

Central Line Insertion Practices (CLIP)			
Date	Topic	Question	Response
Sep-13	Emergently placed CLs	Must central line insertions that occur emergently be included in CLIP data?	Yes, all central line-insertions that occur in a location that is performing CLIP surveillance, must be included in a facility's CLIP data, regardless of whether it is emergently placed. Facilities may include emergent placement in the comments field on the BSI reporting form, or may develop a custom field to capture this information, if they wish. This may allow identification of necessary quality improvement efforts for these types of insertions.
Sep-13	CLIP form for non-successful placement	Does a CLIP form need to be completed for every insertion attempt made?	Yes. Every attempted line insertion represents a potential source of infection for the patient, and each insertion attempt is anticipated to be successful at its inception. Therefore every insertion should be performed according to guidelines, with the anticipation that the line will be successfully placed, and documented for quality improvement purposes. Non-compliance during an unsuccessful attempt is a missed prevention opportunity.
Apr-13	CLIP Bundle	What is included in the "NHSN CLIP Bundle"?	In the analysis options of NHSN, users may opt to determine their facility or unit adherence to the Central Line Insertion Practices (CLIP) bundle. NHSN will analyze facility data and provide rates of adherence for central line insertions that incorporated ALL of the following criteria: <ul style="list-style-type: none"> • Hand hygiene performed by inserter prior to insertion • Maximum (all 5) sterile barriers used (inserter gown, gloves, mask and cap, and large patient drape) • Skin prepped with chlorhexidine gluconate (CHG), or for infants less than 2 months old, skin prepped with any of the listed agents (CHG, povidone iodine, alcohol, or other) • Skin prep agent is completely dry at time of first skin puncture If just one of those items is N, then CLIP Bundle will be "N". To determine what items were answered "N", run a line list of central line insertions and where "Specify Selection Criteria", "CLIP Bundle = N" is chosen. This will provide a snapshot of opportunities for improving Central Line Insertion Practices.
Apr-13	Skin preparation	Why is a CLIP event identified as non-adherent to the CLIP Prevention Bundle if a skin prep other than chlorhexidine gluconate (CHG) is used when there is a documentation of CHG contraindication (CI)?	Clip bundle adherence is defined as an insertion in which all bundle elements were performed. The inclusion of the contraindication field was made in response to requests from users. It allows facilities to identify for their own purposes the percentage of CLIP events completed in patients purported to have a contraindication to CHG. The incidence of true contraindication to CHG is believed to be very small; conversely, it is frequently applied as a reason for not using chlorhexidine. The contraindication variable allows for facilities with high rates of chlorhexidine intolerance to identify this and potentially intervene to better understand the reasons for high CHG contraindication in their facilities. This may be a first step in addressing missed opportunities for preparation with CHG before central line insertion.
Apr-13	Non-observed or missing practice	How should non-observed or missing practice information be recorded in CLIP surveillance? For example, if the observer enters the room after the procedure has begun, how should hand washing be recorded, since it was not observed?	Efforts should be made to keep such occurrences to a minimum. If the observer enters the insertion scene after the insertion has begun, the observer should ask the inserter whether each of the insertion elements was performed and record that answer.