



We describe the methods used to define a surveillance model to incorporate into activities aimed at preventing central line-associated bloodstream infections (CLABSI) in non-critical care units (NCCUs) and designed to be implemented at the regional level” Zeneli et al (2017).

Abstract:

We describe the methods used to define a surveillance model to incorporate into activities aimed at preventing central line-associated bloodstream infections (CLABSI) in non-critical care units (NCCUs) and designed to be implemented at the regional level. In 2015 we conducted a pilot feasibility study in three NCCUs based in hospitals of the Regional Health System of Emilia Romagna to evaluate the feasibility of the proposed model and to test its accuracy and cost-effectiveness in terms of resources needed to maintain the system.

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Our results indicate that the system is feasible at the regional level by using the available sources and instruments to collect data in clinical practice context. Observation of device utilization for at least three months in all NCCU wards is needed in order to prioritize the

medical area on which to focus costs for surveillance prior to implementing it on a regular basis.

Reference:

Zeneli, A., Mezzadri, S., Bertozzi, L., Resi, D., Golinucci, M., Dodi, S. and Prati, E. (2017) A surveillance system model for central line-associated bloodstream infections (CLABSI) coordinated at the regional level: a pilot feasibility study. *Le Infezioni in Medicina*. 25(2), p.108-115.

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