

# From Support Role to Multi-Functional Support Role Successful Role Redesign, Reducing Stepdown BSI Rates

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Johnson MSN, RN, CPN, CLNC

Richardson BSN, RN

# ground

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December 2016, Cardiac Stepdown Unit (CSU) experienced a historical  
increase in its CLABSI surveillance rate (4.95/1000 line days)

decline in hygiene compliance

added for telemetry extenders due to bed expansion



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improve CLABSI rates

develop a multi-functional support role from a single support role

improve overall hygiene compliance



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U Manager and Night Educator modified the role of the Patient Care Tech (PCT) to a Patient Care Specialist (PCS) role  
Infection control supervisor developed curriculum to train PCS as a hygiene extender  
Hygiene Team established to increase hygiene compliance.



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January 2017, four nursing students were hired into the newly established  
Team positions.

hires took didactic coursework.

hands on instruction occurred for responsibilities of role for all patients:

Developmental baths/routine bath

CHG baths

Oral care

linen change

High touch surfaces in patient rooms and throughout unit

Daily weights



# I Need CHG to Keep the Germs Off Me!

- ☐ I have a Central Line
- ☐ I am pre-op/cath
- ☐ I am post-op



Communication tool created to identify which patients need a CHG bath



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March of 2017, all existing CSU PCT's were transitioned to the PCS role. From January to March 2017, vacancies were replaced with PRN nursing students as needed. Additional didactic and bedside training occurred.



Hygiene compliance increased from 74% in November of 2016 prior to the outbreak, to 90.3% in September of 2017

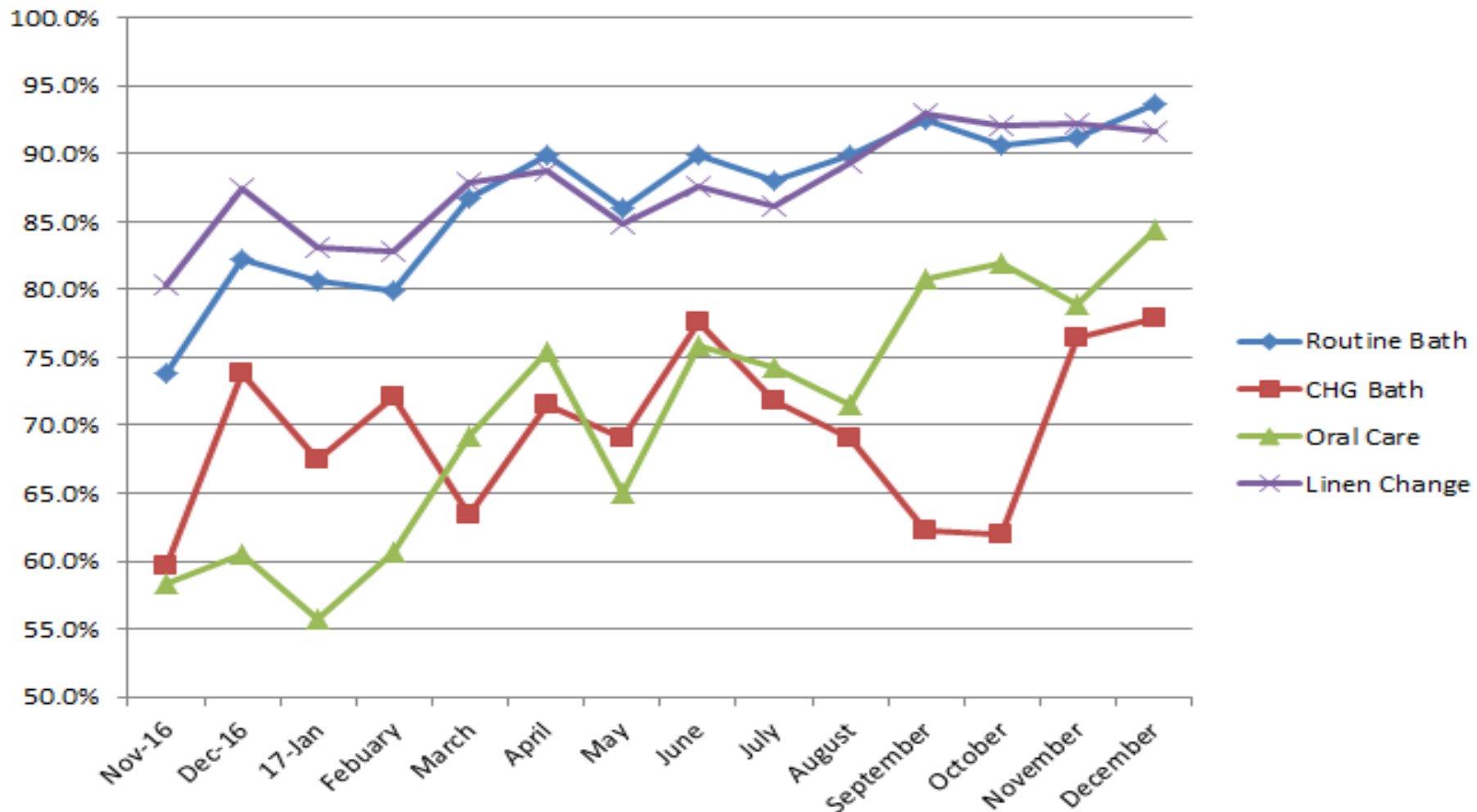
Hand care increased from 58% to 81% during the same period.

Admission rate decreased from 4.95/1000 line days in December 2016 to 3.5/1000 line days in September 2017.





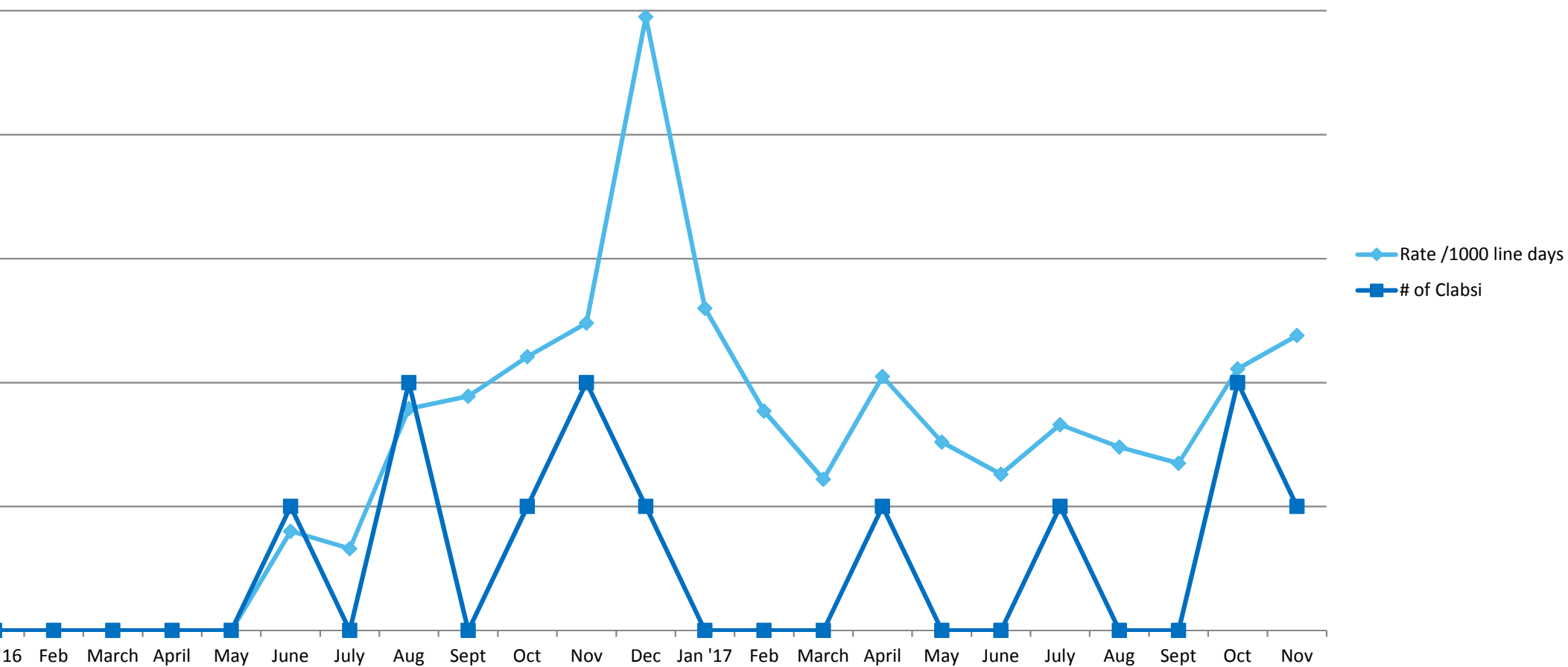
## Compliance Rate of Patient Hygiene Practices



\*Dip in CHG compliance is contributed to Sage manufacture stopping production of CHG bath cloths, leaving the hospital to find a new process on short notice.



## Cardiac Stepdown CLABSI Rates



CLABSI rate prior to June 2016 was at 0%. Rate started spiking toward end of 2016 causing us to think outside the box. A new team born Jan 2017.

Since the submission of this abstract, CSU has had 3 additional CLABSIs

2017 1 chronic complex cardiac patient had 3 CLABSIs



## CLABSI 2017

Patient	Date	Line Days	Bug
1	Qtr. 1	7	Klebsiella & Enterobacter
2*	Qtr. 2	7	Ecoli/Serratia Marcescens
3	Qtr. 3	56	Staph Epi
4	Qtr. 4	22	Serratia Marcescens
5*	Qtr. 4	3	MRSA
6*	Qtr. 4	15	Serratia Marcescens

\*pt 2, 5 and 6. Is the same patient during same admission, allergic to CHG

\*\*CHG bath cloths recalled on 8/25/17, CHG restocked on CSU 11/21/17

# onal benefits

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PCS staff cross trained as telemetry techs and secretaries.

Increased pool of new graduate nurses to hire into CSU RN position.

By Feb 2018 - 7 of our PCS team members will have transitioned to RN

May 2018 - 3 more PCS team members will transition to RN

We have achieved a fully functional PCS team that successfully assumed  
role of the Clean Team/Telemetry Tech while improving hygiene package  
compliance and CLABSI rates.



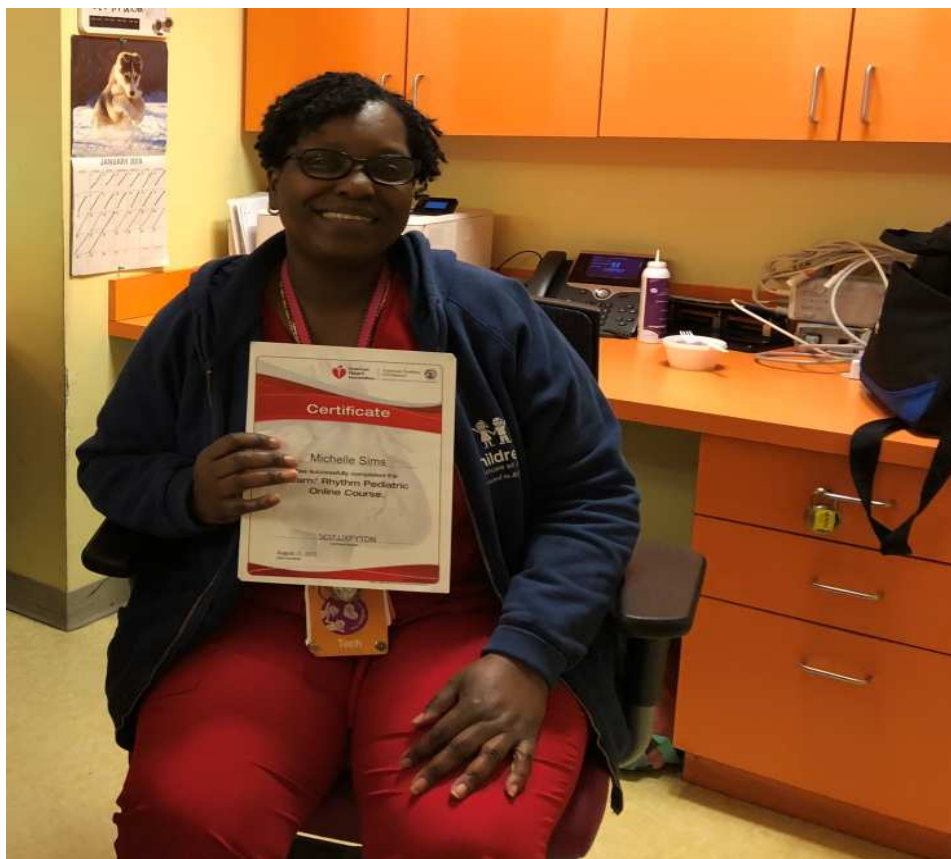
Continue to cross train all PCS's.

Maintain PCS as a member of the clean team.

Bring nursing students into the PCS role to transition to New Grads.

To further decrease our CLABSI rate we will be implementing a department-wide CVL dressing and line surveillance team for consistency.





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