



Strategic Priority: **SPI- Medical, Research, Academic Research**

**Project Name**

Central Line Associated Blood Stream Infection (CLABSI) in SSCU-B

**Site**

Riyadh

**Department**

SSCUB/CCN

**Project Status**

Completed

**Project Start Date**

10-01-2017

**Project End Date**

10-01-2018

**Problem:** Why the project was needed?

King Faisal Specialist Hospital & Research Centre is moving toward achieving Zero Harm in order to be a High Reliability Organization. Increasing CLABSI rate has been an issue in SSCU-B. Therefore, the unit team agreed to look for an improvement to beat the NDNQI benchmark.

**Aims:** What will the project achieve?

Decrease CLABSI Rate in SSCU-B patients by 25% from 4.39 per 1000 central Line Days in 3Q 2017 by the 3Q 2018.

**Benefits/Impact:** What is the improvement outcome?  
(check all that apply)

- Contained or reduced costs
- Improved productivity
- Improved work process
- Improved cycle time
- Increased customer satisfaction
- Other (please explain)

Reduced in Length of Stay by zero infection for patients

**Quality Domain:** Which of the domains of healthcare quality does this project support?

Zero harm  
**Safe**

**Measures:** Performance metrics to be evaluated

CLABSI Rate in SSCU B (%)

**Targets:** Expected outcomes

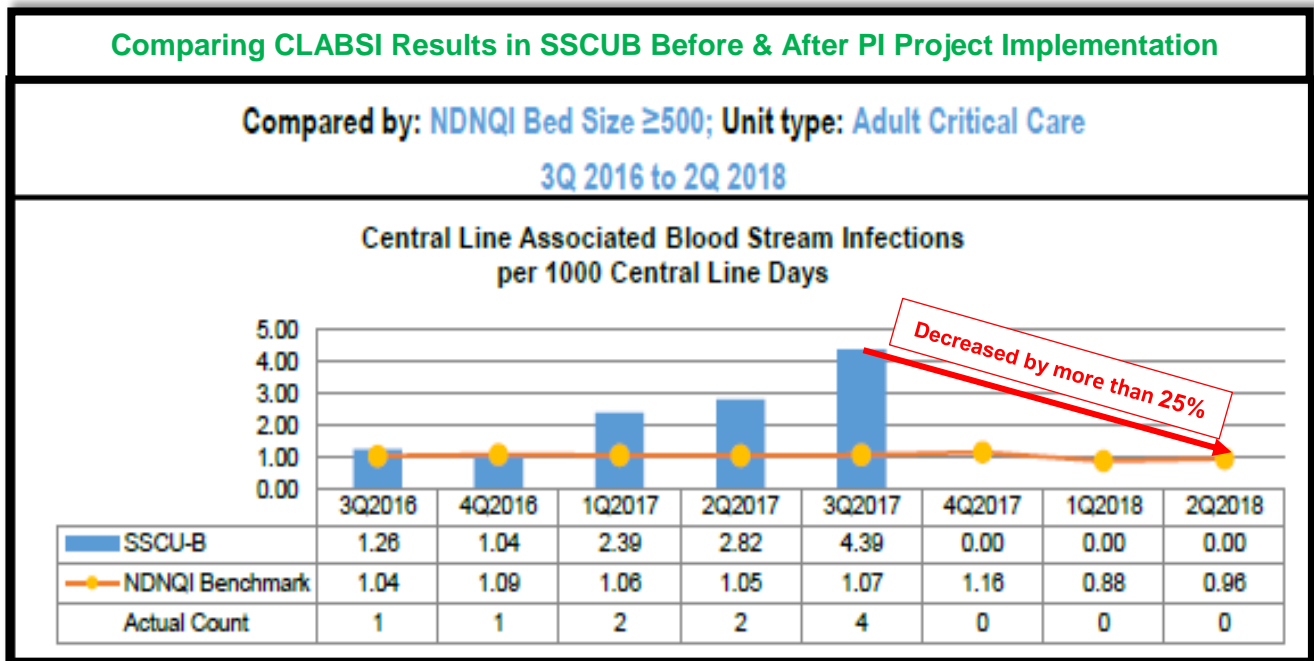
25% below the Baseline (3.29 IR)

**Interventions:** Overview of key steps/work completed

- Provide education and monitor compliance of staff on the Central Line Catheter Standard of Care –Insertion, Maintenance, Removal.
- Implement CORE strategies in preventing CLABSI with unit staff and other stakeholders.
- Enhance RN-MD collaboration in preventing CLABSI by reducing device utilization.
- Enhance staff knowledge, engagement in new practice compliance and prevention of CLABSI.
- Maintain hourly to every two (2) hours unit round.
- Involve unit managers (HN/AHN/CI) with the clinical care (CN/direct patient care).
- Provide full day CN course initiated by SSCU-B.
- Create and educate CLABSI team.
- Prepare unit presentation and education through last evidences.
- Encourage staff to speak up.
- Initiate pre CVC insertion preparation.
- Initiate peer to peer staff involvement in blood draw, CVC care and blood culture.
- Minimize blood draw and accessing the CVC line.

**Results:** Insert relevant graphs and charts to illustrate improvement pre and post project  
 (insert relevant graphs, data, charts, etc.)

The graph reflects SSCUB NDNQI data for CLABSI



**Project Lead**

**Name**  
 (person accountable for project)  
 Liza Siguenza ( SN1)

**Team Members**

**Name:**  
 (persons involved in project)  
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