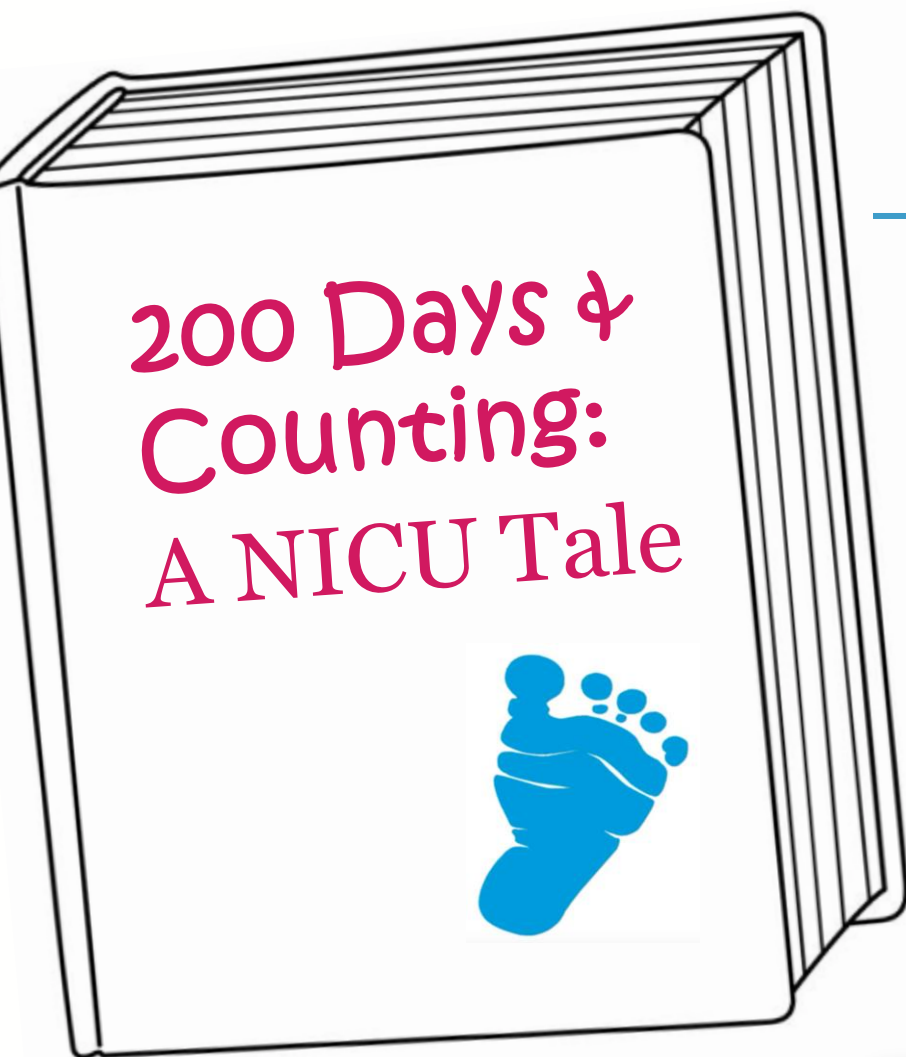


200 Days & Counting

A NICU Tale Targeting Zero



BACKGROUND

We present an 8-month-old (39w1d) complex infant with congenital cardiac anomalies who was an internal transfer to our Newborn/Infant Intensive Care Unit(NICU) at 4 weeks of age. A peripherally inserted central catheter (PICC) line was placed on dol 72 and has been in place for 201 days due to patient needs for central access. This infant presents as high-risk due to multifactorial risks including baseline diaphoresis, colonization with methicillin-susceptible *Staphylococcus aureus* (MSSA) and extended central line days. This exemplar highlights our NICU's initiatives targeting zero central line associated bloodstream infections (CLABSI).

INTERVENTIONS

Central Line VAS team Rounds

- Q 12-hour shift



- Ensure dressing integrity
- Assess for additional needed interventions

Multi-disciplinary Compliance Rounds

- Weekly



- SHARPI (Stomp Harm And Reduce Preventable Infection)

Sharpie for safety behaviors

- Safety Quality Specialist(SQS)
- bedside nurse
- VAS nurse
- pharmacist
- physician lead

Dressing

- 2 trained RN dressing change
- Special dressing 2' diaphoresis
- Water-resistant barrier applied



Water resistant barrier

Tier Zero Huddle

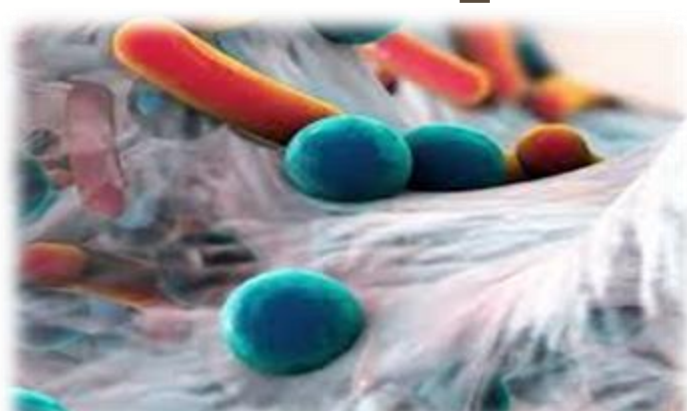
- Fan for diaphoresis
- Consistent thermostat temperature

- Bedside nurse
- VAS nurse
- SQS
- Medical team
- CLABSI leads



MSSA monthly testing & decolonization

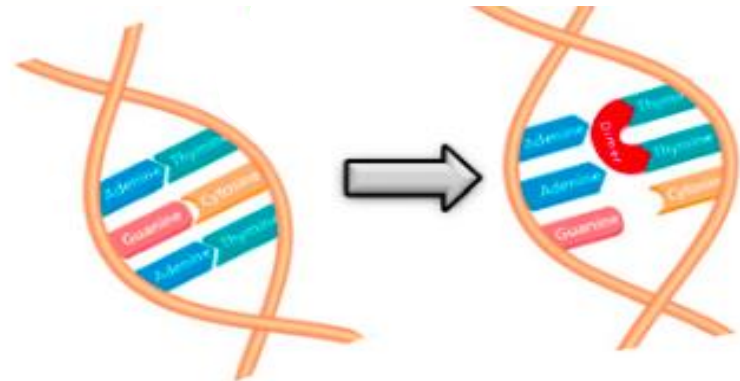
- Treated with nasal mupirocin



Mupirocin is established as the best topical antimicrobial available for Gram-positive bacteria

Ultraviolet-C Sterilization

- Patient room
- Weekly medication & supply rooms



UV-C rays damage genetic material preventing them from replicating & surviving



IMPACT

This case illustrates the value of additional prevention measures to combat CLABSI. We continue to recognize the need to explore, create, and share additional interventions to target zero to improve patient safety.

It takes a village to keep our patients safe, thus acknowledging the contributions of our central NICU nursing team, blue medical team, unit-based VAS team, SQS team, & physician safety partners.