Nursing central line service prevents catheter related infections

Bacteraemia associated with central venous catheter (CVC) usage in acutely ill patients has been shown to increase mortality and morbidity. Acutely ill patients are at a greater risk of infection, underscoring the importance of effective care models.

The reporting of the prevalence of catheter related blood stream infections varies widely in the literature with on average five infections per 1,000 catheter days reported. In Australia it is reported that over 3,500 CVC infections occur annually, many of which are preventable. These infections are associated with an annual mortality rate of 22% and an increase in the average length of stay of greater than seven days. Every year approximately 24 patients die in intensive care units (ICUs) in Australia of CVC associated infections and the cost is estimated to be as high as $82.2 million (Victorian National Nosocomial Infection Surveillance System [VINCNISS], 2005).

Strategies to decrease CVC infections include adhering to strict hand washing protocols, aseptic technique on insertion and on accessing the catheter and use of chlorhexidine skin antiseptics. The choice of catheter site placement and regular surveillance of inserted central lines are also important factors in optimal catheter outcomes. (NSW Department of Health Central Venous Line Associated Bacteraemia in Intensive Care Units project).

Having a dedicated central venous access service can also assist in the reduction of CVC infections through increased specialisation and implementation of best practice recommendations. The Central Venous Access Service (CVAS) based in the intensive care unit at Liverpool Hospital, NSW, is coordinated by two advanced practice nurses whose role it to not only insert CVCs throughout the hospital but also actively engage in the setting and monitoring of clinical practice standards. In this model of care, increased access to expert clinical assessment and specialist care means that vascular access is tailored to specific patient needs and as a consequence patient outcomes are improved.

The CVAS plays an important education and training role through performing routine in-service sessions and educational programs for nursing and medical staff on CVC management and handling. One of the most important education roles the service undertakes is the training and accreditation of medical staff in central venous access: yes, nurses teaching doctors! In these sessions apart from the emphasis on technical skills, significant emphasis is put on the use of aseptic principles even in the setting of resuscitation. The CVAS is an example of how a nurse coordinated model of care using best practice standards can improve patient outcomes through reducing infection.

END PRIVATE CLEANING IN HOSPITALS

UK nurses have called for hospital cleaning to be brought back in-house to reduce rising infection rates. Nurses at the Royal College of Nursing conference in the UK overwhelmingly voted for a motion proposing an end to contracting out cleaning to private firms last month. Cleaning contracts have been outsourced since the 1980s and about 47% of UK hospitals now use the private sector. Nurses said this had led to a drop in standards and a rise in infections. – with BBC online

JAPAN FIRST TO VACCINATE HEALTH CARE WORKERS AGAINST BIRD FLU

Japan is set to become the first country in the world to vaccinate health care workers against bird flu despite no human cases of the avian influenza infection in the country. More than 6,000 staff will initially be vaccinated and the program possibly extended to cover millions more. Japan has stockpiled 20 million doses of the so-called "pre-pandemic" avian influenza vaccine, made of the H5N1 strain collected in Indonesia and Vietnam, the countries worst hit by the virus.