

Accountability of Health Care Personnel in Preventing CLABSIs

Personnel Categories	Responsibilities
CEOs and Senior Management	<ul style="list-style-type: none"> • Ensure that there is an adequate number of trained infection preventionists and an effective infection prevention and control program that supports CLABSI prevention efforts. • Ensure that all licensed and nonlicensed health care personnel are competent to perform their job responsibilities. • Clearly communicate that department or unit leaders are accountable for the CLABSIs that occur in their patients. Staff who are chronically nonadherent to following such prevention practices may need oversight to motivate the necessary changes in behavior. (It should be noted that holding health care personnel accountable is not in conflict with a blameless safety culture.)
Hospital and Unit Leaders	<ul style="list-style-type: none"> • Hold health care personnel accountable for their actions.
Direct Caregivers and Ancillary Personnel	<ul style="list-style-type: none"> • Practice proper infection prevention and control at all times (for example, proper hand hygiene, cleaning and disinfection of instruments and the patient care environment, aseptic technique when inserting and maintaining CVCs).
Infection Prevention and Control Program Lead	<ul style="list-style-type: none"> • Ensure that an active program is in place to identify CLABSIs. • Analyze data on the occurrence of CLABSIs, with regular feedback of the data to all who can use the information to improve care (for example, frontline staff, clinical staff, administrators). • Ensure that evidence-based practices for CLABSI prevention are incorporated into the infection prevention and control program. • Ensure that appropriate education and training on CLABSI prevention is developed and provided to staff, patients, and families.
Infection Prevention and Control Program Lead and Laboratory and Information Technology Department Leads	<ul style="list-style-type: none"> • Ensure that systems are in place to adequately support the CLABSI surveillance program.

Sources: Marschall J, et al. Strategies to prevent central line–associated bloodstream infections in acute care hospitals. *Infect Control Hosp Epidemiol.* 2008 Oct;29 Suppl 1:S22–30; Erratum in: *Infect Control Hosp Epidemiol.* 2009 Aug;30(8):815; Jarvis WR. The Lowbury Lecture. The United States approach to strategies in the battle against healthcare-associated infections, 2006: Transitioning from benchmarking to zero tolerance and clinician accountability. *J Hosp Infect.* 2007 Jun;65 Suppl 2:3–9.