Quality Improvement of Documentation of the Use of Chlorhexidine (Hibiclens) in Patients with Central Venous Catheters

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Objectives

(1) Determine the causes for the lack of documentation of Hibiclens in patients with central lines.
(2) Differentiate the reasons for these causes.

Methods

- Hospital and Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys were analyzed to determine rate of CLABSIs.
- Registered Nurses (RNs) and Patient Care Technicians (PCTs) responded to an anonymous written survey to determine how frequently care is given to patients with a CVC if chlorhexidine is used when providing care, and whether chlorhexidine is specifically documented in the system or not.
- Nurses were interviewed to discuss the responsibility of documenting chlorhexidine use.

Clinical Implications

Clarity of the responsibility of documentation of chlorhexidine (Hibiclens) usage in CVC care will first be initiated and understood by the nurse and his/her patient care technicians. Once the responsibility has been clearly identified and each individual knows what is required of them throughout their shift, documentation should no longer be an issue which will improve quality of care. With little results to fully understand the underlying issue, delegation and responsibility are two very important concepts of nursing care which will clarify whose responsibility it is to provide certain care. Hand-outs and pamphlets will be made to place in break room for daily reminders of nurses and patient care technicians. Nurse Managers will send out weekly-monthly reminders of the CLABSI rate and importance of appropriate dressing and care. Patient Care Technicians will be educated on where to document appropriate hygiene care during orientation to the hospital.

Introduction

The purpose of this project is to improve quality related to central venous catheter (CVC) care and documentation. CVCs are intravenous ports placed to administer fluids, medications, parenteral nutrition, and the drawing of blood specimens for laboratory testing. The importance of Hibiclens during baths is to provide a sterile barrier on the skin for prevention of Central Line-Associated Bloodstream Infections (CLABSIs). According to the Joint Commission on Accreditation of Healthcare Organizations, “CVCs are the most frequent cause of health-care associated blood stream infections” (TJC, 2012). Patients who acquire infections experience longer hospital stays, increased morbidity, and are at increased risk for death; furthermore, CLABSIs increase health care costs. The Joint Commission now recognizes that CLABSIs are preventable if evidence-based guidelines are followed during patient care (TJC, 2012).

Literature Review

- Raad et al. (2011) conducted a study to investigate the benefits of adding chlorhexidine to minocycline-tetrazin-impregnated central venous catheters to prevent CLABSIs. The results of the study were that CHX-M/R-impregnated catheters fully hindered the growth of all organisms, with P-values ≤0.005.
- According to the Joint Commission, staffing ratio, nurse workload, and the use of float nurses were identified as unit level barriers to CLABSI prevention. Barriers on the staff level included incompetent staff, which comprises lack of education, experience, and training (TJC, 2012).
- According to the joint commission, the current guidelines to follow during central line dressing changes are to apply antiseptics to clean skin, and then to apply chlorhexidine/alcohol in a concentration greater than 0.5% in alcohol (TJC, 2016).
- Nurses that are taking care of patients with CVADs are to use Hibiclens and document as they would for any other care that has been provided. Rupp states that nurses may not be using Hibiclens in practice due to inaccessibility or inadequate knowledge of importance, even though it is important (2012). The act of documentation by the nurses will eliminate this problem contributing to quality care.

Results

- HCAHPS surveys revealed that there were approximately eighty CLABSIs reported in a central Kentucky hospital during the 2015 survey, which is better than the national average (Healthcare, 2015).
- Nurses and PCTs indicated that chlorhexidine is being used in care and documented appropriately in the written surveys.
- Interviews revealed that a lack of education in terms of who is responsible for documenting the procedure – nurses claimed nursing techs were responsible for documenting baths completed, however, nurses are responsible for documenting all central line care.

References

Raad et al. (2011). Improved antibiotic-impregnated catheters with extended-spectrum activity against resistant bacteria and fungi. Antimicrobial Agents and Chemotherapy, 56(2), 935-941