

# GLOSSARY

aseptic technique A. . . . .  
1\* A . . . . . *sterile technique.*

attributable costs C . . . . .<sup>2</sup>  
E . . . . . ( . . . . . )

biofilm . . . . .  
B. . . . .  
( . . . . . )  
3 B. . . . .<sup>4</sup>

bundles G . . . . .  
5\*

business case analysis A. . . . .<sup>2</sup>

catheter-related bloodstream infection (CRBSI)  
A. . . . .  
6\*

central venous catheter (CVC) A . . . . .  
7\* (Note:  
F . . . . .  
CDC . . . . . ) A  
. . . . . *central line.*

central line-associated bloodstream infection  
(CLABSI) . . . . .  
48 . . . . .  
7\* ( . . . . . )  
C C. . . . . )

clean technique A . . . . . *reduce.*  
E . . . . . ( . . . . . )  
1\* C. . . . .

colonization . . . . .  
8\*

\* Adapted from original source.

direct costs C  
 direct costs are those costs that are directly attributable to the patient care episode. These costs include the cost of the patient's stay in the hospital, the cost of the patient's care, and the cost of the patient's room and board. Direct costs are typically the largest component of the total cost of care for a patient episode.<sup>9</sup> E  
 C AB

endogenous sources of HAIs B  
 endogenous sources of HAIs are those sources of infection that are already present in the patient at the time of admission to the hospital. These sources include the patient's own flora and the flora of the patient's family or community.<sup>8\*</sup>

exogenous sources of HAIs  
 exogenous sources of HAIs are those sources of infection that are not already present in the patient at the time of admission to the hospital. These sources include the hospital environment, the hospital staff, and the hospital's equipment and supplies.<sup>8\*</sup>

fixed costs D  
 fixed costs are those costs that do not vary with the volume of patient care. These costs include the cost of the hospital's building, the cost of the hospital's equipment, and the cost of the hospital's staff. Fixed costs typically account for 80% of the total cost of care for a patient episode.<sup>2</sup>

hand hygiene A  
 hand hygiene is the practice of washing hands with soap and water or using an alcohol-based hand sanitizer. Hand hygiene is one of the most effective ways to prevent the spread of infection. Hand hygiene should be performed before and after patient care, before and after eating, and before and after touching common surfaces. Hand hygiene should also be performed before and after touching the patient's skin.<sup>10\*</sup>

health care-associated infection (HAI) A  
 health care-associated infection (HAI) is an infection that is acquired in a health care facility. HAIs are typically caused by bacteria, viruses, and fungi. HAIs are a major cause of morbidity and mortality in health care facilities. HAIs are typically preventable. HAIs are defined as any infection that is not present at the time of admission to the hospital and is not a result of the patient's underlying condition. HAIs are typically caused by the hospital environment, the hospital staff, and the hospital's equipment and supplies. HAIs are typically preventable. HAIs are defined as any infection that is not present at the time of admission to the hospital and is not a result of the patient's underlying condition.<sup>10\*</sup>

health care personnel D  
 health care personnel are those individuals who are involved in the patient's care. Health care personnel include doctors, nurses, and other health care professionals. Health care personnel are responsible for providing the patient with the highest quality of care. Health care personnel should follow strict infection control protocols to prevent the spread of infection. Health care personnel should also be trained in hand hygiene and other infection control practices. Health care personnel should also be trained in the use of personal protective equipment (PPE). Health care personnel should also be trained in the use of antimicrobial stewardship. Health care personnel should also be trained in the use of patient safety. Health care personnel should also be trained in the use of patient education. Health care personnel should also be trained in the use of patient assessment. Health care personnel should also be trained in the use of patient communication. Health care personnel should also be trained in the use of patient documentation. Health care personnel should also be trained in the use of patient consent. Health care personnel should also be trained in the use of patient refusal. Health care personnel should also be trained in the use of patient advocacy. Health care personnel should also be trained in the use of patient empowerment. Health care personnel should also be trained in the use of patient participation. Health care personnel should also be trained in the use of patient partnership. Health care personnel should also be trained in the use of patient collaboration. Health care personnel should also be trained in the use of patient engagement. Health care personnel should also be trained in the use of patient involvement. Health care personnel should also be trained in the use of patient activation. Health care personnel should also be trained in the use of patient self-management. Health care personnel should also be trained in the use of patient self-care. Health care personnel should also be trained in the use of patient self-monitoring. Health care personnel should also be trained in the use of patient self-reporting. Health care personnel should also be trained in the use of patient self-education. Health care personnel should also be trained in the use of patient self-evaluation. Health care personnel should also be trained in the use of patient self-reflection. Health care personnel should also be trained in the use of patient self-critique. Health care personnel should also be trained in the use of patient self-improvement. Health care personnel should also be trained in the use of patient self-empowerment. Health care personnel should also be trained in the use of patient self-actualization. Health care personnel should also be trained in the use of patient self-fulfillment. Health care personnel should also be trained in the use of patient self-actualization. Health care personnel should also be trained in the use of patient self-fulfillment.

infection preventionist (IP) A  
 infection preventionist (IP) is a health care professional who is responsible for preventing and controlling infections in health care facilities. IP's work includes identifying and reducing the risk of infection, monitoring and reporting on infection rates, and implementing infection control measures. IP's work is essential to the safety and well-being of patients in health care facilities. IP's work is typically done in collaboration with other health care professionals. IP's work is typically done in collaboration with other health care professionals.<sup>11\*</sup>  
 C  
 G F staff licensed independent practitioners, C Comprehensive Accreditation Manuals.)

infusion  
 infusion is the process of introducing a liquid into the bloodstream through a vein. Infusions are typically used to deliver medications, fluids, and nutrients. Infusions are typically performed by nurses or other health care professionals. Infusions are typically performed in a hospital or other health care facility. Infusions are typically performed in a hospital or other health care facility.<sup>7\*</sup>  
 G  
 (C C) G B  
 C E ( 10, 2008).<sup>12</sup>

laboratory-confirmed bloodstream infection (LCBI) A  
 laboratory-confirmed bloodstream infection (LCBI) is a bloodstream infection that has been confirmed by a laboratory test. LCBI's are typically caused by bacteria, viruses, and fungi. LCBI's are a major cause of morbidity and mortality in health care facilities. LCBI's are typically preventable. LCBI's are defined as any bloodstream infection that is not present at the time of admission to the hospital and is not a result of the patient's underlying condition. LCBI's are typically caused by the hospital environment, the hospital staff, and the hospital's equipment and supplies. LCBI's are typically preventable. LCBI's are defined as any bloodstream infection that is not present at the time of admission to the hospital and is not a result of the patient's underlying condition.  
 Criterion 1:  
 Criterion 2:  
 ( 38\_C 100.4.F),

\* Adapted from original source.

*Corynebacterium* (*C. diphtheriae*, *Bacillus anthracis*, *Propionibacterium*, *S. epidermidis*, *Aerococcus*, *Micrococcus*).

**Criterion 3:** 1. *Corynebacterium* (*C. diphtheriae*, *Bacillus anthracis*, *Propionibacterium*, *S. epidermidis*, *Aerococcus*, *Micrococcus*). <sup>7\*</sup> (Note: F... CDC... )

maximal sterile barrier (MSB) precautions

... C C ... <sup>6\*</sup>

permanent central line A

... <sup>7\*</sup>

primary bloodstream infections

... A ... G ... D ... C ... <sup>7\*</sup>

sterile technique *See* ...

surveillance A

... <sup>13</sup>

temporary central line A ... <sup>7\*</sup>

umbilical catheter A ... <sup>7\*</sup>

variable costs E ... <sup>2</sup>

Source

... *Preventing Central Line-Associated Bloodstream Infections: A Global Challenge, a Global Perspective.* ... C AB ... 2012. ... // ...

References

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10. G. G. D. C. 2007

G. G. D. C. 2007  
A. G. G. D. C. 2007  
C. G. G. D. C. 2007