



January 3, 2008
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Hospital Eliminates Dangerous Bloodstream Infections in ICU

HERRIMAN, Utah - A California hospital's innovative clinical protocol eliminated a potentially deadly infection for more than a year, according to an article in the December issue of the Journal of the Association for Vascular Access (JAVA).

The hospital's success at eliminating IV catheter-related bloodstream infections in its ICU is notable because few hospitals have previously documented the elimination of these serious infections. The infections are fatal in 12% to 25% of cases.

Sophie A. Harnage, BSN, RN, led the nursing team that developed the protocol, or "bundle," at Sutter Roseville Medical Center (SRMC) in Roseville, Calif.

In addition to improving patient safety, hospitals will soon have another incentive to reduce rates of catheter-related bloodstream infections (CRBSIs). Starting in October 2008, Medicare will stop reimbursing hospitals for treatment of the infection. Most private insurers are expected to adopt similar policies. CRBSIs cost an average of \$25,000 to \$45,000 to treat.

Before the bundle's adoption, 11 CRBSIs occurred at SRMC in 2005. After the bundle was implemented, no CRBSIs occurred for 15 months (January 2006 to March 2007). During that time frame, the number of relevant catheter insertions more than doubled. Since the article in JAVA was completed, the zero-infection rate has continued for six more months, Harnage said.

The innovative bundle developed by Harnage includes strategies that prevent contamination of the catheter from the skin and the fluid pathway. The bundle encompasses the adoption of new infection-control technologies; changes in nursing procedure; CDC-recommended full barrier precautions and the practices promoted by the Institute for Healthcare Improvement (IHI).

Nursing practices described in the article include use of a specialized nursing team to place nearly all central catheters, upper arm placement with ultrasound guidance; disinfection of catheter connectors with each access; a revised protocol for flushing central venous catheters manually, and daily monitoring.

Among infection-control technologies included in the bundle were:

- BioPatch® protective disk with CHG (chlorhexidine gluconate) to protect the extraluminal pathway to help eliminate infections;
- InVision-Plus® Neutral™ I.V. Connector System to protect the fluid pathway against microorganism contamination;
- StatLock® I.V. catheter stabilization device aids in the reduction of the migration of microorganisms up the catheter;

"When prevention behavior activities and innovative products are combined, the synergistic effect is greater than when the same strategies are used independently," Harnage concludes.

JAVA is a peer-reviewed publication of the Association for Vascular Access (AVA), an international, interdisciplinary professional organization of clinicians, educators, researchers, regulators and manufacturers involved in issues of vascular access. AVA is the premier professional organization for individuals in the field of vascular access who are leading the thoughts and actions of others in the field.

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