Compliance central line associated bloodstream infection prevention guidelines | 1

The purposes of this study were to (1) assess compliance with the CLABSI prevention guidelines, (2) assess the predictors of compliance, and (3) investigate the effect of compliance on the rate of CLABSI and related mortality” Aloush et al (2018).

Abstract:

AIMS: The purposes of this study were to (1) assess compliance with the CLABSI prevention guidelines, (2) assess the predictors of compliance, and (3) investigate the effect of compliance on the rate of CLABSI and related mortality.

BACKGROUND: Implementation of the Central Line Associated Bloodstream Infection (CLABSI) prevention guidelines from the Centers for Disease Control and Prevention (CDC) helps to reduce the rate of CLABSI and related mortality, although the extent to which hospitals implement these guidelines is questionable.

METHODS:
A prospective design was used in this study. Observations were conducted over three months in the intensive care units of 58 hospitals in three Middle Eastern countries. An observational checklist, based on the CDC guidelines, was used to assess compliance. The rate of CLABSI and related mortality were obtained from patients’ records.

RESULTS: The degree of compliance, rate of CLABSI and mortality were highly variable. The
multiple regression model showed that the hospitals’ characteristics explained 82.0% of the variance of compliance (R2Adj= 0.820, F=29.82, p<0.05). The number of beds in the intensive care unit and patient-nurse ratio were significant predictors of compliance. A lower number of beds and a lower patient-to-nurse ratio were related to higher compliance. Moreover, higher compliance with CLABSI prevention guidelines was associated with lower rate of CLABSI and related mortality. CONCLUSIONS: Improvement in the patients' outcome can be achieved through compliance with the CLABSI prevention guidelines. Lowering patient-nurse ratio and the number of beds in the ICUs would help to improve compliance.

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doi: 10.1016/j.apnr.2018.06.018.