# CLABSI Root Cause Analysis Form

## CLABSI Root Cause Analysis (RCA) Data Collection Form

As part of our commitment to eliminate central line associated blood stream infections (CLABSI), we review each case to help to prevent the next infection. Please help collect the following information to assist with reviewing this case.

Patient Name:

MRN:

IV Therapies Received:

Nursing Agency:

Start of Care Date:

HD patient?

Did patient die:

Date of Infection:

Organism (s):

Hospital Admitted To:

History of Present Illness:

Details of CLABSI

Days on service (Day after hospital discharge or day of outpatient IV placement is Day 1):

Date of Last Contact with Nursing:

Significant Events:

Central Line Details

| Insert date | Type | Insertion Site | If Port, Date Last Accessed | If Port, Date Last Deaccessed | Number of Lumens | Removal Date |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Where was the line(s) placed (e.g., hospital, interventional radiology, etc.)?

\*\*\* This part TO BE COMPLETED BEFORE MEETING

| Question | Yes/No |
| --- | --- |
| Was this a sutured line(s)? | Yes    No->If no,  what was securement method: |
| Was the tubing secured? | Yes    No->If no,  what was securement method: |
| Were there any line issues (clot, re-wire, exchange, manipulation, dislodgement, bleeding)? | Yes    No->If yes,  date of problem: |
| Were there any equipment (tubing/needless port etc.) issues? (e.g. leak, unplanned break in line, dressing not changed per policy) | Yes    No->If yes,  date of problem: |

Central Line Care

| Question | Yes/No |
| --- | --- |
| Was the dressing change timing appropriate? | Yes    No->If no,  date of last dressing change: |
| Type of dressing?  (i.e Tegaderm, Primapore, Opsite, Gauze/Tape, other) | Sorbaview   Tegaderm          Primapore   Opsite            Gauze/Tape   Other: |
| Type of skin prep/antiseptic used for dressing?  (ie Chloraprep, tincture of iodine, Iodine, other) | Chloraprep   Tincture of iodine    Iodine     Other: |
| Who performed the dressing changes? | Nurse from affiliated agency  Nurse from unaffiliated agency  Patient  Caregiver  Outpatient infusion center staff  Other: |
| Was dressing documented as dry and intact? | Yes    No |
| Was chlorhexidine used in the dressing? | Yes, chlorhexidine-impregnated dressing  Yes, chlorhexidine-impregnated sponge  No |

\*\*This part of the document TO BE COMPLETED DURING MINI-RCA MEETING BY THE GROUP

RCA Summary and Plan

System Level Factors for this Infection\*

\*It can be useful to dig deeper for each factor why asking Why? Why? Why?

| Factors | Fill in information |
| --- | --- |
| PATIENT/FAMILY CHARACTERISTICS |  |
| TASK FACTORS/TOOLS/EQUIPMENT   * (e.g. protocol, availability of tools, equipment |  |
| NURSE FACTORS |  |
| TEAM FACTORS   * (e.g. communication, speaking up) |  |
| KNOWLEDGE & SKILL FACTORS |  |
| TECHNOLOGY FACTORS   * (e.g. software, hardware, medical devices) |  |
| LOCAL ENVIRONMENT FACTORS   * (e.g. staffing, lighting, culture) |  |
| INSTITUTIONAL FACTORS |  |
| OTHER FACTORS |  |

1. Action plan?

Start, Stop, Continue Planning\*

\*Translate the above ideas into 2 ideas for each of the questions below.

| Action | Answers |
| --- | --- |
| **START:**  What are 2 things we can commit to START doing? |  |
| **STOP:**  What are 2 things we can commit STOP doing? |  |
| **CONTINUE:**  What are 2 things we can commit to CONTINUE doing |  |

Attendees:

Date Completed: