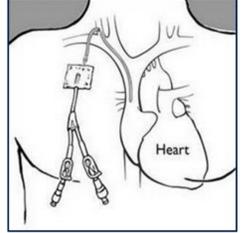


Helping Hospitals Improve Patient Safety: Central Line Associated Blood Stream Infection (CLABSI)

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Background

Central Line Associated Blood Stream Infection (CLABSI) is an infection resulting from placement of a central line. Non-monetary costs associated with CLABSIs include safety of the patient, patient satisfaction, and hospital reputation. CLABSIs also lead to longer hospital stays and an increase in mortality. Most hospitals struggle with all hospital acquired infections (HAIs), but CLABSIs are the most costly of all HAIs, averaging about **\$46,000** in additional unreimbursed cost per case.¹ Furthermore, Centers for Medicare and Medicaid Services' (CMS) Pay for Performance Programs penalize or reward hospitals according to the hospital's HAI rates. Many healthcare agencies provide evidence-based CLABSI reducing guidelines and toolkits for hospital use. However, tools must be used consistently and correctly for hospitals to successfully reduce CLABSIs.



Aim

Crowe provides the expertise of clinical risk specialists to assist hospitals in reaching their objective to deliver safe patient care through standardized infection surveillance and evidence-based prevention practices that will decrease CLABSI rates.



Design/Strategy

Crowe clinical risk specialists, working with hospital staff assess and observe relevant controls to determine gaps and opportunities for improvement and whether controls are working as management expects. Relevant controls include:

- Written policies and procedures based on evidence-based guidelines
- Monitoring for adherence to policies and procedures
- Education and competency evaluations for staff caring for patients with central venous catheters
- Patient education materials that are current and simple for patient and/or family members
- CDC recommended indications for central venous catheter insertion are followed to reduce nonessential catheters
- Proper aseptic technique for central venous catheter insertion and use, and that maintenance is consistently utilized by all clinicians
- Identification of key CLABSI metrics and ongoing surveillance methods
- Formal tracking and reporting methods
- Documented performance improvement efforts by the facility
- Technology (outdated, limited, new) such as electronic medical records
- Employee roles, responsibilities, expectations, and accountability

Crowe clinical risk specialists, collaborating with hospital management and staff, develop action plans around each opportunity identified. The expectation is once action plans are complete, CLABSI rates will decrease.



Process Issues Discovered

Through observation and medical record testing, Crowe discovered deviations from expected standards including:

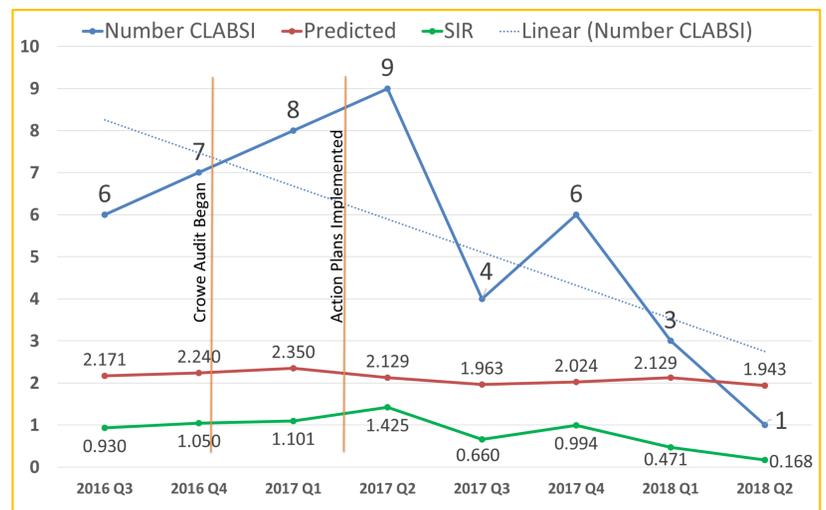
- Maintenance elements were not documented in the medical record as complete
- Standards for Central Line care were not followed
- Patient education was not documented
- Orders for insertion, use, continued need, and removal were not documented
- Daily rounds were not conducted
- A standard hand-off communication tool (to report on Central Lines) was not in place
- Best practices were not always utilized

¹<https://www.ncbi.nlm.nih.gov/books/NBK430891/>

Recommendations for Facility A

To decrease instances of CLABSI, and follow established best practices, Facility A agreed to implement the following action plans:

- Provide reeducation to staff and monitor medical records for adherence
- Require use of a Central Line insertion check list
- Require consistent documentation and monitoring of required care elements
- Require contracted staff to follow policies for insertion of Central Lines
- Require daily CHG baths for patients with Central Lines



Recommendations for Facility B

To decrease instances of CLABSI, and follow established best practices, Facility B agreed to implement the following action plans:

- Improve physician orders regarding insertion and confirming placement of Central Lines
- Grant all clinical staff who assist in insertion of Central Lines, including Radiology, access to specific areas within the medical record for documentation and information
- Require consistent documentation and monitoring of required care elements
- Perform multi-disciplinary rounding and monitoring on patients with Central Lines
- Implement an electronic template for hand-offs in transitions of care to ascertain the medical necessity of the Central Line
- Establish a detailed hand-off communication process to determine Central Line need

Results: Facility B

