



Central Line Acquired Blood Stream Infection (CLABSI)

Central line-associated bloodstream infection (CLABSI) continues to be one of the most deadly and costly hospital-associated infections in the United States. A central line is inserted in a large blood vessel when it is difficult to put an intravenous line in a smaller blood vessel in the arm or hand. The central line is used to administer fluids, medications and in some instances blood products.

Infection of the bloodstream is a risk when these lines are inserted. Many infections have been prevented and lives have been saved in the past decade due to improvements in insertion practices and care. According to the Centers for Disease Control (CDC), there was a 58 percent reduction of CLABSI in intensive care patients nationwide between 2001 and 2009. Despite these efforts, these infections continue to occur.

Strategies to prevent these infections are included in the Institute for Healthcare Improvement (IHI) Central Line Practices Bundle. This bundle has been implemented by many hospitals in the United States to prevent CLABSI. Dozens of hospitals have achieved more than one year of no CLABSI in their sickest patients, those in ICU. Union Hospital uses the IHI Central Line Bundle for insertion and care central lines throughout the hospital.

Because CLABSI is so deadly and costly, hospitals are required to report the number of total days patients have central lines and their incidence of CLABSI to the Federal Government. Public access to all hospital performance in this measure is available at:

<https://www.medicare.gov/hospitalcompare/search.html>.