

CLABSI BASELINE PREVENTION PRACTICES ASSESSMENT TOOL FOR STATES ESTABLISHING HAI PREVENTION COLLABORATIVES USING ARRA FUNDS

The attached example tool and questions are being sent to State Health Departments for use in your Prevention Collaborative hospitals to assist you in facilitating your shared learning, communication, and feedback efforts. We hope that you will consider administering these 30 questions in each of your participating collaborative hospitals as a way to evaluate the status of the central line-associated bloodstream infection (CLABSI) control efforts in your State. It also will help you understand what is being done in your State as you develop implementation strategies and determine next steps. The results from these baseline assessment questions can be used to measure practice change(s) as well as to determine the extent to which targets are being met and the effectiveness of outcomes being achieved. The results can and should be shared with members of your multidisciplinary advisory group and participating prevention collaborative stakeholders, partners, and hospitals as an important piece of feedback.

IMPORTANT POINTS TO NOTE:

- Questions/assessment tool should be completed by a member of each participating collaborative hospital's infection control program
- The questions should take no longer than five to ten minutes to complete
- States are encouraged to administer these questions at more than one time point in their Collaborative as part of their evaluation efforts (i.e., baseline [at start of Collaborative] and then six months later)
- States and Collaboratives are encouraged to add additional questions to supplement the 30 example questions as appropriate
- The responses/results to questions can be used both as a “conversation starter” in Collaborative meetings and as a way to sustain momentum among participants (i.e., to learn what works and what does not work)
- The responses/results also can be used to track progress and changes among Collaborative hospitals as well as between states

If you have any questions, please feel free to contact your CDC Prevention Liaison – we are glad to consult on the results and provide technical assistance when needed.



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Please complete the following background questions regarding your facility's current status.

1. What is the total number of staff currently working in infection control at your facility? Please describe using full-time equivalents of people working directly in infection control, do not include support staff (for example, if a facility had one full-time person and one half-time person, this would equal 1.5 staff members)._____

2. Currently, how many active acute care hospital beds does your facility have? _____

3. Currently, how many active adult Intensive Care Unit beds (ICU) does your facility have? _____

4. Currently, how many active pediatric beds (including nursery, NICU beds, etc.) does your facility have? _____

5. Currently, how many post-acute care (such as rehabilitation or assisted living) beds does your facility have?

6. Is your facility a teaching facility (i.e., your facility has physicians-in-training and/or nurses-in-training providing care to patients)?

Yes

No

7. What external sources of guidance are used in the development of infection control policies at your facility (please check all that apply)?

Association for Professionals in Infection Control and Epidemiology (APIC)

Centers for Disease Control and Prevention (CDC)

Healthcare Infection Control Practices Advisory Committee (HICPAC)

Infectious Diseases Society of America

Institute for Healthcare Improvement (IHI)

Society for Healthcare Epidemiology of America (SHEA)

Individual expert opinion

Other, please specify: _____

The following questions ask about specific central line-associated bloodstream infections (CLABSI) prevention practices currently used or in place at your facility. Please complete each question as appropriate at this point in time.

8. Is your facility involved (in total or in part) in an external (one originating outside your facility) CLABSI initiative?

Yes

No

8a. If YES, which one(s)? (Please check all that apply).

On the CUSP: Stop BSI

Other, please list: _____

9. How great a priority is the control and prevention of CLABSIs at your facility? Please indicate how much you agree or disagree with the following statement: **The control and prevention of CLABSIs is a priority at my facility.**

Strongly agree

Agree

Neither agree or disagree

Disagree

Strongly disagree

10. Does your facility recommend utilization of a CLABSI insertion bundle (e.g., chlorhexidine for skin antisepsis, maximal sterile barrier precautions, and hand hygiene)?

Yes

No

11. Does your facility “bundle” all needed supplies in one area (e.g., a cart or kit) to ensure items are available for use?

Yes

No

12. Does your facility use a checklist to ensure all insertion practices are followed?

Yes

No

13. Does your facility have a policy or program to empower staff to stop a non-emergent central line insertion if proper procedures are not followed?

Yes

No

14. Does your facility have an education or training program for staff responsible for insertion and maintenance of catheters?

Yes

No

15. Does your facility use chlorhexidine as the preferred agent for skin cleansing for central line insertion and/or maintenance?

Yes

No

16. Does your facility routinely use chlorhexidine baths for any patient group to prevent healthcare-associated infections?

Yes

No

16a. If YES, which group(s) (please check all that apply)?

ICU patients

Non-ICU inpatients

Other, please specify: _____

17. Does your facility have a policy specifying that the femoral site should be avoided for placement of a non-tunneled central venous catheter in adult patients ?

Yes

No

18. Does your facility use antimicrobial-impregnated catheters for any patient group?

Yes, please specify patient group: _____

No

19. Does your facility use chlorhexidine-impregnated site dressings for any patient group?

Yes, please specify patient group: _____

No

20. Does your facility have a specific person (or people) responsible for reviewing antibiotic utilization with the goal of promoting the judicious use of antimicrobial agents?

Yes

No

21. Does your facility restrict the use of any antibiotic?

Yes

No

22. Does your facility have access to expertise in CLABSI specific infection control? (Please check all that apply).

- Yes, from facility staff members
- Yes, from experts outside of the facility
- No

23. How frequently does your facility measure adherence to hand hygiene policies in at least one patient care area?

- Never
- Rarely
- Sometimes
- Often
- Always

24. How frequently does your facility measure adherence to central line insertion practices?

- Never
- Rarely
- Sometimes
- Often
- Always

25. How frequently does your facility measure adherence to central line maintenance practices?

- Never
- Rarely
- Sometimes
- Often
- Always

26. Does your facility monitor over time (facility-wide or in targeted areas) the overall rate of CLABSIs?

- Yes – facility wide
- Yes – targeted areas
- No

27. Does your facility monitor over time (facility-wide or in targeted areas) adherence rates to central line insertion practices?

- Yes – facility wide
- Yes – targeted areas
- No

28. Does your facility monitor over time (facility-wide or in targeted areas) device utilization (i.e., device utilization ratio – the proportion of total patient-days central lines were used)?

- Yes – facility wide
- Yes – targeted areas
- No

29. What mechanisms are used to disseminate information about the rates of CLABSIs at your facility? (Please check all that apply).

- None
- Periodic “report cards”
- Conferences/educational sessions
- Meetings with hospital/unit leadership
- Meetings with unit staff
- Newsletter or other publication
- Other, please describe: _____

30. Does your facility use the National Healthcare Safety Network (NHSN) CLABSI module to monitor rates of CLABSIs

- Yes
- No

30a. If NO, are standardized definitions used?

- Yes, please specify: _____
- No