Abstract:

Purpose: Patients at long-term acute care hospitals (LTACs) are medically complex with multiple comorbidities and high rates of antibiotic and device use. The objective of the study was to analyze the incidence and rate of central line-associated bloodstream infections (CLABSI) and the critical factors for patient care, management, placement and maintenance of the implanted central venous access device at this LTAC.

Methods: A 13-year retrospective chart review was performed comprising 191 medically complex patients with multiple comorbidities who had an implanted central line port.

Results: The total number of catheter days was over 183,183 with a mean of 959 catheter days per patient. The mean rate of CLABSI was 0.087 per 1,000 days; incidence was less than 8% of patients with catheters.

Conclusions: The study found a markedly lower rate of CLABSI than reported for other LTACs as well as intensive care units, over 14- to 100-fold lower than other LTACs. The authors propose that standardized catheter placement with implementation of rigorous, prospective catheter care plans and a team approach to management were responsible for extremely low complication rates. These results can be extrapolated to different settings across the healthcare continuum.