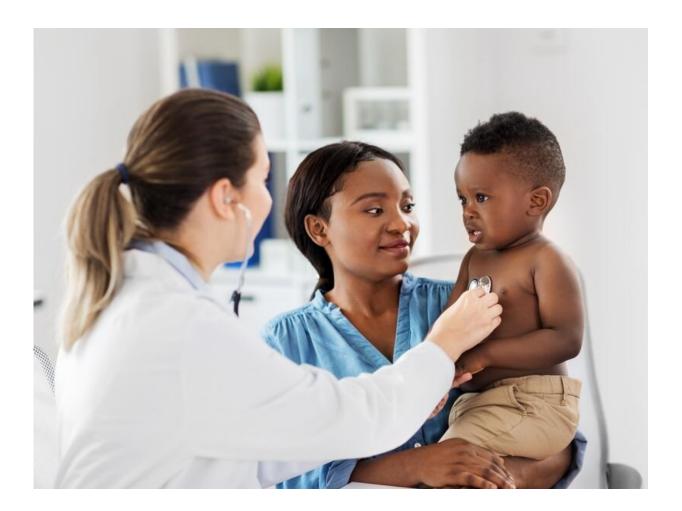


Disparities seen for central catheterassociated bloodstream infection

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Central catheter-associated bloodstream infection (CLABSI) rates are



higher for Black pediatric patients and patients who speak a language other than English (LOE), according to a study published online May 30 in *JAMA Pediatrics*.

Caitlin L. McGrath, M.D., from University of Washington in Seattle, and colleagues examined disparities in first CLABSI rates for <u>pediatric</u> <u>patients</u> of minoritized racial, ethnic, and language groups and subsequent outcomes after quality improvement initiatives. The analysis included outcomes of 8,269 hospitalized patients with central catheters (Oct. 1, 2012, to Sept. 30, 2019) at a freestanding quaternary care children's hospital.

The researchers found that the unadjusted infection rates were higher for Black patients (2.8 per 1,000 central catheter days) and patients who spoke an LOE (2.1 per 1,000 central catheter days) versus the overall population (1.5 per 1,000 central catheter days). Overall, 3.4% experienced a CLABSI (mean age, 1.34 years; female, 43.3%). When adjusting for other factors, higher risk was seen for Black patients (adjusted hazard ratio, 1.8) and patients who spoke an LOE (adjusted hazard ratio, 1.6). Infection rates in both subgroups showed statistically significant changes following quality improvement interventions (Black patients, -1.77; patients speaking an LOE, -1.25).

"These findings suggest that assessing hospital quality metrics for <u>disparities</u> can be an indicator of racism and bias and that targeted interventions to improve equitable care with a specific focus on health care-associated infections may be feasible," the authors write.

More information: Caitlin L. McGrath et al, Identifying and Mitigating Disparities in Central Line–Associated Bloodstream Infections in Minoritized Racial, Ethnic, and Language Groups, *JAMA Pediatrics* (2023). DOI: 10.1001/jamapediatrics.2023.1379



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