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Simple Measures Can Cut Catheter-Related Bloodstream Infections Significantly

Thousands of infections and deaths could be prevented.

Catheter-related bloodstream infections cause tens of thousands of deaths each year, and each infection costs tens of thousands of dollars to treat. In an earlier Michigan initiative ([JW Gen Med Dec 27 2006](#)) that involved 103 intensive care units (ICUs), rates of these infections were lowered dramatically after systematic implementation of five evidence-based interventions: washing hands, using full barrier precautions, cleaning the skin with chlorhexidine, avoiding the femoral site, and removing unnecessary catheters. Eighteen months after implementation, catheter-related bloodstream infections were reduced by two thirds from baseline. In this follow-up study that involved 90 of the original ICUs, investigators evaluated whether the lower incidence of such infections were sustained at 19 to 36 months after implementation (sustainability period).

Overall, data related to more than 1500 ICU months and 300,000 catheter-days during the sustainability period were reported. The mean rate of catheter-related bloodstream infections decreased from 7.7 per 1000 catheter-days at baseline to 1.3 per 1000 catheter-days at 16–18 months and to 1.1 per 1000 catheter-days at 34–36 months postimplementation. Compared with the baseline rate, mean bloodstream infection rates at 16–18 months and 34–36 months were significantly lower.

Comment: Implementing five simple evidence-based interventions significantly lowers catheter-related bloodstream infections. These results are sustainable after such interventions are integrated into practice. As the authors conclude, widespread implementation of these interventions could lower morbidity and costs associated with these infections substantially.

— [Paul S. Mueller, MD, MPH, FACP](#)

Published in [Journal Watch General Medicine](#) February 23, 2010

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