

New Ways to Decrease Central Line Utilization Rates

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Background

Numerous interventions to reduce central line-associated bloodstream infections (CLABSIs) have been implemented in hospitals across the country. In addition to typical prevention strategies, our facility has focused on decreasing patients' CLABSI risk through reduction in peripherally inserted central catheter (PICC) utilization.

Disclosures

No Disclosures

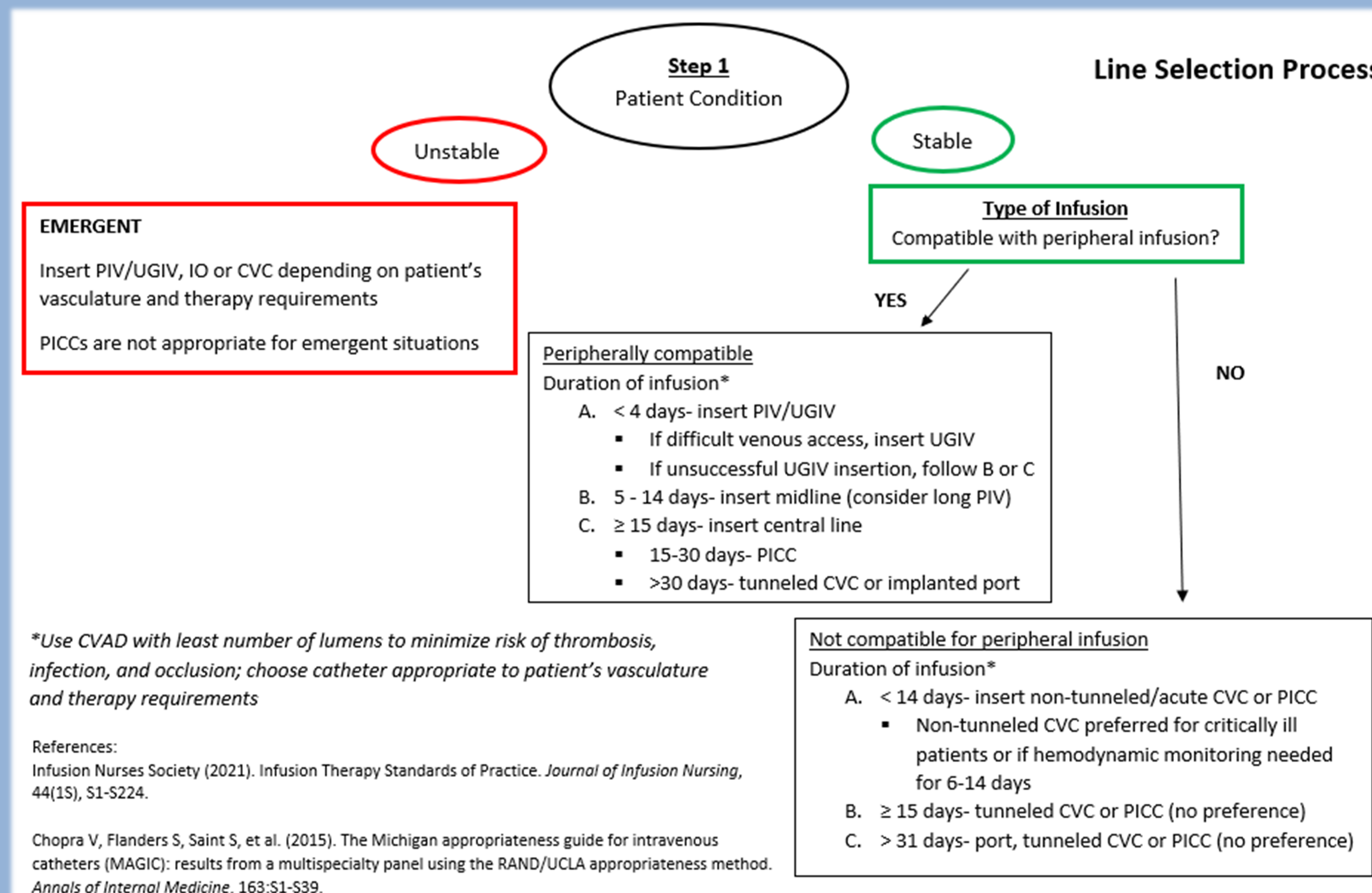
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Method

Throughout 2022 and 2023, three tactics were implemented to decrease PICC utilization rates in adult medical and/or surgical patients.

- 1- A vasopressor infusion policy was implemented in the intensive care unit (ICU) to allow for specific vasopressors to be administered through peripheral, non-ultrasound guided intravenous catheters (IVs) for up to 24 hours.
- 2- Nurses in adult medical and/or surgical patient care units were trained by the vascular access team (VAT) to perform ultrasound guided peripheral IV (UGIV) insertions on patients with difficult vascular access.
- 3- Limited the VAT's onsite availability to emphasize that PICC insertions are non-emergent situations. After hours, PICC insertion requests are assessed for clear clinical indication according to an established decision tree before the on-call VAT is contacted.



Results

PICC utilization in the adult medical/surgical ICU decreased from 48% in 2021 to 22% in 2023. Outside of the ICU, PICC utilization rates in adult medical/surgical units decreased from 12% to 5%. The overall central line utilization rate in the ICU decreased from 69% in 2021 to 46% in 2023 and from 14% to 9% outside of the ICU.

Conclusion

PICC utilization decreased following implementation of multiple tactics over a two-year timeframe. Concerns existed for central venous catheter use to replace PICC use, but this was not recognized as the overall central line utilization rate also decreased. Reducing the utilization of PICCs will decrease the number of patients at risk for development of a CLABSI.