

GLOSSARY

aseptic technique A type of technique used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient; accomplished through practices that maintain the microbe count at an irreducible minimum.^{1*} Also called *sterile technique*.

attributable costs Costs that would not have occurred in the absence of the infection or complication of interest.² Examples include costs associated with additional days as an inpatient (for example, antibiotics, laboratory tests, supplies) to diagnose and treat the infection.

biofilm Microorganisms living in a self-organized, cooperative community attached to surfaces, interfaces, or each other, embedded in a matrix of extracellular polymeric substances of microbial origin. Biofilms may be composed of bacteria, fungi, algae, protozoa, viruses, or infinite combinations of these microorganisms. The qualitative characteristics of a biofilm (such as population density, thickness, chemical composition, consistency, and other materials in the matrix that are not produced by the biofilm microorganisms) are controlled by the physicochemical environment in which it exists.³ Biofilm formation is a precursor to the development of vascular-access-related bloodstream infections.⁴

bundles Groupings of evidence-based practices with respect to a disease process, device, or procedure that individually improve care but when applied together result in substantially greater improvement. The science supporting the bundle components is sufficiently established to be considered standard of care.^{5*}

business case analysis A type of cost analysis performed from the perspective of a business.²

catheter-related bloodstream infection (CRBSI) A rigorous clinical definition that is used in diagnosing and treating patients; it requires specific laboratory testing to identify the catheter as the source of the bloodstream infection, such as culturing the catheter tip or using more elaborate methods such as time-to-positivity.^{6*}

central venous catheter (CVC) An intravascular venous catheter that terminates at or close to the right side of the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring. The following are considered great vessels for the purpose of reporting central-line bloodstream infections and counting central line–days in the National Healthcare Safety Network system: aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, common iliac veins, femoral veins, and in neonates, the umbilical artery/vein.^{7*} (*Note:* Further details associated with this definition appear in the US CDC module from which it is adapted; see end-note for full source listing, including web link.) Also called *central line*.

central line–associated bloodstream infection (CLABSI) Primary bloodstream infection in the presence of a central line or umbilical catheter at the time of, or within 48 hours before, onset of the infection, with no other source of infection evident other than the catheter. There is no minimum period of time that the central line must be in place in order for the bloodstream infection to be considered central line associated.^{7*} (This is a definition used in surveillance for CVC-related bloodstream infections, not a clinical definition.)

clean technique A set of practices to *reduce* the overall number of microorganisms present and to minimize the risk of transmission from the environment or health care personnel to the patient. In clean technique, hand hygiene is performed, and clean (rather than sterile) gloves are used. Efforts are made to prevent direct contamination of supplies and materials. Routine cleaning of the patient's environment is done.^{1*} Clean technique does not eliminate all microorganism or spores.

colonization The presence of microorganisms on skin, on mucous membranes, in open wounds, or in excretions or secretions that are not causing clinical signs or symptoms.^{8*}

* Adapted from original source.

direct costs Costs associated with a particular product, procedure, or service that can be traced directly to that product, procedure, or service.⁹ Examples include salaries of nursing staff caring for the patient with a CLABSI or salaries for infection prevention staff who identify and analyze the data associated with the infection.

endogenous sources of HAIs Body sites, such as skin, mouth, nose, gastrointestinal tract, or vagina that are normally inhabited by microorganisms.^{8*}

exogenous sources of HAIs Sites external to the patient, such as health care personnel, visitors, patient care equipment, medical devices, or the health care environment.^{8*}

fixed costs Daily operating costs, such as buildings, equipment, and staff salaries. These costs do not vary based on patient volume. It is estimated that more than 80% of hospital costs are fixed.²

hand hygiene A general term that applies to any one of the following: hand washing with (1) plain (non-antimicrobial) soap and water; (2) antiseptic hand wash (soap containing antiseptic agents and water); or (3) antiseptic hand rub antiseptic product, most often alcohol-based, rubbed on all surfaces of hands.^{10*}

health care–associated infection (HAI) An infection that develops in a patient who is cared for in any setting where health care is delivered (for example, acute care hospital, chronic care facility, ambulatory clinic, dialysis center, surgical center, home) and is related to receiving health care (that is, was not incubating or present at the time health care was initially provided). In ambulatory and home settings, HAI would apply to any infection that is associated with a medical or surgical intervention.^{10*}

health care personnel Defined broadly for the purposes of this monograph, all paid and unpaid persons working in health care settings who have the potential for exposure to patients and/or infectious materials. The full range of health care personnel work in a variety of settings, including acute care hospitals, long term care facilities, skilled nursing facilities, rehabilitation centers, physicians' offices, urgent care centers, outpatient clinics, home health care agencies, and emergency medical services. Some health care personnel provide direct patient care. Others, such as housekeepers, maintenance staff, vendors, volunteers, and

outside contractors, have jobs that may put them into close contact with patients or the patient environment.^{11*} (This definition of health care personnel is not applicable to The Joint Commission's standards and National Patient Safety Goals [NPSGs]. For the terms *staff* and *licensed independent practitioners*, which are used in the standards and NPSGs, see the glossary in The Joint Commission's *Comprehensive Accreditation Manuals*.)

infection preventionist (IP) A person whose primary training is in nursing, medical technology, microbiology, or epidemiology and who has acquired special training in infection prevention and control. Responsibilities may include collection, analysis, and feedback of infection data and trends to health care providers; consultation on infection risk assessment, prevention, and control strategies; performance of education and training activities; implementation of evidence-based infection control practices or practices mandated by regulatory and licensing agencies; application of epidemiologic principles to improve patient outcomes; evaluation of new products or procedures on patient outcomes; oversight of employee health services related to infection prevention; implementation of preparedness plans; communication within the health care setting, with local and state health departments, and with the community at large concerning infection control issues; and participation in research. Certification in infection control (CIC) is available through the Certification Board of Infection Control and Epidemiology (known as Infection Control Professionals prior to July 10, 2008).¹²

infusion The introduction of a solution through a blood vessel by way of a catheter lumen. This definition may include continuous infusions such as nutritional fluids or medications, or it may include intermittent infusions such as flushes or intravenous antimicrobial administration, or blood, in the case of transfusion or hemodialysis.^{7*}

laboratory-confirmed bloodstream infection (LCBI)
An infection that must meet one of the following criteria:

Criterion 1: Patient has a recognized pathogen cultured from one or more blood cultures and organism cultured from blood is not related to an infection at another site.

Criterion 2: Patient has at least one of the following signs or symptoms: fever (greater than 38°C [100.4°F]), chills, or hypotension and signs and symptoms and positive laboratory results are not related to an infection at another

* Adapted from original source.

site and common commensal (that is, diphtheroids [*Corynebacterium* spp. not *C. diphtheriae*], *Bacillus* spp. [not *B. anthracis*], *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions.

Criterion 3: Patient less than 1 year of age has at least one of the following signs or symptoms: fever (greater than 38°C [100.4°F] core) hypothermia (less than 36°C [86°F] core), apnea, or bradycardia and signs and symptoms and positive laboratory results are not related to an infection at another site and common skin commensal (i.e., diphtheroids [*Corynebacterium* spp. not *C. diphtheriae*], *Bacillus* spp. [not *B. anthracis*], *Propionibacterium* spp., coagulase-negative staphylococci [including *S. epidermidis*], viridans group streptococci, *Aerococcus* spp., *Micrococcus* spp.) is cultured from two or more blood cultures drawn on separate occasions.^{7*} (*Note:* Further details associated with this definition appear in the US CDC module from which it is adapted; see endnote for full source listing, including web link.)

maximal sterile barrier (MSB) precautions

Precautions that require the inserter to wear a cap, mask, sterile gown, and sterile gloves and use a sterile full body drape over the patient for the insertion of CVCs or guidewire exchanges.^{6*}

permanent central line A category of catheter that includes tunneled catheters, including certain dialysis catheters, and implanted catheters, including ports.^{7*}

primary bloodstream infections Laboratory-confirmed bloodstream infections that are not secondary to an HAI that meet criteria of the US Centers for Disease Control and Prevention or the National Healthcare Safety Network at another body site.^{7*}

sterile technique See aseptic technique.

surveillance A public health term that refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.¹³

temporary central line A nontunneled catheter.^{7*}

umbilical catheter A central vascular device inserted through the umbilical artery or vein in a neonate.^{7*}

variable costs Expenses that vary with volume. These costs may be dependent on the number of patients admitted or their length of stay. Variable costs include drugs, tests, supplies, and procedures.²

Source

The Joint Commission. *Preventing Central Line–Associated Bloodstream Infections: A Global Challenge, a Global Perspective*. Oak Brook, IL: Joint Commission Resources, May 2012. <http://www.PreventingCLABSIs.pdf>.

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