STORYBOARDS

AHA/HRET HEN 2.0

PROJECT GOALS

CAUTI REDUCTION

- During the first Hospital Engagement Network, we realized that our CAUTI rate was significantly higher than average and our catheter utilization rate was very high as well.
- We chose to engage in CAUTI reduction because a CAUTI can cause many detrimental impacts including:
  - Increased length of stay
  - Pain
  - Increased cost
  - Mortality
- Unnecessary catheterization was a direct cause of hospital-acquired infections and avoidable complications to our patients.

IMPROVEMENT STRATEGIES

- We collected baseline and monthly data on:
  - Catheter insertions per department
  - Catheter days per department
  - Catheterizations with appropriate indicators
  - Definite CAUTIs
- Leadership was engaged after reviewing the alarming benchmarking data from the HEN.
- We had a burning platform for quick improvement for the safety of our patients.
- Cost per infection data was used to show the financial burden of a CAUTI to the patient and facility.
- Other staff involved in this project included:
  - Nursing department directors
  - Infection prevention nurse
  - Chief nursing officer
  - Inpatient department charge nurses
  - Emergency room nurses
  - Surgeons

RESULTS

- Change to positive impacts on our data include:
  - Decreased CAUTIs
  - Decreased unnecessary catheter insertion
  - Decreased catheter days
- Through the use of real data and education, our nurses began to understand the ultimate goal of the work which was to eliminate patient harm from urinary catheters.
- It stopped being viewed as just another memo, duty or rule being implemented for no reason and started being something they could do for their patients that had immediate effect.

RESULTS

UTILIZATION RATIO DOWN 27.6%

- [10 Evaluation Measures] Urinary Catheter Utilization Ratio — ICUs Excluding NICUs (ALL Facilities)

RESULTS

ZERO CAUTI FOR 41 MONTHS

- [10 Evaluation Measures] CAUTI Rate — All Inpatient Units Excluding NICUs (ALL Facilities)

LESSONS LEARNED

- Do research before presenting to any group.
- Present data and evidence that will be of importance to that group.
- Catheters were being inserted in the emergency room as part of outdated protocols and never addressed by anyone after admission.
- Occasionally, catheters were being left in for several days unnoticed by physicians.
- Post-operative patients were admitted with catheters with no orders when to remove them.
- The surgeon assumed the patient’s primary doctor would order it to be removed and the primary assumed the surgeon would order the removal.

SUSTAINABILITY AND SPREAD

- Sustainability and spread across the organization is insured by:
  - Reviewing chart daily by nursing, quality and infection control.
  - Reviewing catheter indications with nursing staff.
  - Posting indications for catheterization prominently in multiple areas.
  - Removing catheter orders from protocols used in the emergency department.
  - Adding catheter removal date to post-operative order sets.
- It is evident that improvement is sustained by the long running zero CAUTI rate and decreased catheter utilization ratio.
- We've encountered some barriers to implementation including:
  - “That’s how we’ve always done it” mentality.
  - Tendency to believe strict I&O orders constituted need for a catheter.

TOOLS, RESOURCES, POLICIES, TIPS

- Stop sign — indications for early catheter use.
- Updated urinary catheterization policy.
- Project fact sheet.