BACKGROUND

- Central venous catheters (CVCs) are a necessary tool for healthcare delivery, but also carry significant risk.
- One possible complication is development of a Central Line Associated Blood Stream Infection (CLABSI), which increases morbidity, mortality, hospital stays, and healthcare costs.
- From 2018 to 2020, the CLABSI rate increased at American Family Children's Hospital (AFCH) from 0.97 to 2.16 per 1000 central line days.
- We aim to identify modifiable risk factors that could potentially be targeted to decrease future CLABSI rates.

RESULTS

- There were no identified statistically significant differences between patient or line-specific factors when comparing CLABSI events from 2018-2019 versus 2020.

DESIGN/METHODS

- Retrospective chart review of patients at AFCH who had a CLABSI (laboratory-confirmed bloodstream infection not related to an infection at another site that developed after the first 48 hours of admission) from January 2018 to December 2020.
- Characteristics reviewed included:
  - Patient-specific factors:
    - Age, race, home health agency, diagnosis, service, unit, pathogen, length of stay, and mortality.
  - Line-specific factors:
    - Use of line at home, line type, line size, service that placed the line, and duration of line prior to CLABSI.
- For comparison, CLABSIs from 2018 and 2019 were combined and compared with those from 2020.
- This project was considered IRB-exempt.

CONCLUSIONS

- No statistically significant patient- or line-specific factors that contributed to the increase in CLABSI at AFCH.
- Trend of increased proportion of CLABSI occurring in patients:
  - with PICC lines
  - who accessed their lines for IV medication at home
  - with hematologic/oncologic diagnoses.
- Next steps:
  - Compare heme/onc patients with a CVC who did not develop CLABSI versus those who did.

Additional Resources

3. UW AFCH Internal CLABSI data.

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