

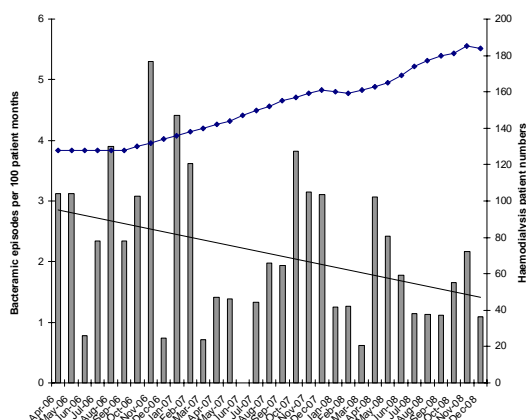
## REDUCED VASCULAR ACCESS RELATED BACTERAEMIA RATES ACHIEVED IN A RAPIDLY GROWING HAEMODIALYSIS UNIT THROUGH EFFECTIVE MULTIDISCIPLINARY TEAM WORKING

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**INTRODUCTION:** During the 2006/7 financial year 10% of our Trust's MRSA bacteraemias were related to vascular access in haemodialysis patients. Non-MRSA vascular access derived bacteraemias were also highly prevalent. This abstract presents the effect of our action plan on bacteraemia rates in our dialysis population.

**METHODS:** In April 2007 a multidisciplinary Renal Infection Control Action Group was set up and developed an action plan. This group ever since has met monthly and comprises a Senior Dialysis and Renal Ward Nurse, Infection Control Nurse, Consultant Nephrologist, and Microbiologist. The action plan has led to a number of changes. Route cause analysis is now performed on each bacteraemia. An antibiotic protocol has been written and developed. All haemodialysis and peritoneal patients' MRSA status are now determined monthly and carriers receive eradication therapy. Haemodialysis line insertion and line connection procedures have been modernised to current best practice. A procedure specific drape has also been designed for tunnelled line insertion. The vascular access surgery pathway has been developed and the role of the vascular access coordinator supported.

**RESULTS:** Despite a rapidly growing haemodialysis population the changes introduced has led to a reduction in vascular access derived bacteraemia rates (see figure). The prevalence of fistulas or grafts has been maintained at 71%. During the 2007/8 financial year 2 of 36 (5%) MRSA bacteraemias originated vascular access related compared with 5 of 48 (10%) cases in 2006/7. Thus far only 1 MRSA bacteraemia this financial year has originated from the haemodialysis population.



**CONCLUSION:** Multidisciplinary working and the development of an effective action plan has led to a reduction in our dialysis unit's vascular access related bacteraemia rates. Further developments are required if we are to increase the prevalence of fistulas and grafts which is required to further reduce bacteraemia rates .