

Preventing Central Line-Associated Bloodstream Infections: Useful Tools, An International Perspective – Tools Directory

Note: Tools in this directory are presented in the order in which they appear in the toolkit.

Chapter	Tool/Note
Introduction	Prevalence of HCAI in Developed Countries (corresponding to Figure I-1 of CLABSI Monograph Preventing Central Line—Associated Bloodstream Infections: A Global Challenge, A Global Perspective, page viii)
Introduction	Prevalence of HCAI in Developing Countries (corresponding to Figure I-2 of CLABSI Monograph, page ix)
Introduction	HAI Causes in US by DHHS (corresponding to Sidebar I-1 of CLABSI Monograph, page vi)
Introduction	2013 CDC Central Line-Associated Bloodstream Infection (CLABSI) Event Definition
Introduction	<u>CLABSI Fact Sheet</u> (Source: Quality and Safety Research Group, Johns Hopkins University)
Chapter 1	Types of CVCs
·	 Comparison of the Major Types of Central Venous Catheters (CVCs) (corresponding to Table 1-1 of CLABSI Monograph Preventing Central Line–Associated Bloodstream Infections: A Global Challenge, A Global Perspective, page 3)
Chapter 1	Pediatric Vascular Access Devices
Chapter 1	CDC – FAQ About Catheters
Chapter 1	Visual Depiction of Each Type of CVC
Chapter 1	Risk Factors for CLABSI Intrinsic and Extrinsic Risk Factors for CLABSI (corresponding to Table 1-2 of CLABSI Monograph, page 4)
Chapter 1	 Intrinsic Risk Factors for CLABSIs and Susceptible Populations (adapted from CLABSI Monograph)
Chapter 1	Pathogenesis of CLABSIs
	 Routes for Central Venous Catheter Contamination with Microorganisms (corresponding to Figure 1-1 of CLABSI Monograph, page 5)
Chapter 2	Clinical Practice Guidelines
	Examples of International Clinical Practice Guidelines That Include CLABSI Prevention Strategies (corresponding to Table 2-1 of CLABSI Monograph Preventing Central Line—Associated Bloodstream Infections: A Global



Chapter	Tool/Note
Giraptoi	Challenge, A Global Perspective, pages 13–15)
Chapter 2	 Examples of Clinical Practice Guidelines or Practice Standards Developed by Organizations or Professional Societies Regarding Aspects of CLABSI Prevention or Diagnosis (corresponding to Table 2-2 of CLABSI Monograph, pages 15–21)
Chapter 2	Position Papers Position Papers Related to CVCs, CLABSIs, and Their Prevention (corresponding to Table 2-3 of CLABSI Monograph, pages 21–22)
Chapter 2	Initiatives and Campaigns • CLABSI Reduction Initiatives and Campaigns (adapted from Table 2-5 of CLABSI Monograph, pages 27–30)
Chapter 2	Society for Healthcare Epidemiology of America/Infectious Diseases Society of America Compendium of Strategies to Prevent Healthcare- Associated Infections Chapter on CLABSIs
Chapter 2	 Review of Joint Commission and Joint Commission International Requirements That Address the Prevention and Control of CLABSI
Chapter 3	Education and Training of Health Care Personnel Note: The provider's skill in inserting a CVC is a key component of safety and prevention of CLABSI. It is imperative to assess each individual as competent to perform insertion and removal of a CVC. More manipulations and breach of aseptic technique may occur more often with inexperienced providers. Organization policy must dictate an acceptable number of multiple verified placements under the direct supervision of providers experienced in successfully placing CVCs.
Chapter 3	CUSP Vascular Access Device <u>Training Slides</u> and <u>Quiz</u>
Chapter 3	 Examples of Studies from Developing Countries Regarding Education and Reduced CLABSI Rates (corresponding to Table 3-1 of CLABSI Monograph Preventing Central Line—Associated Bloodstream Infections: A Global Challenge, A Global Perspective, page 40)
Chapter 3	Potential Educational Delivery Methods and Reduced CLABSI Rates (adapted from CLABSI Monograph)
Chapter 3	Hand Hygiene World Health Organization's "My 5 Moments for Hand Hygiene" (corresponding to Figure 3-1 of CLABSI Monograph, page 43)
Chapter 3	 WHO Guidelines on Hand Hygiene in Health Care Handwashing Technique with Soap and Water (See Figure II.2, p.156) Hand Hygiene Technique with Alcohol-Based Hand Rub (See Figure II.1, p.155)



Chapter	Tool/Note
Chapter 3	Complimentary Hand Hygiene Educational Resources
Chapter 3	2011 CDC Hand Hygiene Guidelines to Minimize CLABSI Risk
Chapter 3	 Center for Transforming Healthcare Targeted Solutions Tool® – Hand Hygiene Module Targeted Solutions Tool How to access the TST Reduce HAIs - Hand Hygiene Targeted Solutions Tool
Chapter 3	Aseptic Technique Aseptic versus Clean Technique
Chapter 3	CVC Insertion Preparation Maximal Sterile Barrier Precautions Note: Maximal sterile barrier (MSB) precautions require the CVC inserter to wear a mask and cap, a sterile gown, and sterile gloves and to use a large (head-to-toe) sterile drape over the patient during the placement of a CVC or exchange of a catheter over a guidewire. 1-5 Several studies have demonstrated the benefit, either alone or as part of multimodal CLABSI prevention strategies, of using MSB precautions during CVC placement to reduce the risk of CLABSIs.
Chapter 3	 Skin Preparation Note: The following summarizes current recommendations for skin antisepsis prior to CVC insertion and during dressing changes¹-⁵: Apply antiseptics to clean skin. Apply alcoholic chlorhexidine, with a chlorhexidine concentration greater than 0.5% in alcohol. If there is a contraindication to chlorhexidine, apply tincture of iodine, an iodophor, or alcohol as an alternative. Allow the antiseptic solution to dry before placing the catheter. It should be noted, however, than in some countries, chlorhexidine availability may be an issue, in which case povidone-iodine⁶ or alcoholic chlorhexidine should be used.
Chapter 3	Catheter Selection Number of Lumens Catheter Choice Chart Article: "Device Selection: A Critical Strategy in the Reduction of Catheter-Related Complications," with chart on Vascular Access Device Selection. Reprinted from Nutrition vol. 12, no. 2, M Ryder, Device Selection: A Critical Strategy in the Reduction of Catheter-Related Complications, pp. 143–145, Copyright
Chapter 3	1996, with permission from Elsevier Science Inc. Antimicrobial- or Antiseptic-Impregnated Antimicrobial- or Antiseptic-Impregnated Catheters Utilization Algorithm



Chapter	Tool/Note
Chapter 3	Use of Catheter Kits or Carts
	<u>CVC Removal</u> – Equipment Preparation
Chapter 3	CUSP Line Cart Inventory
Chapter 3	CVC Insertion
	 Catheter Site Selection Note: Avoid using the femoral site for CVC access in adult patients. Keep in mind that studies have shown that, unlike in adults, in pediatric
	patients femoral catheters have a low incidence of mechanical complications and might have an equivalent infection rate to that of nonfemoral catheters.
	 Use a subclavian site rather than a jugular site to minimize infection risks in adult patients. (Note, however, that the literature reflects comparisons of insertion sites before the routine use of ultrasound-guided insertions, so this area is deserving of additional study.)
	 Avoid the subclavian site in hemodialysis patients.
Chapter 3	Insertion Under Ultrasound Guidance Note: Ultrasound guidance has been associated with a higher rate of success at first-attempt insertions compared to blind techniques in several randomized controlled trials and is associated with a decrease in CLABSIs. ⁵
Chapter 3	Catheter Site Dressing Regimes CUSP Dressing Change Policy
Chapter 3	Securement Devices (See CLABSI Monograph, page 48)
Chapter 3	Virginia Mason Medical Center – Central Line Bundle Insertion Checklist Virginia Mason Medical Center – Surgical Safety Checklist Virginia Mason Medical Center – Surgical Safety Checklist Johns Hopkins Hospital Insertion Checklist Beth Israel Medical Center – Central Line Checklist BJC Vascular Catheter Insertion Checklist Scotland - CVC insertion checklist
Chapter 3	Central Line Insertion Checklist—Template Word Document
Chapter 3	Use of a CVC Insertion Bundle ■ CVC Insertion Bundles
Chapter 3	 University Hospitals of Geneva (HUG) Prevention of Hospital Infections by Intervention and Training (PROHIBIT) Website – CVC Insertion Videos: Preparation of Equipment



Chapter	Tool/Note
enapter	o Actions before CVC insertion o CVC insertion
	Videos included in this toolkit were developed for a broad international audience. It is important to note that recommendations for practice vary within and across countries. For example, one video depicts the landmark technique for insertion of the central venous catheter. While ultrasound-guided insertion is used in some countries, the technology is not universally available, so many countries continue to rely on the landmark technique. Additionally, another video shows a single technique to prepare the skin for insertion of a central venous catheter. Certainly other skin preparation techniques may be used and one should always follow the manufacturer's directions for the skin prepping agent that is used in your facility. The Joint Commission and its collaborating organizations are not responsible for any claims or losses arising from the use of, or from any errors or omissions in, this toolkit.
Chapter 3	CDC Dialysis Bloodstream Infection Prevention Collaborative <u>audit</u> tools, protocols, and checklists
Chapter 3	 Open Versus Closed Intravenous Systems (corresponding to Sidebar 3-1 of CLABSI Monograph, page 49)
Chapter 3	Article: Comparative risk of bloodstream infection in hospitalized patients receiving intravenous medication by open, point-of-care, or closed delivery systems Originally published in Mercaldi J, Lanes S, Bradt J. Comparative risk of bloodstream infection in hospitalized patients receiving intravenous medication by open, point-of-care, or closed delivery systems. Am J Health-Syst Pharm 2013 Jun 1;70:957–965. © 2013, American Society of Health-System Pharmacists, Inc. All rights reserved. Reprinted with permission. (R1307)
Chapter 3	CDC Hemodialysis Scrub the Hub Protocol
Chapter 3	CVC Maintenance Prophylactic Antibiotic Lock Solutions, Antimicrobial Flush Solutions, and Catheter Lock Solutions Note: These flushes and locks should not be routinely used to prevent CLABSI. The science on the use of these flushes and locks is evolving and use may be appropriate for specific patients. Disinfection of Catheter Hubs, Connectors, and Injection Ports Note: In general, closed catheter access systems are associated with fewer infections than open systems and should be used preferentially. 1,2
Chapter 3	Scrub the Hub



Chapter	Tool/Note
Chapter 3	Chlorhexidine Bathing Note: The US Centers for Disease Control and Prevention (CDC) and Society for Healthcare Epidemiology of America (SHEA) / Infectious Diseases Society of America (IDSA) recommendations suggest that daily bathing of ICU patients older than 2 months of age with a 2% chlorhexidine-impregnated washcloth may be a useful strategy to decrease CLABSI rates in organizations that have unacceptably high CLABSI rates, despite implementation of the basic recommended prevention strategies. ^{2,3} Concern has been raised, however, regarding the potential for chlorhexidine resistance and whether widespread use of chlorhexidine gluconate bathing may create problems in the future. ⁷
	Use of a CVC Maintenance Bundle CVC Maintenance Bundles
Chapter 3	Daily Central Line Maintenance Checklist—Template Word Document
Chapter 3	CUSP Central Line Maintenance Audit Form
Chapter 3	CUSP Event Report Template
Chapter 3	Removal or Replacement of Catheters or System Components (See CLABSI Monograph, page 57) CVC Removal Considerations
Chapter 3	Tools and Techniques Organizational Self Assessment
Chapter 3	■ Individual Self Assessment
Chapter 3	CUSP Care of Patient with Peripheral Line
	CUSP Care of Patient with PICC Line
	CUSP Care of Patient with Short Term CVC
	CUSP Care of Patient with Tunneled CVC of Implanted Port
	CUSP Care of Patient with Hemodialysis Catheter
	CUSP Care of Patient with Hemepheresis Catheter
	CUSP Blood Drawing from a Hemodialysis and Hemepheresis Catheter
	CUSP Care of Patient Receiving PPN/CPN
	 CUSP Accessing/Deaccessing Implanted CV Access Port
Chapter 4	The Challenges of Translating Evidence into Practice • CUSP Barrier Identification and Mitigation Tool - See Appendix N



Chapter	Tool/Note
Chapter 4	Factors That Affect the Success of Improvement Initiatives
	 Overview of Factors Affecting the Success of Improvement Initiatives
	(corresponding to Table 4-1 of CLABSI Monograph Preventing Central
	Line-Associated Bloodstream Infections: A Global Challenge, A Global
	Perspective, page 73)
Chapter 4	Sustainability Rating Scale (from The Joint Commission's Multidrug-
	Resistant Organism (MDRO) Toolkit, What Every Health Care Executive
	Should Know: The Cost of Antibiotic Resistance)
Chapter 4	Project Prioritization Matrix (from MDRO Toolkit)
Chapter 4	 Root Cause Analysis and Action Plan (JCR)
Chapter 4	AHRQ Quality Indicators Toolkit for Hospitals
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Chapter 4	Leadership
•	CUSP Engage the Senior Executive Tools
Chapter 4	CUSP Back to the Basics Document - See The CLABSI Elimination Toolkit
•	- Appendix 9
Chapter 4	Culture of Safety
	 AHRQ Surveys on Patient Safety Culture
	 Hospital Survey on Patient Safety Culture
	 Nursing Home Survey on Patient Safety Culture
Chapter 4	 Michigan Keystone intensive care unit (ICU) project: Six-step
	Comprehensive United Based Safety Program (CUSP) process to assess
	and improve the safety culture
	o <u>CUSP How to Conduct a Culture Check-up - See Appendix G</u>
Chapter 4	o NCABSI Team Check-Up - See Appendix I
Chapter 4	 Develop a Culture of Safety - IHI Website
Chapter 4	Multidisciplinary Teams and Teamwork
	 Team Strategies and Tools to Enhance Performance and Patient (Team STERRS) to all title
	(TeamSTEPPS) toolkit
Chantar 4	Accountability of Hoolth Care Personnel
Chapter 4	 Accountability of Health Care Personnel Accountability of Health Care Personnel in Preventing CLABSIs
	- Accountability of Freditif Care Personner in Preventing CLADOIS
Chantar 4	Empayorment
Chapter 4	 Empowerment Johns Hopkins Quality Safety Research Group – Nurse Empowerment
	(PPT Slides)
	<u>[11 Olidea]</u>
Chapter 4	Resource Availability
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Chapter	Tool/Note
	 Resources to Support Health Care Personnel in CLABSI Prevention
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Chapter 4	Data Collection and Feedback of CLABSI Rates
	Note: See Chapter 5 for detailed information regarding Surveillance
	Systems, Measures, and Measurement Approaches.
Chapter 4	Policies and Procedures
• .	Note: Applicable Policies and Procedures are included under corresponding
	chapters within the toolkit. Organizations should review their policies and
	procedures, as well as actual practices, against recommended best
	practices. On an ongoing basis, policies should be reviewed and updated
	as new information or technology becomes available.
Chapter 4	Involvement of Patients and Families
	 American Thoracic Society Patient Education Material – Central Venous
	Catheter Control Contr
	<u></u>
Chapter 4	 CDC Central Line-associated Bloodstream Infections: Resources for
	Patients and Healthcare Providers
	Note: This has been shown to be effective in some settings but
	has not been tested in all settings. Adapt for your own
	population and culture.
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Chapter 4	CDC Frequently Asked Questions about Catheters
Chapter 4	CDC-SHEA Patient Guides: FAQ's about catheter associated blood
•	stream infections
Chapter 4	A Brochure from The Joint Commission's Speak Up™ Campaign
Chapter 4	The Role of Collaboratives
Onapici +	Lessons from the Keystone ICU Project
	<u> </u>
Chapter 5	Overview of Surveillance and Surveillance Systems
	- Everence of Netional and International LIAI Commissionae Contains
	 <u>Examples of National and International HAI Surveillance Systems</u> (corresponding to Table 5-1 of CLABSI Monograph <i>Preventing Central</i>
	Line—Associated Bloodstream Infections: A Global Challenge, A Global
	Perspective, pages 87–89)
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Chapter 5	CLABSI Surveillance Methods
Chapter 5	Prevalence Surveys
	Electronic Surveillance Systems
	 Benefits, Essential Components, and Limitations of Electronic Surveillance
	Systems (corresponding to Table 5-2 of CLABSI Monograph, page 91)
	Systems (Solidapolitating to Table 6.2 of OEA Boll Mollographi, page 6.1)
Chapter 5	Steps in Evaluating Electronic Surveillance Systems for Potential
	Incorporation into a Facility



Chapter	Tool/Note
Chapter 5	 Surveillance Form Examples Surveillance Form 1 Surveillance Form 2
Chapter 5	Measurement Approaches: Outcomes and Process Performance Measures Outcome and Process Performance Measures (adapted from CLABSI Monograph)
Chapter 5	NHSN Central Line Insertion Practices (CLIP)
Chapter 5	Benchmarking and Public Reporting SICU Monthly Survey
Chapter 6	Terminology Used in Economic Evaluations (corresponding to Table 6-1 of CLABSI Monograph Preventing Central Line—Associated Bloodstream Infections: A Global Challenge, A Global Perspective, page 104)
Chapter 6	 Pooled Cumulative Incidence Densities for CLABSI in Adult ICU Patients, WHO Data 1995–2010 (corresponding to Table 6-2. of CLABSI Monograph, page 105)
Chapter 6	 CLABSI Rates per 1,000 Central Line—Days in Limited-Resource Countries (2002–2011) (corresponding to Appendix B of CLABSI Monograph, pages 115–118)
Chapter 6	First Do No Harm WHO Assessing and tracking patient harm – A methodological guide for data-poor hospitals
Chapter 6	Estimating CLABSI Costs Stop BSI - CLABSI Opportunity Estimator
Chapter 6	Inflation Calculator: International Example
Chapter 6	Economic Analyses in Health Care Steps in Developing a Business Case Analysis (adapted from Table 6-3 of CLABSI Monograph, pages 108–110)
Chapter 6	The business case for quality: economic analysis of the Michigan Keystone Patient Safety Program in ICUs



References

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- 2. O'Grady NP, et al.; Healthcare Infection Control Practices Advisory Committee (HICPAC). Guidelines for the prevention of intravascular catheter-related infections. *Clin Infect Dis.* 2011 May;52(9):e162–193. Epub 2011 Apr 1.
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- 4. Pratt RJ, et al. epic2: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *J Hosp Infect*. 2007 Feb;65 Suppl 1:S1–64.
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