

# Taking the ouch from the patient

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## Introduction

In 2016, Fiona Stanley Hospital (FSH) Healthcare Associated *Staphylococcus aureus* Blood Stream Infections (HA-SABSI) rate caused by invasive devices were above peer comparisons in Australia. Reducing harm from invasive devices and significant infections was a priority for the organisation. From review of clinical investigations, evidence showed that there was a variance in the insertion and management of invasive device.

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## Key interventions

- Literature reviews included identifying the barriers and safe care of invasive devices and change management strategies.
- Research acknowledged preventable and non-preventable HA-SABSI and peer comparisons which supported targeted strategies.
- Standardising products (including insertion packs, dressings and skin preparation), insertion bundles, policies and aseptic technique.
- Rollout of consumer-specific information on the management of invasive devices aimed at engaging consumers in their own care.
- Sustainability for reducing harm included; auditing, training and visual reminders.
- Communicated the vision of Infection Prevention excellence and patient-centric healthcare.

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## Aim

The aim was to reduce harm and incidents of HA-SABSI from invasive devices in early 2017. Under nursing leadership, a group of experts in medical/nursing/allied health formed an Invasive Device Working Group to identify and reduce variances in management of invasive device.

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## Methods

The measurement and sustainability of the program was by patient outcomes which the Infection Prevention nursing experts provided a proactive surveillance program capturing and reporting HA-SABSI on the Datix Clinical Incident Management System. In addition, the Invasive Device Working Group action log tracked and progressed actions utilising the Plan-Do-Study-Act (PDSA) methodology. There were over 50 improvement actions undertaken within 18 months.

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## Results

- Significant reduction from HA-SABSI by:
- **25%** from Hickman, Peripherally Inserted Central Catheter (PICC) & infusaports within 18 months
  - **50%** from Peripheral intravenous catheters (PIVCs) within 30 months

"Taking the ouch from Invasive Devices"

Currently HA-SABSI rate April-June 2019  
**0.6 per 10,000 bed days.**

Patient-  
centred  
Policy

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## Conclusion

Implementing standardised processes for invasive devices with policy, training, insertion and management bundles, which were patient-centred, and has improved patient outcomes. Having a nurse led program empowered practices and linked into current governance systems key performance indicators, and human experiences.