



## To assess the impact of targeted interventions on trends in central line-associated bloodstream infection” Cho et al (2017).

Abstract:

**Objective:** To assess the impact of targeted interventions on trends in central line-associated bloodstream infection.

**Design:** A before-and-after study between January 2013 and September 2014.

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**Setting:** Tertiary hospital in the Republic of Korea.

**Patients:** All patients with central-line catheters in the hospital.

**Interventions:** In September 2013, interventions that targeted central line insertion practices were implemented in 10 ICUs, including compliance monitoring with a central line insertion practices bundle and use of an all-inclusive catheter kit. The impact of targeted interventions on trends in central line-associated bloodstream infection was evaluated by segmented autoregression analysis of an interrupted time series.

**Measurements and Main Results:** The average hospital-wide central line-associated bloodstream infection rates in the baseline and intervention periods were 1.84 and 1.56 per 1,000 catheter-days, respectively. During the baseline period, there was an increase of central line-associated bloodstream infection rate of 0.12 per 1,000 catheter-days per month. In the intervention period, there was a decrease of central line-associated bloodstream infection rate of 0.16 per 1,000 catheter-days per month (change in slope,  $-0.28$ ; 95% CI,  $-0.37$  to  $-0.19$ ;  $p < 0.0001$ ). In ICUs, the average central line-associated bloodstream infection rates in the baseline and intervention periods were 1.92 and 1.64 per 1,000

catheter-days, respectively. During the baseline period, there was an increase of central line-associated bloodstream infection rate of 0.18 per 1,000 catheter-days per month in ICUs. After sequential-targeted interventions, there was a decrease of central line-associated bloodstream infection rate of 0.16 per 1,000 catheter-days per month (change in slope, -0.34; 95% CI, -0.50 to -0.18;  $p = 0.0007$ ).

**Conclusions:** Targeted interventions were associated with significant changes in trends in the occurrence rate of central line-associated bloodstream infection in ICUs and the entire hospital.

Reference:

Cho, S.Y., Chung, D.R., Ryu, J.G., Choi, J.R., Ahn, N., Kim, S., Kim, M-J., Ha, Y.E., Kang, C-I., Peck, K.R. and Song, J-H.

Impact of Targeted Interventions on Trends in Central Line-Associated Bloodstream Infection: A Single-Center Experience From the Republic of Korea. *Critical Care Medicine*. *Critical Care Medicine*. 45(6), p.e552-e558.

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