Integrated electronic health records systems can help realize the full benefit of CLABSI prevention strategies by promoting, tracking, and raising the standard for best practices behavior” Quan et al (2015).

Reference:

Background: Central line-associated bloodstream infections (CLABSIs) continue to cause preventable morbidity and mortality, but methods for tracking and ensuring consistency of CLABSI-prevention activities remain underdeveloped.

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Methods: We created an integrated electronic health record solution to prompt sterile central venous catheter (CVC) insertion, CVC tracking, and timely line removal. The system embedded central line insertion practices (CLIP) elements in inserter procedure notes, captured line days and new lines, matching each with its CLIP form and feeding back compliance, and enforced daily documentation of line necessity in physician progress notes. We examined changes in CLIP compliance and form submission, number of new line insertions captured, and necessary documentation.

Results: Standard reporting of CLIP compliance, which measures compliance per CLIP form received, artificially inflated CLIP compliance relative to compliance measured using CVC placements as the denominator; for example, 99% per CLIP form versus 55% per CVC placement. This system established a higher threshold for CLIP compliance using this denominator. Identification of CVCs increased 35%, resulting in a decrease in CLABSI rates. The system also facilitated full compliance with daily documentation of line necessity.

Conclusions: Integrated electronic health records systems can help realize the full benefit of CLABSI prevention strategies by promoting, tracking, and raising the standard for best practices behavior.

Reference:

Quan, K.A., Cousins, S.M., Porter, D.D., O’Brien, M., Rudkin, S., Lambertson, B., Hoang, D.,

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