

**Assessment 02: Policy Proposal**

Name

Capella University

Course Code

Prof.

Date

## **Policy Proposal**

Central line-associated bloodstream infections (CLABSIs) pose a significant risk to patient safety and the quality of healthcare. The United States estimates show that 30,000 to 40,000 cases of CLABSI are experienced annually (Odada et al., 2023). The benchmarked underperformance of CLABSI rates at Lakeside Medical Center demonstrates a critical need for evidence-based policy and practice guidelines at the facility. This assessment explains the policy development rationale, examines environmental factors that contribute to change, and highlights the necessity of implementing ethical leadership and stakeholder cooperation, particularly among nursing personnel, to ensure the change is successfully implemented and the results of the changes have a positive impact on patient.

### **Need for Policy to Address CLABSI Benchmark Underperformance**

The necessity of implementing a more effective infection control policy and practice guidelines at Lakeside Medical Center is evident, informed by evidence, and applicable to all stakeholders, including clinical leaders, infection prevention teams, nurse managers, and executive leadership. The hospital is at risk of compromising patient safety, regulatory compliance, and financial stability because it fails to meet the recommended standards of CLABSI set by the Agency for Healthcare Research and Quality (AHRQ). The goal of CLABSI in intensive care units is about 0.8 pre-infections per 1,000 central lines per day (The Joint Commission, n.d.). According to the National Action Plan to Prevent Healthcare-Associated Infections (HAIs), a target of a 40% reduction in the rate of CLABSI by 2024-2028, based on 2022 data, will be established (HHS, 2021). Persistent non-performance is directly and negatively related to immediate effects, including patients experiencing extended stays and having an increased risk of sepsis or death, and in more invasive and expensive interventions. On the institutional side, it will increase the institution's care load, demoralize staff, and result in larger financial penalties.

Failure to act could risk Lakeside losing its reimbursement funding from Centers for Medicare & Medicaid Services (CMS), becoming subject to additional and more detailed investigations.