

ACHIEVEMENT OF 0% BACTERAEMIA IN A RENAL DIALYSIS UNIT

Mogg, L, Willis, C, Manji, T

Heart of England NHS Foundation Trust

PROBLEM: Bloodstream infections associated with the insertion and maintenance of central venous access are dangerous complications. Patients receiving renal replacement therapy have an increased risk of infection (Renal Registry Report, 2005) with 25% of mortality related to infection. The increased risk relates to underlying uraemia, increased exposure to the hospital environment and to the method of renal replacement therapy, in particular the type of vascular access utilised. The use of haemodialysis catheters is the most common factor contributing to bacteraemia in dialysis patients.

PURPOSE: The prevention and control of healthcare associated infections (HCAI) is a high priority for the NHS. Better application of existing knowledge and embedding best practice consistently into everyday clinical practice improves patient safety and minimises the risk of patients acquiring HCAI. A guideline was produced to:

- Clarify and define the procedure for accessing renal dialysis catheters
- Provide qualified health care professionals with support, knowledge and evidence-based practice required to enable them to manage renal dialysis catheters safely
- To promote the effective prevention and control of HCAI for all patients with a renal dialysis catheter

DESIGN: Current practice was examined and compared with the EPIC 2 evidence-based practice guidelines. Discussions were held in the local Senior Renal Nurse Forum, clinical governance and directorate meetings. Additional views were sought from the clinical director for renal services, infection control and at a West Midlands Regional Senior Nurse meeting. The guideline was introduced over a four month period in all haemodialysis areas. Priority was placed on education and training and the development of competency based assessments. Awareness was raised via the production of step by step method posters and leaflets. Furthermore, a monitoring system is in place to ensure 100% of qualified staff receives education, training and assessment on an annual basis. Compliance is sort via a monthly audit.

FINDINGS: In August 2006 the trust opened a new satellite haemodialysis unit, until current day 100% compliance of the guideline has been achieved resulting in the successful achievement of 0% Bacteraemia. On-going education and training continues locally which includes in-house teaching by the Infection Control Nurse, Renal Access Nurse Specialist, Training and Education Nurse Specialist and the local link lead nurse. High standards are set and awareness continually promoted by the senior staff within the area. Bad practice is incessantly challenged and good practices shared.

CONCLUSION: Application of the guideline aims to assist in reducing the incidence of renal dialysis catheter related bacteraemia in haemodialysis patients, thus decreasing mortality and morbidity. This guideline, along with effective education, training and constant determination to accomplish excellence is testimony that with hard work, high standards can be achieved and maintained. Nurses within this area are proud of what they have achieved, and as such, have enough job satisfaction to continually endeavour to give the best care possible.