



Over the past decade, numerous local, statewide, and national quality improvement initiatives have resulted in a significant reduction in CLABSI rates” Mobley and Bizzarro (2017).

Abstract:

Central line-associated bloodstream infections (CLABSI) are among the most common healthcare-acquired infections in the neonatal intensive care unit (NICU) population and are associated with an increased risk of morbidity and mortality, as well as increased healthcare costs, and duration of hospitalization.

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Over the past decade, numerous local, statewide, and national quality improvement initiatives have resulted in a significant reduction in CLABSI rates. The majority of successful initiatives have utilized similar strategies to implement and sustain their efforts, including education of NICU staff in the principles of quality improvement, creation and implementation of central line insertion and maintenance bundles and methods for assessing compliance, formation of dedicated central line insertion and maintenance teams, and utilization of reliable and effective methods for collecting, analyzing, and displaying data. Despite this progress, continued work toward discovery of better practices, such as the safest and most

effective agent for cutaneous antisepsis or identification of optimal outcome and process measures, is required if further progress is to be made. Additionally, sustained progress in reducing the burden of neonatal infections may require a shift in focus away from CLABSI and toward the reporting, investigation, and prevention of all NICU-onset bacteremia.

Reference:

Mobley, R.E. and Bizzarro, M.J. (2017) Central line-associated bloodstream infections in the NICU: Successes and controversies in the quest for zero. *Seminars in Perinatology*. April 12th.

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