

In developing countries, CLABSI are usually the result of a failure to follow evidence-based, standardized health practices” Arrieta et al (2015).

Abstract:

Background: Central line-associated bloodstream infections (CLABSI) are the leading cause of healthcare-associated bloodstream infections, prolonging hospitalizations, and increasing morbidity, healthcare costs and mortality. The CLABSI rate has been estimated at 7.6 episodes per 1,000 central line days in Latin America. In developing countries, CLABSI are usually the result of a failure to follow evidence-based, standardized health practices.

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Objectives: The second phase of the ‘Goodbye Bacteremia’ campaign aimed at reducing the CLABSI rate in Latin American Intensive Care Units (ICUs) by 50% or to less than 2 episodes per 1,000 central line days from self-reported baseline within 12 months of the implementation of the campaign.

Design: Uncontrolled before-and-after CLABSI rates comparison.

Setting: 100 ICUs from six Latin American countries.

Intervention: We used a quality-improvement collaborative to promote the adoption of bundles of care for the insertion and maintenance of central lines, coupled with education through virtual bi-weekly learning sessions, and continuous feedback, from June 2014 to June 2015.

Main outcome measure: CLABSI rate.

Results: The preliminary reduction on the CLABSI rate was 24.34% from a baseline mean of 2.67 to 2.02 at the end of the campaign. The median CLABSI rate was zero throughout the campaign. The mean percentage compliance increased by 49.49% from a baseline of 65.55% to 97.99% at the end of the campaign for the insertion bundle, and by 14.86% from 82.56% to 94.83% for the maintenance bundle.

Conclusions: Evidence-based interventions and multi-country collaborative work contributed to a significant reduction in the incidence of CLABSI in Latin American ICUs.

Reference:

Arrieta, J., Delgado, P., Orrego, C., Giuffre, C., Rodríguez, V., Elorrio, E.G. (2015) Reducing the incidence of CLABSI in Latin American ICUs: A multi-country quality improvement collaborative. Preliminary results from the second phase. *BMJ Quality & Safety*. 24, p.728-729.

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