# <1% BLOOD CULTURE CONTAMINATION RATE

Dignity Health

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### **ABSTRACT**

Dignity Health - St. Joseph's Hospital and Medical Center (SJHMC), Phoenix, AZ has placed an emphasis on having low blood culture contamination rates. Although SJHMC typically achieves a 2% contamination rate, the initiative was to drive these false positives even lower. SJHMC Laboratory implemented a diversion technique device, Kurin Lock®, for blood culture collections. The device, supported by a strong implementation and change manement plan, decreased phlebotomy drawn contamination rates by 43%.

# **BACKGROUND**

In the United States, approximately one-third of all positive blood cultures are falsely positive due to skin micro contaminations that are not eradicated by antiseptics during collection. A false positive blood culture can lead to unnecessary antibiotic therapy, additional laboratory testing, and excess healthcare costs including increased length of stay. Unnecessary antibiotic therapy increases the risk of allergic reactions, drug interactions, and drugresistant superbugs. Extended hospital stays increase the risk of hospital-acquired infections and adverse events. The cost of a false-positive blood culture is estimated at \$4,500-\$10,000.1

# REFERENCES

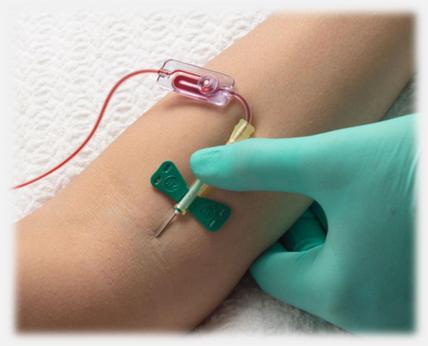
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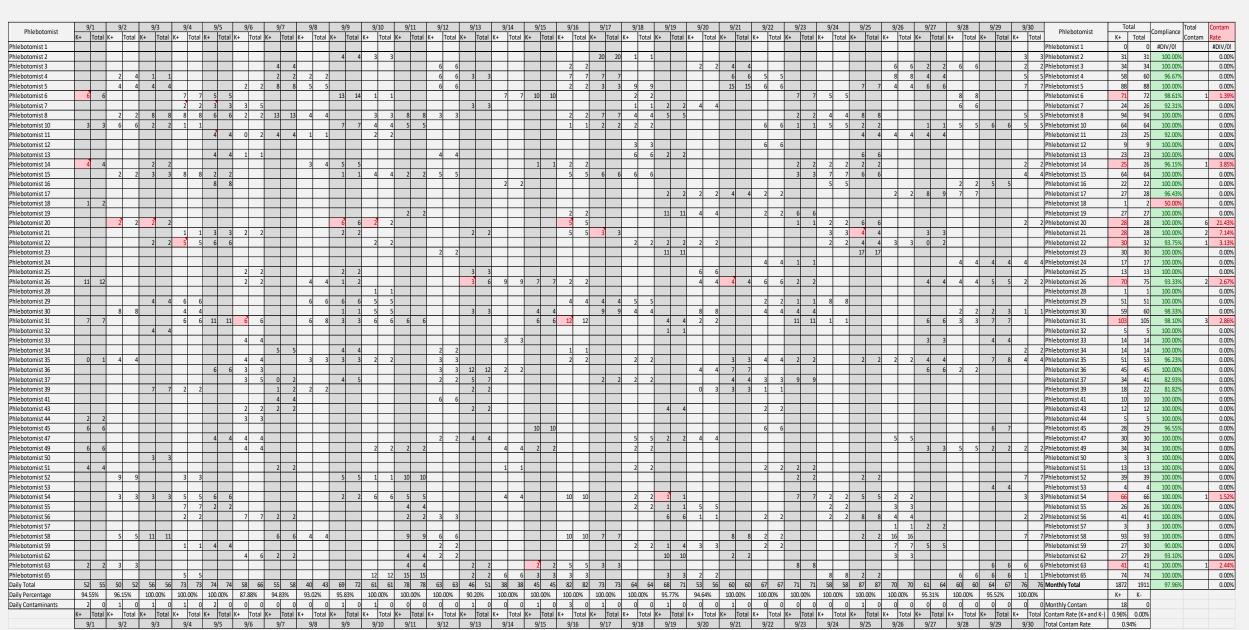
#### **METHOD**

The phlebotomy team used a diversion technique device, Kurin Lock®. The device is designed to collect the initial 0.15 mL of blood during venipuncture into a side chamber. Once the side chamber is filled, the sample bypasses the initial aliquot of blood and flows into the blood culture bottle.

Prior to venipuncture, the skin is disinfected with 2% chlorhexidine gluconate/70% isopropyl alcohol (ChloraPrep®) for 30 seconds and allowed to dry. Direct venipuncture is performed using either a 21 or 23 gauge safety slide. After 0.15 mL of blood fills the Kurin Lock®, the prepped aerobic, anaerobic, or pediatric BD blood culture bottle is attached until the appropriate volume is collected.

Prior to implementation the team had formal device training. The Lab Director and Phlebotomy Supervisors rounded with the team at ongoing intervals. Compliance and contamination data was captured by the Lab Quality Program Manager and emailed daily to the Laboratory Director and Supervisors. The team held recognition ceremonies to celebrate successful compliance and improved rates. Supervisors and Laboratory Director coached non-compliant users of the device.





# RESULTS

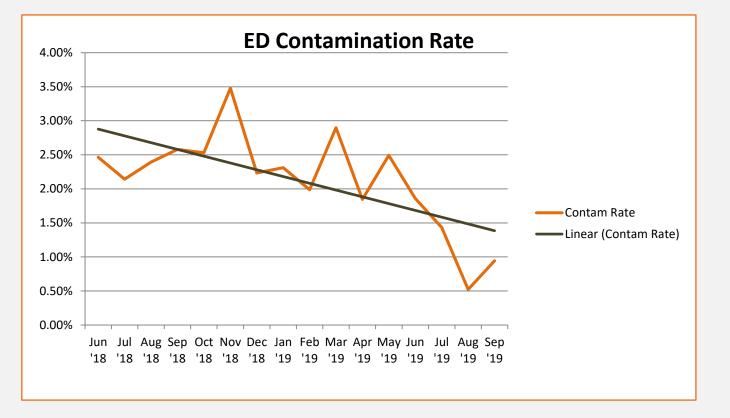
ED pre-implementation: 464 contaminated blood cultures drawn out of 19,017 blood culture collected by phlebotomy and nursing in a 12-month period, for a contamination rate of 2.44%.

ED post-implementation: 44 contaminated cultures out of 4577 blood culture collections drawn by phlebotomy in a 3-month period, for a contamination rate of 0.96%.

Compliance rates rose from 63% during the first month of use to 98% the 3<sup>rd</sup> month.

Consistent use of the Kurin Lock® was associated with a greater than 43% reduction in the ED blood culture contamination rate drawn by phlebotomists.

SJHMC has estimates a savings of \$280,000 per year. based on \$4,500 cost per contaminate model and the cost of the device.



# CONCLUSIONS

The successful goal of <1% blood culture contamination rate was achieved by utilizing the following:

- Kurin Lock®, a diversion technique devise,
- Appropriate disinfectant,
- Sterile techniques
- Strong implementation plan
- Successful change management process