

Empowering Practice: Advancing CLABSI Education Through Hands-On Learning

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INTRODUCTION

Background:

Central Line-Associated Bloodstream Infections (CLABSIs) are a significant source of morbidity, mortality, and healthcare costs. While evidence-based CLABSI prevention bundles exist, inconsistent adherence remains a challenge. This quality improvement project aimed to improve compliance with the CLABSI bundle by implementing a hands-on educational tool.

Purpose:

Hospital-based CLABSI education previously relied on paper-based methods with limited hands-on interaction. However, research indicates a preference for kinesthetic and multimodal learning. Anatomical models combined with kinesthetic teaching have demonstrated improved knowledge and self-efficacy. The Joint Commission recommends simulation-based training and a blend of didactic and hands-on education to reduce CLABSI rates.

Framework:

- Using the **PDSA** framework, a hands-on interactive tool was developed, incorporating tactile demonstration materials and simulation scenarios to reinforce key components of the CLABSI bundle

Objectives of Poster:

- Actively participate in quality improvement initiatives aimed at reducing CLABSI rates.
- Describe the key elements of evidence-based guidelines and best practices for CLABSI prevention.

METHODS

Setting and Participants:

Acute Care Hospital Setting
Clinical Nurses on critical care and med/surg units

Intervention/Process:

A hands-on, interactive, educational model was developed to replace previous paper-based education provided by the Clinical Safety Inspection Team (CSI) at Virtua Marlton.



METHODS CONT.

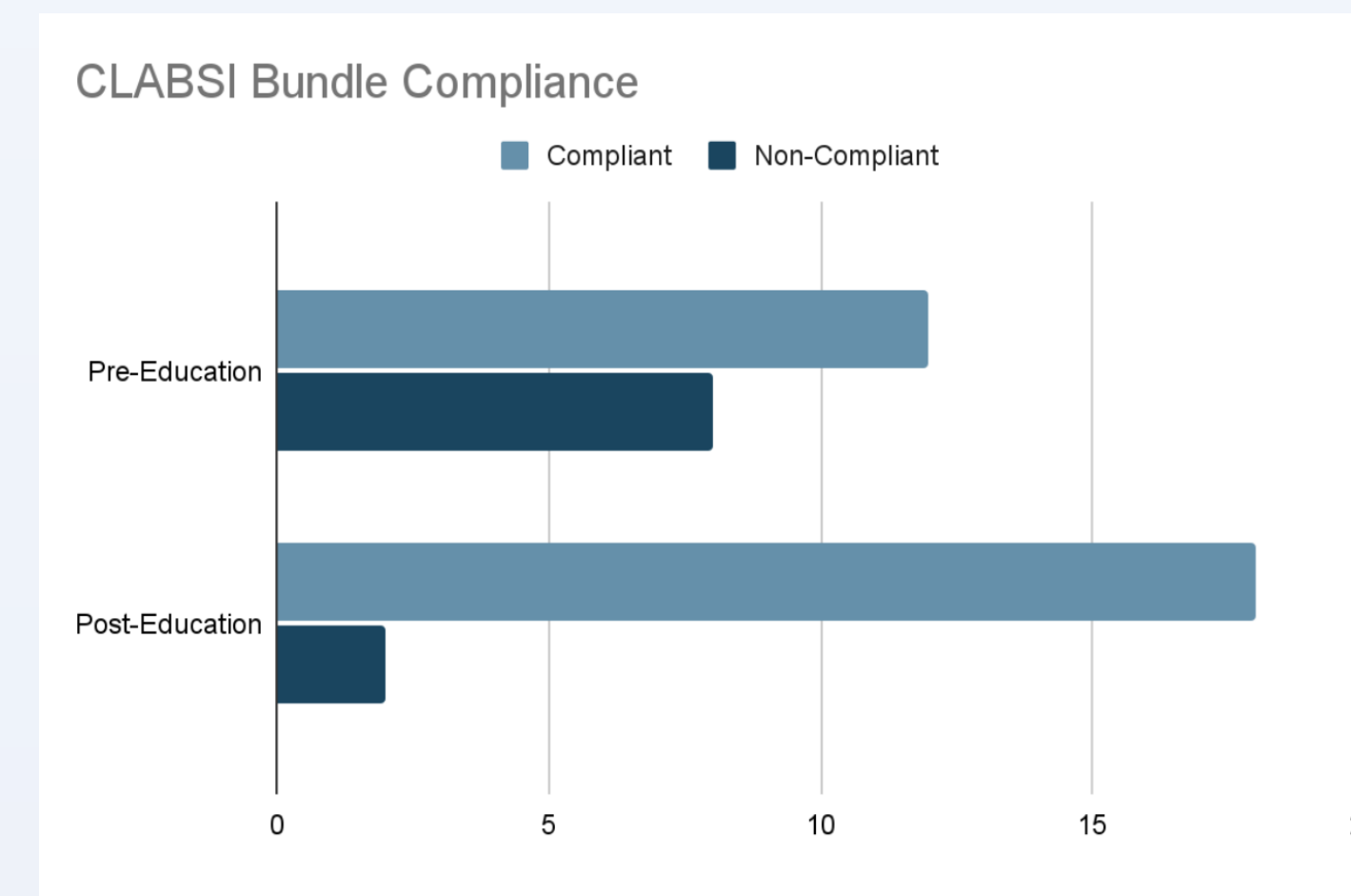
Data Collection and Analysis:

Education sessions were delivered to nursing staff during CSI's quarterly education rounding. Pre- and post-intervention audits were performed using the Vascular Access Assessment tool on 20 patients with invasive lines to measure compliance with the CLABSI bundle.

RESULTS

Key Findings:

Over 36 nursing staff and leadership received hands-on education, leading to a statistically significant improvement in bundle adherence, which jumped from 60% pre-intervention to 90% post-intervention. 2 outlying patients in the post-education audits were due to refusals of the CLABSI bundle.



Actionable Data:

Hands-on education significantly boosted staff compliance with the CLABSI prevention bundle by improving engagement, understanding, and adherence. This effective method, which surpassed traditional approaches, can be applied to other nursing initiatives like fall, pressure injury, and CAUTI prevention to enhance patient outcomes and care quality.

CONCLUSIONS

The integration of a hands-on educational tool effectively enhanced nurses' understanding and execution of the CLABSI bundle, leading to improved compliance and a reduction in infection rates. This approach highlights the value of active learning strategies in reinforcing evidence-based practices in frontline nursing care.

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