



The graphic features the SecurAcath logo at the top center. Below it, on the left, are the phrases "Reduce Infections" and "Decrease Dislodgements" in large white font. At the bottom left is a "Learn More" link with a right-pointing arrow. On the right side, there is a detailed illustration of the SecurAcath device, which is a yellow and orange catheter with a locking mechanism. The device has "LIFT" and "HOLD" labels on its sides and "SecurAcath" written on the top. The background is a gradient of orange and brown, with a white diagonal line separating the top section from the bottom.



These findings reflect the complexity of CLABSIs with multiple patient and hospital factors influencing incidence. It suggests the need for further studies to re-calibrate the zero CLABSI model towards one with greater relevance” Strickler et al (2018).

Abstract:

BACKGROUND: In the USA, central line associated blood stream infections (CLABSIs) have been designated as ‘never events’, prompting initiatives towards a ‘zero CLABSIs’ standard. We propose that there are cascading risk factors predisposing certain patient cohorts to higher CLABSIs rates.

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METHODS: A retrospective review of all CLABSI infections over a 12-month period was undertaken. Risk factors examined included catheter type, insertion site and parenteral nutrition (PN) status. Additional factors analysed included acute kidney injury (AKI), chronic kidney disease (CKD) and hospital-acquired infections (HAIs).

RESULTS: Thirty-four CLABSIs were identified in 33 adult patients (median age = 57 years). Temporary central venous catheters accounted for 12 (35%), peripherally inserted central catheters for five (14.7%), and permanent catheters for 17 CLABSIs (50%); the median duration from insertion was 15 days (interquartile range = 9-26). Among patient factors, immunosuppression and hyperglycaemia were the most common (n = 19, 55%), followed by PN and CKD (n = 17, 50.0%), AKI (n = 16, 47.1%) and HAIs (n = 13, 38.2%). A majority of patients with CLABSIs (n = 20 58.8%) had at least three risk factors.

DISCUSSION: These findings reflect the complexity of CLABSIs with multiple patient and hospital factors influencing incidence. It suggests the need for further studies to re-calibrate the zero CLABSI model towards one with greater relevance.

Reference:

Strickler, S., Gupta, R.R., Doucette, J.T. and Kohli-Seth, R. (2018) A quality assurance investigation of CLABSI events: are there exceptions to never? *Journal of Infection Prevention*. 19(1), p.22-28.

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