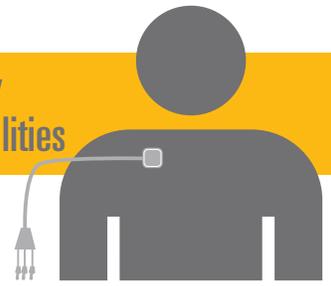


COLLABORATING TO IMPROVE PUBLIC HEALTH IN WASHINGTON STATE

CDC helps reduce a deadly infection in healthcare facilities



A Freeway FOR GERMS

A central line is a tube that a doctor usually places in a large vein of a patient's neck or chest to give medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections called CLABSIs (central

line-associated bloodstream infections). Up to 1 in 4 of patients who get those infections can die. For years, Washington hospitals have had CLABSI rates that are among the lowest in the United States. **How did they do it?**

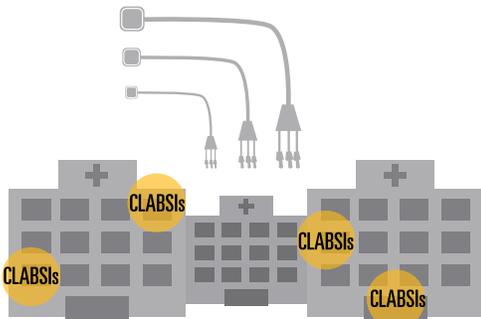
CLABSI rates in WA are 43% below US baseline

43%



The Power of NETWORKING

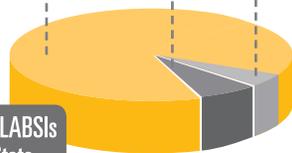
The Washington State public health department, hospital association, and quality improvement organization partnered to implement and track ways to reduce CLABSIs. CDC's **National Healthcare Safety Network (NHSN)**, the nation's most widely used healthcare-associated infection tracking system, played a role. Washington hospitals that report on CLABSIs send data to NHSN and, in turn, Washington pulls NHSN data to ensure trustworthy reporting.



Data you can TRUST

- Even though they were required to collect data only on CLABSIs inside intensive care units (ICUs), Washington has established annual validation, or double checking, for reports of CLABSIs from both ICU *and* **non-ICU locations** since 2010. Validation results in trustworthy data and ensures prevention efforts are on target.
- CDC funding through the **Epidemiology and Laboratory Capacity for Infectious Diseases Cooperative (ELC)** helped by:
 - Strengthening infection control programs in hospitals in return for their participation in the CLABSI validation program.
 - Staffing one-third of the workforce needed to maintain validation programs.

patients entering with CLABSIs 70%
CLABSIs in other areas of the hospital 20%
CLABSIs in ICUs 10%



Distribution of CLABSIs in Washington State, 2009-2013

Beyond ICUs

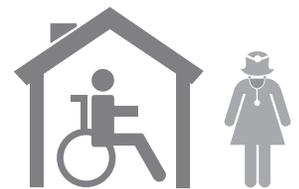
Washington State's validation approach showed that:

- **More CLABSIs were occurring outside ICUs** than inside ICUs.
- Patients more often **brought CLABSIs in with them**, rather than getting them during their hospital stay.
- Infection more often occurs **after lines have been in a patient for a while** (called late onset). If lines aren't well maintained, cleaned, or left in too long, infection can result.

Keeping CLABSIs at Bay

Future prevention efforts to reduce CLABSIs will include:

- **Inside hospitals:** Focus on late-onset CLABSIs in non-ICU locations.
- **Outside hospitals:** Focus on outreach with home health services and dialysis centers to reinforce the importance of proper central line maintenance and infection prevention.



National Center for Emerging and Zoonotic Infectious Diseases
Office of the Director

