

Few data are available on hospital-wide incidence of central line-associated bloodstream infection (CLABSI) rates in patients with central venous catheter (CVC) in China, where many systemic obstacles holding back evidence-based guidelines implementation exist” Han et al (2019).

Abstract:

Background: Few data are available on hospital-wide incidence of central line-associated bloodstream infection (CLABSI) rates in patients with central venous catheter (CVC) in China, where many systemic obstacles holding back evidence-based guidelines implementation exist.

Methods: This study was conducted prospectively in 2 phases. The baseline and intervention phases were performed in a teaching hospital in China, between January 2017 and October 2018. A systematic quality improvement (SQI) and multidisciplinary teamwork (MDT) CLABSI infection control program was introduced in the intervention phase. In the intensive care units (ICUs) and non-ICUs, CLABSIs were continuously monitored, data collected, then analyzed.

Results: After intervention, the CLABSI rate decreased from 2.84-0.56 per 1,000 CVC days in ICUs ( $P < .001$ ), and from 0.82-0.47 per 1,000 CVC days in non-ICUs ( $P = .003$ ). The length of time until CLABSI occurrence increased from 8.72-13.60 days in ICUs ( $P = .046$ ), and from 10.00-12.00 days in non-ICUs ( $P = .048$ ). The number of multidrug-resistant bacteria isolated from CLABSI episodes decreased both in ICUs and in non-ICUs. Conclusions: The SQI and MDT CLABSI infection control program is effective in reducing hospital-wide CLABSI in patients with CVC, both in ICUs and in non-ICUs.

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### Reference:

Han, J., Wan, J., Cheng, Y., Li, D., Deng, M., Wang, X., Feng, J., He, Y., Ye, Q., Wang, L., Lei, Y. and Wang, J. (2019) A hospital-wide reduction in central line-associated bloodstream infections through systematic quality improvement initiative and multidisciplinary teamwork. American Journal of Infection Control. July 2nd. DOI: <https://doi.org/10.1016/j.ajic.2019.05.008>. .