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| **Getting CLABSI back on track:****Prevention and Recovery Guidance** **During and After a Pandemic****Background:** Healthcare Acquired Infections (HAIs) can increase in certain populations, correlating with COVID-19 surges. This document provides insights and areas to consider in stabilizing and reducing these infections related to vascular access and care. Many factors may have contributed to the increases, so assessing where your gaps are and then taking a targeted approach, may work best if limited in time and resources. The patient acuity of the COVID-19 patients is to be recognized, and is considered unavoidable. Other quality metrics may have been impacted as well, such as sepsis, mortality, pressure ulcers, falls, etc. Variations in staffing, trained personnel, patient care practices, personal protective equipment (PPE), lack of family at the bedside, other equipment use, increases in certain devices or modalities (e.g. lines, vents, dialysis, etc.), environments where patients are housed, and other factors may all be contributory to increases in bloodstream infections. Strategies may also be applied to future situations where similar conditions may present, such as natural disasters, facility failures, another surge/pandemic, etc. **Recommendations:** 1. **If the rates are high:**
	1. **Convene an appropriate level clinical and leadership-led initiative.**
	2. **Have a structure and process in place to evaluate gaps.**
	3. **Have accountability and clear expectations for who will be responsible for follow up on action items and accountability for outcomes.**
2. **Include key stakeholders: Infection prevention (IPs and ID Medical Directors), along with quality, purchasing, nursing and provider education, unit nursing, physicians and other clinical allies.**
3. **Reconvene and/or re-engage CLABSI committees and workgroups at appropriate levels.**
4. **Utilize the below checklist to conduct a gap analysis.**
5. **Refer to Appendix for sample Redcap audit tool.**
	1. **Redcap https://www.project-redcap.org/**
6. **Develop action plans with key stakeholders to focus on where gaps have been identified.**
7. **Tie in accountability to the action plans, with senior level leadership leading.**
8. **Continue to monitor rates and provide feedback to front line and stakeholder groups.**

**Central Line-associated Bloodstream Infection (CLABSI)*** Re-evaluate Central Line Bundle per the hospital policies for insertion, care and maintenance of devices:
	+ Prevention of CLABSI is a multi-disciplinary approach, with the main stakeholders being nursing and physicians.
	+ Proper device and site selection (avoid femoral insertion unless emergency or contraindication and remove within 48 hrs.)
	+ Use of approved and standard kit (or cart) and products
	+ Ensure sterility techniques at all times and use maximal barrier precautions (gown/mask/gloves/wide sterile sheet drape) for insertion
	+ Using insertion checklist with independent observer; adhere to ‘Stop the line’ if breaches are observed
	+ Proper prep/dry and prepping using chlorhexidine sponge (applied in cycles clockwise for at least 30 seconds) prior to line placement.
	+ Use ultrasound-guided vascular access and approved protection sleeves for the probes.
	+ Use CHG disk or dressing after securing the central line.
	+ Management of tubing (lines capped, not on floor, etc.) and bags (labeled)
	+ Use daily checklist and assessment of need for the central line
	+ Keep IV pump in the room and secure tubing appropriately (off of floor, walls, etc.)
	+ Routine assessment and documentation of dressings and site care
	+ Attention to scrub-the-hub and other basics of line care
	+ Securement and routine changing of dressings, caps, etc.
	+ Close attention to lines (location and securement) during proning
	+ Routine CHG bathing and documentation
	+ Reinstitute mupirocin if stopped during pandemic
* Reduce blood culture contamination
	+ Minimization / avoidance of routine drawing blood cultures off of lines
	+ Minimize blood culture contamination by using proper products and training
	+ Do not culture cath tips to diagnose CLABSI
	+ Ensure that the staff who are taking the blood cultures are trained and competent
	+ Get blood culture contamination data and share with front line collecting the blood cultures
* Minimizing Device Harm
	+ Evaluation of initial need for device and appropriateness of device
	+ Reestablishing dedicated routine ‘line rounds’ and/or incorporation of line discussion during rounds (if part of larger rounds may be lost)
* Education:
	+ Ensure competency of healthcare professionals (HCPs) inserting devices and maintaining them
	+ Reinstate simulation lab training using standardized mastery programs where available for insertion
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**Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia**

* Tight management of peripheral intravenous lines (PIVs); consider dwell time limited **to no longer than 96 hours (refer to local policies).** Will also help with PIV phlebitis.
	+ Routine site assessments
	+ Dressings clean/dry/intact
	+ Emergency lines changed out
* Avoidance of drawing blood cultures off of lines, even fresh lines
* Attention to patients that may admit with MRSA and early identification (pre 4th day of admission)
	+ Consider using alerts in EHR or clinical decision support software
* Identification, control and treatment of secondary infections, e.g. site infections, abscesses/boils, pneumonia, and recognition these sites may seed the blood and be called an HAI

**Appendix: Sample Audit Redcap**