CLIP Information

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Website: http://www.cdph.ca.gov/services/boards/Pages/HAI_AC.aspx
Information contained her regarding SB 739 was gathered from communication with Sue Chen.

Questions	Response
Current clip form – is it the final version?	The CLIP form you have is the final form from NHSN, but is technically not yet available. The rules of how this will be applied are attached. While this just looks like the Subcommittee recommendation, it is being adopted essentially unchanged for the All Facilities Letter. You have the reporting 2 options. CDPH is waiting for hospitals to be able to download the form from the NHSN website.
The daily review of line necessity and enforcement	It is mandated, but will not be formally reported to CDPH and does not belong on the CLIP form as it is ongoing. Enforcement of this requirement will be by L&C surveyors who can ask to see evidence of compliance for this requirement. This requirement can be met by presenting at multidisciplinary ICU rounds, or the assessment can be left up to individual clinicians. The decision must be made by someone with the authority to order a line, meaning the RNs cannot fulfill this requirement. If the decision is made during multidisciplinary rounds, evidence of it must be retrievable for that surveyor, and it must occur every day that line is in place – no weekends off.
A lecturer at the SHEA meeting indicated NHSN had not designed a monitoring tool for the NICU	The NHSN monitoring tool for NICU would be for the outcome measure. CLIP is CLIP for all settings.
Do you have to wear a eye mask with a face shield in order to check the box?	If inserter wore either a Mask or a Mask with eye shield, the Mask/Eye shield box should be checked
Who has to report I found in Sue Chen's instructions that the minimal data submission requirements were limited "to one location in the healthcare institution for at least one calendar month." Does the plain meaning of this apply? Each hospital can satisfy the state by submitting one month's worth of data!?	While NHSN has relatively minimal reporting requirements (data x6/year per a submitted "plan"), that minimal data is really insufficient to accurately assess process integrity. Other states using NHSN require monthly reporting on BSIs, for example. CDPH will probably follow suit and say all central line insertions for ICUs monthly at least thru 2008. Beyond the subcommittee recommendation, I think that areas such as operating room and emergency department insertions should be scrutinized as those sites tend to be less controlled than ICUs, yet the receiving ICU will take credit for the infection should one occur.

Data collection choices	Because the CLIP subcommittee thought the data on the form was a little onerous to collect, they are recommending 2 options. 1) fill out all the asterisked data points on the form; or 2) fill out 6 data points on the form a. Occupation of the inserter b. Inserter performed hand hygiene prior to central line insertion c. Maximal sterile barrier precautions were used d. Skin preparation e. Insertion site f. Central Line type:, and independently monitor BSI outcomes on the said unit so that you can link processes to outcomes within NHSN. The second option would be because unless all data points are filled out in a reporting module, the module will not be saved or "count" towards meeting NHSN reporting requirements. If NHSN reporting requirements are not met, the facility will be disenrolled and thus out of compliance with the legislation
What ICUs are included in reporting requirements?	All ICUs including, adult, pediatric and NICUs within their facility.
With the requirement for daily assessment of line necessity, who must perform the assessment? Can it be an RN?	***No. It would read more clearly if the italicized words were added in: "All hospitals are required to develop and implement a process to ensure daily assessment of central line necessity*** *by a licensed caregiver* for all patients with central lines on units under surveillance and be able to present …" Licensed care giver is then defined. 1.Central line days are counted as one per patient. Documentation of assessment of line necessity will be similarly required as once per patient/day.
Does assessment of necessity need to be documented for each line in a patient?	Central line days are counted as one per patient. Documentation of assessment of line necessity will be similarly required as once per patient/day.
What do we need to do about our monthly "plan"?	Monthly Plan – may be zero for May and June if you wish. Starting in July, you must enter in plan either the CLIP module for all ICUs (if Option 1 is chosen) or BSI outcome measures for one ICU if Option 2 is chosen. Partial CLIP data must be entered for all ICUs, but will not contribute to compliance with NHSN requirements.
Do instructions in Attachment #3 supercede what is written in the actual AFL?	No; attachment 3 is the NHSN instructions regarding unit and frequency of monitoring. You must follow what is written into the body of the AFL, which is CLIP x 6 months in all ICUs. Further directions for monitoring will be forthcoming later in 2008.
What happens if a patient has their central line inserted in Radiology – do we have to fill out the CLIP form?	No. Only lines inserted in an ICU need be monitored. If most ICU patient lines are inserted in a different area, you may wish to consider monitoring that area as the infections will be credited to the ICU. The purpose is to validate good practices or find suboptimal processes and correct them.
Please use of MRN as primary ID, not secondary	To save confusion, please use the MRN as the primary, not secondary patient ID. This is because many hospitals were planning to use MRN anyhow, so the location will be standardized.