


<p>The 4 infection prevention Best Care Always! Interventions:</p> <ul style="list-style-type: none"> • VAP: Ventilator-associated Pneumonia • CLABSI: Central line - associated Bloodstream Infections • SSI: Surgical Site Infections • UTI: Urinary Tract Infections <p>Best Care Always Pilot Intervention:</p> <ul style="list-style-type: none"> • Antibiotic Stewardship 	<p>Prevent central line-associated bloodstream infections (CLABSI): July 2011</p> <p>Background: Ninety percent of catheter related bloodstream infections occur with central venous catheters (CVCs)</p> <ul style="list-style-type: none"> • Central line-associated bloodstream infections (CLABSI) prolong hospitalisation by a mean of seven days • CLABSI mortality (controlled for underlying severity) is between 4% and 20% • The odds ratio for developing CLABSI was 2.2 – 6.6 times greater without maximum barrier precautions <p>Intervention: There are key elements contained in the CLABSI Bundle:</p> <ol style="list-style-type: none"> 1. Hand hygiene 2. Maximal barrier precautions 3. Chlorhexidine skin antisepsis 4. Optimal catheter insertion site selected after weighing infection risk* and possible complications 5. Daily review of necessity for line, prompt removal of unnecessary central lines <p>* The subclavian route has the lowest risk for infection; the femoral site the highest (especially in obese adult patients)</p> <p>Other evidence-based elements of care are not excluded and may be added to the Central Line Bundle by individual facilities, for example:</p> <ul style="list-style-type: none"> • Line is secured • Dressing is clean and intact <p>Compliance with the CLABSI bundle has been most successful when all elements are executed together.</p>
<p>Goal: To prevent CLABSI by consistently and effectively implementing all elements of the “Central Line Bundle.”</p>	
<p>A “bundle” is a collection of processes needed to effectively and safely care for patients undergoing particular treatments with inherent risks. Several interventions are “bundled” together and, when combined, significantly improve patient outcomes.</p>	

<p>References and Resources:</p> <ul style="list-style-type: none"> • Mermel LA. <i>Ann Intern Med.</i> 2000; 132(5): 391-402. • O’Grady NP, et.al. “Guidelines for the prevention of intravascular catheter related infections”. Centers for Disease Control and Prevention. MMWR Recomm Rep. Aug 9 2002; 51 (RR-10):10 www.cdc.gov/mmwr/PDF/rr/rr5110.pdf 	<p>We are engaging with our collaborative partners to understand any key differences for the South African setting and will be updating the CLABSI one-pager as this work is finalised.</p> <p>For more in depth information and implementation guidelines consult the “Getting Started Kits”</p> <p>Intervention Measures:</p> <ul style="list-style-type: none"> • CLABSI rate = (Number of catheter-associated bloodstream infections / number of central line days) x 1,000 • CLABSI bundle compliance rate <p>Examples of measurements and goals of compliance are:</p> <ol style="list-style-type: none"> 1. CLABSI rate: Goal - decrease the CLABSI rate by 30% in one year. Achieve 60 days with no CLABSI. 2. CLABSI bundle compliance: Goal - 95% all patients with central lines in the intensive care units receive all elements of a Central Line Bundle
<p>Institute for Healthcare Improvement. 5 Million Lives Campaign www.ihl.org</p> <ul style="list-style-type: none"> • Safer Healthcare Now! Campaign. www.saferhealthcarenow 	<p>Definition of CLABSI:</p> <p>Primary bloodstream infection occurring in a patient</p> <ul style="list-style-type: none"> • with a central line[#] in situ; OR • where infection occurs within 48 hours of the removal of the central line • where no other possible source of the bloodstream infection is identified (i.e. does not include secondary bloodstream infections)
<p>We wish to thank and acknowledge the Institute for Healthcare Improvement (IHI) and the Canadian Safer Healthcare Now! campaigns, particularly the extensive resources made available on their websites. Links are provided to both these websites for further support.</p> 	<p>There is no minimum period of time that the central line must be in place in order for the bloodstream infection to be considered central line-associated. There must be no evidence that the infection was present or incubating at the time of insertion</p> <p>#Central line: an intravascular catheter that terminates at or close to the heart or in one of the great vessels (aorta, pulmonary artery, superior & inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins and common femoral veins; neonates: umbilical artery or vein).</p> <ul style="list-style-type: none"> • Must be a lumened device through which fluids are infused, pushed or withdrawn. • May be temporary or permanent (e.g. dialysis tunneled or implanted catheters, including ports). • excludes lines attached to balloon pumps and CVVHD <p><i>This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a CLABSI in practice.</i></p> <p>The Website contains the full Getting Started Kit, and links to other resources for this strategy.</p>