

TAKING THE OUCH FROM THE PATIENT

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ABSTRACT

Introduction

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

Aim

The aim was to reduce harm from invasive devices and in early 2017 under Nursing leadership a group of experts in medical/nursing/allied health formed an Invasive Device Working Group to review the evidence in reducing harm and variance from invasive devices.

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 IP excellence and patient-centric healthcare.

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–Check–Act (PDCA) methodology. There were over 50 improvement actions undertaken within 18 months.

Results

There has been a 25% reduction from HA-SABSI by invasive devices over the last 12 months, significantly noted with long lines.

Conclusion

Implementing standardised processes for invasive devices with policy, training, insertion and management bundles improves patient outcomes. Having a Nurse led program empowered practices and linked into current governance systems and key performance indicators.