

“Some of the variance associated with CLABSI prevention program outcomes may relate to specific management practices. Adding a management practice bundle may provide critical guidance to physicians, clinical managers, and hospital leaders as they work to prevent healthcare-associated infections” Scheck McAlearney et al (2015).

Reference:

Scheck McAlearney, A., Hefner, J.L., Robbins, J., Harrison, M.I. and Garman, A. (2015) Preventing Central Line-Associated Bloodstream Infections: A Qualitative Study of Management Practices. *Infection Control and Hospital Epidemiology*. February 23rd. .

Qualitative study of central line management practices to prevent CLABSI
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Abstract:

OBJECTIVE: To identify factors that may explain hospital-level differences in outcomes of programs to prevent central line-associated bloodstream infections.

DESIGN: Extensive qualitative case study comparing higher- and lower-performing hospitals on the basis of reduction in the rate of central line-associated bloodstream infections. In-depth interviews were transcribed verbatim and analyzed to determine whether emergent themes differentiated higher- from lower-performing hospitals.

SETTING: Eight US hospitals that had participated in the federally funded On the CUSP-Stop BSI initiative.

PARTICIPANTS: One hundred ninety-four interviewees including administrative leaders, clinical leaders, professional staff, and frontline physicians and nurses.

RESULTS: A main theme that differentiated higher- from lower-performing hospitals was a distinctive framing of the goal of “getting to zero” infections. Although all sites reported this goal, at the higher-performing sites the goal was explicitly stated, widely embraced, and aggressively pursued; in contrast, at the lower-performing hospitals the goal was more of an aspiration and not embraced as part of the strategy to prevent infections. Five additional management practices were nearly exclusively present in the higher-performing hospitals: (1) top-level commitment, (2) physician-nurse alignment, (3) systematic education, (4)



meaningful use of data, and (5) rewards and recognition. We present these strategies for prevention of healthcare-associated infection as a management “bundle” with corresponding suggestions for implementation.

CONCLUSIONS: Some of the variance associated with CLABSI prevention program outcomes may relate to specific management practices. Adding a management practice bundle may provide critical guidance to physicians, clinical managers, and hospital leaders as they work to prevent healthcare-associated infections.

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