Ventilator Associated Pneumonia Central Line Infection and the Critical Care Information System

Frequently Asked Questions

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How can hospitals ensure consistent and reliable data collection and entry?

- Expert users at each hospital are provided with training on the CCIS during implementation at each hospital. Ongoing refresher training is also available with the release of each version of CCIS and on a monthly basis.

- Bi- monthly demonstration of entering data into CCIS provided to all hospital CCIS users.

- The training programs take 1 – 2 hours to complete and includes:
  - Review of data elements and definition – including VAP and CLI
  - Review of CCIS Data Collection Policy Guide (available on CCIS website)
  - FAQ's addressed
  - Tips for consistent and reliable data entry

- A formal audit is planned CCIS for late Spring/Summer 2009.

What resources are available to hospitals to assist in ensuring consistent and reliable data entry?

- Data Completeness Review is conducted at the end of CCIS implementation at each hospital.
  - Purpose:
    - Determines whether the information entered into the CCIS accurately captures details about a patient's critical care stay – including information on VAP and CLI
    - Identifies areas which require additional training support for consistent and reliable data entry
- Site Self Assessment tool is provided to each site for continuous data quality checks – ensure accuracy in data collection
- VAP and CLI checklist to support data entry
- Technical support for CCIS ccisfeedback@uhn.on.ca
- Training support for CCIS ccistraining@criticall.org
- CCIS website https://www.ccis-criticall.ca

How will CLI and VAP rates be calculated?

- The number of cases with central line BSI per 1,000 central line days
  - **CLI Rate** = (Number of CLI Incidents Diagnosed within the Entity/ Number of Central Line Days) x 1000
    - Any patient admitted to the unit with an existing Central Line Infection will be excluded from the CLI rate
- The number of cases with VAP per 1,000 mechanically invasive ventilation days
  - **VAP Rate** = (Number of VAP incidents Diagnosed within the Entity / Number of Mechanically Invasive Ventilated Days) x 1000
    - Any patient with a recorded incident of VAP within the first two calendar days of admission will be excluded

What happens if a patient is discharged from the critical care unit with a central line?

- There is no requirement to follow patients after discharge from a critical care unit to other non-critical areas of the hospital (example general ward).

HOWEVER

- Patients with a positive blood culture for BSI determined after discharge *but* on blood drawn prior to critical care unit discharge should be reviewed against other CLI diagnosis criteria

- If the line as already been removed and greater than 48hrs later a BSI is detected, there should be very compelling evidence that the infection is related to the central line and not another source

What role does a physician working in the critical care unit play in VAP and CLI diagnosis?

- By definition, the physician is the final authority on the diagnosis of VAP and CLI.
    - Multi-disciplinary involvement in assessing the criteria and making the determination of VAP and CLI is recommended.

How long do hospitals have to update the CCIS regarding VAP and CLI?

- Currently the data collection policy allows hospitals 7 days after a patient has been discharged from the critical care unit to make changes to the information entered about VAP and CLI