



In January 2015, NHSN updated surveillance procedures to include the implementation of the 14-day repeat infection timeframe (RIT), to clarify the definition of resolved versus continued infection” Williams et al (2019).

Abstract:

BACKGROUND: Mandatory reporting of central line-associated bloodstream infections (CLABSIs) to the National Healthcare Safety Network (NHSN) is used as a measure of healthcare quality and hospital reimbursement. State reporting laws mandate patient notification of each healthcare associated infection. In January 2015, NHSN updated surveillance procedures to include the implementation of the 14-day repeat infection timeframe (RIT), to clarify the definition of resolved versus continued infection. We describe the impact of the RIT on CLABSI surveillance at an academic, quaternary care pediatric hospital.

METHODS: We performed a retrospective, cohort evaluation of existing hospital surveillance data to identify repeat CLABSIs occurring within the first seven days after the CLABSI RIT from January 2015 to July 2018. Repeat CLABSI events were considered unresolved infections when the microorganisms grown were identical or closely related to those grown at onset or during the first 5 days of the index CLABSI. Characteristics of repeat CLABSI events were described and compared to all CLABSIs using Fisher’s exact test.

RESULTS: We identified 13 new CLABSI events that occurred within seven days of the previous CLABSI's RIT (day 15-21). Seven of these CLABSIs were considered unresolved infections. The remaining 6 CLABSIs involved different microorganisms than identified at onset of the initial CLABSI. There was no difference in clinical service ($p=0.89$), patient immune status ($p=0.25$), line type ($p=0.69$), or presence of multiple central lines ($p=0.27$) when comparing unresolved CLABSIs ($n=7$) to the total number of CLABSIs identified during the time period ($n=389$). Conversely, 4 CLABSIs had new microorganisms added during the RIT that were not reported as a unique event.

CONCLUSIONS: The use of the RIT does not always appropriately identify new CLABSIs at our institution. Since CLABSI identification is used for improvement efforts, modification of the RIT may be needed to properly identify unique CLABSIs.

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Reference:

Williams, K., Farrell, L., McNally, K., Townsend, S., Smathers, S., Handy, L. and Sammons, J. (2019) Impact of Repeat Infection Timeframe on CLABSI Surveillance. *American Journal of Infection Control*. 47(6), p.S14. DOI: <https://doi.org/10.1016/j.ajic.2019.04.168>.

