Incidence of CLABSI can be significantly reduced through proper aseptic techniques, surveillance, and active management strategies, including elimination of idle central line days” Aufricht et al (2019).

Abstract:

Central line-associated bloodstream infections (CLABSIs) are one of the most dangerous and costly types of hospital-acquired infections. Incidence of CLABSI can be significantly reduced through proper aseptic techniques, surveillance, and active management strategies, including elimination of idle central line days. This quality improvement project examined two central venous catheter (CVC) cohorts. The institutional electronic health record (EHR) was utilized to generate a daily report indicating CVC utilization by patient care unit. The EHR was further scrutinized for documentation of appropriate indications for CVC use employing an appropriateness tool developed by the institutional vascular access team. Cohort 1 included 12 National Healthcare Safety Network-reportable units audited on a daily basis over a 4-week time period; cohort 2 included selected National Healthcare Safety Network-nonreportable units audited on a daily basis over a 2-week time period. Central venous catheters that did not meet defined indications as outlined by the institutional vascular access team’s data collection checklist were escalated the same day to the unit clinical nurse manager for review and possible removal. The percentage of clinically nonindicated CVCs in cohort 1 fell by 65% over the 4-week period of daily audit and real-time feedback, with similar results noted for cohort 2. In conclusion, real-time audit and feedback regarding appropriate clinical indications for CVC use can result in decreased idle or nonindicated
central line days, potentially contributing to decreased CLABSI rates.

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