

Central Line-associated Bloodstream Infection (CLABSI) Deep Dive for Infection Preventionists

A tool to accompany the CLABSI Targeted Assessment for Prevention (TAP) Facility Assessment

This supplemental tool is designed to be completed once per facility by the infection preventionist (or the lead of CLABSI prevention), allowing for a further assessment of possible areas for improvement in CLABSI prevention practices.

Instructions for Use:

1. Complete assessments - facility personnel complete CLABSI TAP Facility Assessments (available on [TAP Webpage](#)) and Infection Preventionist or CLABSI prevention lead completes this Deep Dive
2. Provide additional context to further interpret results and potential gaps in open text fields throughout Deep Dive
 - When answering open-text fields consider exceptions to the rule, variations by role, frequency, and challenges
3. Review TAP Facility Assessment results data and Deep Dive responses in conjunction by corresponding Domain, noting divergent responses and potential areas of alignment
4. After reviewing Assessment results, utilize the [TAP Gap Prioritization Worksheet](#) to outline and prioritize next steps for potential interventions

Facility Name: _____

Title or Role of Person Completing Tool: _____

I. General Infrastructure

1. How does your facility's senior leadership promote CLABSI prevention?

2. Does your facility have a physician champion for CLABSI prevention?

☐ Yes ☐ No ☐ Unknown

3. Does your facility have unit-based nurse champions for CLABSI prevention?

☐ Yes ☐ No ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

4. Does your facility have a staff person with dedicated time to coordinate CLABSI prevention?

☐ Yes ☐ No ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

Training

5. How often does your facility provide *training* to healthcare personnel on **insertion** of central lines?

6. What topics are included in the training your facility provides to healthcare personnel on **insertion** of central lines?

7. How often does your facility provide *training* to healthcare personnel on **maintenance** of central lines?

8. What topics are included in the training your facility provides to healthcare personnel on **maintenance** of central lines?

9. How does your facility conduct skills assessments (e.g., personnel demonstration of tasks) and/or knowledge assessments (e.g., quiz, test) to healthcare personnel on central line **insertion**?

10. How does your facility conduct skills assessments (e.g., personnel demonstration of tasks) and/or knowledge assessments (e.g., quiz, test) to healthcare personnel on central line **maintenance**?

11. If your facility has Agency Staff or Locum Tenens, describe how they are oriented to facility policies/practices related to CLABSI prevention:

Audits and Feedback

12. Does your facility perform audits of central line insertion documentation?

☐ Yes ☐ No ☐ Unknown

If Yes:

12a. How often are these audits performed: _____

12b. Who performs the audits of central line insertion documentation: _____

12c. Describe current adherence to conducting these central line insertion documentation audits, and if necessary, how do you address a lack of or inconsistency in audits being conducted?

12d. Which central line catheter types are included in these audits? (select all that apply)

☐ Non-tunneled (other than dialysis) ☐ Tunneled (other than dialysis)

☐ Dialysis non-tunneled ☐ Dialysis tunneled ☐ PICC ☐ Umbilical ☐ Unknown

12e. What documentation is reviewed during the audits? (select all that apply)

☐ Insertion date ☐ Insertion site ☐ Presence of an indication ☐ Adherence to Universal Protocol

☐ Adherence to hand hygiene ☐ Adherence to maximal sterile barriers ☐ Unknown

☐ Other, please specify: _____ ☐ None of the above

12f. How does your facility provide *feedback* on central line insertion documentation to healthcare personnel?

13. How does your facility *audit daily documentation of continued need* for central venous catheter access?

13a. How often are these audits performed: _____

13b. Who performs these audits: _____

13c. How does your facility provide *feedback* on daily documentation of continued need for central venous catheters?

14. Does your facility audit central line insertion practices?

☐ Yes ☐ No ☐ Unknown

If Yes:

14a. How often are these audits performed: _____

14b. Who performs the central line insertion audits: _____

14c. Describe current adherence to conducting these central line insertion audits, and if necessary, how do you address a lack of or inconsistency in audits being conducted?

14d. Which central line catheter types are included in these audits? (select all that apply)

☐ Non-tunneled (other than dialysis) ☐ Tunneled (other than dialysis)

☐ Dialysis non-tunneled ☐ Dialysis tunneled ☐ PICC ☐ Umbilical ☐ Unknown

14e. What is included in the audits of central line insertion practices:

☐ Adherence to hand hygiene ☐ Use of maximal sterile barriers ☐ Skin preparation

☐ Adherence to aseptic technique ☐ Selection of insertion site ☐ Use of sterile dressing ☐ Unknown

☐ Other, please specify: _____ ☐ None of the Above

14f. How does your facility provide *feedback* on performance of central line insertion practices?

15. How does your facility *audit* central line **maintenance** practices?

15a. How often are these audits performed: _____

15b. Who performs the central line maintenance audits: _____

15c. How does your facility provide *feedback* on performance of central line maintenance practices?

16. How does your facility provide *feedback* on CLABSI rates, standardized infection ratios (SIR), and/or central line device utilization ratios (DUR)?

II. Appropriate Use of Central Venous Catheters

1. Do ordering providers document an indication for central lines?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

2. Is this documentation accessible and referenced by nurses when assessing for daily need of central lines?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. Are central lines reviewed on a daily basis to ensure they are still needed?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

4. When it is determined that there is no longer an indication for an existing central line, is that central line promptly removed?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

5. Does your facility conduct a case review to identify potential gaps when a CLABSI occurs?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

5a. If so, describe who is involved in these assessments and how lessons learned from these assessments are shared with staff:

6. Do healthcare personnel receive instruction when new central line equipment or protocols are introduced (e.g., new insertion kits, administration sets)?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

6a. If so, describe who establishes the content of the instruction/training:

III. Insertion Practices for Central Venous Catheters

1. Is real-time ultrasound used to guide placement of central lines?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

1a. Are there any barriers to the use of real-time ultrasound to guide placement of central lines (e.g., providers not trained, access to ultrasound machines)?

2. Do healthcare personnel stop non-emergent central line insertion if proper procedures are not followed?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

2a. Describe how personnel are encouraged to stop non-emergent central line insertion if proper procedures are not followed?

3. Are central lines replaced within 48 hours when adherence to aseptic technique cannot be ensured (i.e., catheters inserted emergently)?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

3a. Is there a process or procedure in place to ensure central lines are replaced within 48 hours when adherence to aseptic technique cannot be ensured? Please describe:

IV. Maintenance Practices for Central Venous Catheters

1. Are chlorhexidine (CHG)-impregnated dressings used for short-term, non-tunneled central lines in patients ≥ 18 years of age?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

2. Is a 2% chlorhexidine wash used for daily bathing of ICU patients with central lines?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown ☐ Not Applicable

2a. Describe potential barriers and/or facilitators to daily bathing of ICU patients with central lines:

3. Are prophylactic antimicrobial lock solutions used in patients with long term catheters who have a history of catheter-related bloodstream infections (CRBSI)?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown ☐ N/A (not used in facility)

*Note: Use of prophylactic antimicrobial lock solution in patients with long term catheters who have a history of multiple CRBSI despite optimal maximal adherence to aseptic technique is recommended in the [Guidelines for the Prevention of Intravascular Catheter-Related Infections \(2011\)](https://www.cdc.gov/guidelines/intravascular-catheter-related-infections-2011) ([cdc.gov](https://www.cdc.gov))

3a. If so, describe how these patients are identified and who facilitates the use of the prophylactic antimicrobial lock solutions:

V. Supplemental Strategies

Note: Facilities might consider these strategies **if** the CLABSI rate is not decreasing after successful implementation of core strategies outlined in the preceding domains. If there are gaps identified in other areas of CLABSI prevention, then these strategies may be a lower priority for implementation.

1. Does your facility have a policy to use antimicrobial/antiseptic impregnated catheters when the catheters are expected to be in place > 5 days?

☐ Yes ☐ No ☐ Unknown

If Yes:

- 1a. Do staff use antimicrobial/antiseptic impregnated catheters when they are expected to be in place > 5 days?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown ☐ Not Applicable

Please describe additional details or context to facilitate targeting of potential interventions:

2. Does your facility have a policy to use antiseptic-containing hub/connectors cap/port protectors?

☐ Yes ☐ No ☐ Unknown

If Yes:

- 2a. Do staff use antiseptic-containing hub/connectors cap/port protectors?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ Unknown ☐ Not Applicable

Please describe additional details or context to facilitate targeting of potential interventions:

Next Steps

Based on this worksheet and review of TAP CLABSI Facility Assessments, what is the greatest opportunity for improvement in CLABSI prevention practices at your facility?

Upon completion of this form and review of responses to TAP Facility Assessments: The [TAP Strategy GAP Prioritization Worksheet](#) and [TAP Prevention Prioritization Toolkit](#) may be used by partners to guide in the prioritization of infection prevention gaps and inform next steps.

Additional resources to guide prevention interventions, including the TAP Implementation Guides, are available on the [TAP Strategy Website](#).

For questions and requests for technical assistance, please email CDC at HAIPrevention@cdc.gov.