

Initiating LVAD Driveline Dressing Change Kit Changes Decreased Infection Rates



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IN THE BEGINNING

INTRODUCTION/ BACKGROUND

LVAD driveline infection rates were higher than target for SNGH. Current research supported ways to decrease the infection rate. The LVAD team in collaboration with Infectious Disease, accepted this challenge.



TIMELINE OF EVENTS

- November 2015: the infection rate for patients with VAD was 22.9% (#infections/ #patients with VAD).
- December 2015: the Transplant/ VAD coordinator/ educator, who was a member of the International Society for Heart and Lung Transplantation (ISHLT), began collaborating with a team to develop new strategies to prevent driveline infections.
- January 2016: the team implemented the revision to the nursing practice of patient education for dressing changes by adding the drops to the patient education/ competency validation.



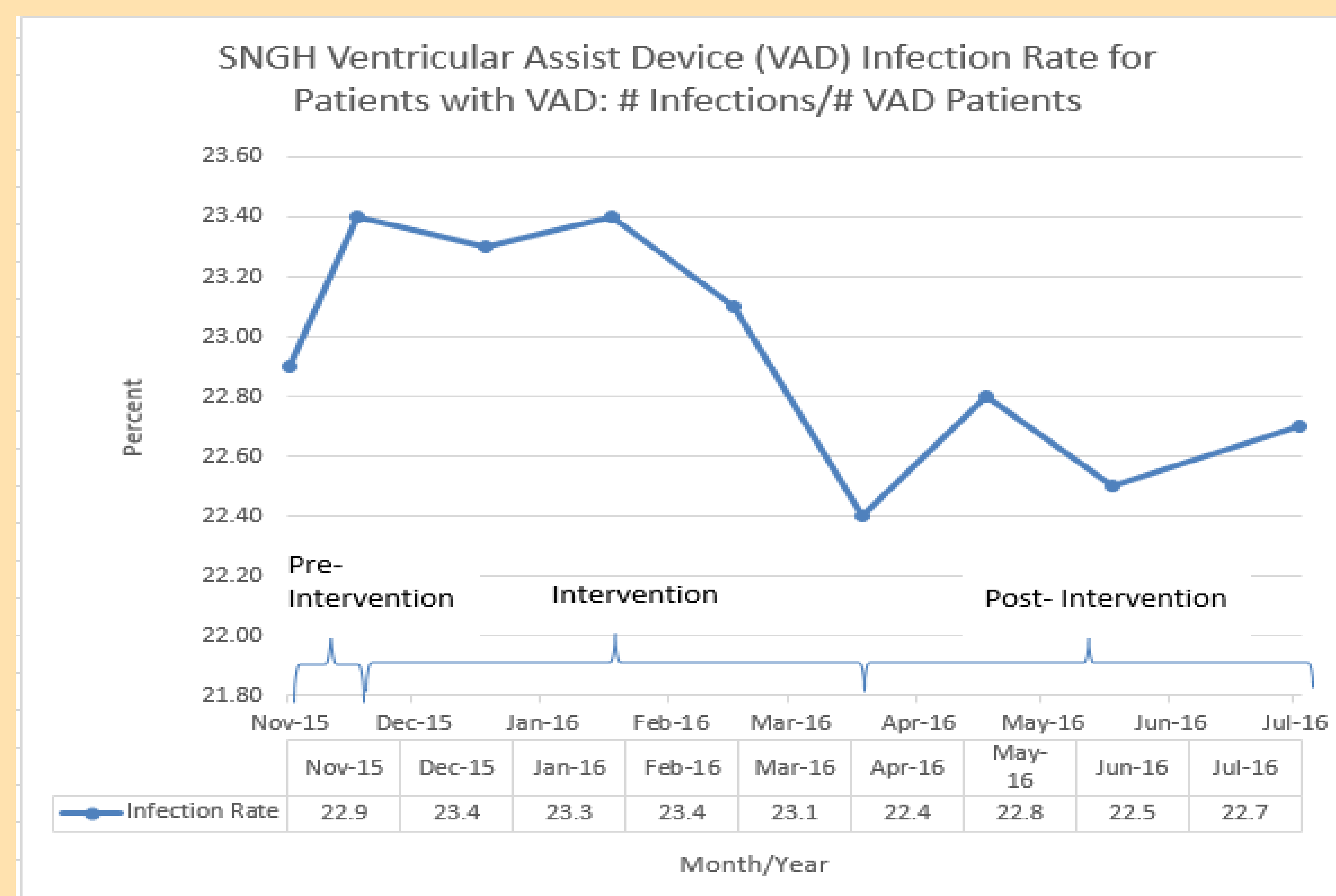
- March 2016: the team further revised the practice to include observation of dressing change by each patient and/or caregiver at least once every 6 months.

ACTIONS LEAD TO CHANGE

EVALUATION STRATEGY

- Driveline initiative reviewed with every department that touched VAD patients.
- Audits conducted using a Competence Validation Criteria tool for Patient Care Procedures/ Equipment VAD Dressing Change with Rational
 - Analysis of data for infections rates

FINDINGS



CONCLUSIONS AND IMPLICATIONS

- Reduced LVAD driveline infections result in improved patient outcomes
- Standardized kits and education result in consistent dressing change practices
 - Routine audits ensure all staff are compliant in their teachings.

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IMPROVING THE FUTURE

OPPORTUNITIES

In the future, the team would consider including patients in the planning group.

IMPROVEMENT THROUGH CHANGE

Since implementation, further enhancements have been made:

1. Switch to no-sting prep
2. Considerations for skin sensitivities
3. Addition of a suture to stabilize the new driveline



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