

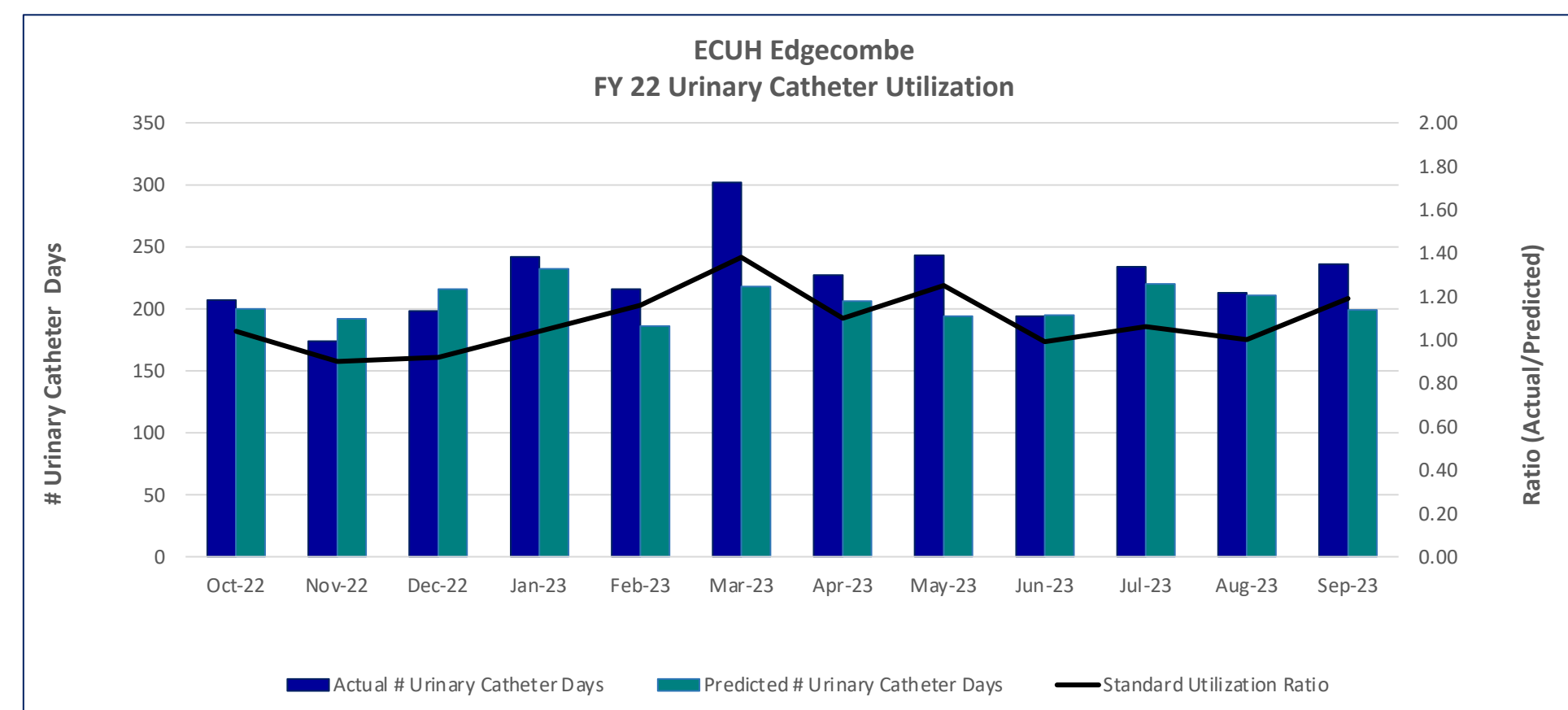
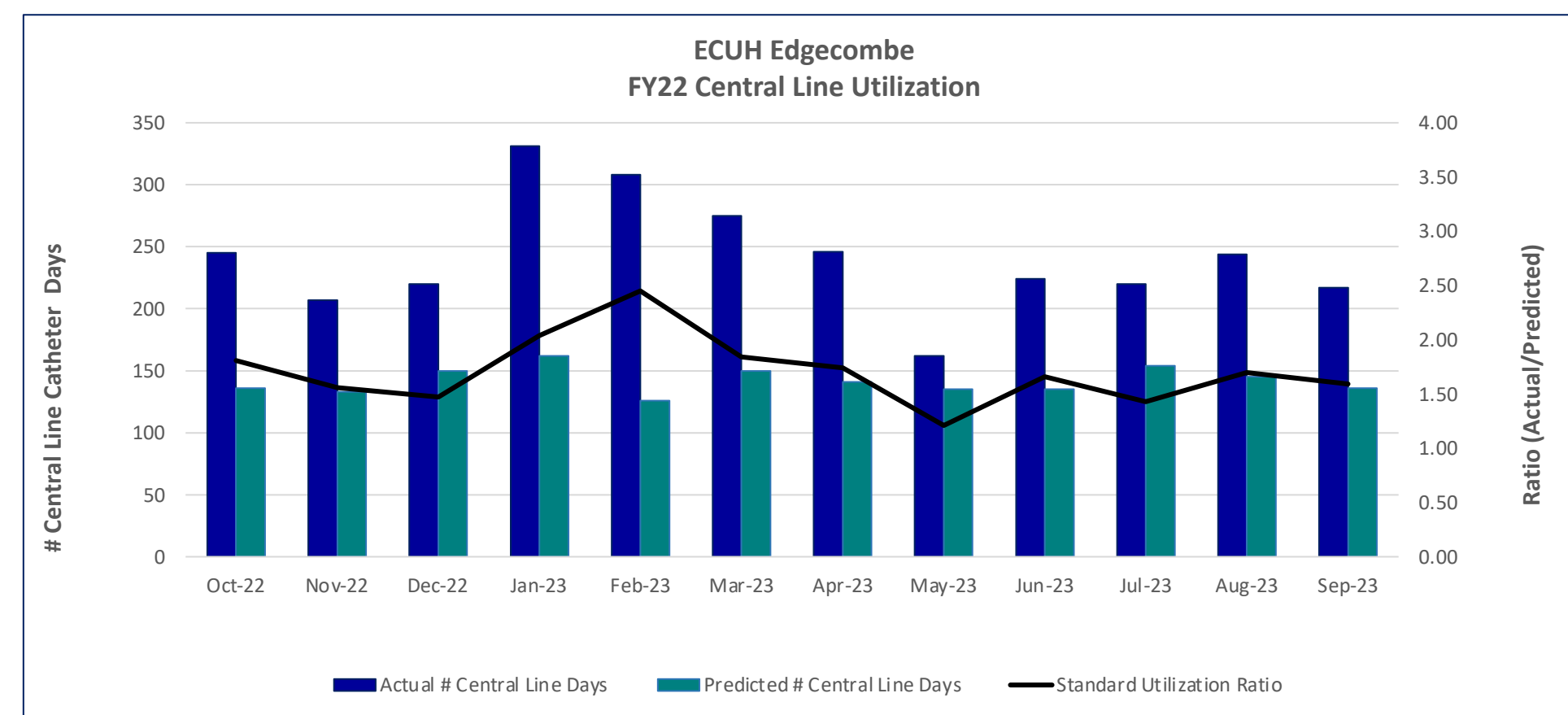
Untangle Those Lines!



Libbe Sasser, RN BSN CIC
ECU Health Edgecombe

BACKGROUND

FY 22 Central venous (CVC) and foley catheter (FC) device utilization is high as compared to NHSN.



PROJECT AIM

To reduce device utilization by at least 10% in 3 months

PROJECT DESIGN/STRATEGY

Device Task Force created including Nursing Leadership, Quality, Infection Prevention, Education and Physician Champion to:

- Identify obstacles for discontinuing devices
- Identify obstacles for peripheral intravenous devices and determine how often CVC are inserted for “poor IV access”
- Focus on appropriateness of device

CHANGES MADE (PDSA CYCLES)

- Monthly department specific device utilization rate graphs utilized along with monthly NHSN comparison data
- Daily patient specific device information provided to NM every morning (Monday-Friday) to address at team huddles.

Date	Patient Name	HAR	Room	Device	Reason
6/8/2023	Jane Doe	111111111	317	Lt IJ	IV therapy + 1 PIV
	Jack Doe	333333333	420	Rt IJ	Dialysis
	Jennifer Doe	444444444	429	Lt port	Oncology on LDA
	Jeff Doe	555555555	438	Lt EJ	Dialysis
	Jerry Doe	777777777	ICU2	Rt IJ	Caustic med
	Jay Doe	888888888	ICU3	Lt sub	Monitor CVP

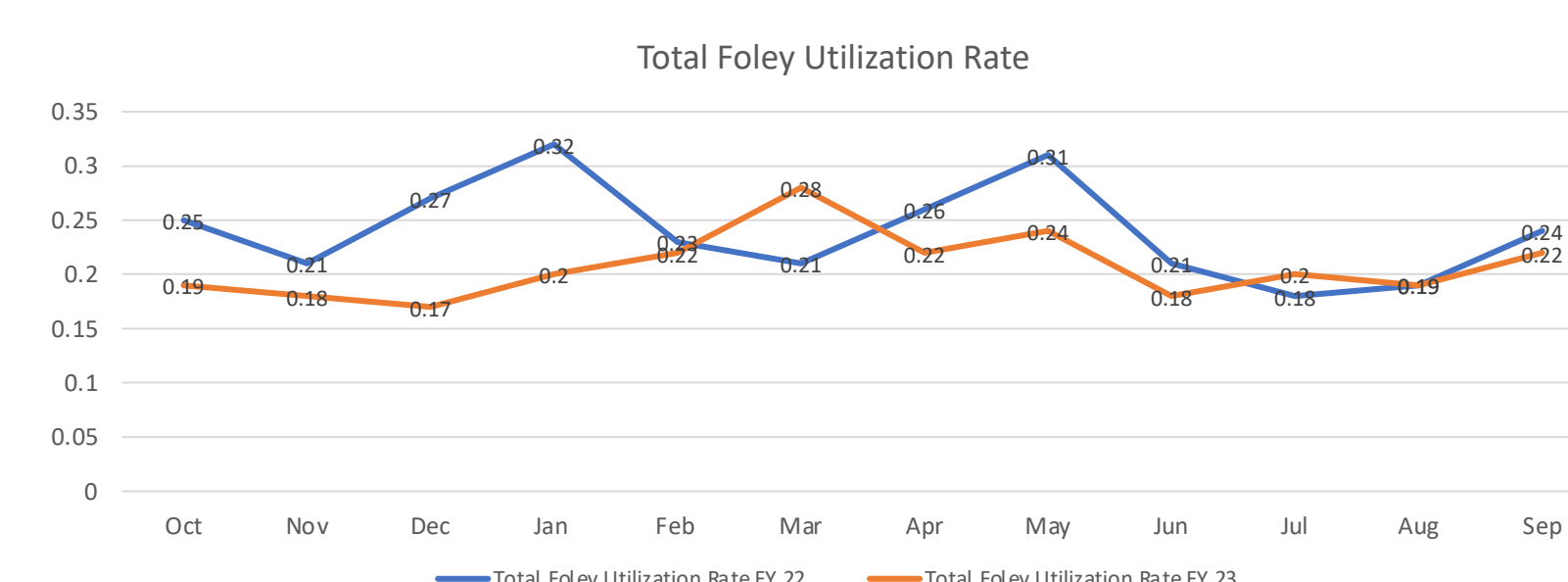
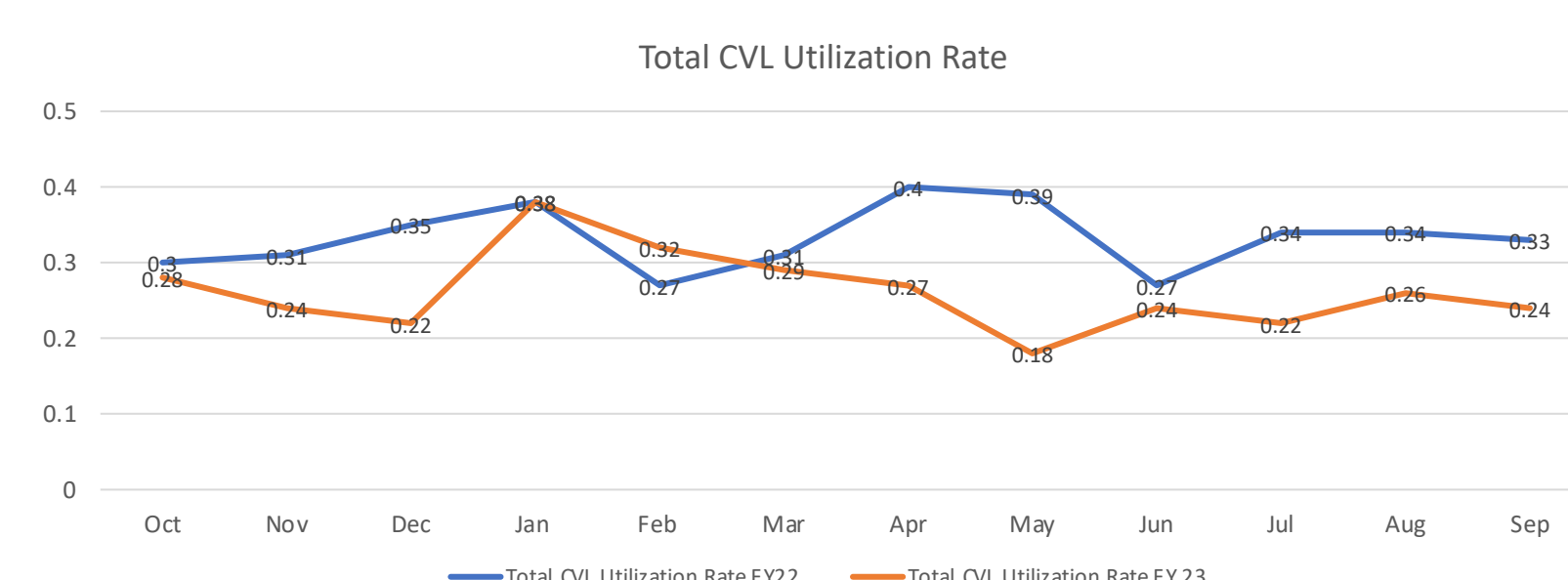
Date	Patient Name	HAR	Room	Reason
6/8/2024	Jane Doe	111111111	317	Perineal Wound
	Jack Doe	333333333	327	No BS or output with insertion
	Jennifer Doe	444444444	331	Paralytic infusion
	Jeff Doe	555555555	415	Chronic
	Jessica Doe	666666666	431	no order
	Jerry Doe	777777777	ICU1	Vasoactive/inotropic infusion

Font colors are used to depict those devices that are chronic/patient admitted with (purple), newly inserted (red) or already present for that day (black). Also note if patient with CVC also still has PIV that should be removed.

- SafeNow Event reports entered for patients with missing NonSedation Procedure documentation with central venous catheter insertion, no order for foley catheter, no bladder scan documentation or output with foley insertion when foley inserted for “retention”
- Device necessity is addressed at 0900 ICU rounds, 1230 Care Management Rounds and physician rounding on the units
- ECUH CT 1 Contrast Management policy stated use of Power Midline is allowed for contrast; however, on validation with ECUH Medical Center Radiology and Vascular Access Team Manager, midlines are NOT to be used and the policy changed to reflect this
- Bladder scanner purchased for each department
- ECUH-CS63 Ultrasound Guided PIV Placement and Arterial Sticks policy revised to be more flexible with number required for competency reduced to at least 10 successful US PIV sticks annually

RESULTS/OUTCOMES

- 3 month period CVC utilization review 6%-9% poor IV access, 20%-30% implanted ports present on admission, 15% Parental nutrition or long-term antibiotic therapy, 20%-29% Dialysis, 20%-25% Oncology and 30% Caustic medication.
- Most foley catheters inserted in Emergency Department with bladder scanner usage increasing from 41% to 70%.
- CVC utilization rate for FY22 averaged 0.33 and reduced to 0.26, Foley utilization rate for FY22 averaged 0.27 and decreased to 0.21



LESSONS LEARNED

- Involve contracted Vascular Access Company in action plans
- Newer bladder scanners were breaking, difficult to read and replacement parts difficult to obtain with older ones
- Sharing of bladder scanners between units limits appropriate use
- Use meaningful department specific data
- Must include ED leadership along with Inpatient leadership

NEXT STEPS

- Continue to provide daily and monthly data to NMs
- PIV focus with existing central lines cascaded to ECU Health CLABSI committee
- Expanding education opportunity for Ultrasound Guided PIV Placement training for ED team

ACKNOWLEDGEMENTS



Libbe Sasser, RN BSN CIC
Infection Prevention
ECU Health Edgecombe
Tarboro, North Carolina 27886
252-641-7709
libbe.sasser@ecuhealth.org