

2007 – Central Line Associated Bloodstream Infection Rates

The “Central Line Associated Bloodstream Infection Rate” refers to the number of infections per 1000 central line days. Lower rates are better. Data is presented by hospital for intensive care unit patients with central lines. This measure was developed by the national Centers for Disease Control and Prevention (CDC).

What is a “central line”?

A “central line” is a flexible tube that is inserted near the patient’s heart or into one of the large veins or arteries. A central line can be used to give fluids, measure the amount of fluid in the body, or to give medications. Because of where it is located, it can cause potentially dangerous bloodstream infections.

What is a “central line day”?

“Central line days” are the total number of days a central line is in place for patients in Intensive Care Units. The count is performed each day; each patient with one or more central lines at the time the count is performed is counted as one central line day.

What is an “intensive care unit”?

ICU's are hospital units that provide intensive observation and treatment for patients either dealing with, or at risk of developing, life threatening problems. Intensive care units are described by the types of patients in them; smaller hospitals typically care for both medical and surgical patients in a combined medical/surgical ICU, while larger hospitals have a separate ICU for medical patients and surgical patients.

What if my hospital isn’t listed?

For this report, hospitals collected Central Line Associated Bloodstream Infection Rates for patients in intensive care units. If you are unable to find your hospital, it is because the hospital doesn’t have a unit that meets the CDC definition of an ICU, or because the hospital had fewer than 25 central line days during the November 1, 2006 through April 30, 2007 reporting period. Those hospitals did not have to report the measure.

Are there any considerations I should be aware of when reviewing the data?

Yes, be careful when drawing conclusions from this information. For example, age, underlying diseases, or severity of illness are factors that can influence a patient’s risk for infection. Hospitals that treat patients at greater risk of infection would be expected to have higher rates.

No single source of information can be used to determine overall quality of care in a hospital. Consumers should review the data presented here and other sources of information, and talk with their physicians, hospitals, family and friends, to decide where to receive care.

What are the results?

See tables below.

Central Line Associated Bloodstream (CLAB) Infection Rates

The Central Line Associated Bloodstream Infection Rate is the number of infections per 1,000 central line days. **Lower rates are better.** Results are presented separately for each type of Intensive Care Unit or “ICU” (Combined Medical/Surgical ICU; Medical ICU; Surgical ICU). “NHSN Hospitals” refers to the hospitals across the country that reported data to the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) Database.

There are three categories summarizing how a Vermont hospital compares to the CLAB Infection Rate for NHSN hospitals:

The hospital can have a **lower (better)** infection rate than the national average for hospitals reporting to NHSN.

The hospital can have an infection rate that is **similar** to the national average for hospitals reporting to

NHSN.

The hospital can have an infection rate that is **higher (worse than)** the national average for hospitals reporting to NHSN.

Keep in mind that a hospital's infection rate is only one thing to consider when choosing where to get your care. The advice of your physician, the hospital's and specialist's experience with the type of care you need, and other factors unique to your situation should be considered as well. Small numbers of infections and patients may distort reported performance. Be careful when drawing conclusions from this information.

**Central Line Associated Bloodstream (CLAB) Infection Rates in COMBINED MEDICAL/SURGICAL ICU
November 1, 2006 through April 30, 2007**

Hospital	Number of Infections	Number of Central Line Days	CLAB Infection Rate (per 1,000 central line days)	CLAB Infection Rate* (*Compared with NHSN Hospitals in U.S.)
Brattleboro Memorial Hospital	0	146	0	Similar to national average
Central Vermont Medical Center	0	288	0	Similar to national average
North Country Hospital	0	104	0	Similar to national average
Rutland Regional Medical Center	1	846	1.2	Similar to national average
Southwestern Vermont Medical Ctr.	1	269	3.7	Similar to national average
Springfield Hospital	0	72	0	Similar to national average
All NHSN Hospitals excluding major teaching hospitals (national average for calendar year 2006)	431	198,551	2.2	--

**Central Line Associated Bloodstream (CLAB) Infection Rates in MEDICAL ICU
November 1, 2006 through April 30, 2007**

Hospital	Number of Infections	Number of Central Line Days	CLAB Infection Rate (per 1,000 central line days)	CLAB Infection Rate* (*Compared with NHSN Hospitals in U.S.)
Fletcher Allen Health Care	2	2164	0.9	Similar to national average
All NHSN Hospitals excluding major teaching hospitals (national average for calendar year 2006)	489	170,719	2.9	--

**Central Line Associated Bloodstream (CLAB) Infection Rates in SURGICAL ICU
November 1, 2006 through April 30, 2007**

Hospital	Number of Infections	Number of Central Line Days	CLAB Infection Rate (per 1,000 central line days)	CLAB Infection Rate* (*Compared with NHSN Hospitals in U.S.)
Fletcher Allen Health Care	3	2188	1.4	Similar to national average
All NHSN Hospitals excluding major teaching hospitals (national average for calendar year 2006)	378	137,484	2.7	--

For more details about the measures above, click here for the [Technical Guide](#).

*** A footnote about CLAB infection rate comparisons with NHSN hospitals in the U.S:**

Vermont hospitals' infection rates can appear to be lower or higher than the national average, but when statistical testing is done they are found to be "similar to the national average." One of the biggest reasons is that Vermont hospitals have small numbers of central line days compared to all NHSN hospitals. A single infection can result in a rate that is higher than the national average. Similarly, it is hard to draw conclusions from a report of zero infections when there are low numbers of central line days.