



**Abstract** M. Gardino, P. Salazar, J. A. F. de Lencastre, and M. H. Koo (2018) A vascular access and midline program can decrease central line-associated bloodstream infections (CLABSIs), thereby reducing the associated costs and the resulting increased length of stay in a community hospital. *Therapeutics and Clinical Risk Management*. 14, p.1453-1456. eCollection 2018.

**OBJECTIVES:** Our objective is to evaluate whether the institution of a midline program for vascular access at a community hospital can reduce the number of central line catheter-days and the associated CLABSI rate, incidence, and cost.

**MATERIALS AND METHODS:** We collected data on the number of central line catheter-days per year starting from 2012. We also collected data on the total number of patient-days during this period and the number of CLABSIs. We started Centers for Disease Control

and Prevention (CDC)-based recommendations to help decrease CLABSIs in June 2014; this included the use of the central venous catheters (CVC) insertion bundles and CVC maintenance bundle. Chlorhexidine baths were also given to all patients with central lines. In June 2015, we started a midline program and tracked data till June 2017. We then compared the infection rates during these periods.

**RESULTS:** We conclude that instituting CDC recommendations to decrease CLABSIs did bring down the CLABSI rate; this decrease was not statistically significant. However, the addition of the midline program to replace central lines whenever possible, combined with universal CDC recommendations, did result in a significant decrease in both the number of central line days per patient-day and the CLABSI rate.

**CONCLUSION:** We recommend hospitals to develop a midline program to help reduce the use of central line catheters when possible to reduce the total number of catheter-days and the CLABSI rate associated with them.

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