



Central Line Insertion Practices (CLIP) Training Course



Department of Health and Human Services
Centers for Disease Control and Prevention

Target Audience

This training session is designed for those who will collect and analyze Central Line Insertion Practices (CLIP) data in the Patient Safety Component of NHSN. This may include:

- NHSN Facility Administrator
- Patient Safety Primary Contact
- Infection Prevention and Control Professional (ICP)
- Epidemiologist
- Professional Nursing Staff
- Clinical Medical Staff
- Trained support staff



Learning Objectives



- Describe the rationale for using the CLIP process tool in NHSN
- Review the structure of the Device-associated Module in NHSN
- Define the key terms and protocols used for collecting CLIP process data
- Identify the method used to collect and record CLIP data
- Discuss using CLIP data to improve patient safety

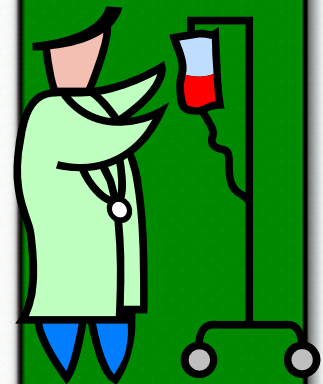
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Introduction

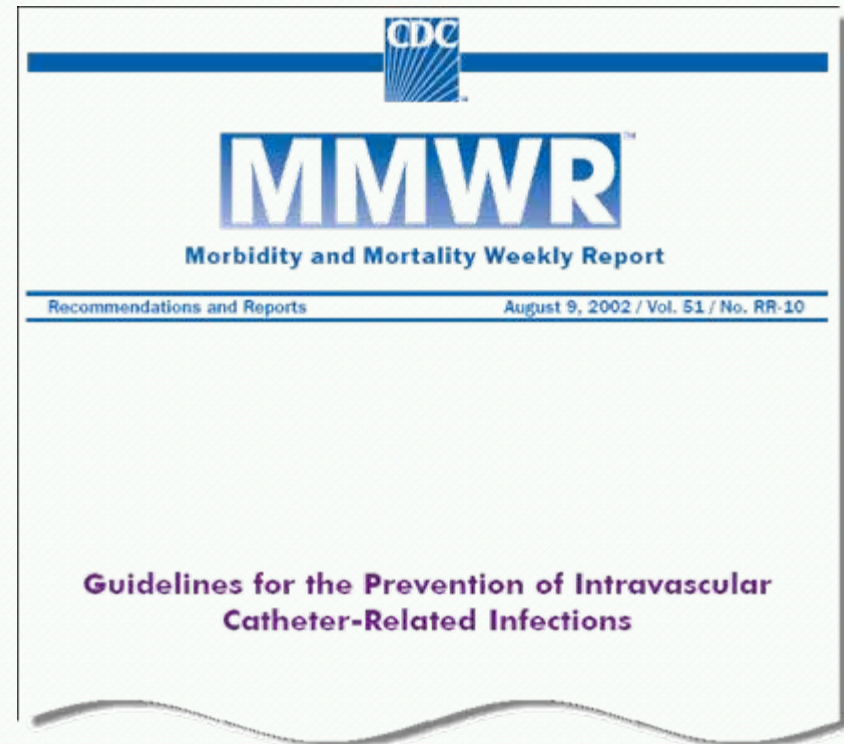
- 250,000 central line-associated bloodstream infections (CLABSI) occur in the United States each year
- Most bloodstream infections are associated with the presence of a central line or umbilical catheter in neonates at the time of, or before the onset of the infection
- Estimated mortality 12-15% for each CLABSI
- Cost to the healthcare system is approximately \$25,000 for each episode



Introduction

Central line-associated bloodstream infections (CLABSIs) can be prevented through proper management of the central line.

CDC's HICPAC
*Guideline for the
Prevention of
Intravascular Catheter-
Related Infections*
recommends evidence-
based central line
insertion practices known
to reduce the risk of
CLABSI.



Recommendations from the Guideline include:

- Use of maximal sterile barriers during insertion
- Proper use of a skin antiseptic prior to insertion
- Avoiding the femoral insertion site whenever possible
- Avoiding guidewire exchange when a CLABSI is suspected

Reporting information about the above practices in NHSN will enable facilities and CDC to:

- Monitor central line insertion practices in individual patient care units and facilities to provide aggregate adherence data
- Link gaps in recommended practice with the clinical outcome (i.e., CLABSI data)
- Facilitate quality improvement by identifying specific gaps in adherence to recommended prevention practices, helping to target intervention strategies to reduce CLABSI rates

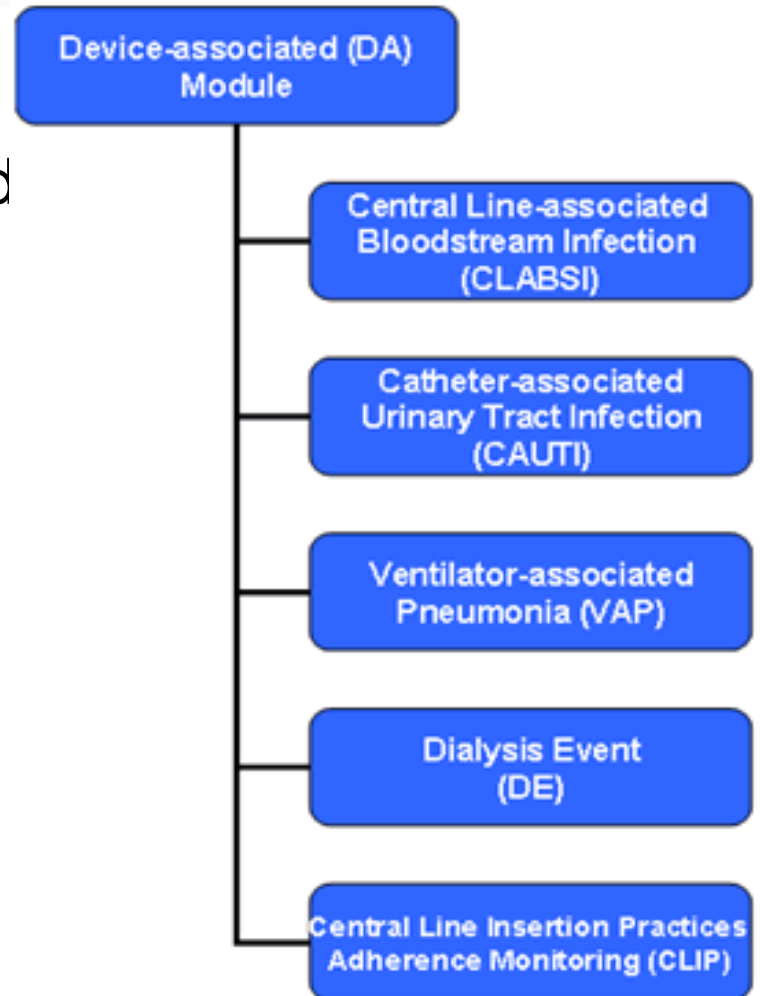
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The Device-associated Module includes

- Central line-associated bloodstream infection (CLABSI)
- Catheter-associated urinary tract infection (CAUTI)
- Ventilator-associated pneumonia (VAP)
- Dialysis Event (DE)
- Central line insertion practices adherence (CLIP)



Learning Objectives



- Describe the rationale for using the CLIP process tool in NHSN
- Review the structure of the Device-associated Module in NHSN
- Define the key terms and protocols used for collecting CLIP process data
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Key Terms



Because NHSN uses the information that you enter to produce aggregate rates that are used for comparison by hospitals all over the United States and in other countries, it is very important that the data you report is collected using exactly the same definition each time.

In collecting data for CLIP, the following term will be defined:

Central Line

Definition: Central Line

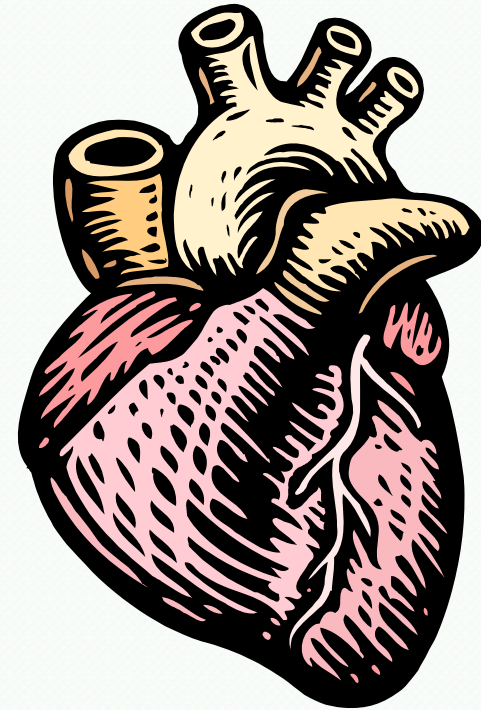
An intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring.

The following are considered great vessels for the purpose of reporting central line insertion practices:

- Aorta
- Pulmonary artery
- Superior vena cava
- Inferior vena cava
- Brachiocephalic veins
- Internal jugular veins
- Subclavian veins
- External iliac veins
- Common femoral veins

Also...

- An introducer is considered an intravascular catheter.
- In neonates, the umbilical vessel is considered a central line.
- Neither the location of the insertion site nor the type of device may be used to determine if a line qualifies as a central line.
- Pacemaker wires and other non-lumened devices inserted into central blood vessels or the heart are not considered central lines, because fluids are not infused, pushed, nor withdrawn through such devices.



NHSN Monthly Reporting Plan

- Informs CDC which Patient Safety modules are used in a given month
- Allows CDC to select the data that should be included into the aggregate for analysis
- Plan indicates the module used, if any, and the events and locations they monitored



Add CLIP Locations to the Monthly Reporting Plan

Mandatory fields marked with *

Facility ID*:

Month*:

Year*:

No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

| Locations | CLA | BSI | DI | VAP | CAUTI | CLIP |
|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <input type="text" value="3N - 3 NORTH"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="text" value="BMT - SCA TEST"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="text" value="MSICU - MEDSURG ICU"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you monitor CLIP in a location, it may be beneficial to also monitor CLABSI for the same location.

Surveillance will occur in any location where central lines are inserted

- May include:
 - Intensive care units (ICU)
 - Specialty care areas
 - Hematology/oncology wards
 - Bone marrow transplant units
 - Inpatient dialysis units
 - Long term acute care
 - Solid organ transplant units
 - Neonatal intensive care units (NICU)
 - Other inpatient care locations in the hospital
 - Emergency department, OR, interventional radiology, etc.

Central Line Insertion Practices (CLIP)

Let's look at each section of the form.
The top portion contains the patient demographic information.

| | |
|---|--|
| Facility ID: <u>10000</u> | Event# <u>222</u> |
| *Patient ID: <u>001001</u> | Social Security#: <u>0 0 1 - 0 0 - 0 0 0 1</u> |
| Secondary ID: _____ | |
| Patient Name, Last: <u>Doe</u> | First: <u>Jane</u> Middle: <u>B</u> |
| *Gender: <input checked="" type="checkbox"/> F <input type="checkbox"/> M | *Date of Birth: <u>02 / 20 / 1952</u> (mm/dd/yyyy) |
| Ethnicity (specify): _____ | Race (specify): <u>white</u> |

- There are three required fields (highlighted in yellow):
- Patient ID
 - Gender
 - Date of Birth

Central Line Insertion Practices (CLIP)

Required: Enter the location of the central line insertion procedure was done.



Required: Enter the date of the central line insertion.



*Event Type: CLIP *Location: MSICU *Date of Insertion: 1 / 16 / 2008 (mm/dd/yyyy)

*Person recording insertion practice data: Inserter Observer

Central line inserter ID: _____ Name, Last: _____ First: _____

*Occupation of inserter:

| | | | |
|--|--|--|--|
| <input type="checkbox"/> Fellow | <input type="checkbox"/> IV Team | <input type="checkbox"/> Medical Student | <input type="checkbox"/> Other medical staff |
| <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Attending physician | <input type="checkbox"/> Intern/Resident | <input type="checkbox"/> Other student |
| <input type="checkbox"/> Other (specify) _____ | | | |

*Reason for insertion: New indication for central line Replace malfunctioning central line

Suspected central line-associated infection Other (specify) _____

Central Line Insertion Practices (CLIP)

Required:
Select Inserter or
Observer.

*Event Type: CLIP *Location: _____ Date of Insertion: ____/____/____ (mm/dd/yyyy)

*Person recording insertion practice data: Inserter Observer

Central line inserter ID: 441 Name, Last: Hall First: Henry

*Occupation of inserter: Fellow IV Team Medical Student Other medical staff

Optional: Enter the
HCW ID of the
person inserting
the central line.

Optional: Enter the
name of the
person inserting
the central line.

Central Line Insertion Practices (CLIP)

Next – What is the occupation of the person inserting the line?

Required: Indicate the occupational category of the inserter.

*Occupation of inserter:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Fellow | <input type="checkbox"/> IV Team | <input checked="" type="checkbox"/> Medical Student | <input type="checkbox"/> Other medical staff |
| <input type="checkbox"/> Physician assistant | <input type="checkbox"/> Attending physician | <input type="checkbox"/> Intern/Resident | <input type="checkbox"/> Other student |
| <input type="checkbox"/> Other (specify) _____ | | | |

*Reason for insertion:

- | | |
|--|--|
| <input checked="" type="checkbox"/> New indication for central line | <input type="checkbox"/> Replace malfunctioning central line |
| <input type="checkbox"/> Suspected central line-associated infection | <input type="checkbox"/> Other (specify) _____ |

Required: Check the primary reason for the insertion.

Why was the central line inserted?

Central Line Insertion Practices (CLIP)



Required: Check 'Y' if the inserter appropriately performed hand hygiene before inserting the central line.

*Inserter performed hand hygiene prior to central line insertion: Y N

*Maximal sterile barrier precautions used:

| | | | |
|---------------------|---|----------------|---|
| Mask/Eye shield | <input type="checkbox"/> Y <input type="checkbox"/> N | Sterile gown | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Large sterile drape | <input type="checkbox"/> Y <input type="checkbox"/> N | Sterile gloves | <input type="checkbox"/> Y <input type="checkbox"/> N |
| | | Cap | <input type="checkbox"/> Y <input type="checkbox"/> N |

*Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

*Was skin preparation agent completely dry at time of first skin puncture? Y N

*Insertion site: Femoral Jugular Upper extremity (PICC) Subclavian Umbilical

Appropriate hand hygiene includes the use of alcohol-based hand rub or soap and water hand wash.

Central Line Insertion Practices (CLIP)

Required: Check each
sterile barrier used
during insertion.

* Inserter performed hand hygiene prior to central line insertion: Y N

* Maximal sterile barrier precautions used:

| | | | |
|---------------------|--|----------------|--|
| Mask/Eye shield | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Sterile gown | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| Large sterile drape | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Sterile gloves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| | | Cap | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |

* Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

* Was skin preparation agent completely dry at time of first skin puncture? Y N

Note: Large sterile drape means full body drape.

Central Line Insertion Practices (CLIP)

Required: Check the
type of skin preparation
that was used.

*Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

*Was skin preparation agent completely dry at time of first skin puncture? Y N

*Insertion site: Femoral Jugular Lower extremity Scalp Subclavian
 Umbilical Upper extremity

Note: If more than one skin preparation agent was used, check each one used.

Central Line Insertion Practices (CLIP)

Required: Check 'Y' if the skin preparation agent was dry at the time of the skin puncture, otherwise check 'N'.

*Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

*Was skin preparation agent completely dry at time of first skin puncture? Y N

*Insertion site: Femoral Jugular Lower extremity Scalp Subclavian
 Umbilical Upper extremity

Central Line Insertion Practices (CLIP)

Required: Check the location of the central line insertion site.

*Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

*Was skin preparation agent completely dry at time of first skin puncture? Y N

*Insertion site: Femoral Jugular Lower extremity Scalp Subclavian
 Umbilical Upper extremity

Central Line Insertion Practices (CLIP)

*Skin preparation (check all that apply): Chlorhexidine gluconate Povidone iodine Alcohol

*Was skin preparation agent completely dry at time of first skin puncture? Y N

*Insertion site: Femoral Jugular Upper extremity (PICC) Subclavian Umbilical

Antimicrobial coated catheter used: Y N

*Central line catheter type:

Optional: Check 'Y' if the catheter was an antimicrobial coated device, otherwise, check 'N'.

Central Line Insertion Practices (CLIP)

Required: Check the type of catheter that was inserted.

And microdialysis catheter use

* Central line catheter type:

| | |
|--|---|
| <input type="checkbox"/> Dialysis non-tunneled | <input type="checkbox"/> PICC |
| <input type="checkbox"/> Dialysis tunneled | <input type="checkbox"/> Umbilical |
| <input checked="" type="checkbox"/> Non-tunneled (other than dialysis) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Tunneled (other than dialysis) | |

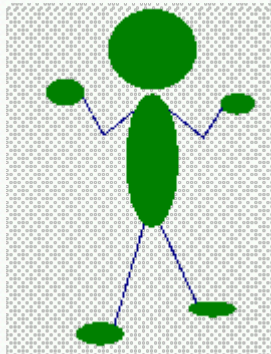
* Number of lumens (circle one): 1 2 **3** ≥ 4

* Central line exchanged over guidewire: Y N

Required: Check the number of lumens in the catheter.

Central Line Insertion Practices (CLIP)

How will this information about
central line insertion practices
improve patient care?



Using CLIP Data

In NHSN, there are several helpful ways you can use your CLIP data:

*National Healthcare Safety Network
Line Listing for All Central Line Insertion Practices Events
As of: January 17, 2008 at 7:03 AM
Date Range: All CLIP_EVENTS*

| Patient ID | Location | Insertion Date | Insertion Site | Hand Hygiene Performed ? | Barrier Used: Gloves? | Barrier Used: Drape? |
|------------|----------|----------------|----------------|--------------------------|-----------------------|----------------------|
| 005-04 | SICU | 2007-03-06 | SUBCLAVIAN | Y - Yes | Y - Yes | Y - Yes |
| 122-500 | 72ORTHO | 2007-05-14 | FEMORAL | Y - Yes | N - No | Y - Yes |
| 5464646 | 5G | 2007-11-15 | SUBCLAVIAN | Y - Yes | Y - Yes | Y - Yes |
| 52432154 | 5G | 2007-11-15 | JUGULAR | Y - Yes | Y - Yes | N - No |
| 00-00-000 | 72ORTHO | 2007-06-29 | JUGULAR | Y - Yes | Y - Yes | N - No |
| 58-74-11 | ED | 2007-07-01 | FEMORAL | Y - Yes | Y - Yes | Y - Yes |
| 16-336-08 | ED | 2007-07-02 | JUGULAR | Y - Yes | Y - Yes | Y - Yes |
| 16-333-0 | 5G | 2007-03-12 | SUBCLAVIAN | Y - Yes | Y - Yes | N - No |
| 00-14-228 | 5G | 2007-03-21 | SUBCLAVIAN | Y - Yes | Y - Yes | N - No |
| 00-123-45 | 61EAST | 2007-09-10 | JUGULAR | Y - Yes | Y - Yes | Y - Yes |
| 00-01-235 | 61EAST | 2007-09-16 | SUBCLAVIAN | Y - Yes | Y - Yes | N - No |
| 26-23-55 | 61EAST | 2007-09-21 | JUGULAR | Y - Yes | Y - Yes | Y - Yes |
| 20-00-200 | 61EAST | 2007-09-12 | PICC | Y - Yes | Y - Yes | Y - Yes |
| 85-88-86 | 61EAST | 2007-09-04 | PICC | Y - Yes | Y - Yes | Y - Yes |
| 11-444-7 | 61EAST | 2007-09-06 | JUGULAR | Y - Yes | Y - Yes | N - No |
| 14-14-774 | BMT | 2007-04-04 | SUBCLAVIAN | Y - Yes | Y - Yes | Y - Yes |
| 071-17-77 | BMT | 2007-04-23 | SUBCLAVIAN | Y - Yes | Y - Yes | N - No |
| 00-18-885 | BMT | 2007-04-16 | JUGULAR | Y - Yes | Y - Yes | Y - Yes |
| 11-12-689 | BMT | 2007-04-09 | FEMORAL | Y - Yes | Y - Yes | N - No |
| 11-966-39 | BMT | 2007-04-28 | JUGULAR | Y - Yes | Y - Yes | Y - Yes |

A line list can identify specific information about central line insertion practices.

Central Line Insertion Practices (CLIP)

You can look at the data in different ways.

National Healthcare Safety Network

Line Listing for All Central Line Insertion Practices Events

As of: January 17, 2008 at 7:11 AM

Date Range: All CLIP_EVENTS

| Patient ID | Location | Insertion Date | Insertion Site | CL Cath Type | Barrier Used: Gloves? | Barrier Used: Gown? | Barrier Used: Mask? | Hand Hygiene Performed? |
|------------|----------|----------------|----------------|--------------|-----------------------|---------------------|---------------------|-------------------------|
| 005-04 | SICU | 2007-03-06 | SUBCLAVIAN | TUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 122-500 | 72ORTHO | 2007-05-14 | FEMORAL | NONTUNN | N - No | Y - Yes | Y - Yes | Y - Yes |
| 5464646 | 5G | 2007-11-15 | SUBCLAVIAN | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 52432154 | 5G | 2007-11-15 | JUGULAR | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 00-00-000 | 72ORTHO | 2007-06-29 | JUGULAR | NONTUNN | Y - Yes | N - No | Y - Yes | Y - Yes |
| 58-74-11 | ED | 2007-07-01 | FEMORAL | NONTUNN | Y - Yes | N - No | N - No | Y - Yes |
| 16-336-08 | ED | 2007-07-02 | JUGULAR | NONTUNN | Y - Yes | N - No | N - No | Y - Yes |
| 16-333-0 | 5G | 2007-03-12 | SUBCLAVIAN | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 00-14-228 | 5G | 2007-03-21 | SUBCLAVIAN | NONTUNN | Y - Yes | Y - Yes | N - No | Y - Yes |
| 00-123-45 | 61EAST | 2007-09-10 | JUGULAR | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 00-01-235 | 61EAST | 2007-09-16 | SUBCLAVIAN | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 26-23-55 | 61EAST | 2007-09-21 | JUGULAR | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 20-00-200 | 61EAST | 2007-09-12 | PICC | PICC | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 85-88-86 | 61EAST | 2007-09-04 | PICC | PICC | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 11-444-7 | 61EAST | 2007-09-06 | JUGULAR | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 14-14-774 | BMT | 2007-04-04 | SUBCLAVIAN | TUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 071-17-77 | BMT | 2007-04-23 | SUBCLAVIAN | NONTUNN | Y - Yes | N - No | Y - Yes | Y - Yes |
| 00-18-885 | BMT | 2007-04-16 | JUGULAR | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 11-12-669 | BMT | 2007-04-09 | FEMORAL | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |
| 11-966-39 | BMT | 2007-04-28 | JUGULAR | NONTUNN | Y - Yes | Y - Yes | Y - Yes | Y - Yes |

Central Line Insertion Practices (CLIP)

A frequency table will give information about where central line insertions are monitored in the facility.

National Healthcare Safety Network

Frequency Table for All Central Line Insertion Practices Events

As of: January 17, 2008 at 7:37 AM

Date Range: All CLIP_EVENTS

| location | Frequency | Percent | Cumulative Frequency | Cumulative Percent |
|----------|-----------|---------|-------------------------|-----------------------|
| 5G | 4 | 20.00 | 4 | 20.00 |
| 61EAST | 6 | 30.00 | 10 | 50.00 |
| 72ORTHO | 2 | 10.00 | 12 | 60.00 |
| BMT | 5 | 25.00 | 17 | 85.00 |
| ED | 2 | 10.00 | 19 | 95.00 |
| SICU | 1 | 5.00 | 20 | 100.00 |

Central Line Insertion Practices (CLIP)

Adherence rate tables can be used to target specific processes by location.

| Location | Hand Hygiene Count | CLIP Count | Hand Hygiene Rate |
|----------|--------------------|------------|-------------------|
| 5G | 4 | 4 | 100.0 |

$$\text{Hand Hygiene Compliance Rate} = \frac{\# \text{ hand hygiene done}}{\# \text{ CLIPs done}} \times 100$$

| Location | Skin Prep Count | CLIP Count | Skin Prep Rate |
|----------|-----------------|------------|----------------|
| 5G | 3 | 4 | 75.0 |

$$\text{Skin Prep Compliance Rate} = \frac{\# \text{ skin prep}}{\# \text{ CLIPs done}} \times 100$$

Central Line Insertion Practices (CLIP)

National Healthcare Safety Network

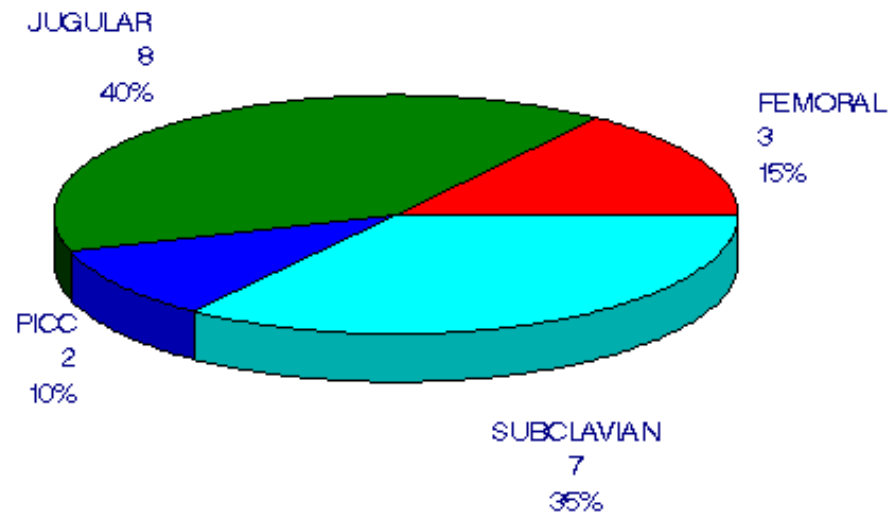
Pie Chart for All Central Line Insertion Practices Events

As of: January 17, 2008 at 7:43 AM

Date Range: All CLIP_EVENTS

FREQUENCY of insertSite

N=20



Central Line Insertion Practices (CLIP)

Look at CLIP and CLABSI data together.

National Healthcare Safety Network

Line Listing for All Central Line-Associated BSI Events

As of: January 18, 2008 at 7:09 AM

Date Range: CLAB_EVENTS admitDate 01/01/2007 to 12/31/2007

| Patient ID | Event ID | Event Date | Specific Event | Location | Insertion Date | Insertion Site | Hand Hygiene Performed? |
|------------|----------|------------|----------------|----------|----------------|----------------|-------------------------|
| 00-166 | 10648 | 06/23/2007 | LCBI | 5G | 2007-06-15 | SUBCLAVIAN | Y-Yes |
| 14-20-999 | 10649 | 08/19/2007 | LCBI | 5G | 2007-08-10 | FEMORAL | Y - Yes |
| 20073-04 | 7725 | 03/14/2007 | LCBI | 5PEDCC | 2007-03-12 | PICC | Y - Yes |
| 20074-1 | 7837 | 04/04/2007 | LCBI | 5PEDCC | 2007-04-01 | SUBCLAVIAN | Y - Yes |
| 20-00-200 | 10637 | 09/16/2007 | LCBI | 61EAST | 2007-08-30 | SUBCLAVIAN | Y - Yes |
| 58-74-11 | 8160 | 07/01/2007 | LCBI | 71ICU | 2007-06-26 | PICC | Y - Yes |
| 00-00-000 | 9190 | 07/02/2007 | LCBI | 72ORTHO | 2007-06-26 | FEMORAL | Y - Yes |
| 03-33-987 | 7388 | 01/15/2007 | LCBI | BMT | 2007-01-03 | FEMORAL | Y - Yes |
| 2007-21 | 7702 | 01/28/2007 | LCBI | BMT | 2006-12-20 | PICC | Y - Yes |

Using the Data to Protect Patients

National Healthcare Safety Network

Line Listing for All Central Line-Associated BSI Events

As of: January 18, 2008 at 7:09 AM

Date Range: CLAB_EVENTS admitDate 01/01/2007 to 12/31/2007

| Patient ID | Event ID | Event Date | Specific Event | Location | Insertion Date | Insertion Site | Hand Hygiene Performed? |
|------------|----------|------------|----------------|----------|----------------|----------------|-------------------------|
| 00-166 | 10648 | 06/23/2007 | LCBI | 5G | 2007-06-15 | SUBCLAVIAN | Y-Yes |
| 14-20-999 | 10649 | 08/19/2007 | LCBI | 5G | 2007-08-10 | FEMORAL | Y - Yes |
| 20073-04 | 7725 | 03/14/2007 | LCBI | 5PEDCC | 2007-03-12 | PICC | Y - Yes |
| 20074-1 | 7837 | 04/04/2007 | LCBI | 5PEDCC | 2007-04-01 | SUBCLAVIAN | Y - Yes |
| 20-00-200 | 10637 | 09/16/2007 | LCBI | 61EAST | 2007-08-30 | SUBCLAVIAN | Y - Yes |
| 58-74-11 | 8160 | 07/01/2007 | LCBI | 71ICU | 2007-06-26 | PICC | Y - Yes |
| 00-00-000 | 9190 | 07/02/2007 | LCBI | 72ORTHO | 2007-06-26 | FEMORAL | Y - Yes |
| 03-33-987 | 7388 | 01/15/2007 | LCBI | BMT | 2007-01-03 | FEMORAL | Y - Yes |
| 2007-21 | 7702 | 01/28/2007 | LCBI | BMT | 2006-12-20 | PICC | Y - Yes |

Summary

- The CLIP option in NHSN allows a facility to track those practices for central line insertion that are recommended in the CDC's *Guidelines for the Prevention of Intravascular Catheter-related Infections*.
- The CLIP form is used to collect data according to the protocol and definitions.
- Use of the CLIP option can be an important part of a CLABSI prevention strategy.

Central Line Insertion Practices (CLIP)

If you have questions about NHSN or the CLIP option:

DHQP Help desk toll-free number: 800-893-0485

DHQP Help desk direct-dial number: 404-639-4080

NHSN email: NHSN@cdc.gov

NHSN Website:

http://www.cdc.gov/ncidod/dhqp/nhsn_members.html