

To determine which comorbid conditions are considered causally related to central-line associated bloodstream infection (CLABSI) and surgical-site infection (SSI) based on expert consensus” Harris et al (2016).

Abstract:

OBJECTIVE: To determine which comorbid conditions are considered causally related to central-line associated bloodstream infection (CLABSI) and surgical-site infection (SSI) based on expert consensus.

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DESIGN: Using the Delphi method, we administered an iterative, 2-round survey to 9 infectious disease and infection control experts from the United States.

METHODS: Based on our selection of components from the Charlson and Elixhauser comorbidity indices, 35 different comorbid conditions were rated from 1 (not at all related) to 5 (strongly related) by each expert separately for CLABSI and SSI, based on perceived relatedness to the outcome. To assign expert consensus on causal relatedness for each comorbid condition, all 3 of the following criteria had to be met at the end of the second round: (1) a majority (>50%) of experts rating the condition at 3 (somewhat related) or higher, (2) interquartile range (IQR)≤1, and (3) standard deviation (SD)≤1.

RESULTS: From round 1 to round 2, the IQR and SD, respectively, decreased for ratings of 21 of 35 (60%) and 33 of 35 (94%) comorbid conditions for CLABSI, and for 17 of 35 (49%) and 32 of 35 (91%) comorbid conditions for SSI, suggesting improvement in consensus among this group of experts. At the end of round 2, 13 of 35 (37%) and 17 of 35 (49%) comorbid conditions were perceived as causally related to CLABSI and SSI, respectively.

CONCLUSIONS: Our results have produced a list of comorbid conditions that should be analyzed as risk factors for and further explored for risk adjustment of CLABSI and SSI.



Reference:

Harris, A.D., Pineles, L., Anderson, D., Woeltje, K.F., Trick, W.E., Kaye, K.S., Yokoe, D.S., Nyquist, A.C., Calfee, D.P. and Leekha, S. (2016) Which Comorbid Conditions Should We Be Analyzing as Risk Factors for Healthcare-Associated Infections? Infection Control and Hospital Epidemiology. December 29th. .

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