## Use of Designated Nurse PICC Teams and CLABSI Prevention Practices Among U.S. Hospitals: A Survey-Based Study

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**TABLE 1.** Characteristics of Hospitals With and Without Designated Nurse PICC Teams

	Have Designated Nurse PICC Team $n = 245$	No Designated  Nurse PICC Team $n = 141$	P
No. hospital beds, mean (SD)	296.9 (220.4)	223.9 (216.0)	0.002
No. ICU beds, mean (SD)	28.7 (28.2)	22.1 (30.1)	0.03
Have hospitalists, n (%)	219 (90)	118 (84)	0.09
Academically affiliated, n (%)	71 (29)	42 (30)	0.88
Preventing CVC-related infections is extremely or very important to hospital leadership, n (%)	220 (90)	124 (88)	0.50
CLABSI prevention-related practices			
Use maximum sterile barrier precautions during insertion, n (%)	229 (93)	124 (88)	0.06
Use chlorhexidine gluconate for insertion site antisepsis, n (%)	234 (96)	123 (87)	0.003
Use antimicrobial/coated catheters, n (%)	73 (30)	48 (34)	0.39
Use antimicrobial dressing with chlorhexidine, n (%)	185 (76)	99 (70)	0.26
Avoid femoral site for CVC insertion, n (%)	162 (66)	93 (66)	0.97
Have established surveillance system for monitoring CVC infection rates, n (%)			0.79
No	3 (1)	3 (2)	
Unit specific	20 (8)	11 (8)	
Facility wide	221 (91)	127 (90)	
Use CVC insertion checklists, n (%)			0.02
No	3 (2)	6 (4)	
Unit specific	10 (4)	13 (9)	
Facility wide	232 (95)	122 (87)	
Use standardized kits or carts for CVC insertion, n (%)			0.30
No	2(1)	4 (3)	
Unit specific	10 (4)	6 (4)	
Facility wide	232 (95)	130 (93)	