CLABSI Guide to Patient Safety Tool

The central line-associated bloodstream infection (CLABSI) Guide to Patient Safety (GPS) is a brief troubleshooting tool to aid infection prevention teams in reducing CLABSI in their hospital or unit. Modeled after the validated catheter-associated urinary tract infection (CAUTI) GPS developed by researchers at Veterans Affairs Ann Arbor Healthcare System and University of Michigan, the CLABSI GPS is designed to help teams re-examine their CLABSI data and prevention activities, and direct them toward specific strategies and resources to overcome barriers and challenges.

The CLABSI GPS is a brief self-administered assessment of yes/no questions. Multidisciplinary CLABSI prevention teams should either, thoughtfully as a group, or independently followed by group review, answer the 13 questions that comprise the assessment. When done this way, the guide can stimulate discussion and uncover barriers that may be impeding CLABSI reduction progress.

Instructions for Use

To accurately assess the team’s CLABSI prevention efforts, it is recommended that:

1. The team working on CLABSI prevention at the hospital or unit-level completes the CLABSI GPS assessment. This can be done independently or as a group.
2. The responses are reviewed as a team as a means to uncover strengths and barriers to reducing CLABSI.
3. For questions 1 through 11 that were answered with a “No” and questions 12 and 13 that were answered “Yes,” the team should click on the link below the question or reference the indicated section to review approaches, advice, tools and resources to better implement the indicated CLABSI prevention strategy.

This tool is modeled on the CAUTI GPS and was adapted by a team that included subject matter experts affiliated with the University of Michigan and Department of Veterans Affairs and funding support from the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC).
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1. Do you have a well-functioning team (or work group) focusing on CLABSI prevention?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on having a well-functioning team.

2. Do you have a team leader with dedicated time to coordinate your CLABSI prevention activities?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on having a CLABSI team leader.

3. Do you have an effective nurse champion for your CLABSI prevention activities?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on nurse champions.

4. Does your facility use a standardized central vascular catheters (CVC) insertion tray that includes chlorhexidine gluconate for skin antisepsis?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on having a standardized CVC insertion tray.

5. Do nurses stop a CVC insertion if aseptic insertion technique is not being followed?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on empowering nursing staff.

6. Do bedside nurses take initiative and contact physicians to ensure that CVCs are removed when the device is no longer needed?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on removing unnecessary CVC.

7. Do bedside nurses assess dressing integrity and replace loose, wet, soiled dressings on vascular catheters on a daily basis?
   - ☐ Yes  ☐ No
   If you answered ‘No’ to the question above, review guidance and resources on CVC maintenance.
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8. Do you have an effective physician champion for your CLABSI prevention activities?
   □ Yes   □ No

   *If you answered ‘No’ to the question above, review guidance and resources on physician champions.*

9. Is senior leadership supportive of CLABSI prevention activities?
   □ Yes   □ No

   *If you answered ‘No’ to the question above, review guidance and resources on engaging senior leaders.*

10. Do you currently collect any CLABSI-related data (e.g., CVC prevalence, CVC days, CLABSI rates)?
    □ Yes   □ No

    *If you answered ‘No’ to the question above, review guidance and resources on collecting CLABSI-related data.*

11. Do you routinely provide any CLABSI-related data back to frontline staff and physicians (e.g., CVC prevalence, CVC days, CLABSI rates)?
    □ Yes   □ No

    *If you answered ‘No’ to the question above, review guidance and resources on feedback.*

12. At your facility, do patients and/or families request CVCs such as peripherally inserted central catheters (PICCs)?
    □ Yes   □ No

    *If you answered ‘Yes’ to the question above, review guidance and resources on engaging patients and families to prevent CLABSI.*

13. At your facility are CVCs, such as PICCs, being inserted without an appropriate indication?
    □ Yes   □ No

    *If you answered ‘Yes’ to the question above, review guidance and resources on appropriate indications for CVCs.*
**Question 1: Do you have a well-functioning team (or work group) focusing on CLABSI prevention?**

You indicated that either you do not have a team or the one you have does not function well for preventing CLABSI. A key aspect of implementing a CLABSI prevention initiative is developing a partnership between key stakeholders (e.g., intensive care physicians, hospitalists, anesthesiologists, interventional radiologists, vascular, bedside and intensive care unit (ICU) nurses) that insert and care for central lines. Ideally, stakeholders from these specialties should be engaged in improvement within an implementation team in your hospital or unit. This team plays a critical role in developing the CLABSI prevention initiative, assisting with implementation and monitoring CLABSI rates. Key responsibilities of this team are education, data collection and evaluation. Individuals can fill more than one role and some may be short-term and others longer-term.

**Tools, Resources and Further Reading**

- AHRQ Team Assessment Tool
Question 2: Do you have a team leader with dedicated time to coordinate your CLABSI prevention activities?

You indicated that either you do not have a team leader or that the one you have does not have appropriate time for CLABSI prevention. The team leader is responsible for coordinating the CLABSI prevention efforts – collecting data, organizing reports, presenting outcomes and tracking progress. It is their responsibility to keep the improvement moving forward and coordinate all the moving pieces between stakeholders. It is unlikely that the CLABSI prevention initiative is the only responsibility of the team leader, and because of this, there may not be enough time devoted to the prevention efforts. Creating that dedicated time is imperative to a successful initiative.

Tools, Resources and Further Reading

- Top 10 Qualities of a Project Manager
- Top 10 Characteristics of Great Project Managers
Question 3: Do you have an effective nurse champion for your CLABSI prevention activities?

You indicated that either you do not have a nurse champion or that the one you have is not effective when it comes to CLABSI prevention activities. Because nurses play key roles during CVC insertion (i.e., ensuring adherence to aseptic practice for CVCs or inserting PICCS), are solely responsible for care and management of vascular catheters and are critical members of multidisciplinary teams that review vascular catheter necessity on a daily basis, buy-in from this group of health care providers is key. The nurse champion is responsible for engaging nursing staff in CLABSI prevention efforts and working to integrate practices into daily nursing workflow. A nurse champion plays a large role in bringing the initiative to the nursing staff, but also in modeling excitement for infection prevention efforts and problem-solving as challenges arise. The nurse champion also forms a critical link between the multidisciplinary team, bringing frontline clinicians actionable data for change.

Tools, Resources and Further Reading

- The Bedside Nurse and Supporters
Question 4: Does your facility use a standardized central vascular catheters (CVC) insertion tray that includes chlorhexidine gluconate for skin antisepsis?

You indicated that your facility either does not use a standardized CVC insertion tray or does not use one that contains chlorhexidine gluconate for skin antisepsis. Multiple studies have shown that the creation of a standardized tray that includes key equipment (e.g., introducer needle, guidewire, micro-puncture kit, antiseptic) helps prevent breaks in sterile procedure when inserting central lines. Additionally, use of alcohol-containing chlorhexidine as a skin antiseptic has been shown to reduce rates of CLABSI in multiple randomized trials and systematic reviews. Thus, these two measures are key to preventing CLABSIs.

Tools, Resources and Further Reading

- **CDC Checklist for Prevention of Central Line Associated Blood Stream Infections**
- **Joint Commission Central Line Insertion Checklist – Template**
- **AHRQ Central Line Insertion Care Team Checklist**
Question 5: Do nurses stop a CVC insertion if aseptic insertion technique is not being followed?

You indicated that nurses are not empowered to stop CVC placement if aseptic insertion technique is broken or not being followed. Empowering nurses to stop CVCs from being placed when aseptic insertion is not being followed is a key step to reducing CLABSI. The Michigan Keystone study found dramatic reductions when nurses not involved with device placement, monitored CVC insertion at the bedside and stopped the procedure if maximal sterile barriers and other antisepsis measures were not being followed. Encouraging nurses to speak up and developing a culture of patient safety such that this type of feedback is not only encouraged, but also appreciated is an important step in preventing CLABSIs.

Tools, Resources and Further Reading

- CDC Checklist for Prevention of Central Line Associated Blood Stream Infections
- The Bedside Nurse and Supporters.
- VA Stop the Line for Patient Safety Initiative
- Minnesota Hospital Association Model Stop the Line Policy
Question 6: Do bedside nurses take initiative and contact physicians to ensure that CVCs are removed when the device is no longer needed?

You indicated that bedside nurses either do not take the initiative or do not contact physicians to ensure that CVCs are removed when no longer clinically necessary. Each day with a CVC increases the risk of infections such as CLABSI. An effective way to prevent CLABSI, therefore, is to review the necessity of a central line every day and encourage removal of devices that are idle and not being used, clinically unnecessary or no longer clinically indicated, e.g., the reason for CVC is no longer relevant. Multidisciplinary rounds and processes that encourage clinicians to continuously reassess central line necessity can substantial impact central line utilization and reduce CLABSI.

Tools, Resources and Further Reading

- Central Line Necessity Tracking Tool
- IHI How-To-Guide: Multidisciplinary Rounds
- Joint Commission Central Line Removal Considerations
Question 7: Do bedside nurses assess dressing integrity and replace loose, wet, soiled dressings on vascular catheters on a daily basis?

You indicated that bedside nurses either do not assess vascular catheter dressing integrity on a daily basis or do not replace loose, wet or soiled dressing when observed. Care of the catheter exit site is vital in the prevention of CLABSI. Semi-transparent dressings or dressings containing antiseptics are key to preventing bacterial migration from the skin to the bloodstream. Any factor that jeopardizes the integrity of the dressing can increase the risk of CLABSI. Daily rounds that examine catheter entry sites, ensure that the dressing is clean, dry and intact, and promptly address dressing issues that threaten the exit site can prevent maintenance-related infections. A well-functioning CLABSI prevention initiative often has a well-functioning vascular catheter care team that is constantly monitoring CVC care and maintenance practices.

Tools, Resources and Further Reading

- CDC Checklist for Prevention of Central Line Associated Blood Stream Infections
- Central Line Necessity Tracking Tool
- Joint Commission CVC Maintenance Bundles
- Dressing Integrity Observation Audit Tool from the University of Rochester
- Joint Commission Scrub the Hub Flyer
- IHI How-To-Guide: Multidisciplinary Rounds
Question 8: Do you have an effective physician champion for your CLABSI prevention activities?

You indicated that you do not have a physician champion for your CLABSI prevention activities or that the one you have is not effective. Having a physician leader that is respected amongst members of the clinical care team in your facility is an important part of the cultural aspect of overcoming CLABSI. Ideal physician champions are either those involved in the insertion of CVCs (e.g., critical care, surgery, interventional radiologists) or in ordering of devices (e.g., hospitalists). An effective physician champion plays a large role in bringing the initiative to the medical staff, modeling the positive excitement for CLABSI prevention and problem solving as challenges arise. The physician champion also forms a critical link between the multidisciplinary team, bringing frontline clinicians actionable data and strategies for change.

Tools, Resources and Further Reading

Question 9: Is senior leadership supportive of CLABSI prevention activities?

You indicated that you do not have the support of senior leadership for your CLABSI prevention activities. Preventing CLABSI is no easy task and often requires additional material, support and staff to enable change. These types of initiatives are costly and often require the approval of managerial staff in departments such as medical executive leadership, purchasing and accounts. A key element that led to the success of the Michigan Keystone study was requiring senior leadership presence during CLABSI meetings so that data and action items could be reviewed and discussed with the multidisciplinary team. These meetings thus serve to ensure buy-in from those that may not have clinical roles, but make decisions regarding supplies and purchases. Given the many competing priorities of hospitals, having the support of leadership is key to making lasting progress with your CLABSI prevention initiative. Having a member of the hospital executive leadership team oversee the initiative also lets the hospital staff know the importance of the initiative.

Tools, Resources and Further Reading

- Tools for an Infection Prevention Business Case
Question 10: Do you currently collect any CLABSI-related data (e.g., CVC prevalence, CVC days, CLABSI rates)?

You indicated that you do no currently collect data related to CLABSI prevention such as number of central venous catheters, days of use or rates of infection. To successfully prevent CLABSI, reliable and actionable data that clearly points to a problem and solution is key. Measurement of data that is unit- and patient-specific is necessary in order to identify outliers, trends in infection rates as well as the efficacy of interventions. The Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) module and Targeted Assessment for Prevention (TAP) Strategy tools provide overviews of how these data can be collected, reported and used to guide improvement.

Tools, Resources and Further Reading

- NHSN CLABSI Surveillance Resources
- NHSN CLABSI Module
- TAP CLABSI Implementation Guide
- TAP Strategy ‘How To Guide” for the individual user. Available at: https://www.cdc.gov/hai/pdfs/prevent/TAP-Guide-for-Individual-Facility-User.pdf
- APIC Implementation Guide CLABSI
Questions 11: Do you routinely provide any CLABSI-related data back to frontline staff (e.g., CVC prevalence, CVC days, CLABSI rates)?

You indicated that you do not routinely provide CLABSI-related data back to frontline staff. While collecting CLABSI-related data is key to measuring the success of the intervention, it is imperative that the staff, especially those on the front line, are aware of successes and failures. Sharing data is therefore imperative to not only motivate, but also engage the staff at all stages of the CLABSI prevention work. Having access to timely data will also encourage staff to continue changes for sustaining reductions in CLABSI.

Tools, Resources and Further Reading

- AHRQ Week Without CLABSI Banner
- TAP CLABSI Implementation Guide
Question 12: At your facility, do patients and/or families request CVCs such as peripherally inserted central catheters (PICCs)?

You indicated that patients and families often request CVCs such as PICCs, in your facility. This phenomenon is a common and growing trend in the United States, especially as PICCs become more prevalent. Additionally, patients that might have received PICCs in the past (for appropriate or inappropriate indications) are likely to request this device again given the comfort associated with lack of needle sticks for blood draws. However, these devices are not without risks. Educating patients on the risks and benefits of CVCs as well as PICCs is therefore important. Partnering with medical providers such that the use of CVCs and PICCs occurs only for appropriate indications is an important step in preventing infection. The Michigan Appropriateness Guide to Intravenous Catheters (MAGIC) is one such document that can help inform this decision.

Tools, Resources and Further Reading

- A Roadmap for Patient and Family Engagement in Healthcare
- Advancing the Practice of Patient and Family Centered Care in Hospitals. How to Get Started from the Institute for Patient and Family Centered Care
- AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety
- CMS Patient and Family Engagement Resources
- HAIs and Patient Safety: What You Can Do to Be A Safe Patient
Question 13: At your facility are CVCs, such as PICCs, being inserted without an appropriate indication?

You indicated that CVCs, such as PICCs, are inserted without an appropriate indication in your facility. The best way to avoid a CLABSI is to avoid insertion of a central venous access device if it is not necessary. Partnering with medical providers such that the use of CVCs and PICCs occurs only for appropriate indications is an important step in preventing infection. Steps that include standardized list of indications, electronic medical record improvements to facilitate documentation of indication, or working with inserters of CVCs to ensure that the indication for use is documented can help improve use of CVC. The Michigan Appropriateness Guide to Intravenous Catheters (MAGIC) contains appropriate indications for use of CVCs such as PICCs and tunneled catheters.

Tools, Resources and Further Reading

- Tiers of Interventions to Prevent CLABSI
- CDC Checklist for Prevention of Central Line Associated Blood Stream Infections
- Joint Commission Central Line Insertion Checklist –Template
- AHRQ Central Line Insertion Care Team Checklist
- Catheter Choice Guide from Johns Hopkins
- APIC Implementation Guide CLABSI