

Table of Central Line-Associated Bloodstream Infection Rates, by Type of Non-Intensive Care Unit, 2014^{1, 2, 3}
December 2, 2015 download of January 2014 - December 2014 NHSN data

3. Washington State 2014 reports for central line-associated bloodstream infections exclude cases reported in [NHSN](#) as “mucosal barrier injury” (MBI) bloodstream infections. These cases typically occur among highly immunocompromised patients where intestinal bacteria can enter the bloodstream through deterioration of the gastrointestinal tract (regardless of the presence of a central line), and may not be preventable as a device-associated infection (see 2013 HICPAC recommendations on public reporting of healthcare associated infections data: <http://www.ncbi.nlm.nih.gov/pubmed/24189597>).
4. Rates in parentheses “()” indicate [critical access hospital](#) unit rates. All critical access hospital unit rates are combined for a single categorical rate, then only compared against between other critical access hospitals. Unit level critical access hospital rates as reported by their NHSN designation are provided in this table, but not used for statistical comparison in those categories. Because critical access hospitals have a limited number of beds, their total number of line-days tend to be low; even one infection can therefore produce a seemingly high rate.
5. Details of oncology non-ICU infection rate by central line type are included in this table. By separating rates for both line types, the number of line-days in either subcategory can be very low, and a single infection may produce a seemingly high rate.

Hospital Notes:

6. Dayton General Hospital (Critical Access Hospital units) – Infection rate is due to one case during the year and a very small number of central line-days. The hospital reviewed the case and added nursing staff competencies for line maintenance.
7. Harborview Medical Center (Behavioral wards) – Infection rate is due to one infection during the year and a very low number of line days. This patient required long-term vascular access, with a central line in place for an extended period of time.
8. Highline Medical Center (Adult Post Critical Care units) - Infection rate is due to three infections during the year, with no indication of cross-infection. The hospital investigated each case and subsequently added additional hospital-wide infection prevention measures for line access and maintenance, and provided nursing staff reeducation on best practice for line care.
9. Legacy Salmon Creek Hospital (Medical wards) – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital investigated each case, reviewed line insertion technique, and provided education on evidence-based practice for blood cultures.
10. PeaceHealth Saint John Medical Center (Medical / Surgical wards) – Infection rate is due to four infections during the year, with no indication of cross-infection. The hospital reviewed each case and investigated line care practices on the unit. Subsequently, staff on the unit received reeducation on best practices for line care and maintenance, and enhanced infection prevention measures were implemented facility-wide.
11. Providence Centralia Hospital (Surgical wards) – Infection rate is due to two infections in the same patient, who was observed self-injecting into the line.
12. Providence Sacred Heart Medical Center (Pediatric units) – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital reviewed the cases, and has implemented hospital-wide assessments of line insertion and maintenance best practice adherence with nursing staff reeducation.
13. Saint Clare Hospital (Adult Post Critical Care units) – Infection rate is due to two cases during the year, with no indication of cross-infection. The hospital investigated each case and has implemented a patient safety policy to reduce the possibility of patients contaminating their own central lines. Additionally, the hospital enhanced infection prevention measures including for accessing patient lines.
14. Saint Elizabeth Hospital (Critical Access Hospital units) – Infection rate is due to one infection. The hospital investigated the case and subsequently provided staff reeducation on infection prevention best practices.
15. Saint Luke's Rehabilitation Institute (Rehabilitation wards) – Infection rate is due to one infection during the year. The facility investigated the case and subsequently implemented enhanced central-line monitoring and provided nursing staff education. The hospital reports that central line insertions are not performed. This hospital is the state’s only freestanding level one trauma rehabilitation hospital, thus inpatient volume and device days are appreciably higher as compared to other facilities that provide rehabilitation care.
16. Seattle Children's Hospital (Pediatric units) – Infection rate is due to ten cases throughout the year, with no indication of cross-infection. This hospital provides care for young patients with highly complex disorders that can require long-term dependency on central-lines. The hospital reviewed and investigated each case and reports no trends. Staff receive ongoing training on central-line best practices with monitoring for compliance. Additionally, the hospital enhanced infection prevention measures including for accessing patient lines.
17. Snoqualmie Valley Hospital - (Critical Access Hospital) - Incomplete reporting to the department for calendar year 2014. The hospital has been referred to the state's division of hospital licensing ([HSQA](#)).
18. Trios Health / Trios Southridge Hospitals – Most inpatient hospital services (including medical and surgical ward care) at Trios Health were largely discontinued mid-year in 2014, and transferred to the new Trios Southridge facility, which opened June 2014. These reported rates are the combination of both facilities' non-ICU unit rates over the year. For example, Trios Health medical/surgical wards and Trios Southridge medical wards and surgical wards are combined for one annual medical/surgical rate.
19. Virginia Mason Medical Center – Infection rate is due to one case during the year and a very small number of central line-days. The hospital investigated the case. Subsequently, hospital-wide assessments of line insertion and maintenance best practice adherence was expanded.