Chasing Zero Infections Coaching Call
CLABSI: Reducing PICC and Central Line Utilization to Eliminate Bloodstream Infection
April 10, 2018
Welcome & FHA Mission to Care HIIN Trends and Progress: Central Line Utilization and CLABSI
  - Cheryl Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM, Director of Quality and Patient Safety and Improvement Advisor, FHA

Coaching Call: Reducing PICC and Central Line Utilization to Eliminate CLABSI
  - Linda R. Greene, RN, MPS, CIC, FAPIC, Manager of Infection Prevention, UR Highland Hospital, Rochester, NY

Upcoming HIIN Events and Opportunities

Evaluation & Continuing Nursing Education
HIIN Core Topics – Aim is 20% reduction

- Adverse Drug Events (ADE)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Clostridium Difficile Infection (CDI)
- Central line-associated Blood Stream Infections (CLABSI)
- Injuries from Falls and Immobility
- Pressure Ulcers (PrU)
- Sepsis
- Surgical Site Infections (SSI)
- Venous Thromboembolisms (VTE)
- Ventilator Associated Events (VAE)
- Readmissions (12% reduction)
- Worker Safety
### CLABSI Rate - All

**FL Rate**
- BL: 0.92
- O-16: 0.78
- N-16: 0.60
- D-16: 0.75
- J-17: 0.57
- F-17: 0.72
- M-17: 0.74
- A-17: 0.64
- M-17: 0.55
- J-17: 0.84
- J-17: 0.74
- A-17: 0.65
- S-17: 0.72
- O-17: 0.72
- N-17: 0.67
- D-17: 0.71
- J-18: 0.57

**HRET HIIN Rate**
- BL: 0.91
- O-16: 0.75
- N-16: 0.80
- D-16: 0.78
- J-17: 0.70
- F-17: 0.76
- M-17: 0.69
- A-17: 0.77
- M-17: 0.70
- J-17: 0.81
- J-17: 0.84
- A-17: 0.78
- S-17: 0.79
- O-17: 0.77
- N-17: 0.73
- D-17: 0.77
- J-18: 0.67

**# FL Reporting**
- BL: 90
- O-16: 90
- N-16: 90
- D-16: 90
- J-17: 91
- F-17: 91
- M-17: 91
- A-17: 91
- M-17: 91
- J-17: 91
- J-17: 91
- A-17: 91
- S-17: 90
- O-17: 90
- N-17: 90
- D-17: 88
- J-18: 81

**# HRET HIIN Reporting**
- BL: 1,352
- O-16: 1,378
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- D-16: 1,373
- J-17: 1,378
- F-17: 1,379
- M-17: 1,376
- A-17: 1,374
- M-17: 1,372
- J-17: 1,376
- J-17: 1,368
- A-17: 1,362
- S-17: 1,360
- O-17: 1,338
- N-17: 1,316
- D-17: 1,293
- J-18: 1,091

Source: HRET Comprehensive Data System, April 4, 2018
CLABSI Rate - ICUs

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<th>J-18</th>
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Source: HRET Comprehensive Data System, April 4, 2018
Central Line Utilization - All

| FL Rate | 19.50 | 20.16 | 19.86 | 19.75 | 19.23 | 19.19 | 19.06 | 19.00 | 19.07 | 17.99 | 17.82 | 17.63 | 17.66 | 17.34 | 16.82 | 17.43 | 15.29 |
| HRET HIIN Rate | 19.27 | 18.81 | 18.43 | 18.08 | 17.82 | 17.78 | 17.86 | 17.81 | 17.70 | 17.46 | 17.34 | 17.32 | 17.35 | 17.03 | 16.91 | 16.84 | 16.85 |
| # FL Reporting | 90 | 90 | 90 | 90 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 90 | 90 | 89 | 81 |
| #HRET HIIN Reporting | 1,352 | 1,376 | 1,372 | 1,370 | 1,375 | 1,376 | 1,371 | 1,369 | 1,368 | 1,369 | 1,363 | 1,356 | 1,354 | 1,332 | 1,312 | 1,286 | 1,085 |

Source: HRET Comprehensive Data System, April 4, 2018
Central Line Utilization - ICUs

Source: HRET Comprehensive Data System, April 4, 2018
## CLABSI

**Florida HIIN**

**Hospital Performance Report**

**Effective Date:** March 21, 2018

### Summary of Progress Meeting 20/12 Goal:

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<tr>
<th>Your Performance</th>
<th>Rate (BL)</th>
<th>Most Recent Data</th>
<th># Harms</th>
<th>Denom.</th>
<th>Average Rate</th>
<th>Progress</th>
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<td>1/18</td>
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### Measure Rates

<table>
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<th>Project</th>
<th>Measure</th>
<th>Rate (BL)</th>
<th>Most Recent Data</th>
<th># Harms</th>
<th>Denom.</th>
<th>Average Rate</th>
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<tbody>
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<td>CLABSI</td>
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</table>
Central Line Utilization and CLABSI Resources, Trainings and Tools


http://www.hret-hiin.org

- CLABSI Change Package
- CLABSI Top 10 Checklist
- SOAP UP Resources
- Watch Past Webinars
- HRET HIIN Resource Library
- Guides
- Case Studies
Raise your game: The UP Campaign

Cross cutting set of practices to better engage front-line staff without creating additional burdens
Handwashing is the single most effective way to reduce healthcare-acquired infections

Handwashing is not new, but is a critical strategy

Effective handwashing can prevent several harm events

http://www.fha.org/soapup
FHA GET UP Campaign
January 1 – March 31, 2018

- Progressive mobility preserves muscle strength, improves lower limb circulation and lung capacity, reduces length of stay and reduces delirium
- Lack of mobility is most dangerous in the elderly but healthier patients are at risk as well
- Improves multi-disciplinary collaboration and focus on preventing patient harm
- Involves patients and families in the care plan
- Impacts seven harm topics, saves lives and avoids costs
- Key Message: Walk in, Walk during, Walk out!

http://www.fha.org/getup
- Minimizing sedation allows for early mobilization, reducing delirium and respiratory compromise
- Over-sedation increases chance of harm and results in longer length of stay
- Monitoring reversal agents and emphasis on minimal sedation assists in the prevention of seven harm events

http://www.fha.org/wakeup
Reducing PICC and Central Line Utilization to Eliminate CLABSI

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Goals

NO central line = No CLABSI

Reduce unnecessary lines
Polling Question 1

What is your role?

1. Infection Prevention
2. Quality/ patient safety
3. Clinical nurse or nurse management
4. other
What is a Central Line?

Central line (CL): An intravascular catheter that terminates at, close to the heart, OR in one of the great vessels that is used for infusion, withdrawal of blood, or hemodynamic monitoring.
What are the great vessels?

- Aorta
- Pulmonary artery
- Superior vena cava
- Inferior vena cava
- Brachiocephalic veins
- Internal jugular veins
- Subclavian veins
- External iliac veins
- Common iliac veins
- Femoral veins

**** In neonates, the umbilical artery/vein.
Types of Central Lines for NHSN Reporting Purposes:

- Permanent central line: Includes: Tunneled catheters, including tunneled dialysis catheters
- Implanted catheters (including ports)
- Temporary central line: A non-tunneled, non-implanted catheter
- Umbilical catheter: A vascular catheter inserted through the umbilical artery or vein in a neonate. All umbilical catheters are central lines.
Non-tunneled CVC: short term use

- Inserted at the patient bedside for short term access
- Subclavian vein preferred to minimize the risk of infection over the internal jugular or femoral vein
- The subclavian is not recommended for patients with chronic kidney disease
Peripherally inserted central catheter: PICC line

- Inserted at the bedside by trained infusion therapy nurses or by IR
- Commonly used outside the ICU
- Used for short-term & long-term access
- Available in conventional and power injectable
Tunneled central lines: long term use

- Surgically placed
- Tunneled under the skin before entering the vein
- A cuff anchors the line and provides a barrier to the entry of microorganisms
- Used for chemotherapy, other long term drugs and TPN
- Used for hemodialysis access
Implanted Vascular Access Device (IVAD)

- Surgically placed completely under the skin
- Used for long term drug administration and TPN
- Available in single or double ports
- Available as conventional or power injectable (When accessed with power injectable needle)
Devices Not Considered CLs for NHSN Reporting Purposes

- Arterial catheters
- Arteriovenous fistula
- Arteriovenous graft
- Atrial catheters (also known as transthoracic intra-cardiac catheters, those catheters inserted directly into the right or left atrium via the heart wall)
- Extracorporeal membrane oxygenation (ECMO)
- Hemodialysis reliable outflow (HERO) dialysis catheter
- Intra-aortic balloon pump (IABP) devices
- Non-accessed central line (not accessed nor inserted during the hospitalization)
- Peripheral IV or Midlines
- Ventricular Assist Device (VAD)
The Burden

- In one study 8.5% of CVC outside of ICU deemed not clinically justified.
- Perform daily assessment of the need for the line and promptly discontinue CVC that are no longer required.
- Nursing staff should be encouraged to notify physicians of CVC that are unnecessary.
- Use peripheral catheters instead.
  These generally have lower rates of BSIs than CVC.

Standardized Utilization Ratio (SUR)

Ratio : Observed/Predicted

Provides comparative data

P value is included
Polling Question 2

Do you track central line SUR?

1. Yes

2. No
Discussion
## SUR Hospital Wide

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<th>numPredDDays</th>
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SUR Predicted/ Observed Rate

SUR
**TAP SUR**

**CAD 2.54**

### 2017

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**SUR for Unit 1**

![Graph showing SUR for Unit 1 from 2017Q1 to 2017Q4](image)

*P* = .01
Polling Question 3

Does Line Utilization on unit 1 need further investigation?

1. Yes
2. No
Where to Start?

- Do the patient need a line?
- Is there an alternative?

- Do they still need a line?
- Can it be removed?
- Can we switch to alternative?
Remove nonessential catheters (quality of evidence: II).\textsuperscript{123,124}

a. Assess the need for continued intravascular access on a daily basis during multidisciplinary rounds. Remove catheters not required for patient care.

b. Audits to determine whether CVCs are routinely removed after their intended use may be helpful.\textsuperscript{125,126} Both simple and multifaceted interventions are effective at reducing unnecessary CVC use.\textsuperscript{127,128}
Rotz et al. AJIC 2012

Determine medical necessity in a SICU

Established criteria for conditions requiring a central line:

- Irritant and vesicant medication use
- Total parenteral nutrition administration
- Dialysis,
- Hemodynamic instability (defined as use of a vasopressor or inotrope, mean arterial pressure < 60 or heart rate > 100)

If no documented indication could be found in the medical record for greater than 48 hours, it was assumed that the line was unnecessary.
Polling Question 4

Do you have established criteria for central line utilization?

1. Yes
2. No
Discussion
Plastics Rounds

The Team

- Nurse manager or charge nurse
- Infection Prevention
- MD
- Nurses caring for the patient
Why call them “Plastics Rounds”?

Central Line

Foley Catheter
Expected Outcome

- Enhance and hardwire critical thinking
- Educate in real time
- Review patient specific data to make real time improvements.
Best Practice

- Fosters Interdisciplinary Collaboration
- Conversation at the bedside
- Patient and Family engagement
- Mentoring of nurses- supports critical thinking
Mentoring and Critical Thinking

- Why does the patient have the plastic?
- Does the patient still need it?
- Is it being properly maintained?
Ask The Questions

If it can’t be removed today, then when?
Polling Question 5

Do you do routine rounds on catheters?

1. Yes
2. Yes - ICU only
3. No
Discussion
Alternatives

Difference between midlines and PICCs

- PICC is short for peripherally inserted central catheter. It is a central vascular access device inserted into an extremity and advanced in the venous system until the distal tip is positioned in the vena cava.

- Midline (ML) catheter is a vascular access device measuring 8 inches or less with the distal tip dwelling in the basilic, cephalic, or brachial vein, at or below the level of the axilla, and distal to the shoulder.
Alternatives

Difference between the two is where the distal tip ends.

- The PICC tip ends in the distal third of the SVC making it a central venous access device.

- The Mid Line tip ends in a peripheral vein, therefore it is considered a “peripheral device” and is not a central line.
Decision Trees

PICC DECISION TREE: IV THERAPY RECOMMENDATIONS

Patient requiring IV access

- Vesicant
  - Any Duration
    - Central line

- Drug pH <5 or >9 OR Osmolarity >600mOsml
  - Duration: < 5 days
    - Peripheral Veins
      - YES
        - Peripheral IV
      - NO
        - Midline
  - Duration: 5 days or greater
    - Peripheral Veins
      - YES
        - Peripheral IV
      - NO
        - Central Line

- Drug pH between 5 & 9 AND Osmolarity < 600mOsml
  - Duration: ≤ 7 days
    - Peripheral Veins
      - YES
        - Peripheral IV OR Midline
      - NO
        - Midline OR Central line
  - Duration: 1-4 weeks
    - Peripheral Veins
      - YES
        - Peripheral IV OR Midline
      - NO
        - Midline OR Central line
  - Duration: > 1 Month
    - Peripheral Veins
      - YES
        - Peripheral IV OR Midline
      - NO
        - Midline OR Central line
The Use of Midline Catheters in the Adult Acute Care Setting – Clinical Implications and Recommendations for Practice

Table 1. Recommendations for Placing Midline Catheters in the Adult Acute Care Setting

<table>
<thead>
<tr>
<th>Recommendations for insertion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use strict aseptic technique and maximal barrier precautions.</td>
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<tr>
<td>• Insert under ultrasound guidance above the ante cubital crease.</td>
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<tr>
<td>• Basilic vein preferable.</td>
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<tr>
<td>• Catheter distal tip should be at or below the axillary vein.</td>
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<table>
<thead>
<tr>
<th>Recommendations with therapy:</th>
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<tbody>
<tr>
<td>• Ideal for IV therapy lasting between 2 – 4 weeks.</td>
</tr>
<tr>
<td>• Use with near isotonic solutions (250-350mEq/L).</td>
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<tr>
<td>• Medication pH should be no less than 5 or exceed 9.</td>
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<tr>
<td>• Good for elderly patients with limited venous access.</td>
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<tr>
<td>• Fluids with osmolality &lt;600mOsm/L (However, up to 800mOsm/L has been cited by Pittiruti et al., 2009)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Special considerations for midline use:</th>
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<tbody>
<tr>
<td>• Patients at risk of thrombosis.</td>
</tr>
<tr>
<td>• Patients with compromised circulation.</td>
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<tr>
<td>• Patients at risk of lymph oedema.</td>
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<tr>
<td>• Patients with end stage renal disease requiring vein preservation.</td>
</tr>
</tbody>
</table>
Polling Question 6

Do you have a midline program in place?

1. Yes
2. No
Discussion

- What are your biggest challenges?
- What strategies have you initiated?
Questions
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 17, 2018</td>
<td>Didactic Webinar</td>
<td>Reducing Infections with Ventilator Associated Events (IVAC) [Access Event Archive: Recording</td>
</tr>
<tr>
<td>Mar. 14, 2018</td>
<td>Interactive Coaching Call</td>
<td>Strategies to Reduce Surgical Site Infections (SSI) [Access Event Archive: Recording</td>
</tr>
<tr>
<td>Apr. 10, 2018</td>
<td>Interactive Coaching Call</td>
<td>Reducing PICC and Central Line Utilization to Eliminate CLABSI [Access Event Archive: Coming Soon]</td>
</tr>
<tr>
<td>May 8, 2018</td>
<td>Interactive Coaching Call</td>
<td>Don’t Be Resistant: Reducing MRSA and Other Multi-drug Resistant Organisms [Register]</td>
</tr>
<tr>
<td>Jun. 12, 2018</td>
<td>Didactic Webinar</td>
<td>Fortify Your Unit Safety Culture to Reduce Infections [Register]</td>
</tr>
<tr>
<td>Aug. 14, 2018</td>
<td>Interactive Coaching Call</td>
<td>Sustaining Zero Infections: Stop the “Whack a Mole” Syndrome [Register]</td>
</tr>
</tbody>
</table>

Check the weekly *MTC HIIN Upcoming Events* for details and registration.
FHA MTC HIIN Virtual Events

- **Apr. 19** – Patient & Family Engagement (PFE) Learning Collaborative Webinar
- **Apr. 20** – Readmissions Stakeholder Quarterly Virtual Meeting #2
- **Apr. 30** – Mission to Care HIIN Lead Quarterly Virtual Meeting
- **May 1** – Clostridium difficile infection (CDI) in the Pediatric Population
- **May 3** – Infection-Related Ventilator-Associated Complications (IVAC) Bi-Monthly Webinar #2

Check the weekly *MTC HIIN Upcoming Events* for details and registration
SEDATION MANAGEMENT reduces harm in SEVEN focus areas

ADE, Failure to Rescue, Delirium, Falls, Airway Safety, VTE, VAE

W A K E - U P
Pitfalls of Sedatives and Analgesics

Sedatives and analgesics may contribute to:

• Oversedation
• Transfer to higher level of care
• Increased duration of mechanical ventilation
• Length of intensive care requirement
• Impede neurological examination
• May predispose to delirium
• Hypoxic encephalopathy
• Death
ONGOING EVALUATION OF MEDICATIONS reduces harm in TEN focus areas

- ADE
- Readmissions
- Falls
- CDI
- CAUTI
- SSI
- VAE
- CLABSI
- Sepsis
- MDRO

SCRIP T - U P
Why It Matters

• Adverse drug events are the most common cause of harm (AHRQ)
• Overuse and inappropriate use of antibiotics is the key cause of antibiotic resistance (CDC)
• Beers Criteria Medications are linked to poor health outcomes, including confusion, falls, and mortality (American Geriatric Society)
• Risk of ADEs almost doubles with ≥ 5 meds (Bourgeois, Shannon et al, 2010)
Severe Sepsis: A Significant Challenge

- Hospitalizations continue to increase
- One of the most costly reasons for hospitalization
- Major cause of morbidity and mortality worldwide
  - Leading cause of death in non-coronary ICU
  - 10th leading cause of death overall
- In the US, more than 700 patients die of severe sepsis daily
  - (1.6 million new cases per year)
- 1 DEATH EVERY 2 MINUTES
Upcoming In-Person Events

FHA HIIN | WAKE UP to Protect Patients from Oversedation | Hospital Onset Sepsis

- April 17 – Jacksonville, FL
- April 19 – Weston, FL
- June 12 – Orlando, FL
- June 14 – Pensacola, FL

Check the weekly MTC HIIN Upcoming Events for details and registration
Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education:

https://www.surveymonkey.com/r/ChasingZero041018

Share this link with all of your participants if viewing today’s webinar as a group (Survey closes April 20th)

Be sure to include your contact information and Florida nursing license number

FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail (Please allow at least 2 weeks after the survey closes)
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