

ABSTRACT

Our aim is to reduce CLABSIs and CAUTIs by 15% within a quarter by implementing a standardized template to be used during progression of care rounds that engages the care team to discuss and act on all external devices for each patient.

INTRODUCTION

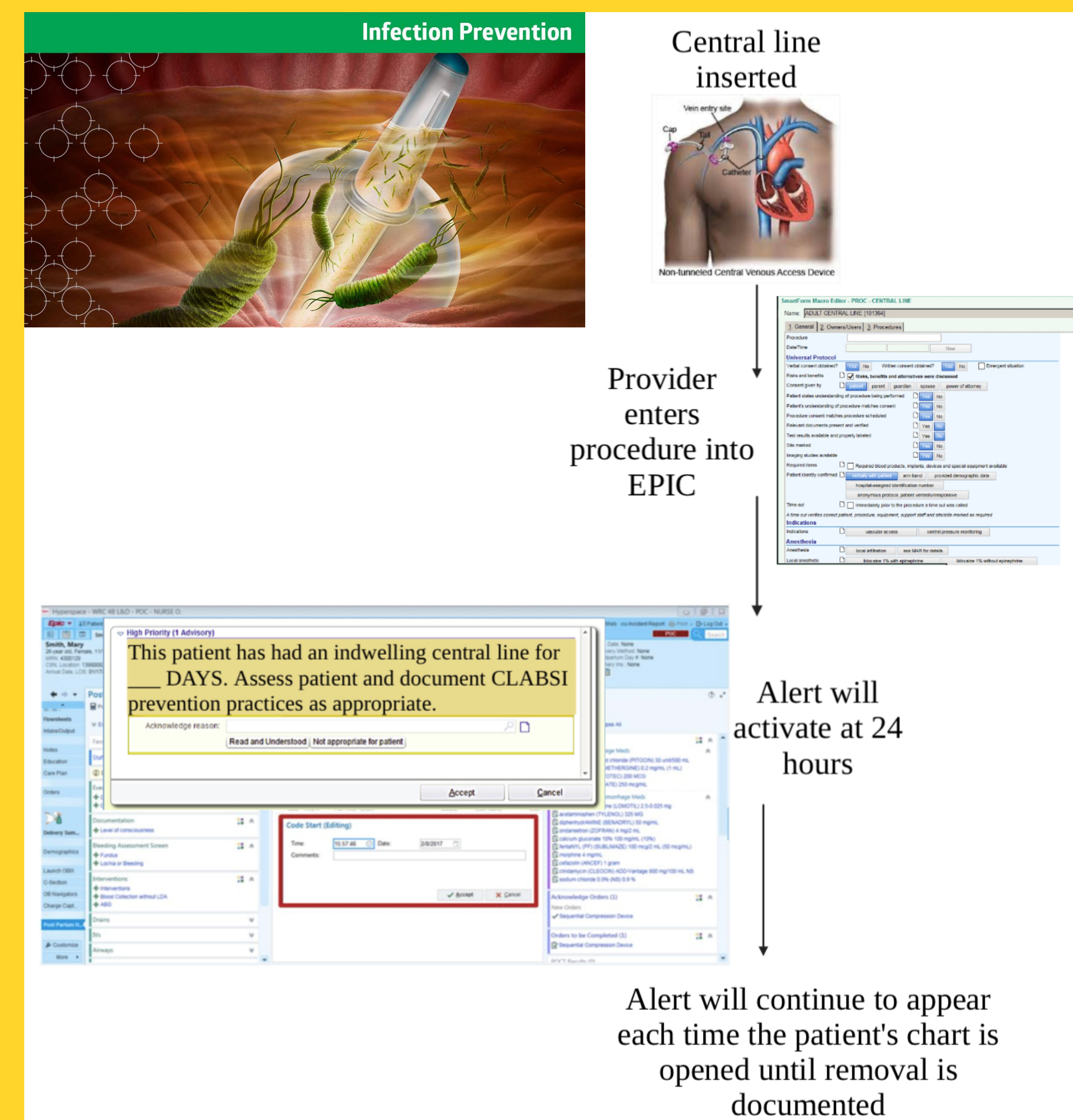
- CLABSIs cost on average **\$48,000**. A catheter-associated urinary tract infection costs on average **\$750** per event.
- There has been a 26% increase in incidence since 2019, nationally.
- CLABSIs increase patient length of stay on average by 13 days and mortality rate by 12-15%.
- Within the Intermediate care unit, there are approximately, 2 CLABSI and CAUTI's occurring each month with an average of 6 of each per quarter costing 1.17 Million annually.

MATERIALS & METHODS

- Our plan is to measure the rates of CLABSIs and CAUTIs for a 3 month period before the implementation of the protocol as well as 3 months following the protocol.
- We implemented a standard sheet for the charge nurses to identify, discuss, and act on all lines during progression of care rounds. Our next PDSA cycle will be to implement the process on EPIC allowing for digitalization.

Goal

Our aim is to reduce central line infections and catheter associated urinary tract infections by 15%



This would save \$195,000 annually



DISCUSSION

- Our goal is a tangible one, to reduce this quarterly number by 15%, from 6 to 5. This would save \$195,000 annually.
- Furthermore, it is our goal to create a network wide Epic online notification for all indwelling devices. Once a user logs on and opens a record, a notification will automatically make it known how many days any devices have been present to increase awareness of these devices.

REFERENCES

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- Toor, H., Farr, S., Savla, P., Kashyap, S., Wang, S., & Miulli, D. E. (2022, March 3). *Prevalence of central line-associated bloodstream infections (CLABSI) in intensive care and medical-surgical units*. Cureus.
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Proposed Epic Change

