

Academic Hospital, Southern U.S.

## OVERVIEW

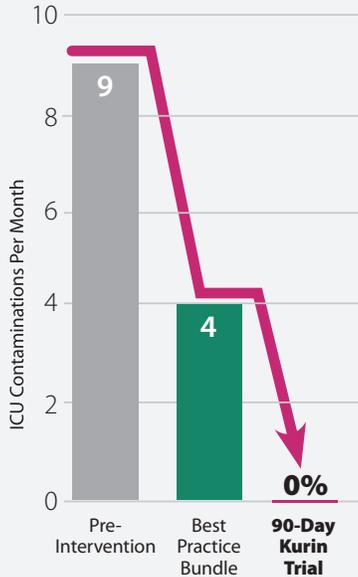
This case study summarizes how Kurin helped an Academic Hospital (AH)\* eliminate their false positive CLABSIs. These false positives “meet definition” and thus must be submitted to the CDC’s National Healthcare Safety Network (NHSN). In addressing these contaminations, AH made progress with education and a best practices bundle, but only achieved their goal of eliminating false positive CLABSIs by using Kurin.

## BASELINE PERFORMANCE

An ICU had been averaging nine blood culture contaminations (BCC) per month and began a six-month long initiative implementing a best practices bundle that included the following:

- Dedicated team to draw blood cultures
- Increased focus on skin antisepsis – this includes bathing the arms in CHG prior to standard skin prep
- Education and competency sign off
- An escalation/checklist tool that is required for each blood draw

This initiative was successful and brought the contamination total down to ~4/month; the facility was further driven to eliminate these contaminations.



## THE SITUATION

- Leadership motivated to decrease BCC to eliminate reporting false CLABSIs
- Implemented best practice bundle
- Kurin and Steripath participated in a head-to-head trial where Kurin prevailed.

## KURIN IMPLEMENTATION AND RESULTS

Expanding on best practices, the ICU incorporated Kurin into their blood culture bundle to assess its potential in eliminating contaminations and preventing false positive CLABSI cases.

The introduction of Kurin was the only changed variable during a 90-day efficacy trial, and during this period the ICU recorded ZERO contaminations with Kurin. The Steripath device was also shown to be effective in this regard, however the simplicity of Kurin made it the clinically preferred product.

## CONCLUSION

The Kurin 90-day trial was a head-to-head comparison between Kurin and Steripath to reduce BCC rates.

- After the evaluation, Kurin was selected because nurses found it much easier to use.
- The successful implementation led to the adoption of Kurin in additional departments and hospitals throughout the system.

AH now considers Kurin a cornerstone of their CLASBI risk mitigation strategy to avoid reporting false positive CLABSIs, resulting in lower hospital costs and better patient care.

“There was no difference in outcomes between the two different products that we used, but Kurin was much more user-friendly.”

Nurse Manager  
Vascular Access System Council Chair

\* AH has asked to remain anonymous as they prepare this data for publication.