



This study assessed the effect of the central line bundle on the rate of central line-associated bloodstream infections (CLABSI) in intensive care units (ICUs) in Taiwan” Lai et al (2017).

Abstract:

**BACKGROUND/PURPOSE:** This study assessed the effect of the central line bundle on the rate of central line-associated bloodstream infections (CLABSI) in intensive care units (ICUs) in Taiwan.

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**METHODS:** This national study was conducted in 27 ICUs with 404 beds total, including 15 medical ICUs, 11 surgical ICUs, and one mixed ICU. The study period was divided into two phases: a pre-intervention (between June 1, 2011 and October 31, 2011) and intervention phase (between December 1, 2011 and October 31, 2012). Outcome variables, including CLABSI rates (per 1000 catheter-days) and catheter utilization rates, were measured.

**RESULTS:** The overall rate of CLABSI significantly decreased by 12.2% ( $p < 0.001$ ) from 5.74 per 1000 catheter-days in the pre-intervention phase to 5.04 per 1000 catheter-days in the intervention phase. The catheter utilization rate decreased by 1.1% from 55.3% in the pre-

intervention phase to 54.2% in the intervention phase. The decline in CLABSI varied significantly among hospital and ICU levels, except surgical ICUs ( $p = 0.59$ ).

**CONCLUSIONS:** Implementing a multidimensional central-line bundle significantly reduced the rates of CLABSI by 12.2% in nearly all participating ICUs, except surgical ICUs.

Reference:

Lai, C.C., Cia, C.T., Chiang, H.T., Kung, Y.C., Shi, Z.Y., Chuang, Y.C., Lee, C.M., Ko, W.C. and Hsueh, P.R. (2017) Implementation of a national bundle care program to reduce central line-associated bloodstream infections in intensive care units in Taiwan. *Journal of Microbiology, Immunology, and Infection*. October 25th. .

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