HRET HIIN ICU CAUTI Fishbowl

December 18, 2018
11:00 a.m. – 12:00 p.m. CT

WELCOME AND INTRODUCTIONS

Julie Kim, BS
Program Specialist, HRET
Summary Disclosure & Accreditation Statement

AHA/HRET Hospital Improvement Innovation Network (HIIN)
HRET HIIN ICU CAUTI Fishbowl #1
December 18, 2018
Live Online Webinar

The planners and faculty of the HRET HIIN “ICU CAUTI Fishbowl #1” webinar have indicated no relevant financial relationships to disclose in regard to the content of this presentation with the exception of:

Barbara DeBaun, RN, MSN, CIC reports that she received consulting fees from Magnolia Medical. This presentation has been reviewed and found to contain no bias. Ms. DeBaun has no other relevant financial relationships to disclose in regard to the content of this presentation.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical education through the joint providership of the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and Health Research & Education Trust (HRET). ABQAURP is accredited by the ACCME to provide continuing medical education for physicians.

The American Board of Quality Assurance and Utilization Review Physicians, Inc. designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABQAURP is an approved to provide continuing education for nurses. This activity is designated for 1.0 Nursing Contact Hours through the Florida Board of Nursing, Provider # 50-94.

Webinar Platform Quick Reference

Mute computer audio→

Today’s presentation

Chat with participants

Download slides/resources

Register for upcoming events
AGENDA

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<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>SPEAKER(S)</th>
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<tbody>
<tr>
<td>11:00 – 11:05 a.m.</td>
<td>Welcome and Introductions</td>
<td>Julie Kim, BS, Program Specialist, HRET</td>
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<td>Introduction to today’s event and agenda overview.</td>
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<tr>
<td>11:05 – 11:10 a.m.</td>
<td>HRET HIIN ICU CAUTI Data Update</td>
<td>Paul Cholod, MS, Data Analyst, HRET</td>
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<td>Review the overall HRET HIIN ICU CAUTI progress to date.</td>
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<td>11:10 – 11:50 a.m.</td>
<td>Framing the Discussion</td>
<td>Julie Kim, BS, Jackie Conrad, RN, MBA, RCC; Barb DeBaun, RN, MSN, CIC Improvement Advisor, Cynosure Health</td>
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<td>Meet the Fish</td>
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<td>Introduce the teams who will be working on reducing CAUTI in the fishbowl over the next four months:</td>
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<td>Each hospital team will explain:</td>
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<td>• Their CAUTI reduction aim</td>
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<td>• An overview of current CAUTI reduction efforts</td>
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<td>• What they would most like to improve, test and implement during the fishbowl</td>
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<td>11:50 – 11:55 a.m.</td>
<td>Lessons Learned &amp; Next Steps</td>
<td>Jackie Conrad, RN, MBA, RCC; Barb DeBaun, RN, MSN, CIC Improvement Advisor, Cynosure Health</td>
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<td>Provide a synthesis of generalizable lessons learned for the listening audience.</td>
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<td>11:55 – 12:00 p.m.</td>
<td>Bring it Home</td>
<td>Julie Kim, BS, Program Specialist, HRET</td>
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<td>Close today’s event with action items and share resources.</td>
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Meet the CAUTI Team

Julie Kim, BS
Program Specialist
HRET

Barb DeBaun, RN, MSN, CIC
Improvement Advisor
Cynosure Health

Jackie Conrad, RN, MBA, RCC
Improvement Advisor
Cynosure Health

Paul Cholod, MS
Data Analyst
HRET

Martha Hayward
Patient and Family Engagement Expert
HRET
Poll: How did you get here?

How did you hear about today’s virtual event?

a. HRET HIIN flyer
b. HRET HIIN website
c. HRET LISTSERV
d. State hospital association
e. QIN-QIO
f. Your organization/colleague
g. Other, please specify

HRET HIIN Overall Progress

Figure 2c: Catheter-Associated Urinary Tract Infection (CAUTI) Rate, All Units Excluding NICUs
Results limited to hospitals reporting baseline data. HRET specified 2015 as the baseline timeframe for the measure.

Rate

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CAUTI Rate - all except NICUs
Baseline (N=3502) Baseline Value: 0.99
Goal (20% reduction from baseline): 0.80

HIN Period data submission rate by state: number of hospitals reporting the measure / number of hospitals expected to report (N=1638)

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Progress towards 20% reduction goal (shown as relative reduction in the quarterly / aggregate rates since baseline)

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HIIN Period data submission rate by state: number of hospitals reporting the measure / number of hospitals expected to report (N=1638)
FRAMING TODAY’S EVENT
Julie Kim, BS, HRET
Jackie Conrad, RN, MBA, RCC
Barb DeBaun, RN, MSN, CIC
Improvement Advisors, Cynosure Health

Tiers of Interventions to Prevent CAUTI*

TIER 1 Standardize Supplies, Procedures and Processes
[complete all interventions: review and audit compliance with Tier 1 measures prior to moving to Tier 2]

- Place indwelling urinary catheter only for appropriate reasons
- Encourage use of alternatives to indwelling urinary catheters
- Ensure proper aseptic insertion technique and maintenance procedures
- Optimize prompt removal of unneeded catheters
- Urine culture stewardship: culture only if symptoms of UTI are present

Tier 2 Enhanced Practices
(if CAUTI rates remain elevated, start with CAUTI Guide to Patient Safety (GIPS) and then proceed with additional interventions)

- Perform needs assessment with CAUTI Guide to Patient Safety (GIPS)
- Conduct catheter rounds with targeted education to optimize appropriate use
- Feed back infection and catheter use to frontline staff in “real time”
- Observe and document competency of catheter insertion education and observed behavior
- Perform full root-cause analysis or focused review of infections

*These materials were developed by faculty and staff at the Department of Veterans Affairs and the University of Michigan. The materials were refined and disseminated using funding support from the Centers for Disease Control and Prevention (CDC), the Agency for Healthcare Research and Quality (AHRQ), the Department of Veterans Affairs and the University of Michigan.
Welcome to the Round Up

- Prompt removal
- Use of alternatives
- Culture stewardship

Topics to consider as we get started

- Indwelling urinary catheters cause more harm than just CAUTI, just ask a patient.

- What alternatives to catheters are effective and sustainable?
  - What’s the sticking point; the need for accurate output, hygiene, convenience/habit or all three?

- How do we change our habits around culturing to catch POA or based upon urine appearance or odor?

- How are you engaging your patients and family members?
ICU CAUTI Fishbowl Tools

- Process Improvement Discovery Tool
  - Mini RCA
  - Urine Culture Lab Tracer

- Pre and Post Assessment by survey monkey: [Link](#)

CAUTI Discovery Tool

- Mini RCA on 5 – 10 most recent CAUTIs
### Urine Culture Lab Tracer

**LAB ORDERS** There is:
- An order for a urinalysis and urine culture

**SIGNS/SYMPOTMS** The patient has:
- At least one of the following: new onset or worsening of fever, rigors, altered mental status, malaise or lethargy with no other identified cause; flank pain, costovertebral angle tenderness, acute hematuria, pelvic discomfort
- A urinalysis that demonstrated at least one abnormality (e.g. + Nitrite, + Leukocyte esterase [LE], ≥ 5 WBC/hpf)

**SPECIMEN COLLECTION and TRANSPORTATION** The following was observed:
- The urine specimen was collected from the sampling port
- The sampling port was scrubbed with a disinfectant (e.g. alcohol wipe)
- A dedicated transfer device designed to luer-fit directly onto the sampling port was used
- The current urinary catheter was removed, need for replacement was confirmed, and a new catheter was inserted before the urine specimen was collected
- The urine specimen was either analyzed by the clinical lab within two hours of collection or was refrigerated (2-8°C) or in a tube

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### Meet the Hospitals

- USA Health University, AL
- Concord Hospital, NH
- Franciscan Health Crown Point, IN
- Catholic Medical Center, NH
USA Health University Hospital (MSCU) – Alabama

- ICU Stats
  - Bed size: 8
  - Type of unit: Medical Surgical Cardiac Unit
  - University Hospital is a Level I Trauma Center, Regional Burn Center, and a Stroke Center.

- AIMs for the CAUTI Fishbowl
  - What would you like to focus on?
    - The MSCU team members at USA UH would like to focus on maintaining a zero CAUTI incidence in our patient population. Our hope is to align our healthcare practices with multidisciplinary team interventions, evidence-based practice measures, and a culture of healthcare excellence which will contribute to reducing and eliminating CAUTIs.
  - What do you hope to achieve from this Fishbowl?
    - The MSCU team hopes to perpetuate and sustain a system which will incorporate the three ideals from the CAUTI Fishbowl: Foley catheter appropriateness and removal, use of alternatives, and urine culture stewardship. We would like to carry over successful performance improvement measures created from the CAUTI Fishbowl movement to NSICU and PCU.
  - What are your goals?
    - The MSCU team goals include maintaining a zero CAUTI incidence rate through best practices, multidisciplinary team involvement, strict adherence to Foley catheter maintenance bundle activities, and a willingness to change processes for the best patient outcomes.
  - What is your aim?
    - To maintain the overall zero occurrence of catheter-associated urinary tract infections (CAUTIs) in the MSCU by standardizing the use of urine culture stewardship by 100% compliance rate by April of 2019.

Team Members:
Kimberly Tucker, Nurse Manager of MSCU
Rosanna Johnson, Unit Supervisor
Sarah Gates, Nurse Educator
Teresa Aikens, Nurse Manager for Infection Prevention/Control
Chelsie Wilkinson, RN MSCU
Karen Miller, PCA

Franciscan Health Crown Point – Indiana

- ICU Stats
  - Bed size: 21
  - Type of unit: Combined Medical/Surgical ICU

- AIMs for the CAUTI Fishbowl
  - What would you like to focus on?
    - Early removal of catheter
    - Alternatives to indwelling catheter
    - Appropriate indications
    - Appropriate specimen order and collection
  - What do you hope to achieve from this Fishbowl?
    - Increased Patient/Family Engagement
    - Nurse/Physician Engagement
  - What are your goals?
    - Decrease device utilization ratio from 0.57 a month to less than 0.5 a month by March 28, 2018.

Team Members:
Travis Thatcher-Curtis, Director of Nursing Operations
April Nikoloski, Critical Care CNS
Chris Shakula, Infection Preventionist
Concord Hospital – New Hampshire

- ICU Stats
  - 18 beds
  - General ICU
  - Small CT surgery program, trauma center

- AIMS for the CAUTI Fishbowl
  - Standard work to decrease utilization/catheter days
  - Improved culture stewardship
  - Establish post catheter removal protocols

Team Members:
Jody Case, Director of Critical Care
Erica Petralia, Critical Care Educator
Christine Villeneuve, Infection Prevention
Star Brown, QA Nurse

Lessons Learned
Jackie Conrad, RN, MBA, RCC
Barb DeBaun, RN, MSN, CIC
Improvement Advisors, Cynosure Health
Bring it Home
Julie Kim, BS
Program Specialist, HRET

Continuing Education Credits
- Launch the evaluation link in the bottom left hand corner of your screen.
- If viewing as a group, each viewer will need to submit separately through the CE link.
Articles of interest

**Appropriate Urine Culture Article**

**Non-infectious Complications of Catheters Article**

Resources

**Change Package**

**Top 10 Checklist**

**CAUTI Prevention Bundle**
AHRQ Preventing CAUTI in the ICU

Module 1 Overview. 13 minute video presentation covering the scope of the CAUTI problem, indications for indwelling catheter, causes of CAUTI in the ICU and methods to mitigate risk for CAUTI in the ICU. Interesting facts shared:

- 50% of catheters do not meet criteria
- Risk of bacteriuria increases 3-7% every day with a catheter

Module 2 Urinary Catheter Maintenance Webinar Video. 5 minute video presentation with a case scenario

Module 3 - Conversations around Device Necessity

Module 4 – Summary and Next Steps
Upcoming ICU CAUTI Fishbowl Series Events

- January 22, 2019
  - Register [here](#)
- February 12, 2019
  - Register [here](#)
- March 12, 2019
  - Register [here](#)
- All from 11 a.m.- 12 p.m. CT

THANK YOU!