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Hospitals' efforts cut central line infections

Thousands of lives being saved, CDC says

By Liv Osby • Staff writer • Published: March 02, 2011 2:00AM

As many as 6,000 lives were saved in 2009 because hospital workers took steps to prevent central line infections in intensive care units around the country.

Those steps also saved \$414 million in health care costs, the U.S. Centers for Disease Control and Prevention said.

In fact, 27,000 lives and \$1.8 billion in health care costs were saved between 2001 and 2009, reflecting a 58 percent decrease in those infections, CDC reports.

"Central line infections are a serious complication," Dr. Thomas Diller, vice president for clinical effectiveness and quality at Greenville Hospital System, told GreenvilleOnline.com.

"The issue is the rates we've had are not acceptable," he said. "Over the last two to three years, there's been a concerted effort across the country to try to get a handle on these things."

A central line is a catheter, or tube, placed in a large vein in the neck, chest or arm for fluids, blood or medications. Infections can occur when bacteria enter the bloodstream through them.

And as many as one in four patients with one of these infections dies, according to CDC.

Campaigns have been launched in recent years to improve health care quality.

They set specific protocols for central line insertion and maintenance that include proper hand hygiene; sterile drapes on the patient; protective gown, gloves and caps for staff; and removing the line as soon as possible, Diller said.

GHS has more than halved its ICU central line infection rate, from 4.5 per 1,000 central line days to about 2 using these protocols, he said. And the program is being taken to other parts of the hospital.

Bon Secours St. Francis Hospital System hasn't had an ICU central line infection since 2007, which is a direct result of adopting guidelines recommended by the Institute for Healthcare Improvement, said Dr. Bradley Howard, interim chief medical officer.

Those guidelines include a checklist that health care providers use to ensure they are following safety protocol, particularly under emergency conditions when the immediate objective is to save a patient's life, he said.

"Early in my career, I know we did not practice the type of sterile technique that we needed to in the placement of central lines," Howard said. "Now it's part of our culture."

The same procedures are used for central line infections throughout the hospital and to fight other infections, such as ventilator-associated pneumonia, said Michelle Bushey, director of infection control. She added that St. Francis also is involved in the South Carolina Hospital Association's Stop Bloodstream Infections campaign.

Although the medical community long held that hospital infections were inevitable, studies show most can be prevented by following infection control guidelines.

"Preventing bloodstream infections is not only possible, it should be expected," said CDC Director Dr. Thomas R. Frieden. "Meticulous insertion and care of the central line by all members of the clinical care team, including doctors, nurses and others at the bedside, is essential."

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Bloodstream infections cause at least a third of the nearly 100,000 hospital infection deaths in the country, according to Consumers Union.

"The bottom line is that most infections could be prevented if hospitals worked harder and invested more to protect patients," said Lisa McGiffert, director of Consumers Union's Safe Patient Project.

Patient safety advocate Helen Haskell of Columbia said the voice of the public has been critical in the battle to improve hygiene and save lives.

She said central line infections represent only a portion of the dangerous hospital-acquired bugs that can kill and injure patients, and that more needs to be done to prevent them as well.

"This is just the beginning," she said. "I don't think it's time to stop and congratulate ourselves. I think it's time to roll up our sleeves."

McGiffert added that efforts to require hospitals to disclose their infection rates made it possible to track progress and improve quality. Moreover, most central line infections occur outside ICUs, she said.

CDC found that about 60,000 central line infections occurred outside the ICU, including elsewhere in the hospital and at dialysis centers. Frieden said the next step is to take safety measures to all health care settings.



Herbert Osbey, a vascular access nurse at St. Francis Hospital, completes a central line insertion. Steps taken by hospitals around the U.S. have cut central line infections. (GEORGE GARDNER/Staff)

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