





Central vascular access is a necessary modality for delivering needed fluids, medications, and support to many hospital patients. An elevated Central Line-Associated Bloodstream Infection (CLABSI) rate can result in profoundly negative outcomes for both our patients and our organization.

That's why our goal is to have ZERO CLABSI cases at Methodist Hospitals. The fact that we've had 24 CLABSI

cases in the last five months is a huge problem. Here's a monthly breakdown of CLABSI cases this year:

Month	Cases
January	4
February	12
March	2
April	1
May	5

The CLABSI Performance Improvement Initiative has been activated as a result. That team has already met with

several nursing units with high CLABSI rates to identify structures and processes that can impact CLABSI outcomes.

CLABSI can occur anywhere during the timeline. Factors may include breaks in care during placement, care and maintenance, length of time the line is in, and high-risk fluids, such as TPN.

There are currently several focus groups examining the high rate of TPN use versus employing the gut for feeding. The Vascular Access Team is working with Pharmacy to evaluate patients' current medications and possible future needs so that the most appropriate lines are placed to meet their needs. Meanwhile, 4 West is conducting a daily review of line necessity during daily rounding to eliminate unnecessary lines.

While these initiatives are important and will positively impact CLABSI outcomes, the inception of most CLABSI cases is related to care and maintenance, which is the responsibility of nursing.

As a result, Nursing Education has developed a four-hour class to promote improved care and maintenance of central vascular access for bedside clinical nursing staff. Please speak with your manager to schedule a time to attend this class. We can improve the quality of care for patients and totally eliminate CLABSI if we work together.

SHARED GOVERNANCE corner

Nursing Leadership would like to extend A BIG THANK YOU to the organization for its support during the Nurses Month Celebration!

We also thank the Advancement of Professional Practice Shared Governance Council, including Chair Margie Wickert, MSN, RN; Jackie Turner, BSN, RN, CRRN; Cynthia Wilkinson, BSN, RN; and mentor Jennifer Poole, MSN, RN, for their considerable efforts in organizing and carrying out the various scheduled events. We received very positive feedback from our staff members...especially for the chair massages and ice cream socials.

A Shared Governance culture can transform nursing relationships and decision-making processes. It can also enhance bidirectional communication and afford opportunities for clinical nurses to be more influential in decisions about their practice.

We encourage all interested RNs to join Shared Governance. Here are the currently available Shared Governance opportunities:

- Advancement of Nursing Practice Council This council focuses on nurse retention and recruitment, as well as professional practice, including certification.
- Clinical Quality Council

 This council reviews the nursing scorecard, evaluates clinical data and reviews policies and procedures.
- Clinical Operations Council This council oversees the Daisy Award, and clinical processes that impact nursing.
- Evidence-based Practice & Research

 This council works to expand the use of evidence-based practices and the implementation of nursing research.

Applause. Applause.

Please join us in congratulating these Methodist Hospitals leaders who just earned advanced degrees:



- Sheila Pochron, MSN, RN

 Director of Critical Care and Emergency Services
- Sue Coryell, MSN, RN, CCRN Manager, Southlake ICU
- Lyndsay Simpson, MSN, RN Manager, 2W3 Intermediate Care



We've created a new Facebook page

just for NURSES





This page will serve as a reliable information resource for the outstanding nurses who are Making a Difference every day at Methodist Hospitals.



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