STANDARDIZING PRACTICE BY DESIGN.
# Facts About CLABSI: Causes, Cost and Outcomes

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<tr>
<th><strong>250,000</strong></th>
<th><strong>12-25%</strong></th>
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<td>Estimated number of CLABSI that occur in the U.S. each year(^1)</td>
<td>Mortality rates associated with CLABSI(^2)</td>
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<th><strong>5 DAYS</strong></th>
<th><strong>$46,000</strong></th>
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<td>The majority of CLABSI occur more than 5 days after insertion(^3,4)</td>
<td>CLABSI is the most costly HAI per case(^5)</td>
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<th><strong>0%</strong></th>
<th><strong>65%–70%</strong></th>
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<td>CMS reimbursement for CLABSI(^6)</td>
<td>Of CLABSI are preventable with current evidence-based practices(^3)</td>
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Most BSIs Happen After Insertion.\textsuperscript{1,3,4}

There are numerous guidelines for preventing central line-associated bloodstream infections (CLABSIs). Their primary focus: catheter insertion. But that’s only one small piece, a single point in time. Most complications occur after placement.\textsuperscript{1,3,4} Why? Because every line access, every dressing change is an opportunity for microbes to invade the patient’s body.

So the questions to ask yourself are:

1. How are we managing our catheter maintenance procedures?

2. Are CLABSI protocols consistently followed? Have we had practice drift?

3. Is there variance from nurse to nurse?

4. How often are we reviewing central line care and maintenance with staff? Upon hire? Once a year?

5. Do we have a formal program for education and competency verification?

Multiple studies demonstrate that catheter maintenance bundles help improve infection rates.\textsuperscript{1,3}
Tackling Bloodstream Infections.

Without a program intentionally designed to standardize practice and eliminate variance, you likely won’t achieve your CLABSI prevention goals.

Our experts consulted with clinicians nationwide to develop an effective, easy-to-adopt process grounded in best practice. It combines clinical thinking with product and educational resources to drive sustainable practice change.
Make the Right Way the Only Way.

Our catheter maintenance bundles help standardize best practices for post-insertion care—and reduce CLABSI risk factors.

### Overview of ERASE BSI Bundles

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<th><strong>LINE ACCESS BUNDLE</strong></th>
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<tr>
<td>The Line Access Bundle uses the proven efficacy of SwabFlush® and SwabCap® to ensure caregivers thoroughly disinfect catheter ports before every access—every time.</td>
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<th><strong>DRESSING CHANGE BUNDLE</strong></th>
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<td>The Dressing Change Bundle introduces a systematic method to facilitate aseptic technique and minimize practice variance.</td>
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- Risk assessments help identify areas for improvement and allow the bundles to be customized to your facility’s specific needs, protocols and products.

- **Products to Support Practice**
  - Dressing Change System
    - Components sequenced to minimize contamination risk
    - Natural left-to-right flow with visual cues
    - Procedure-specific and customizable

- **Education to Reinforce Behavior Change**
  - Continuing Education
  - On-Site Training

- **Products to Support Practice**
  - SwabFlush pre-filled syringe with SwabCap
  - SwabCap valve disinfection cap
  - Line Access Kit

- **Education to Reinforce Behavior Change**
  - SwabCap Compliance Program

- Outcomes reporting provides you with data to help monitor, measure, report and sustain results.
PUTTING FIRST THINGS FIRST.

You told us that your biggest concern is dressing application and removal. Specifically how to make sure staff consistently use aseptic technique and reduce variation in practice.

We worked closely with clinical experts to design intuitive systems that guide nurses step by step through sterile dressing changes. From removal to application, each system (CVC, PICC, IJ) contains everything you need and can be completely customized. Components are organized in order of use, helping minimize the risk for contamination. Visual cues ensure caregivers routinely follow aseptic technique.
SHEA/IDSA suggest incorporating visual cues as reminders for proper procedures.6

We’ve placed the removal components outside of the sterile field to avoid cross contamination. And included sterile gloves and hand sanitizer for the application procedure.

APPLICATION
Gloves + Antiseptic

REMOVAL
Mask + Gloves + Antiseptic

Tape Strips + Gauze + Saline Syringe

Adhesive Dressing

Procedure-specific and customized with your preferred products

1. Apply dressing
2. Initial and date

EXTRA ITEMS
Hospitals using cap/flush technology significantly increased compliance with hub disinfection. Implementation of this technology was also associated with a decrease in CLABSI facility-wide.

START CLEAN. STAY CLEAN.

It seems simple: scrub the hub for at least 15 seconds with an appropriate antiseptic. But like dressing changes, there are nurse-to-nurse variations, technique differences and the potential for touch contamination.

To help reduce practice variance, we developed the Line Access Kit. It has everything needed to deliver medication at the bedside. And builds on the proven effectiveness of SwabFlush® with SwabCap® to standardize disinfection technique.

Hub manipulation is the most common source of infection in long-term catheters. SHEA/IDSA recommend using an antiseptic-containing hub/connector cap/port protector to cover connectors.

Hospitals using cap/flush technology significantly increased compliance with hub disinfection. Implementation of this technology was also associated with a decrease in CLABSI facility-wide.
LINE ACCESS KIT

» Ensures nurses have necessary components at the bedside
» Can be tailored to your protocols and product preferences

+ Pre-filled syringe
First saline flush to establish catheter patency.

+ Alcohol prep pads
Alcohol pad used before attaching medication syringe and before the final flush.

+ SwabFlush pre-filled syringe with SwabCap
Last saline flush used to push medication in and prevent mixing of drugs.
  » Offers clinicians the convenience of having SwabCap ready when needed

+ SwabCap
  » SwabCap w/70% IPA disinfects valve in 5 minutes
  » Keeps valve surface disinfected for up to 7 days if not removed
  » Acts as a physical barrier to contamination
  » No swabbing after removal

SwabFlush Process
1. FLUSH.
2. PEEL.
3. PUSH & TWIST.
4. PROTECT.
THE KNOWLEDGE TO SUCCEED.

Ongoing results are possible only when best practices are systematically and reliably delivered. Our education offerings actively reinforce clinical protocols, helping ingrain them in your staff. Courses evolve to keep you on top of the most current standards. And can be customized to your facility’s exact needs.

**Online Education**

Medline University gives you and your staff 24/7 access to a growing list of BSI courses, including four CEs.*

- **IV Therapy: Best Practice for Nurses** – Describes patient-centered considerations for placement, securement and maintenance.
- **Introduction to Central Venous Catheters (CVCs)** – Reviews various CVCs, indications for use and evidence-based protocols.
- **CLABSI: The Basics of Central Line-Associated BSIs** – Discusses the causes and effects of CLABSI, best practices for prevention and the importance of surveillance
- **Sepsis** – Defines the disease and explains CMS core measures, including bundles.

**Onsite Training**

These brief in-services help keep staff current on the latest best practices for dressing change and line access protocols. Our clinical specialists conduct sessions during program implementation and by request.

- **SwabCap Compliance Program** – Provides product education and training, compliance checks and utilization reports, ensuring staff engagement and commitment to success.

*Approved as continuing education contact hours by the Florida Board of Nursing and the California Board of Registered Nursing.
References:
In the areas of readmission reduction, infection prevention, skin care and diabetes management, Medline offers teams of scientists, nurses and Ph.D.’s who understand today’s healthcare challenges. These experts conduct detailed analysis, recommend solutions and monitor implementation and results, with an emphasis on standardization of care.

This approach is reinforced by the industry’s broadest line of high-quality products and supported by an education program that goes beyond the basics of care to address challenges such as leadership, communication and onboarding.

**Our solutions include:**

- **Education:** Our courses cover the basics of care and teach teamwork, leadership and how to implement change.
- **Products:** Our clinically-proven* products provide breadth and depth across the continuum of care.
- **Outcomes:** Our useful tools ensure that learnings get applied to practice and help track results.

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**Our expertise:**

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**“Central line-associated bloodstream infections (CLABSIs) are serious but preventable when you understand the mechanism of why they happened and implement evidence-based protocols to combat them. By bundling care practices and products together, our ERASE BSI solution helps caregivers intuitively remember and consistently use evidence-based protocols for lowering infection rates.”**

Martie Moore, RN, MAOM, CPHQ and chief nursing officer at Medline Industries, Inc.

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Some products may not be available for sale in Mexico or Canada. We reserve the right to correct any errors that may occur within this brochure.

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* Contact Medline Industries, Inc. for data related to this line of products.