

**Abstract: Podium**

**ABSTRACT TITLE:** Telemetry Lead Wire Disinfection in the Cardiovascular Intensive Care Unit.  
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**Background:** Hospital acquired infections have a serious impact on healthcare costs and patient outcomes. According to the CDC, HAIs account for \$35.7 to \$45 billion dollars in direct medical costs for United States hospitals each year (CDC, 2009). Furthermore, HAIs are associated with an estimated 100,000 deaths each year (Stone, Glied, & Larson, 2010). Sternal wound infection rates for Cardiothoracic Surgeries at OHSU exceeded target rates for 2013.

**Purpose:** To address and improve hospital acquired infection rates, particularly those related to surgical site infections found within OHSU's CVICU patient population; this project reviewed current cleaning procedures, researched available evidence, and created a best practice process for the disinfection of reusable cardiac telemetry lead sets.

**Methods:** Peer institutions were consulted through the University Hospital Consortium and regional health systems were queried to determine existing practices and procedures. Current primary literature research was identified utilizing CINAHL, EbscoHost Academic Search Elite, and PubMed Databases, as well as CDC guidelines.

**Results:** The research and peer institution review supported either improved disinfection procedures or the use of disposable telemetry lead sets as effective strategies. In response, the unit assessed available resources and implemented a multidisciplinary exchange program for the disinfection of reusable cardiac telemetry lead sets per CDC and evidence based practice guidelines. Since project implementation on Dec. 2nd, 2013, CVICU has experienced ZERO sternal wound infections and the exchange program has been expanded to all ICU's at OHSU.

**Conclusion:** Implementing a standardized and evidence based process for the disinfection of reusable cardiac telemetry lead sets was an effective approach in lowering rates of hospital acquired infections within OHSU's Cardiothoracic Surgery patient population.