

Sample CLABSI Structural Survey

Name	First and last name
Email	Enter email address
Department	Your department name
Facility	Select your facility (enter a new survey for each facility)
Facility Size	enter total # of bed
ICU Beds	enter total number of <ul style="list-style-type: none"> • adult intensive care unit (ICU) beds • Peds (PICU) beds • Neonatal (NICU) beds
Are you a teaching institution?	Yes; with Residents Yes; with Med Students No
Who is inserting lines (including PICCS)?	Select all that apply <ul style="list-style-type: none"> • Fellows • Physicians (including Interventional Radiology) • Residents • Physician extenders (NP, PA, etc.) • Vascular Access Team • Other: _____
Who is maintaining lines (including PICCS)?	Select all that apply <ul style="list-style-type: none"> • Nursing • Fellows • Physicians (including Interventional Radiology) • Residents • Physician extenders (NP, PA, etc.) • Vascular Access Team

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	<ul style="list-style-type: none"> Other: _____
Do you have a Vascular Access Team?	Yes No
Do you routinely use ultrasounds for central line placement?	Yes No If yes; please specify for which lines routinely (e.g. PICCS, acute central lines, etc.)
Are Phlebotomist drawing blood cultures (any care setting)?	Yes No If no, who is routinely drawing the blood cultures: _____
Do you have a policy for placement and management of central lines (including PICCS)?	Yes No
Do you have a training program for providers inserting central lines (including PICCS)?	Yes No If yes, is it a simulation lab? Yes No
Do you monitor competency for those inserting central lines (including PICCS) on a regular basis?	Yes No If yes; what method do you use to assess Simulation bedside Simulation lab (eg Mastery training of central line placement) Standardized Checklist Other: _____

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<p>Do you monitor competency for those maintaining central lines (including PICCS) on a regular basis?</p>	<p>Yes No If yes; what method do you use to assess Simulation bedside Simulation lab Standardized Checklist Other: _____</p>
<p>Do you provide feedback on performance and CLABSI outcomes on a regular basis to front line clinicians?</p>	<p>Yes No</p>
<p>Do you provide feedback about a specific CLABSI event to nursing and medical staff when they occur?</p>	<p>Yes No If yes, do you engage them in a drill down of why the infection may have occurred? Yes No</p>
<p>How often do you change peripheral IVs?</p>	<p>72 hours 96 hours PRN / As needed Other: _____</p>
<p>Do you have a CLABSI workgroup that meets on a regular basis?</p>	<p>Yes No</p>
<p>Anything else you'd like to share with us about your CLABSI prevention program/process?</p>	