

Review a minimum of **5** and a maximum of **10** medical records.

## Focus:

For this review, focus on the review of randomly selected charts of inpatients (e.g., last 5) who had a diagnosis of a CLABSI made while an inpatient. Do not include patients who were admitted with a diagnosis of a CLABSI.

## Instructions:

When reviewing the medical record, if documentation is found for the process, mark “**Yes**” in the box. If documentation is not found for the process, mark “**No**”. If the process being reviewed is not applicable to the medical record, mark “**N/A**”. After completing the review of all records, note the rows with the highest number of “**No**” responses. This will identify priority focus areas for improvement.

**Note:** Do not spend more than 20-30 minutes per medical record.

**SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE:** Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

**[CLICK HERE TO SUBMIT YOUR FINDINGS](#)**

# CLABSI Process Improvement Discovery Tool

<b>Medical Records #</b>										
<b>(INSERTION) The patient had:</b>										
An order to insert a central line										
A hospital-defined evidence-based clinical indication for a central line										
Documentation that the central line was inserted using maximum sterile technique <i>(i.e., mask, cap, sterile gown by all involved in procedure; full-body sterile drape during insertion)</i>										
Catheter placed in site other than the femoral vein										
A non-sutured securement device utilized										
<b>(MAINTENANCE) The patient had documentation of:</b>										
Assessment and documentation for the clinical necessity for continued use of central line per hospital policy <i>(e.g., daily or every shift)</i>										
Assessment of insertion site is assessed <i>(e.g., dressing intact, no signs of inflammation)</i> per hospital policy <i>(e.g., daily or every shift)</i>										
Patency of all central line lumens										
If daily chlorhexidine gluconate (CHG) bathing is an established practice in the unit where patient was housed <i>(note N/A if not an established practice in your hospital)</i>										
There is evidence that patient and/or family was educated about risks associated with a central line that is no longer clinically indicated										
<b>(BLOOD CULTURE COLLECTION) The patient had:</b>										
Blood drawn from two different peripheral sites, not the central line <i>(lab result should indicate the source of the blood sample)</i>										
Other (specify):										

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