



Indiana University Health

CAUTI Reduction via Teamwork

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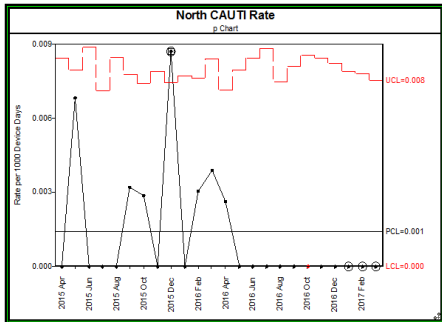
Objectives



The learner will:

- Recognize resources to visually manage the CAUTI bundle
- Understand the process for using a “near miss” to enforce bundle compliance
- Tie the *Clinical Scholar Model* to the inquisitive bedside clinical nurses’ ability to ask “why” questions

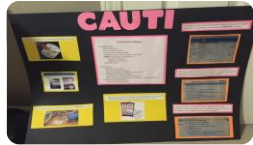
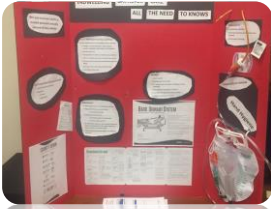
Our Call to Action—December 2015



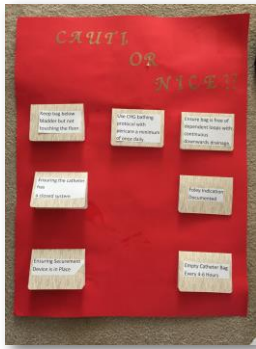
Team Member Buy In



- PCU Visual Management
- ICU Focus Board
 - Variation in missing elements
 - SGC proposed focus board
 - Random and Visual Audits
 - Just in time education with staff
 - Reinforced with focus board



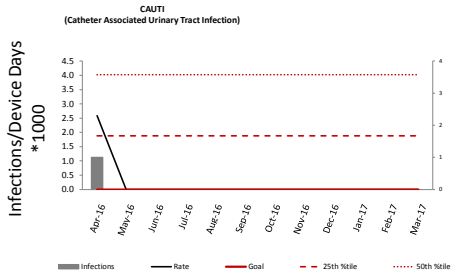
CAUTI or Nice??



1/23/2018

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CAUTI Numbers



Team Member Buy In



- Peri Care q 24 hours
- CHG bathing
- Adding a product



PCU HUDDLE BOARD

DATE: Tuesday April 17th RESP: Amy @ 4:00

CHARGE: Brian @ 4:30am US/DUAL: Amber/Tanya

Station	PHONE	Room	LOC	DOTY	CHG	DELEGATIONS
331						Code Cart: Brian
332						Pyxis/Narc Discrepancies: Brian
333						
334	Michelle					CLASS Checks: Michelle
335						Temp Logs: Cathy
336						Bleach Rooms: Amber
337	Michelle					Lunch Partners: Michelle
339	Brian					
340	Tanya					
341						
342	Brian					

CAUTI or Not?

There is still learning from a near miss



Did the patient have a Foley in place greater than 2 calendar days?

- Yes: it might be a CAUTI
- No: it's not a CAUTI

AND

Was that catheter in place part of the day of event or removed day before the event?

- Yes: it might be a CAUTI
- No: it's not CAUTI

CDC, 2017

CAUTI or Not?

There is still learning from a near miss



Were there signs or symptoms documented?

- Yes: it might be a CAUTI
- No: it's not a CAUTI
 - Fever >38 °C
 - Suprapubic tenderness*
 - Costovertebral angle pain or tenderness*
 - Urinary urgency Δ
 - Urinary frequency Δ
 - Dysuria Δ

CAUTI or Not?

There is still learning from a near miss



Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 100,000$ CFU/mL

- Yes: it's probably a CAUTI
- No: it's not a CAUTI

Near miss



Patient Scenario Number 1

2. - 24	Infection criterion present?	fever, foley in place, urine culture no growth	This fever is not counted because Foley not in > 2 days
3. - 25	Infection criterion present?	foley in place	
4. - 26	Infection criterion present?	foley removed, patient unable to void, I/O cath	
5. - 27	<input checked="" type="checkbox"/> Infection criterion present?	no foley, positive urine culture	Back pain is non-specific so no symptoms Not a CAUTI
6. - 28	Infection criterion present?		
7. - 29	Infection criterion present?		
8. - 30	Infection criterion present?		

CDC, 2017

CAUTI



Patient Scenario Number 2

2. 12	Infection criterion present?	Foley in place	
3. 13	Infection criterion present?	Foley in place	
4. - 14	Infection criterion present?	Foley in place	
5. - 15	<input checked="" type="checkbox"/> Infection criterion present?	Foley in place, fever to 38.8°C, culture positive > 100,000 CFU/mL E. coli	Foley in place greater than 2 days and in place on the day of event, symptom is fever, culture positive
6. - 28	Infection criterion present?		
7. - 29	Infection criterion present?		
8. - 30	Infection criterion present?		

CDC, 2017

CNS Theory



- Clinical Scholar Model
 - Bedside Nurse Change Agent
 - KEY to Success
 - Challenging questions
 - Reviewing the literature
 - Finding the EBP to change practice
 - Educating on the change
 - Implementing the change
 - Evaluating the change



Schubert 2005

Frequency of Rounding



- Focus on Harm Event Reduction
 - Purposeful rounding
 - Asking probing questions
 - Targeted follow up
- Providing more tools in your toolkit
 - Clorpectin Irrigation (September 26, 2016)
- Modeling SBAR for physician communication
 - Mentoring from Novice to Expert

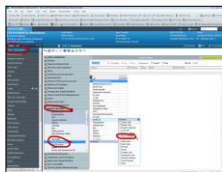
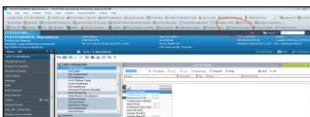


Studer 2015

NPSG.07.06.01



- Educate the patient and family on the risks of devices
- Patient and family collaboration on hand hygiene



5/10/2017

Simplify Bedside Resources



NURSE DRIVEN FOLEY REMOVAL

The nurse can remove the Foley if the patient does not meet exclusion criteria and does not have an indication.

Step 1. Review Exclusion Criteria

- Age < 18 years old
- Patients with urologic procedures
- Unstable pelvic and spinal injuries

Step 2. Review Clinical Indications

<p>1. Urinary Use</p> <ul style="list-style-type: none"> • Acute urinary retention • Bladder distention • Bladder irrigation • Neurogenic bladder <p>2. Perioperative Use</p> <ul style="list-style-type: none"> • Urinary or postobstructive surgery • Intra-operative large volume infusions or diuretic use • Intra-operative ABC • Postoperative procedure • Postoperative for 48 hours 	<p>3. Other patient requirements</p> <ul style="list-style-type: none"> • Avoid in healing open surgical/peritived wounds in ambulatory patients • Absence of ABC in the critically ill <ul style="list-style-type: none"> • Discontinuation of intravenous medications that require monitoring • Pulmonary artery catheter • Continuous fentanyl drip • CDT/End track • Continuous sedation/neurovascular blockade • Significant therapy for cerebral vasospasm • End of life/comfort care
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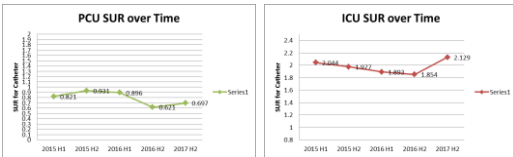
STEP 3. If NO indication & NO Indication

- Ensure that there is NPI on ABC order to engage protocol
- Enter order for removal per protocol
- Remove Foley and document in Care
- Bladder Scan 10hrs if no urine output
- If 100%ile, re-assess 4 hrs and notify MD. Instruct patient to notify nurse if he/she becomes uncomfortable before that time.
- If 700%ile scan or patient complains of discomfort, ABC is and notify MD with results.
- After ABC call, if patient does not void & hour or less further unable to void, re-assess bladder and contact provider for ongoing ABC call orders.

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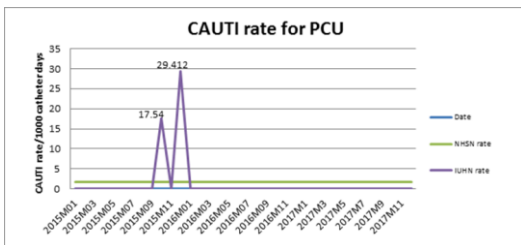
NHSN Utilization Rate



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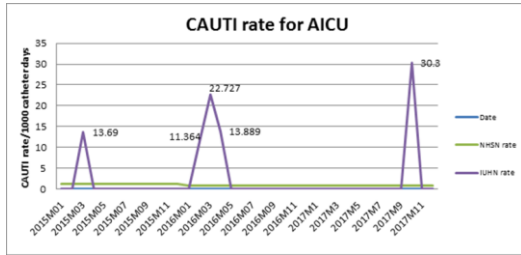
PCU CAUTI Rate



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ICU CAUTI RATE



1/23/2018

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Celebrate Your Success



References



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