

HOST H.U.B-CHIREC

Implementation of a CLABSI prevention strategy based on the WHO multimodal approach.



P. Tinsy, R. Mahieu, X. Schauwers, J. Rizk, S. Noulet, B. Byl
H.U.B ERASME
Brussels, Belgium

BACKGROUND

Use of central venous catheter is associated with a risk of infectious complications. Central line-associated bloodstream infection (CLABSI) may increase antibiotic exposure, hospital stay, healthcare costs and mortality. Interventions focusing on best practices, primarily on insertion procedures, but also on post-insertion care of central lines, have been associated with substantial reductions in CLABSI rates. WHO's multimodal approach strategy shows convincing results to reduce CLABSI incidence rates.

AIM

implement a CLABSI prevention program within the hospitals of the HOST H.U.B-CHIREC network

METHODS

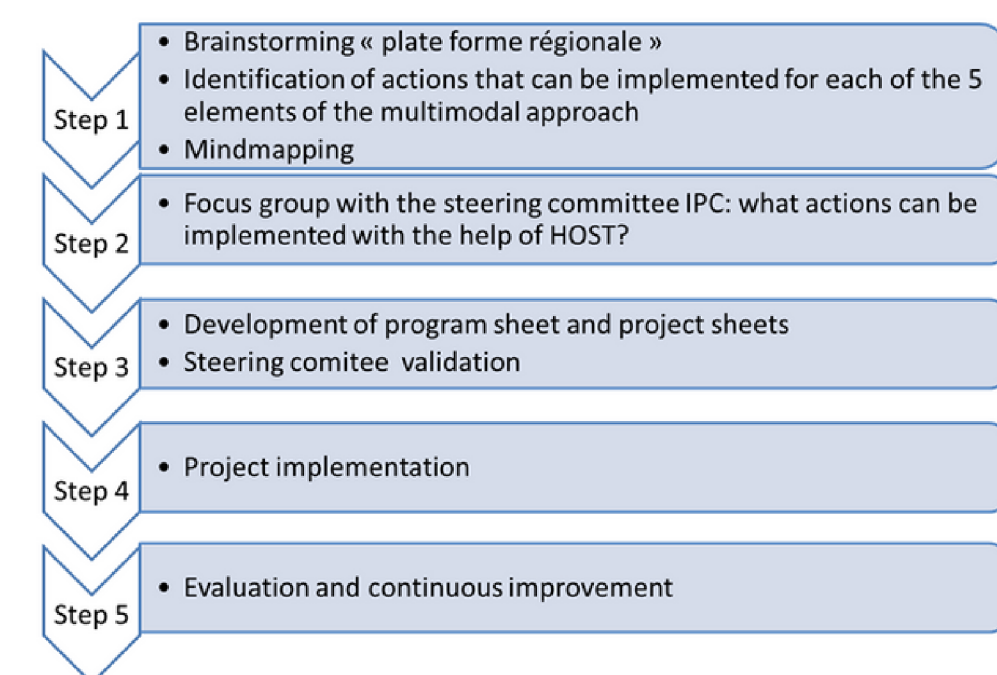
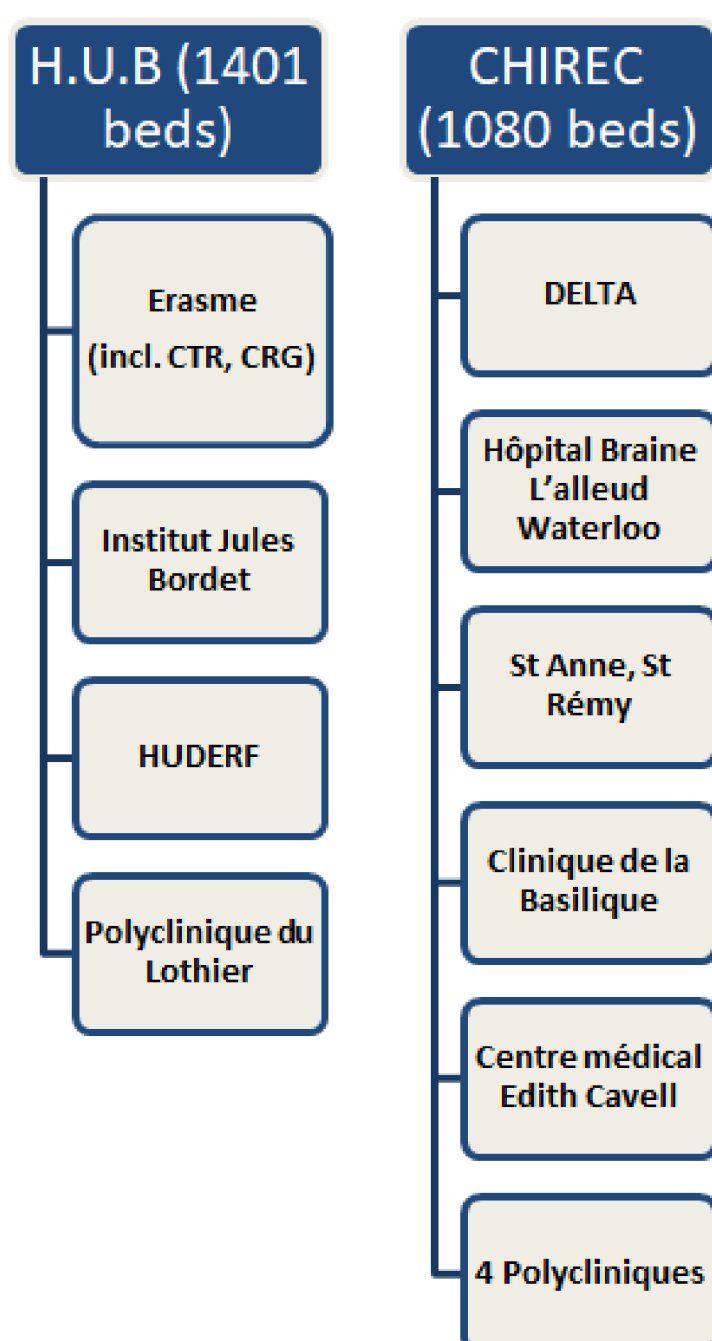


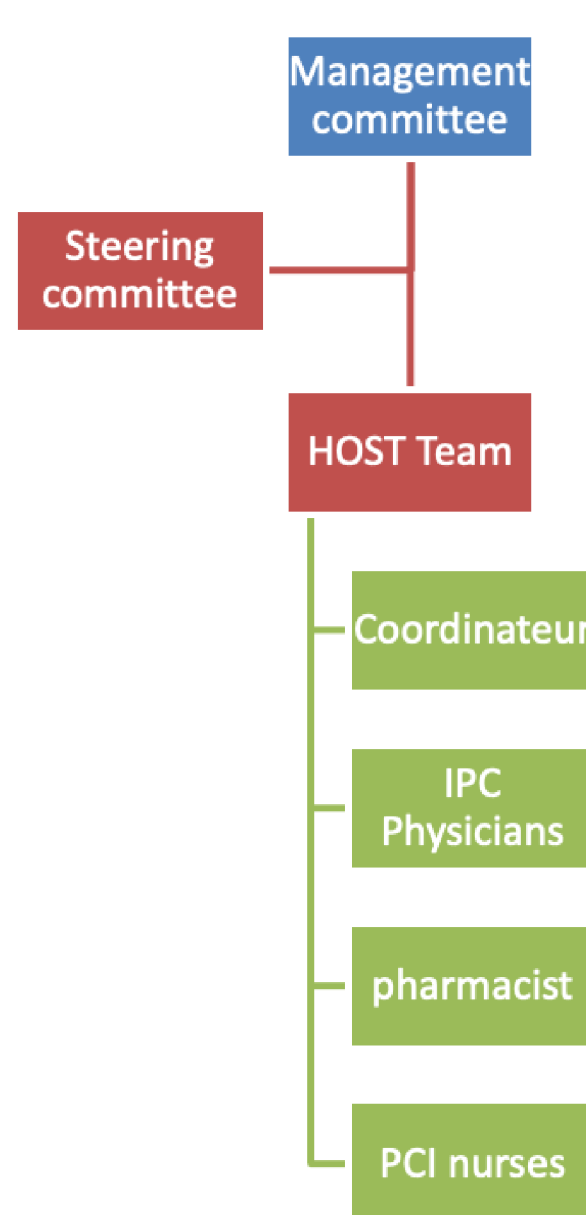
Table 1



RESULTS

H.U.B-CHIREC HOST includes more than 2,400 beds, several polyclinics and medical centers Besides private hospitals, the network includes a university hospital and two single-speciality hospitals (pediatry and oncology) (table 1).HOST H.U.B-CHIREC steering structure: one of the key successfactors (table 2).

Table 2



Development of program sheet and project sheets, steering committee validation (table 3).

Project implementation, evaluation and continuous improvement (table 4).

Table 3

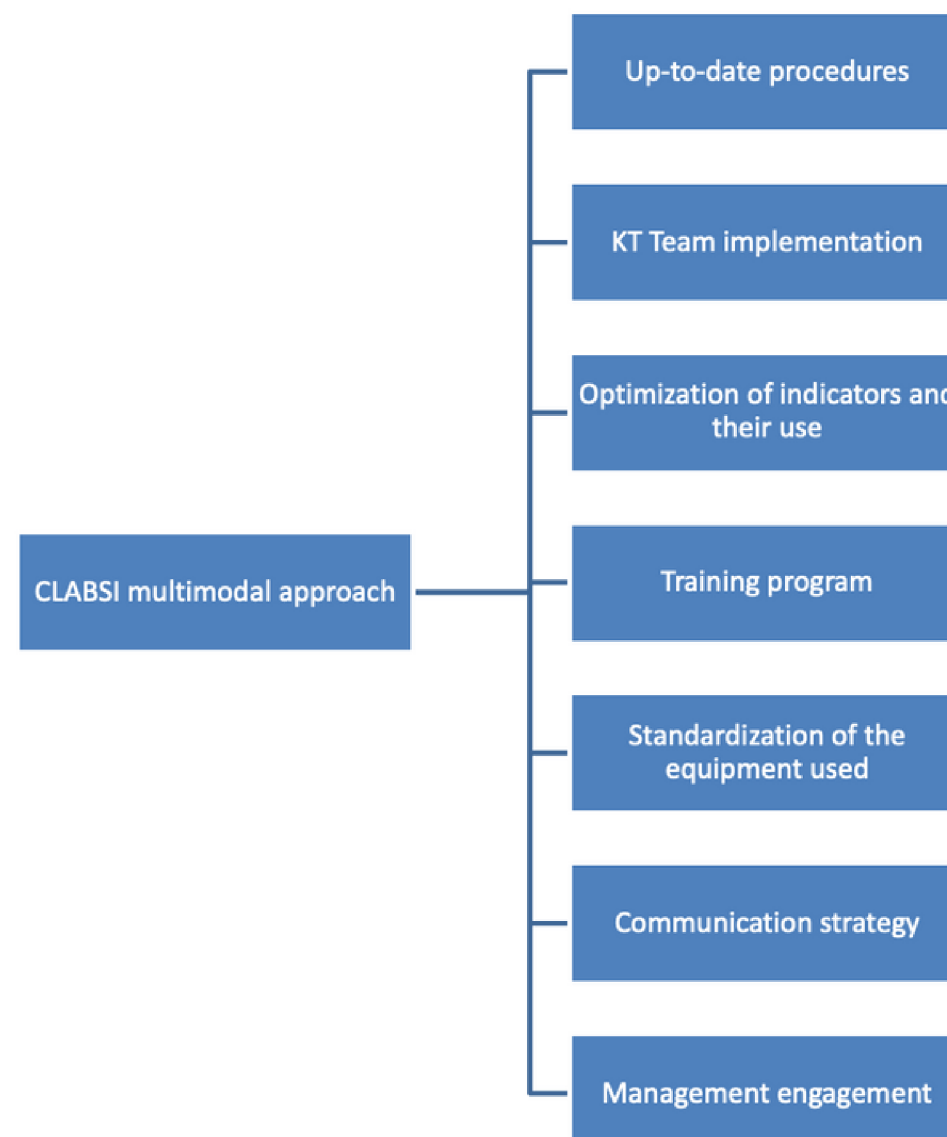


Table 4

Projets	Réalisation
Procédures	60%
Revue littérature et recommandation	100%
Réalisation d'une grille d'analyse des procédures, des flux et des moyens de diffusion	100%
Recensement des procédures de chaque hôpital	100%
Mise en conformité avec les recommandations si nécessaire	0%
Emettre des recommandations par rapport à la mise à disposition des procédures et enregistrement/suivi des formations	0%
Indicateurs outcomes	55%
Etat des lieux des différents programmes de surveillance	100%
Récolter les données de surveillance	100%
Extraction des dénominateurs pour les différents sites	20%
Déterminer les données qui doivent être fournies et n'étant pas incluses dans le programme Sciensano	0%
Groupe Cathéter	17%
Relance du programme existant à Erasme	50%
Elargir aux hôpitaux du H.U.B	0%
Elargir aux autres hôpitaux du HOST	0%

DISCUSSION

Besides the heterogeneity of these hospitals, the HOST was not developed on a previously existing network. This represents an additional challenge in this program implementation. Steering committee contributes to development of HOST goals and ensures their achievement. Non-exhaustive list with the main focus on: procedure, KT Team, indicators and training Multimodal implementation requires stakeholders involvement change management and resources. Impact on outcomes to be assessed. Evaluate the model to further improve it and apply to other prevention strategies.

CONCLUSION

The HOST should be sufficiently agile to adapt to the networks and their specificities Objectives definition requires above all common agreement among stakeholders including operational IPC teams Implementing a multimodal strategy should be based on a methodological approach, a consensus between stakeholders, as well as their involvement