

The Eyes on the Lines Project for Reduction in Device Utilization and Healthcare Associated Infections

Laura Gillim, MSN, RN, CIC, CPHQ, Ben Howard, MSN, RN, Nichole Mannahan, MSN, APRN, FNP-C, Jayce Bethel, BSN, RN

PURPOSE: Decrease the risk of device associated infections related to indwelling urinary catheters and high-risk central lines.

PROJECT:

Urinary catheter reports identified patients that may qualify for removal of unnecessary catheters or may be candidates for urinary management alternatives such as female or male external catheters. Nursing leaders were made aware of those patients and asked to review catheter necessity and follow the hospital’s nurse driven foley protocol to remove unnecessary catheters.

- The CAUTI Team also implemented routine foley audits to monitor indwelling urinary catheter maintenance and identify opportunities for improvement related to:
 - Tamper evident seal intact
 - Securement device in place
 - Daily catheter/pericare
 - Absence of dependent loop
 - Urinary collection bag not touching the floor
 - Urinary collection bag not overfilled (> 2,000 mls)

Central line reports identified patients with high risk central lines that may qualify for removal or alternative line placement. Nursing leaders and Vascular Access Team (VAT) were made aware of those patients and asked to review urinary catheter necessity. VAT led conversations with providers regarding high risk central lines and offered alternatives such as a PICC line, midline or alternate line insertion sites.

- The CLABSI Team defined high risk central lines as:
 - Femoral lines
 - Cordis
 - Central lines that have been in place > 7 days

OUTCOME: Decrease in central line device utilization ratio and catheter associated urinary tract infections in the hospital and Critical Care Unit:

