

Decreasing Central Line and Urinary Catheter Utilization to Prevent Device Associated Hospital Acquired Infections

At AdventHealth Wesley Chapel, our goal is to “Keep You Safe,” by providing care in an efficient, safe, and caring environment. Healthcare-associated infections (HAI) are a threat to patient safety. The prevention and reduction of healthcare associated infections is a top priority for us. We strive to keep you safe by continuously reviewing and improving our outcomes through continual process improvement and following current evidenced based practice guidelines.

Catheter-associated Urinary Tract Infections (CAUTI)

A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney. UTIs are the most common type of healthcare-associated infection reported to the National Healthcare Safety Network (NHSN). Among UTIs acquired in the hospital, approximately 75% are associated with a urinary catheter, which is a tube inserted into the bladder through the urethra to drain urine. Between 15-25% of hospitalized patients receive urinary catheters during their hospital stay. The most important risk factor for developing a catheter-associated UTI (CAUTI) is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.

Central Line-associated Bloodstream Infections (CLABSIs)

A central line (also known as a central venous catheter) is a catheter (tube) that doctors often place in a large vein in the neck, chest, or groin to give medication or fluids or to collect blood for medical tests. You may be familiar with intravenous catheters (also known as IVs) that are used frequently to give medicine or fluids into a vein near the skin’s surface (usually on the arm or hand), for short periods of time. Central lines are different from IVs because central lines access a major vein that is close to the heart and can remain in place for a few weeks or months and be much more likely to cause serious infection. Central lines are commonly used in intensive care units or for certain medical indications such as prolonged antibiotic use after discharge.

A central line-associated bloodstream infection (CLABSI) is a serious infection that occurs when germs (usually bacteria or viruses) enter the bloodstream through the central line.

We have implemented the following actions to ensure that urinary catheters and central lines are only placed when necessary and removed promptly when no longer needed.

- Work with providers, staff, patients, and family to decrease utilization and educate on why these types of devices are not for routine use.
- Urinary Catheters and Central lines are discussed during Multidisciplinary rounds to determine if they are still necessary and if an alternative may exist.
- Increased communication with providers during ICU Multidisciplinary rounds regarding how long the lines have been in place and if they can be removed – and if not, why they need to be continued.
- Specific criteria required to place central line and urinary catheters.
- Alternatives to central lines and urinary catheters are encouraged.

Section	Metric	Threshold	Q1 2024			Q2 2024			Q3 2024			Q4 2024			2024 Year End
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
Central Line Utilization	ICU	≤ 20%	30%	24%	18%	17%	20%	19%	16%	18%	12%	20%	23%	21%	20%
	Non-ICU	≤ 10%	7%	7%	8%	8%	6%	8%	9%	7%	5%	7%	7%	7%	9%
Urinary Catheter Utilization	ICU	≤ 40%	50%	47%	37%	37%	37%	30%	29%	29%	34%	30%	36%	35%	36%
	Non-ICU	≤ 15%	12%	12%	10%	11%	8%	9%	10%	12%	10%	8%	10%	10%	13%

Nothing is more important to us than you. Thank you for helping us put safety FIRST.