



Highly Informative Tips (HITs) for Implementation

Central Line Infections

Involve all caregivers. Engage doctors, nurses, and other staff to work as a team to develop key aspects of the implementation. For example, it is critical that teams make the review of daily necessity a part of the daily goal sheets. In order to know if a line is truly necessary, the best-performing teams will develop their own standard criteria and work to apply this routinely to all cases in their institution. Once this has been established, all stakeholders will share a common understanding of exactly when a line is truly necessary or simply a convenience. Similar arrangements and customizations can be made for other aspects of the bundle, such as criteria for optimal site selection.

Emphasize compliance with *ALL* elements of the bundle. Approach this work with the knowledge that “picking and choosing” bundle elements will not work. Your aim is 100% compliance with every bundle element for every patient. Partial compliance without documentation is the equivalent of non-compliance.

Determine common definitions for measurement. It is best to design rules that assist your team in making your plans work. For example, assign credit for completion of bundle elements in cases where your team has determined there are true contraindications to bundle elements. Undue attention to unusual cases or special circumstances will impede success. Plan for the majority.

Decide early about the method of data collection you will use. Some teams have preferred to use a sampling approach to assess compliance with the central line bundle. For example, some teams use spot checks of compliance three times per week, whereas other teams have chosen daily assessments of compliance at designated times. Regardless of the method, be sure to maintain the standard over time for accurate results.

Use human factors to customize your program. Make this initiative fit into the patterns and habits of staff at your institution. Only then will you achieve a reliable outcome.

Post updates to results regularly and prominently. To keep staff engaged and motivated, it is essential to update all involved staff of the work on a monthly basis. Show staff bundle compliance and the monthly change in central line infection rates. When rates become low, consider using a posted days between events (for example, “120 days without a CLI”).

Make it easy for staff to be compliant. Put barriers together in a single kit, and place hand washing solution in convenient places. Be consistent with the location of the kits within the individual rooms.

Train *ALL* staff on the CLI protocol. Don’t forget to train after hours staff on Central Line Bundle, not just the day shift.

Individualize physician data. Share physician-specific rates. The competition will engage physicians and encourage compliance.

Use easy identification mechanisms. For example, use a simple sticker to identify which lines placed in ED are sterile and which are not.