

Expert CLABSI guidance adds real world implementation strategies

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As central-line associated bloodstream infections (CLABSIs) pose a danger to vulnerable patients, infection prevention and control experts released new practical recommendations to assist acute care hospitals in implementing and prioritizing prevention efforts.

The guidance was published in the July issue of *Infection Control and Hospital Epidemiology* and produced in a collaborative effort led by the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology and The Joint Commission.

"There is no shortage of guidelines and recommendations to prevent CLABSI, including those from government, public health and professional organizations. But translating this evidence into practice, while challenging, is critically important," said Leonard Mermel, DO, ScM, co-lead author of the guidelines with Jonas Marschall, MD. "We've included examples of successful implementation approaches and references to published examples that can be adapted and adopted by hospitals."

An estimated 41,000 cases of CLABSI occur in U.S. hospitals and are usually serious infections typically causing increased length of hospital stay and risk of mortality – contributing to an increase in healthcare cost of up to an additional \$39,000 per episode. Factors which make patients susceptible to CLABSIs include prolonged hospitalization before

catheterization, prolonged duration of catheterization, and heavy microbial colonization at the insertion site and catheter hub.

The updated guidance includes a special section on implementation, emphasizing engagement with healthcare personnel through the supportive, vocal healthcare leaders and sharing of data with employees on the frontlines to track prevention progress. Implementation recommendations are highlighted below.

- Engage both hospital frontline staff and senior leadership in the process of an outcome improvement plan. Focus on a culture of safety including teamwork, technical process and promotion of accountability. Work to make the problem real to all those involved by identifying a patient in the unit who has suffered harm as a result of developing a CLABSI and sharing that story with the team.
- Educate healthcare personnel involved in the insertion and care of central lines. Educational programs should employ multiple teaching strategies to best engage diverse learners.
- Execute best practices by standardizing the care process to help increase staff compliance. Consider using quality improvement methodologies to structure prevention efforts.
- Evaluate the impact of strategies. Multidisciplinary strategies, using quality improvement collaboratives, should be used to set goals and identify the key factors to be measured. Feedback should be given to all personnel with the goals for improvement clearly and frequently articulated.

The new practice recommendations are a part of Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Updates, a series of articles to be published over several months sharing evidence-based strategies to help healthcare professionals effectively control and prevent the spread of healthcare-

associated infections (HAIs).

The 2014 release revises the initial 2008 Compendium publication.

More information: Jonas Marschall, Leonard Mermel, Mohamad Fakih, Lynn Hadaway, Alexander Kallen, Naomi O'Grady, Ann Marie Pettis, Mark Rupp, Thomas Sandora, Lisa Maragakis, Deborah Yokoe. "Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals: 2014 Update." *Infection Control and Hospital Epidemiology* 35:7 (July 2014)

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