Reviewer's report

Title: Epidemiology and impact of a multifaceted approach in controlling Central Venous Catheter Associated Blood Stream Infections outside the intensive care unit.

Version: 6 Date: 5 July 2013

Reviewer: François L'Hériteau

Reviewer's report:

As requested in the previous reviews, the authors provide the 95%CI for estimated CVC-ABSI incidence in Internal Medicine (2.8; 95%CI: 0.6-10) and in Surgery ward (20.2; 95%CI: 12-33), showing no overlap between them. However, when they state that “the estimated CVC-ABSI incidence rate was significantly lower in 2009 compared to 2008” they provide incidence rate only for one year (“rate 14.1; 95%CI: 6.5-27”), probably 2008 (according to table 1). Thus, no comparison is possible between 2008 and 2009.

As requested in the previous review, the authors measure device utilisation ratios (DUR) only in patients with a CVC, showing a 64% decrease (from 0.39 to 0.14) between 2008 and 2011. As the authors acknowledge in the discussion, this decrease in CVC exposure could in part explain a decrease in CVC-ABSI incidence.

In the previous versions of their manuscript, the authors stated that “65% of patients with CVC inserted by ICU physicians was followed (in Internal Medicine wards)”. In the current version, they now state (page 14) that “65% of all patients with CVC followed in Internal Medicine wards were patients with CVC inserted by ICU physicians”. Since the significations of both formulations are quite different, it is necessary to clarify which one correspond to the actual situation. The latter would explain why a bundle implemented in ICU would have an impact on CVC-ABSI incidence in Internal Medicine Wards, whereas the former would not.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests