# READY4SURVEY

What is PI?

As part of the ongoing effort to prepare staff for the upcoming Joint Commission accreditation survey, upcoming issues of *Ready4Survey* will focus on various department improvement projects, also referred to as Process Improvement (PI).

PI is the proactive task of identifying, analyzing and improving upon existing processes within an organization for optimization and to meet new standards of quality. When The Joint Commission (TJC) surveyors visit McLaren Lapeer Region Fall 2017, employees may be asked what PI projects their department and/or hospital are doing.

In this issue of Ready4Survey, the McLaren Lapeer Region (MLR) Peripheral Inserted Central Catheter (PICC) collaborative will be highlighted. The PICC collaborative is a part of the Michigan Hospital Medicine Safety Consortium (HMS) which is a quality improvement collaborative. The data driven collaborative is comprised of hospitals across the state of Michigan including MLR. The goal of the consortium is to improve the quality of care for hospitalized medical patients who are at risk for adverse events. The Venous Thromboembolism and Antimicrobial Stewardship collaboratives are also part of HMS and will be examined in an upcoming Ready4Survey edition. The physician champions for these initiatives are Gary Salem, DO, VPMA and Carlos Ledezma, MD, Interventional Radiologist. Quality Data Specialist, Alicia Cummings, RN, is the data abstractor and project coordinator.

PICC Collaborative

The PICC Initiative began with 10 pilot hospitals in late 2013. The collaborative chose to focus on PICC because the use of these devices in hospitalized patients had grown rapidly and evidence supporting PICC usage best practices was sparse. McLaren Lapeer volunteered to be one of the 10 hospitals and began collecting data in November 2013. By 2015, all HMS member hospitals were included in the project. A PICC is a long, slender venous catheter (tube) that is inserted into a peripheral vein, usually in the arm in adults. The end of the catheter is positioned near the heart in order to obtain central venous access (see diagram to the right). PICCs are used for many different reasons in hospitalized patients including long-term antibiotic therapy, chemotherapy, nutrition or frequent blood draws. The collaborative focused on reducing adverse events related to PICC usage (i.e. venous thrombosis and blood stream infections).
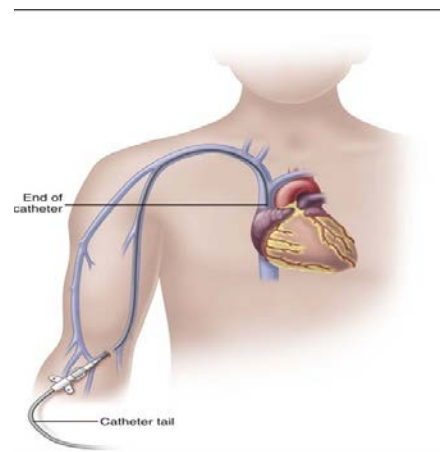
Through the creation of a multidisciplinary team of physicians, nurses, pharmacists, cath lab staff, educators and quality personnel, many processes involving PICC implementation have changed.

- Appropriate PICC usage indications were defined including long-term antibiotic use, multiple incompatible fluids and parenteral nutrition were identified.

- Physician order set listing indication for use
- Reduced short term (under 5 days) PICC line use
- Increased usage of single and double lumen PICCs while decreasing the number of triple-lumen PICCs
- Creation of a mid-line program as a PICC alternative (MLR Policy #12-22-021-Midline Catheter—Insertion, Administration, Management and Care)
- Ultrasound guidance for IV insertion for patients with difficult venous access
- The PICC team currently reviews the eGFR prior to PICC insertion. Estimated glomerular filtration rate (**eGFR**) is used to screen for and detect early kidney damage, to help diagnose chronic kidney disease (CKD), and to monitor kidney status. If this lab value is not within acceptable limits, a nephrology consult is triggered and a PICC will not be placed without approval from the consulted nephrologist.

The ultimate goal of this collaborative is to formally assess appropriate use of PICCs, identify factors associated with complications and improve the safety of hospitalized medical patients by eliminating unnecessary use and preventing complications.

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