


Using administrative data linkages to identify missing CLABSI cases

USING ADMINISTRATIVE
DATA LINKAGES TO
IDENTIFY MISSING
CLABSI CASES

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AGENDA

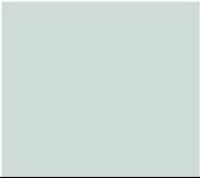

Introduction to Issue

Hypotheses

Methods

Results


Lessons Learned



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INTRODUCTION TO ISSUE

◦ Surveillance performed on hospital-acquired central line-associated blood stream infections (CLABSIs) in the ICU

◦ CLABSI rate = (# CLABSI cases / # central line-days) x 1000

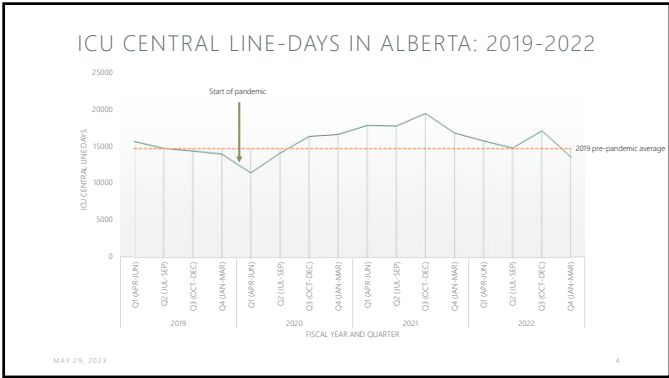
◦ Significant increases in ICU capacity and central line-days during the COVID-19 pandemic

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HYPOTHESES

Completeness, accuracy, and timeliness of CLABSI surveillance data affected due to pandemic pressures

CLABSI **rates increased** throughout the pandemic due to an increase in central line-days and ICU capacity

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AHS IPC CLABSI DEFINITION

A laboratory-confirmed blood stream infection (BSI) where:

A central line or umbilical catheter was in place for **more than two calendar days**, following the first access of the central line, with day of device placement being Day 1

AND

The date of the positive blood culture was in an **inpatient** location, and during the current admission

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METHODS: ADMIN DATA LINKAGES

• Provincial laboratory data: all inpatient positive blood cultures

• ICU central line-day data

• Existing cases in surveillance platform

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METHODS:
LINKED DATA

Perfect Match

Close Match

No Match

Not in Surveillance Platform

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RESULTS

1,527 positive blood cultures
January 2020-March 2022

264 matching surveillance records
592 collected <3 days following line insertion

671 records for Analyst preliminary review

Excluded 593 non-CLABSI records

- Microbiology naming conventions
- BS secondary to another site
- Only 1 common commensal
- Blood culture present before ICU admit

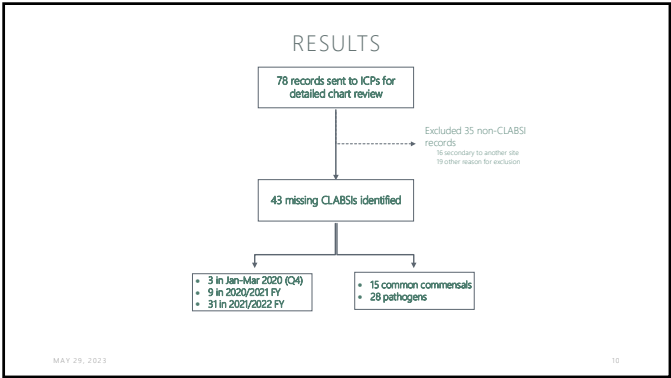
78 records sent to ICUs for detailed chart review

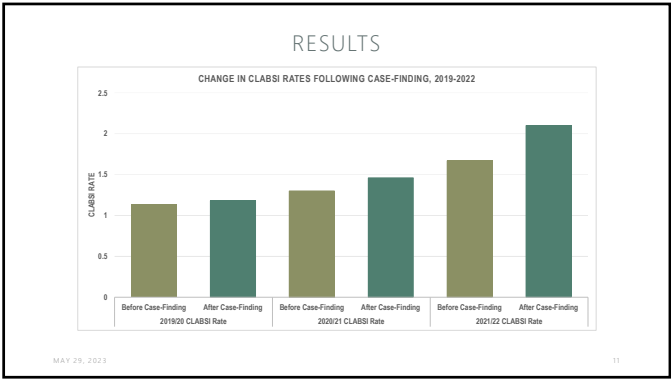
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THANK YOU

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