

Central-line-associated bloodstream infections (CLABSI) are among the deadliest healthcare-associated infections, with an estimated 12-25% mortality rate” Barnes et al (2016).

Abstract:

Central-line-associated bloodstream infections (CLABSI) are among the deadliest healthcare-associated infections, with an estimated 12-25% mortality rate. In 2014, the Centers for Medicare and Medicaid Services (CMS) began to penalize hospitals for poor performance with respect to selected hospital-acquired conditions, including CLABSI.

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A structural factor associated with high-quality nursing care and better patient outcomes is The Magnet Recognition Program®. The purpose of this study was to explore the relationship between Magnet status and hospital CLABSI rates. We used propensity score matching to match Magnet and non-Magnet hospitals with similar hospital characteristics. In a matched sample of 291 Magnet hospitals and 291 non-Magnet hospitals, logistic regression models were used to examine whether there was a link between Magnet status and CLABSI rates. Both before and after matching, Magnet hospital status was associated with better (lower than the national average) CLABSI rates (OR = 1.60, 95%CI: 1.10, 2.33 after matching). While established programs such as Magnet recognition are consistently correlated with high-quality nursing work environments and positive patient outcomes, additional research is needed to determine whether Magnet designation produces positive patient outcomes or rewards existing excellence.

Reference:

Barnes, H., Rearden, J. and McHugh, M.D. (2016) Magnet® Hospital Recognition Linked to Lower Central Line-Associated Bloodstream Infection Rates. Research in Nursing & Health. January 25th. .



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