

INSTRUCTIONS

Implementation Measurement

What is this tool? The purpose of the implementation measurement tool is to provide a format in which you can determine if best practice processes are successful in your organization. The example provided can be adapted to other practices as well.

Who are the target audiences? The quality officer will be the primary individual to work with this tool to assess the effectiveness of implemented practices, but it also should be used by the entire improvement project team.

How can the tool help you? The Implementation Measurement Tool will help you determine the effectiveness of your implemented practices and if your team needs to change any practices. As part of the Plan-Do-Study-Act (PDSA) cycle, studying your results will help your team determine if improvements are successful. Without studying the results of change implementation, your team cannot determine if the changes are successful.

How does this tool relate to others? This tool should be used with the other tools found in the Implementing Improvements section of the toolkit (section D).

Instructions

Use this tool as an example of an implementation measurement tool. Evidence-based standards and best practices should be used in developing the questions.

Catheter-Related Bloodstream Infection Prevention Measurement Tool Element Clarifications

Section A

- A.1. Create a unique number that can be used to track your cases. This unique identifier will relate to the insertion of a central line, not a patient.
- A.3. Indicate if the cart was pulled into the room or brought within close proximity of the room for use. This information may be found on an insertion checklist.
- A.5. “The purpose of the time-out is to conduct a final assessment that the correct [patient], site, and procedure are identified.... During a time-out, activities are suspended to the extent possible so that team members can focus on active confirmation of the [patient], site, and procedure. A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved....” Excerpted from Joint Commission Perspectives® 2009 Oct;29(10):31. Available at: <http://www.jcrinc.com/common/PDFs/fpdfs/pubs/pdfs/JCReqs/JCP-10-09-S1.pdf>.
- A.6. This information could be found on an insertion check list in the medical record. Indicate which sterile technique precautions were used by the provider inserting the catheter and the person assisting in insertion. If specific sterile precautions were not documented, but a general statement indicates that precautions were used, then check “Use of sterile precautions/technique without specific interventions documented.”
- A.7. This information should be available on an insertion record. If no documentation can be found of skin antiseptics used during insertion, indicate “none of the above.” If “chlorhexidine” or “not tracking” is answered, skip question A7a. If you choose “Other,” you must specify why.
- A.7a. Only answer this question if “chlorhexidine” was NOT answered for question A.7. Indicate the reason chlorhexidine was not used. If you choose “Other,” you must specify why.
- A.8. Choose the site of entry for the central line. If you choose “Other,” you must specify a location that is not available in the above list. Do not select “Other” if an existing category applies. If “subclavian” or “not tracking” is answered, then do not answer question A8a.
- A.8a. Only answer this question if “subclavian” or “not tracking” was NOT answered for question A.8. Indicate the reason the subclavian site was not chosen for insertion. If you choose “Other,” you must specify why. If “physician discretion” is chosen, there must be documentation in the medical record. There must be documentation in the medical record as to reasons for selecting a specific vessel.
- A.9. Indicate what type of dressing was used to cover the central line site. If “Other” is checked, specify an answer.
- A.9a. Only answer this question if “transparent” or “not tracking” was NOT answered for question A.9. Indicate the reason a transparent dressing was not used. If you choose “Other,” you must specify why.
- A.10. For each central line insertion, indicate if an x ray was done to verify placement before central line use.
- A.11. For each central line insertion, indicate if the central line checklist was used during the procedure. The checklist can be found in the medical record. It is also acceptable if the checklist is saved for quality purposes.

Section B

- B.1. For this question, indicate if there is documentation of assessment of central line need and if the central line site was assessed. Day 1 will refer to the day after the central line was inserted. The date entered for “Day 1” in the question should be one day after the date entered in question A2. If the central line was discontinued anytime after insertion, then indicate “no central line present” in the appropriate box.

Catheter-Related Bloodstream Infection Prevention Measurement Tool

A. Central Line Insertion

1. Unique identifier: _____
2. Line insertion date:
Date of line insertion: __/__/____ (mm/dd/yyyy) Unknown/not documented
3. Is there documentation that a central line insertion cart was used for insertion?
 Yes
 No/unknown
 Not tracking
4. Is there documentation that consent was obtained prior to insertion?
 Yes
 No/unknown
 Not tracking
5. Is there documentation that a timeout was performed prior to insertion?
 Yes
 No/unknown
 Not tracking
6. Is there documentation in the medical record that any of the following sterile precautions were used during insertion of the central line? **(Check all that apply.)**
 Hand washing before procedure by person inserting and person assisting in inserting the line
 Sterile gloves worn by person inserting and person assisting in inserting the line
 Sterile gown worn by person inserting and person assisting in inserting the line
 Cap worn by person inserting and person assisting in inserting the line
 Mask worn by person inserting and person assisting in inserting the line
 Full body drape to cover the patient
 Use of sterile precautions/technique without specific interventions documented
 None of the above/unknown
 Not tracking
7. Indicate which of the following skin prep was used for central line insertion:
 Chlorhexidine (skip to question 8) Skin hygiene documented, agent unknown
 Betadine (iodine) Other (specify) _____
 Alcohol None of the above/unknown
 Not tracking (skip to question 8)
- 7a. Indicate reason chlorhexidine was not used:
 Patient allergy to chlorhexidine
 Other (specify) _____
 No reason indicated
8. Site of insertion: **(check one)**
 Subclavian (skip to question 9) Unknown/undocumented
 Internal jugular Other (specify) _____
 Femoral Not tracking (skip to question 9)

8a. Indicate reason subclavian not used:

- Physician discretion
- Other (specify) _____
- No reason indicated

9. Indicate which type of dressing was used: (check one)

- Transparent (skip to question 10)
- Gauze
- Other (specify) _____
- None of the above/unknown
- Not tracking (skip to question 10)

9a. Indicate reason a transparent dressing was not used:

- Site oozing/bleeding
- Patient diaphoretic
- Other (specify) _____
- No reason indicated

10. Is there documentation of a followup x ray completed to verify placement?

- Yes
- No/unknown
- Not tracking

11. Is there documentation of a central line insertion checklist used for insertion?

- Yes
- No/unknown
- Not tracking

B. Central Line Days

1. Indicate if the central line was assessed for need and the central line site was inspected everyday for up to 5 days after insertion:

Day	Date				
1	__/__/__	<input type="checkbox"/> No central line present	<input type="checkbox"/> Assessment of need	<input type="checkbox"/> Site inspected	<input type="checkbox"/> Neither
2	__/__/__	<input type="checkbox"/> No central line present	<input type="checkbox"/> Assessment of need	<input type="checkbox"/> Site inspected	<input type="checkbox"/> Neither
3	__/__/__	<input type="checkbox"/> No central line present	<input type="checkbox"/> Assessment of need	<input type="checkbox"/> Site inspected	<input type="checkbox"/> Neither
4	__/__/__	<input type="checkbox"/> No central line present	<input type="checkbox"/> Assessment of need	<input type="checkbox"/> Site inspected	<input type="checkbox"/> Neither
5	__/__/__	<input type="checkbox"/> No central line present	<input type="checkbox"/> Assessment of need	<input type="checkbox"/> Site inspected	<input type="checkbox"/> Neither