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Project #24: Reducing Blood Culture Contamination Rates in the Emergency Department

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HENRY FORD HEALTH

Background

Sepsis and Septic Shock is one of the leading causes of death in the United States. Blood cultures are an important diagnostic tool for identifying pathogens responsible for infection. Blood culture contamination is a significant problem which can result in unnecessary antibiotic exposure, extended length of stay, and increased hospital expense. Recent studies associate 1 false positive blood culture with \$4,162 avoidable cost and 3.7 extended hospital days¹. A national benchmark recommends blood culture contamination rates should not exceed 3%.

AIM

Problem Statement: HFH Emergency Department (ED) blood culture contamination rate averaged 4.1% from October 2021 – October 2022.

AIM: Implement a quality improvement project at HFH ED to reduce blood culture contamination rates below the national benchmark of 3% within 6 months.

This will improve patient safety by reducing the misdiagnosis of patients, decreasing unnecessary antibiotic treatment and decreasing hospital stays. With the reductions, it will also improve healthcare costs.

Teamwork

The collaborative team consisted of:

- Leadership:
 - HFH ED Director: Rebecca Lenz MBA, BSN, RN
- HFH ED Clinical Nurse Specialist: Kelly Ashcraft MSN, RN, AGCNS-BC • Subject Matter Experts:
 - Business Director, Magnolia Medical Technologies: Mark Maki
 - Vice President of Sales, Magnolia Medical Technologies: Carrie Miller
- Local Team:
 - HFH ED Educator: Marlene Green BScN, RN
 - HFH ED Staff: Matthew Fabian BSN RN, Georgia Scholl BScN RN, Donna Bondy BScN RN,
 - Adam McGruther ADN RN, Tom McMahon BSN RN & Mary Luckhardt BSN RN
- Other Operating Unit:
- Associate Director Microbiology: Robert J. Tibbetts, Ph.D. D(ABMM), F(CCM), FIDSA • Patient:
 - HFH ED patients requiring blood cultures as part of treatment plan

Cycle of Learning (PDCA)



Reducing Blood Culture Contamination Rates in the Emergency Department

Kelly Ashcraft MSN RN AGCNS-BC, Marlene Derbyshire- Green BScN RN



Plan:

<u>Do:</u>

- October 2022 100% of ED registered nurses (RNs) received didactic education
- Steripath ordered & stocked
- November 1, 2022: Go-Live date (3month trial)

Check:

Act:

- Monthly Review: Blood culture contamination results
- Rates consistently remained below the 3% national benchmark post implementation
- Each blood culture contamination reviewed to identify potential challenges
- RNs responsible for contaminated specimens were tracked & reeducated
- Results emailed, huddled & posted on Quality Board monthly for staff to review.

May Blood Culture Contamination Rate was 1.3%!

Keep up the Amazing work – You truly are making a difference.

Figure1: email sent to staff



• Nursing feedback using the device was positive

Version #1: Steripath

Results

Month	Total Draws	Total contaminates	Rate
November 2022	771	20	2.59%
December 2022	851	32	3.76%
January 2023	804	17	2.11%
February 2023	747	14	1.87%
March 2023	686	13	1.90%
April 2023	718	17	2.37%
May 2023	692	9	1.30%
June 2023	717	10	1.39%
July 2023	795	12	1.51%
August 2023	723	16	2.21%
September 2023	797	10	1.25%
October 2023	797	18	2.26%
November 2023	741	9	1.21%
December 2023	828	18	2.17%
Total	10,667	215	2.02%

• August 2022 – Blood culture diversion device, Steripath, identified as an evidenced based intervention to decrease blood culture contamination • Key ED stakeholders met with vendor to review evidence and discuss trial • September 2022- Developed new workflow that included Steripath

This is a new record for us & our department was recognized Gwen Gnam this morning.



Figure 2: Blood Culture Quality Board

• Feb 2023: ED administration committed to using Steripath device as a standard of care in the ED • Oct 2023: Version #2 Micro-Steripath implemented, with education provided to 100% of staff



Version #2: Micro-Steripath

Projected False Positives at baseline 4.1 BCx Rate	False Positives Avoided	Cost Savings False Positives Avoided X Cost /False Positive \$4162
32	12	\$49,994
35	3	\$12,486
33	16	\$66,592
31	17	\$70,754
28	15	\$62,430
29	12	\$49,944
28	19	\$79,078
29	19	\$79,078
33	21	\$87,402
30	14	\$58,268
33	23	\$95,726
33	15	\$62,430
30	21	\$87,402
34	16	\$66,592
438	223	\$928,126







Pre-Implementation: Projected # of false positives= 438 Post-Implementation: Total # of false positives avoided= 223 Reduction of pts misdiagnosed: 51%

Financial Impact:

Total False positives Avoided	223
Total cost / 1 false positive	\$4162
Total Cost Savings	\$928,126

The results were shared with:

- ED staff and Leadership through monthly emails & Quality Board
- HFH Nurse Executive Council: Leadership of HFH
- CLABSI Council: Hospital Council- Reviewed results & are developing a plan to initiate
- workflow to the rest of HFH
- HFHS ED Education Council: Systems council (HFHS ED's)- West Bloomfield ED started trail in May 2023 & Wyandotte ED will start in the next 3 months

Reference

Stewardship Programs Working with the Clinical Laboratory (cdc.gov).



Blood Culture Contamination Rates

Decreased from an average of 4.10% to an average of 2.02% Reduction Rate: 50% Below national benchmark of 3% by 6 months

Spread

^{1.} Centers for Disease Control and Prevention. (2020). Blood Culture Contamination: An Overview for Infection Control and Antibiotic stewardship Program Working with the Clinical Laboratory. Retrieved from: Blood Culture Contamination: An Overview for Infection Control and Antibiotic