Eyes on the Lines Project for Device Utilization & Healthcare Associated Infection Reduction

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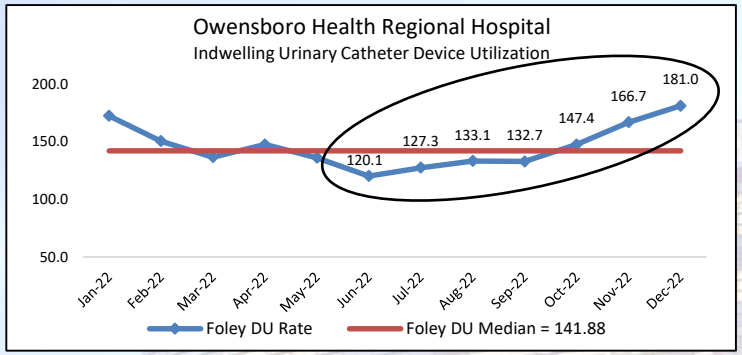
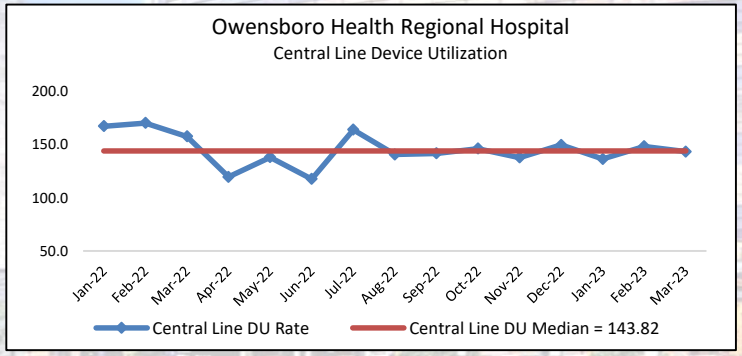
PROBLEM

The 'Eyes on the Lines' project was initially implemented by the CAUTI (Catheter Associated Urinary Tract Infection) Team in December 2022 after they identified an upward trend of 7 data points in indwelling urinary catheter device utilization From June to December 2022.



The 'Eyes on the Lines' project was then adopted by the CLABSI (Central Line Associated Bloodstream Infection) VAT (Vascular Access Team) Committee in March 2023. The baseline median central line device utilization ratio was 143.82.



MEASUREMENT:

- CAUTI rates were calculated by the number of CAUTI divided by the number of urinary catheter days multiplied by 1,000.
- Central line device utilization was calculated by the number of central line days divided by the number of patient days multiplied by 1,000.

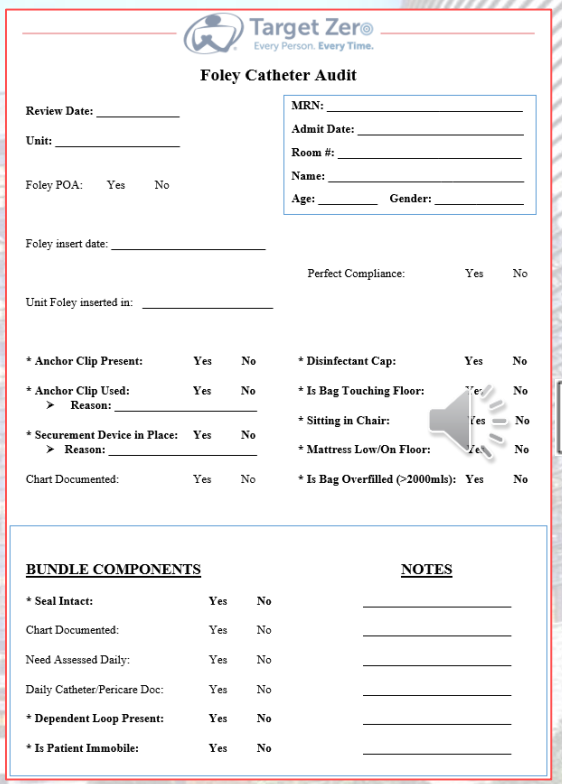
ANALYSIS:

- Run charts with a median were used to identify statistically significant shifts and/or trends in the data.
- Pareto charts were also used to identify opportunities for improvement with indwelling urinary catheter maintenance and care.

IMPLEMENTATION

METHODS:

The project included bi-monthly foley catheter audits and routine review of reports to identify patients that may qualify for removal of unnecessary urinary catheters and/or high risk central lines, or may be candidates for urinary management alternatives such as female or male external catheters.



Target Zero
Every Person. Every Time.

Foley Catheter Audit

Review Date: _____
Unit: _____
Foley POA: Yes No
Foley insert date: _____
Unit Foley inserted in: _____

MRN: _____
Admit Date: _____
Room #: _____
Name: _____
Age: _____ Gender: _____

Perfect Compliance: Yes No

* Anchor Clip Present:	Yes	No	* Disinfectant Cap:	Yes	No
* Anchor Clip Used:	Yes	No	* Is Bag Touching Floor:	Yes	No
➢ Reason:			* Sitting in Chair:	Yes	No
* Securement Device in Place:	Yes	No	* Mattress Low/On Floor:	Yes	No
➢ Reason:					
Chart Documented:	Yes	No	* Is Bag Overfilled (>2000mls):	Yes	No

BUNDLE COMPONENTS			NOTES
* Seal Intact:	Yes	No	
Chart Documented:	Yes	No	
Need Assessed Daily:	Yes	No	
Daily Catheter/Pericare Doc:	Yes	No	
* Dependent Loop Present:	Yes	No	
* Is Patient Immobile:	Yes	No	

The CAUTI Team conducted 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 care/pericare
- ✓ Absence of dependent loop
- ✓ Urinary collection bag not touching the floor
- ✓ Urinary collection bag not overfilled (>2,000mls)

Eyes on the Lines

Nursing leaders were asked to review urinary catheter necessity and follow the hospital's nurse driven foley protocol to remove unnecessary catheters.

Obstacles included pushback from providers when questioned about the need for and/or removal of indwelling devices

- ➢ Physician Champions helped support the project.

- Central line reports identified patients with high risk central lines that may qualify for removal or alternative line placement.

High Risk Central Lines:
- Femoral Line
- Cordis
- Central Lines in place > 7 days

- ✓ Nursing leaders and VAT were made aware of those patients and asked to review central line 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.
- ✓ This partnership with VAT was positive for both the patients and the infection prevention program.

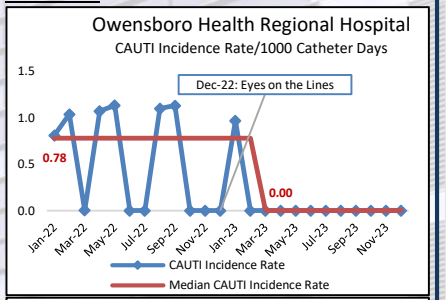
RESULTS

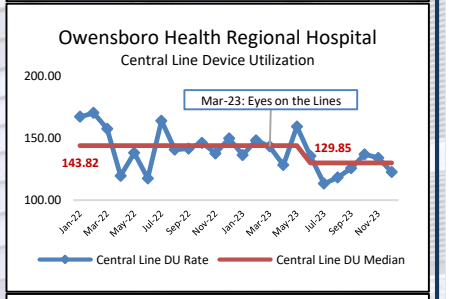
Decrease in urinary catheter associated infections:

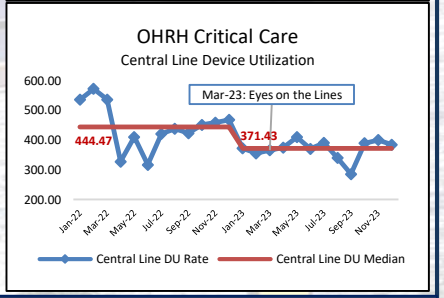
- A downward shift in the CAUTI rate was identified for the hospital, with 11 data points below the median.
- The median CAUTI rate was reset from 0.78 to 0.00, with 1 CAUTI identified from December 2022 to December 2023.
- There was also a decrease in catheter associated urinary tract infections identified in Critical Care, with > 300 days since the date of last CAUTI as of December 2023.

Decrease in central line device utilization (DU):

- A downward shift in central line DU with 6 data points below the median was identified for both the hospital and Critical Care.
- The median central line DU rate for the hospital was reset from 143.82 to 129.85, a 9.7% reduction.
- The median central line DU rate for Critical Care was reset from 444.47 to 371.43, a 16.4% reduction.







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