Scope and Standards for Acute and Critical Care Nursing Practice" is being updated. Download and read the current standards at www.aacn.org/practice > Standards. Then review and comment by Jan. 16 using our confidential online survey at www.surveymonkey.com/s/8S2WSMC.

