



Linking Bloodstream Infections to Nursing Process and Context of Care
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THE PROBLEM

• **Many ICUs do not use proven evidence-based practices to prevent central-line associated blood stream infections**

• **An estimated 250,000 BSIs occur in U.S. hospitals annually**

- ~ 20% of those who acquire an infection will die from it
- Costs of treating a BSI averages \$36,444

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THE SOLUTION

• **5 CLABSI prevention practices**

- Hand washing
- Avoidance of femoral line placement
- Full barrier precautions
- Use of chlorhexidine for cleansing the line site
- Removal of unnecessary lines as soon as possible



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THE SOLUTION



• **Comprehensive Unit-based Safety Program**

- Assess safety climate annually
- Educate the staff on science of safety
- Encourage staff to identify how the next patient will be harmed
- Assign an executive to adopt the unit
- Learn from one system defect in the work environment per month and implement one teamwork tool every 2 months



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STAKEHOLDERS

- **Primarily health care providers-- to provide the safest care and to communicate effectively**
- **Hospitals and systems nationwide-- to adopt these evidence-based practices**
- **National policy--to support use of this program**



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STAKEHOLDERS



- **Non academic partners' interest: protect patients and promote safety efforts to potential customers**

• **The collaboration taught us:**

- RCTs not universally appreciated by partners but needed for publication
- Businesses expect service; application over theory
- Community hospitals' challenges differ from AMCs'
- Framing is everything
- Large numbers needed for science are difficult to get, hard to coordinate in practice

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FACILITATORS and BARRIERS

• **Facilitators to dissemination/ translation**

- Sebelius' announcement, CMS payment policy
- National Stop BSI program

• **Barriers to dissemination/ translation**

- Originator of research program most highly valued for speaking engagements
- Time to first publication; journal expectations
- Lack of funding for further investigation/ articles
- Permissions/ reviews by partners



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NEXT STEPS

• **Dissemination for maximum impact on care and/or policy**

- Step 1: First big publication
- Step 2: Editorials; speaking engagements
- Ongoing-- Working with state hospital associations/ HRET to disseminate the method
- STOP BSI retreat—incorporating lessons
- Transitional grant application
- More investigation

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ADVICE TO FUNDERS

•**When assessing applications—balance strong science with feasibility/ service orientation**

- Incorporate stakeholders in developing CFPs and in assessing/ developing applications**
- Provide resources for serving partners; for translation activities; and for further investigation**
- Remind researchers to consider adoption issues**

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