



TargetBSI.com: FAQs with the DICON Team

1. Based on the DICON experience, how confident can we be (or what is the estimated probability) that an educational session will improve catheter outcomes?

Answer: The DICON presentation “Central Line-Associated Bloodstream Infections (CLABSI) – Education and Community Hospitals” references approximately six (6) studies that demonstrate the effectiveness of education in the reduction of CLABSIs. DICON’s web based training courses on Insertion of Central Catheters and Care and Maintenance of Central Catheters provides practitioners with evidence based skills and tools to care for patients that require these invasive devices. Based on our experience and the published data, we feel very confident that education can and does improve catheter outcomes.

2. NPSG 7.04 requires an annual education program on CLABSI. Is this part of the DICON program? Based on the DICON experience should an educational review be annual - or more often?

Answer: The NPSG 7.04 requires that “hospitals educate healthcare workers who are involved in these procedures [central line insertion] about central line-associated bloodstream infections and the importance of prevention. Education occurs upon hire, annually thereafter and when involvement in these procedures is added to an individual’s job description”. All of these requirements are met by the DICON program. Both of the DICON web based training programs provide education on adverse outcomes of CVC including frequency of infections, attributable mortality and cost. DICON recommends that education be provided at time of initial orientation and no less than annually to demonstrate competency. This timeframe allows for practitioners to remain up to date with the latest information while not overburdening them with information overload.

3. How do the CLABSI prevention needs in community hospitals differ from larger health centers, especially academic medical centers?

Answer: DICON does not necessarily believe that the prevention needs are different. The evidence based practices discussed in our courses apply to all settings and if used consistently can make a difference in all healthcare settings. What may be different based on size and types of healthcare facility are:

- Available resources to collect and analyze data - A key issue
- Ability to gain medical staff support and commitment
- “Small numbers” effect on interpretation of rates and improvement opportunities
- Some procedures (PICC line insertion) may be outsourced with less input from infection prevention

4. Based on the DICON experience, does every hospital need to develop an individual checklist? Or can/should the insertion checklist be standardized to better support best practices?

Answer: DICON supports a standardized checklist to be used throughout hospitals that at a minimum, contains all elements of the IHI Central –line Insertion Bundle. Individual hospitals may wish to add additional components to the checklist as is appropriate. For example, facilities within the DICON network have customized the use of the standard DICON checklist (i.e., as a performance improvement tool or a physician procedure note) but the elements are consistent. It is also important to make sure any “outsourcing” groups that may insert PICC lines or other central lines are using the same standardized checklist.

5. Do the DICON training modules for physicians and nurses target HCWs in critical care only - or are they suitable for other areas of the hospital as well?

Answer: The DICON training modules were specifically developed for healthcare workers inserting or caring for central lines in any location throughout the facility.

6. What are the key educational concepts or objectives addressed in the DICON training program for nurses? Are these evidence based?

Answer: The key educational concepts include:

- Assist in the placement of central venous catheters.
- Employ appropriate catheter care once the catheter is inserted.
- Identify and manage complications associated with central line insertion efficiently and quickly.
- Recognize when to remove the CVC.

All of the concepts and educational materials are evidenced based. Reference materials were used from multiple organizations expert in central line insertion/care and maintenance and CLABSI prevention and are cited in each of the modules.

7. Is physician participation in the training modules focused on residents? Can/do attending physicians in non teaching hospitals participate? How does the DICON program reach out to physicians who are not employed by the hospital?

Answer: A large number of medical centers have made the DICON “Central Line Insertion” module mandatory for residents prior to their insertion of central lines. While somewhat more difficult, the course can and should be used to demonstrate competency for all physicians performing this procedure. In fact, other hospitals have made completion of the DICON program a necessary component for credentialing and re-credentialing of staff. DICON supports the identification of a physician champion or leader in each facility to take the module and then discuss its value and importance with other members of the medical staff. Finally, a number of

our network hospitals are now requiring the “Care and Maintenance Course” module for all nurses that work with central venous catheters.

8. How does DICON respond to the traditional *See One, Do One, Teach One* approach to training? Is this a valid educational method for addressing the competency based educational needs of today's HCW?

Answer: DICON believes that a strong and fundamental educational foundation must be formed based on sound evidence based practices. Both of the DICON web based training modules provide this foundation. Unfortunately the “See one, do one, teach one” approach most often does not include the key elements designed to ensure patient safety and quality outcomes and should be replaced by the improved processes that are inevitably a result of implementing bundles and best practices.

9. What additional educational resources would you recommend to clinicians in support of the CLABSI prevention program?

Answer: DICON recommends that all healthcare workers who participate in the care of patients with central lines utilize all of the resource material available to improve their knowledge and skills. This would include all of the references cited in our educational modules.

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