

Learn from Defects Tool Worksheet CLABSI



Name:	Date		
MRN:	DOB:		
Team Members:	M	F	Other
Admission Date:	Discharge Date:		

What happened in the days leading up to the CLABSI?	
Infection Control	Nursing

Significant co-morbidities

Location and date of CLABSI
Unit: _____ Date: _____

Date of Line Insertion: _____

Where was the catheter inserted?:
OR ED ICU: Unit: Other:

Type of Line	No. of Lumens
Non-tunneled (other than dialysis) Dialysis (non-tunneled)	Single
Tunneled (other than dialysis) PICC	Double
Dialysis (tunneled) Port	Triple

Insertion Site
Chest IJ SC Femoral Upper Extremity

What is the indication for the line?
Hemodynamic monitoring Poor venous access Long-term Antibiotics
Vessicants or irritant drugs Chemo Hemodialysis
Multiple incompatible fluids Other: _____

Why was the line accessed?

Lab draws	Medication Administration	IV Fluid Administration
TPN	Hemodialysis	Other:

Why did it happen? (what factors contributed) - summarize what happened to cause the defect from below

1. Was patient receiving TPN?	Yes	No	Unknown
2. Was the patient intubated?	Yes	No	Unknown
3. Were there any observed breaches of proper hand hygiene by anyone involved in line care for this patient?	Yes	No	Unknown
4. Was line necessity assessed daily?	Yes	No	Unknown
5. Was the dressing integrity difficult to maintain?	Yes	No	Unknown
6. Was this line manipulated/used by any other staff besides the unit's physicians/nurses (e.g., anesthesia, radiology, etc)?	Yes	No	Unknown
7. Was the tubing changed appropriately for the duration of the line?	Yes	No	Unknown
8. Was the catheter occluded at any time while the line was in place?	Yes	No	Unknown
If yes, was TPA used?	Yes	No	Unknown
9. Where there any problems drawing off the line prior to the infection date?	Yes	No	Unknown
10. Anything else, patient factors or otherwise, that may have contributed to the infection?	Yes	No	
If yes, describe briefly: _____			
11. Do you feel this infection was potentially preventable?			
12. Other Comments:			

What happened to cause the defect?

Duration of central line catheter # days: (Time of insert to discontinue)	Is the patient being treated for any other infections?	Comments:

What prevented it from being worse?

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What can we do to reduce the risk of it happening with a different person?

Action Plan	Responsible Person	Targeted Date	Evaluation Plan - How will we know risk is reduced?

With whom shall we share our learning? (Communication plan)

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Who	When	How	Follow-up

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