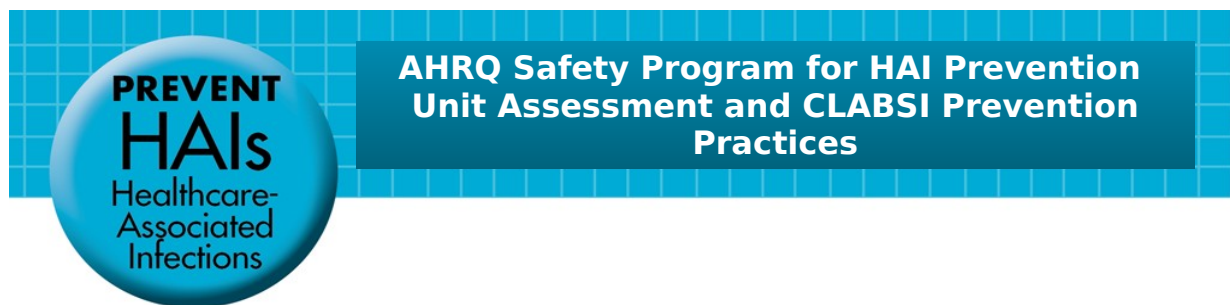


## CLABSI Gap Analysis



The purpose of this assessment is to understand current central line-associated bloodstream infections (CLABSI) prevention practices, policies, and procedures on your unit in order to identify areas of strength and opportunities to focus team actions. This assessment can be repeated over time to monitor any changes and support continued actions. Changes that might initiate a repeat of the assessment include an increase in CLABSI events, reduced compliance with central line insertion or maintenance process measures would be events, or significant staff turnover.

This form should be completed by the individuals from your CUSP team (or unit patient safety team) who are or will be leading CLABSI prevention initiatives. This should include at least the physicians/advanced practice practitioner lead(s), nurse lead(s), and the infection preventionist assigned to the unit. This form will take approximately 60 minutes to complete.

**Note: Unless otherwise specified, questions are regarding planned central line placements only, not lines placed in emergent situations.**

### Current Infection Prevention Practices

For each question below, select the appropriate response.

#### Insertion Equipment

Question	Yes	No	Don't know
1. Is an all-inclusive central line insertion kit stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Are masks, caps, sterile gowns, and sterile gloves stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Are full-body sterile drapes, large enough to cover the whole patient and bed, stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Are 2% chlorhexidine antiseptic applicators stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Is ultrasound available for line placement in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5a. If Yes to Q5, are sterile sleeves for the ultrasound probe and cable stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Are CHG or antimicrobial impregnated or coated central venous catheters stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Are chlorhexidine-impregnated dressings or patches/discs stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are topical hemostatic products for excessive bleeding at the catheter insertion site stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are sutureless venous catheter securement devices stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Is a central line cart or similar storage space with all necessary insertion equipment used in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10a. If Yes to Q10, is there a clear process for assembling and restocking the central line cart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Insertion Steps

Question	Yes	No	Don't know
11. Is a checklist customized to your central line insertion protocol available at the point of care (e.g., paper form, form in the electronic health record)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Is the checklist used for every central line placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Is completion of the checklist documented in the medical record?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Is hand hygiene embedded as a step in your central line insertion checklist?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Do you require that an observer be present to support the person inserting the central line for the entire procedure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a. Do you empower the observer to stop the procedure if sterility is broken or the checklist is not followed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15b. When required, does the inserter listen to the observer and always stop the procedure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Does the inserter always wear a sterile gown, mask, cap,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

and sterile gloves?			
17. Is a full-body drape always used to cover the patient for every central line placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Are staff educated on proper skin prep technique?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Unless contraindicated, is a 2% chlorhexidine antiseptic applicator used for skin prep and applied correctly before every central line placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Are staff educated on appropriate drying times for skin prep for different insertion sites?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Does sufficient drying time for skin prep occur prior to central line insertion in > 95% of cases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Is a sterile sleeve always placed on the ultrasound device?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Is the sterile sleeve on the ultrasound device applied all the way down the cable and fastened appropriately?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Do you have an algorithm for selecting the lowest risk site for central line placement (e.g., avoiding the femoral site)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Do you use topical hemostatic products for excessive bleeding at the catheter insertion site when needed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. In emergent insertions such as during a cardiac arrest or during a rapid response activation, do you have intra-osseous technology and procedures in place to avoid emergent placement of central lines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Maintenance Equipment

Question	Yes	No	Don't know
27. Are central line dressing change kits stocked in your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Maintenance Steps

Question	Yes	No	Don't know
28. Is hand hygiene embedded in training materials for central line maintenance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Are central line dressings dated in > 95% of cases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Are central line dressings changed on schedule?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Are central line dressings changed ahead of schedule when noted to be soiled, loose, or damp in > 95% of cases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Unless contraindicated, is a 2% chlorhexidine antiseptic applicator used for skin prep before every central line dressing change?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Is appropriate port antisepsis performed prior to accessing the central line in > 95% of cases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Are there prompts <u>at the point of care</u> that specify the correct approach and timing for appropriate port antisepsis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Do you follow a standard protocol for central line tubing changes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Does your unit treat patients' skin daily with chlorhexidine? (for all patients in the ICU setting and for patients with devices in non-ICU setting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Do you allow blood draws for labs from the central line?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Do you allow blood draws for blood culturing from existing central lines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. When adherence to aseptic technique cannot be ensured (e.g., catheters inserted during a medical emergency), is replacement of the catheter conducted within 48 hours?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Removal**

Question	Yes	No	Don't know
40. Do you have an algorithm available <u>at the point of care</u> to help personnel determine when a central line is clinically indicated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Do you have a standardized workflow for clinical teams to have a daily meaningful conversation about central line necessity?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Policies, Training, and Feedback**

Question	Yes	No	Don't know
----------	-----	----	------------

42. Do you have a hospital policy (or policies) for central line insertion that outline roles, responsibilities, and requirements for central line placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Do you have a hospital policy (or policies) for central line maintenance that outline roles, responsibilities, and requirements for central line maintenance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Do you have standardized training for healthcare personnel on inserting central lines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44a. If Yes to Q44, when is this training required? <i>Select all that apply</i>	<input type="checkbox"/> At orientation <input type="checkbox"/> To gain insertion privileges <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): <hr/>		
45. Do you have standardized training for healthcare personnel on maintaining central lines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45a. If Yes to Q45, when is this training required? <i>Select all that apply</i>	<input type="checkbox"/> At orientation <input type="checkbox"/> Annually <input type="checkbox"/> Other (please specify): <hr/>		
46. Do you have a comprehensive program to monitor hand hygiene that involves your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Do you have a comprehensive program to operationalize daily chlorhexidine treatment that involves your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Do you have a vascular access team for peripherally inserted central catheter (PICC) placement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Do you have a standardized workflow for a member of the infection prevention team and a unit member to observe and audit central line insertion regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. When you have identified elevated CLABSI rates, do you implement standardized workflows for a member of the infection prevention team and a unit member to observe and audit central line insertion monthly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Do you have central line rounds at least monthly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Do you systematically review each CLABSI to determine gaps in evidence-based practice and opportunities for improvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Does your team meet at least once a month to discuss progress towards CLABSI goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Does your unit receive regular reports from the infection prevention and control program on your CLABSI rates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Does your unit receive regular reports from the infection prevention and control program on process measures related to CLABSI prevention (e.g., dressing dry and intact)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. With whom do you share your CLABSI surveillance data? <i>Select all that apply.</i>	<input type="checkbox"/> Unit managers <input type="checkbox"/> All unit nursing staff <input type="checkbox"/> All physicians providing care to patients in the unit <input type="checkbox"/> None of these <input type="checkbox"/> Don't know		
57. Does your unit receive data on blood culture contamination at least once per year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Do you have a program for blood culture stewardship that involves your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Are patient education handouts about CLABSI quality improvement efforts available in your unit (e.g., on paper or in EHR or another website readily available for download)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60. Is a safety climate survey completed at least annually by individual healthcare providers on your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. In the past 30 days, has a senior leader/executive been present at a CUSP activity on your unit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. Has your unit experienced > 25% nursing staff turnover in the past year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. What is your unit's usual registered nurse-to-patient ratio?	<input type="checkbox"/> 1:1 <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3 <input type="checkbox"/> 1:4 or greater		

***Self-Reported Change in HAI Rates and HAI Prevention Processes*** will be administered with the endline Gap Analysis. One unit lead and one infection preventionist will self-report change in HAI rates and HAI prevention processes per unit at the end of implementation.

- “Since the beginning of the implementation, have your units' HAI rates improved?”
- “Since the beginning of the implementation, have your units' HAI prevention processes improved?”

Public reporting burden for the collection of information is estimated to average 60 minutes per response, the estimated time required to complete this assessment. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-XXXX), AHRQ, 5600 Fishers Lane, MS 0741A, Rockville, MD 20857.

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.