

Our Facility

Central Line-associated Blood Stream Infection (CLABSI) Facility Assessment Tool—Feedback Report

2018Q1	133	147	59.7	0.91	0.99	1.01
Enter Date Range of Data	Number of facility CLABSIs	Number of predicted facility CLABSIs	Facility Cumulative Attributable Difference (CAD), or the number of infections the facility would have needed to prevent to achieve an HAI reduction goal SIR of 0.50	Facility CLABSI Standardized Infection Ratio (SIR)	2015 National CLABSI SIR	2017 State ACH CLABSI SIR
SIR >1.0 indicates more infections than predicted						

Assessment Overview			
# Collected:	67	% Respondents	
# Analyzed:	67	Providing CVC Care:	13%
Overall Mean Score:	54.8	out of 81, or 68%	

Note: If this report represents **fewer than 30 assessments**, results may not be fully representative of the awareness and perceptions of infection prevention practices among healthcare personnel. Scoring and results are for the purpose of internal quality improvement and should not be used as a method to benchmark against other units or facilities.

Leading*
Unit-level leadership involvement in CLABSI prevention activities
Daily assessment of central line to ensure necessity
Use of sterile gauze or dressing to cover central line insertion sites
Routine monitoring of insertion sites for signs of infection

Lagging†
Physician champion for CLABSI prevention activities
Replacement of central lines within 48hrs when aseptic technique cannot be ensured
Competency assessments of central line insertion: At least annually
Replacement of tubing used to administer propofol infusions every 6-12hrs

Selected Deep Dives – Top Opportunities for Improvement ‡

I. General Infrastructure, Capacity, and Processes	II. Appropriate Use of Central Venous Catheters	III. Proper Insertion Practices for Central Venous Catheters	IV. Proper Maintenance Practices for Central Venous Catheters
Physician champion for CLABSI prevention activities		Replacement of central lines within 48hrs when aseptic technique cannot be ensured	Replacement of tubing used to administer propofol infusions every 6-12hrs
Competency assessments of central line insertion: Upon hire/during orientation			
Competency assessments of central line insertion: At least annually			
Competency assessments of central line insertion: With new equipment or protocols			

* Items displayed are based on questions with a frequency of >75% Yes or >75% for the sum of Often + Always

† Items displayed are based on questions with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

‡ Items displayed are based on questions within each domain with a frequency of >33% Unknown, >50% No, or >50% for the sum of Never + Rarely + Sometimes + Unknown

Respondent Demographics

	Number of Respondents	Percent of Respondents	Total Mean Points	Total Mean Score
Respondent Role				
Nurse/Nurse Assistant	27	40%	63.1	78%
Physician/PA/NP	0	0%		
Other	40	60%	49.1	61%
Missing	0	0%	--	--
Respondent inserts, assists with insertion of, or maintains central venous catheters as part of their work at this facility?				
Yes	9	13%	64.5	80%
No	58	87%	53.3	66%
Missing	0	0%	--	--
Unit Type				
ICU	15	22%	63.0	78%
Non-ICU	52	78%	52.4	65%
Missing	0	0%	--	--
Years of Experience at Facility				
Less than 1	3	4%	0.0	0%
1 to 5 years	15	22%	46.1	57%
6 to 10 years	15	22%	58.9	73%
Over 10 years	34	51%	55.6	69%
Missing	0	0%	--	--

Responses Per Question

Please note: Selected LEADING results are highlighted in green (>75% Yes, or >75% for sum of Often+Always). Selected LAGGING results are highlighted in red (>33% Unknown, >50% for sum of No+Unknown, >50% for sum of Never+Rarely+Sometimes+Unknown). It is strongly encouraged that each unit and facility review all of the data available to target other potential opportunities for improvement, aligning to ongoing and/or planned areas for intervention where possible. Data may not be representative of actual practices, as these are self-reported respondent perceptions.

I. General Infrastructure, Capacity, and Processes

Question	Yes	No	Unknown
1. Does your facility's senior leadership actively promote CLABSI prevention activities?	95%	2%	3%
2. Is unit-level leadership involved in CLABSI prevention activities?	97%	0%	3%
3. Does your facility currently have a team/work group focusing on CLABSI prevention?	83%	14%	3%
4. Does your facility have a staff person with dedicated time to coordinate CLABSI prevention activities?	67%	25%	8%
5. Does your facility have a nurse champion for CLABSI prevention activities?	60%	30%	10%
6. Does your facility have a physician champion for CLABSI prevention activities?	38%	38%	24%
7. Does your facility have a central line insertion bundle?	94%	2%	5%
8. Does your facility conduct an assessment to identify potential gaps when a CLABSI occurs?	90%	6%	3%

I. General Infrastructure, Capacity, and Processes, Continued...

Training

9. Does your facility provide <i>training on proper insertion</i> of central lines for all healthcare personnel with this responsibility:	Yes	No	Unknown	
A. Upon hire/during orientation?	68%	6%	25%	
B. At least annually?	60%	11%	29%	
C. When new equipment or protocols are introduced?	78%	3%	19%	
10. IF YES, does the training on proper insertion of central lines include:	Yes	No	Unknown	N/A*
A. Proper aseptic technique?	78%	0%	14%	22%
B. Maximal sterile barrier precautions?	79%	0%	13%	22%
C. Ultrasound guidance for insertion?	59%	6%	27%	22%
11. Does your facility provide <i>training on proper maintenance</i> of central lines for all healthcare personnel with this responsibility:	Yes	No	Unknown	
A. Upon hire/during orientation?	92%	0%	8%	
B. At least annually?	84%	6%	10%	
C. When new equipment or protocols are introduced?	87%	0%	13%	
12. IF YES, does the training on proper maintenance of central lines include:	Yes	No	Unknown	N/A*
A. Use of aseptic technique during routine dressing changes?	92%	0%	6%	12%
B. Use of needleless devices/connectors?	87%	0%	11%	12%
C. Use of aseptic technique while accessing a central venous catheter?	90%	0%	8%	12%
D. Technique for disinfecting the hub/connector prior to accessing (scrub the hub)?	92%	0%	6%	12%
E. Use of aseptic technique while accessing implanted ports?	86%	0%	11%	12%
F. Management of intravenous administration sets, including appropriate timing for changing?	89%	0%	10%	12%

*Percentages for N/A include respondents that selected 'No' or 'Unknown' for preceding question.

I. General Infrastructure, Capacity, and Processes, Continued...

Competency Assessments

*Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the minimum knowledge and skills needed to safely perform a task according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated or an actual procedure.

13. Does your facility conduct <i>competency assessments on proper insertion</i> of central lines for all healthcare personnel with this responsibility:	Yes	No	Unknown	
A. Upon hire/during orientation?	53%	13%	34%	
B. At least annually?	50%	18%	32%	
C. When new equipment or protocols are introduced?	53%	11%	35%	
14. IF YES, do the competency assessments on proper insertion of central lines include:	Yes	No	Unknown	N/A*
A. Proper aseptic technique?	61%	5%	13%	46%
B. Maximal sterile barrier precautions?	61%	5%	13%	46%
C. Ultrasound guidance for insertion?	45%	6%	26%	46%
15. Does your facility conduct <i>competency assessments on proper maintenance</i> of central lines for all healthcare personnel with this responsibility:	Yes	No	Unknown	
A. Upon hire/during orientation?	76%	5%	19%	
B. At least annually?	61%	19%	19%	
C. When new equipment or protocols are introduced?	73%	8%	19%	
16. IF YES, do the competency assessments on proper maintenance of central lines include:	Yes	No	Unknown	N/A*
A. Use of aseptic technique during routine dressing changes?	77%	2%	11%	28%
B. Use of needleless devices/connectors?	76%	2%	11%	28%
C. Use of aseptic technique while accessing a central venous catheter?	76%	2%	11%	28%
D. Technique for disinfecting the hub/connector prior to accessing (scrub the hub)?	76%	2%	11%	28%
E. Use of aseptic technique while accessing implanted ports?	73%	2%	15%	28%
F. Management of intravenous administration sets, including appropriate timing for changing?	76%	2%	11%	28%

*Percentages for N/A include respondents that selected 'No' or 'Unknown' for preceding question.

I. General Infrastructure, Capacity, and Processes, Continued...

Does your facility routinely audit (monitor and document) adherence of all healthcare personnel with responsibility for performing the tasks below to:

*Audit is defined as monitoring (typically by direct observation) and documenting healthcare personnel adherence to facility policies.

	Yes	No	Unknown
17. Central line insertion documentation (e.g., date, procedure, complications)?	77%	10%	13%
18. Documentation of daily assessment of the need for central venous catheter access?	76%	10%	15%
19. Proper central line insertion practices?	63%	16%	21%
20. Proper central line maintenance practices?	81%	6%	13%
Does your facility routinely provide feedback data to healthcare personnel on:	Yes	No	Unknown
21. CLABSI rates and/or standardized infection ratios (SIR)?	95%	2%	3%
22. Central line device utilization ratios (DUR)?	71%	16%	13%

II. Appropriate Use of Central Venous Catheters (“Central Lines”)

Question	Never	Rarely	Sometimes	Often	Always	Unknown
1. Do ordering providers document an indication for central lines?	2%	3%	21%	39%	18%	18%
2. Are central lines assessed on a daily basis to ensure they are still needed?	0%	5%	5%	39%	47%	5%
3. Are central lines that are no longer needed promptly removed?	0%	5%	23%	45%	16%	11%

III. Proper Insertion Practices for Central Venous Catheters (“Central Lines”)

Question	Never	Rarely	Sometimes	Often	Always	Unknown
1. Does your facility ensure that all supplies for central line insertion are packaged together (e.g., in a kit) to ensure items are readily available for use?	0%	0%	2%	14%	76%	8%
2. Are central lines inserted only by trained personnel who have demonstrated competency?	0%	0%	0%	7%	80%	14%
3. Are only credentialed providers permitted to insert central lines?	2%	0%	0%	7%	76%	15%
4. Do healthcare personnel perform hand hygiene following palpation of the site, immediately prior to donning sterile gloves for insertion?	0%	0%	5%	19%	53%	24%
5. Is aseptic technique maintained during routine central line insertions?	0%	0%	2%	19%	68%	12%
6. Is clean skin prepared with >0.5% chlorhexidine with alcohol before central line insertion (or if chlorhexidine is contraindicated, tincture of iodine, an iodophor, or 70% alcohol as alternatives)?	0%	0%	0%	5%	83%	12%
7. Is real-time ultrasound used to guide placement of central lines?	0%	0%	17%	25%	29%	29%
8. Are central lines with the minimum number of ports or lumens used?	2%	5%	10%	25%	36%	22%
9. Are healthcare personnel empowered to stop non-emergent central line insertion if proper procedures are not followed?	0%	2%	8%	8%	63%	19%
10. Are suture-less securement devices used to hold central lines in place?	3%	7%	15%	24%	31%	20%

III. Proper Insertion Practices for Central Venous Catheters (“Central Lines”), Continued...

Question	Never	Rarely	Sometimes	Often	Always	Unknown	
11. Are central line insertion sites covered with either a sterile gauze or sterile, transparent, semipermeable dressing?	0%	0%	0%	12%	85%	3%	
12. Are central lines replaced within 48 hours when adherence to aseptic technique cannot be ensured (i.e., catheters inserted emergently)?	2%	3%	10%	25%	24%	36%	N/A
13. Are chlorhexidine-impregnated dressings used for short-term, non-tunneled central lines in patients ≥ 18 years of age? *Note: Chlorhexidine-impregnated dressings may not be necessary if facility demonstrates success preventing CLABSIs with current prevention practices.	0%	0%	2%	5%	68%	15%	10%
Do healthcare personnel use the following maximal sterile barrier precautions when performing central line insertion:	Never	Rarely	Sometimes	Often	Always	Unknown	
14. Cap?	0%	0%	3%	17%	63%	17%	
15. Mask?	0%	0%	2%	12%	73%	14%	
16. Sterile gown?	0%	0%	2%	12%	73%	14%	
17. Sterile gloves?	0%	0%	2%	10%	75%	14%	
18. Sterile full body drape?	0%	0%	2%	15%	64%	19%	

IV. Proper Maintenance Practices for Central Venous Catheters (“Central Lines”)

Question	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Are central lines maintained and accessed only by trained personnel who have demonstrated competency?	0%	0%	0%	14%	73%	13%	
2. Is hand hygiene performed before replacing, accessing, repairing, or dressing the catheter?	0%	0%	4%	16%	68%	13%	
3. Are catheters accessed with only sterile devices?	2%	2%	0%	11%	73%	13%	
4. Are access ports or hubs scrubbed immediately prior to use with an appropriate antiseptic (e.g., chlorhexidine, povidone iodine, an iodophor, or 70% alcohol)?	0%	0%	0%	21%	71%	7%	
5. Are dressings changed using aseptic technique (e.g., using clean or sterile gloves)?	0%	0%	0%	20%	70%	11%	
6. Is clean skin prepared with >0.5% chlorhexidine with alcohol during dressing changes (or if chlorhexidine is contraindicated, tincture of iodine, an iodophor, or 70% alcohol as alternatives)?	0%	0%	0%	18%	68%	14%	
7. Are dressings immediately replaced when wet, soiled, or dislodged?	0%	0%	11%	36%	43%	11%	
8. For short-term, non-tunneled central lines, are gauze dressings changed every 2 days or semipermeable transparent dressings changed at least every 7 days (except in certain pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing)?	0%	0%	4%	23%	54%	20%	
9. Are patients encouraged to report changes or new discomfort related to their central line?	0%	0%	4%	16%	59%	21%	N/A
10. Are chlorhexidine-impregnated dressings used for short-term, non-tunneled central lines in patients ≥ 18 years of age? *Note: Chlorhexidine-impregnated dressings may not be necessary if facility demonstrates success preventing CLABSIs with current prevention practices.	0%	0%	0%	13%	48%	29%	11%
11. Are insertion sites routinely monitored for tenderness/other signs of infection visually during dressing changes or by palpation through intact dressing?	0%	0%	0%	23%	71%	5%	

IV. Proper Maintenance Practices for Central Venous Catheters (“Central Lines”), Continued...

Question	Never	Rarely	Sometimes	Often	Always	Unknown
12. Are administration sets that are used continuously (in patients not receiving blood, blood products, or fat emulsions), replaced every 4 days to 7 days?	0%	0%	2%	21%	64%	13%
13. Is tubing used to administer blood, blood products, or fat emulsions replaced within 24 hours of initiating infusion?	0%	0%	2%	13%	71%	14%
14. Is tubing used to administer propofol infusions replaced every 6-12 hours, when the vial is changed, according to manufacturer’s recommendations?	0%	0%	4%	13%	50%	34%
15. Are needleless components changed at least as frequently as the administration set and no more frequently than every 72 hours (or according to manufacturer’s recommendations)?	0%	0%	4%	29%	46%	21%
16. Do personnel collecting blood cultures attempt to use peripheral sites before using the central line, unless clinically indicated?	2%	7%	14%	20%	34%	23%

V. Supplemental Strategies*

Note: Facilities might consider these strategies if CLABSI rate is not decreasing after successful implementation of core measures outlined in the preceding domains.

*The following questions are not summarized on Page 1 of this Feedback Report and are not factored into the scoring methodology as they are considered supplemental strategies.

Question	Never	Rarely	Sometimes	Often	Always	Unknown	N/A
1. Are antimicrobial/antiseptic impregnated catheters used when expected to be in place > 5 days?	14%	2%	0%	4%	20%	54%	7%
2. Are antiseptic-containing hub/connectors cap/port protectors used at your facility?	16%	2%	4%	7%	45%	23%	4%
3. Is a 2% chlorhexidine wash used for daily bathing of ICU patients with central lines?	2%	2%	7%	29%	39%	16%	5%

*Note: Daily chlorhexidine bathing for patients

> 2 months of age is considered a basic practice in the

[2014 SHEA IDSA Compendium: Strategies to Prevent CLABSIs](#)