HRET HIIN ICU CAUTI Fishbowl

February 12, 2019
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 CAUTI Fishbowl #3
February 12, 2018
Live Online Webinar

The planners and faculty of the HRET HIIN “CAUTI Fishbowl #3” 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
- Download slides/resources
- Register for upcoming events
- Chat with participants
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPIC</th>
<th>Presenter(s)</th>
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</table>
| 11:00 – 11:05 a.m. | Welcome and Introductions  
Introduction to today’s event and agenda overview. | Julie Kim, BS  
Program Specialist, HRET |
| 11:05 – 11:50 a.m. | Framing the Discussion  
Patient & Family Engagement Tips and Tricks with Catholic Medical Center, NH  
Updates from the Fish  
Catch up on the latest developments with participating Fish hospitals.  
Each hospital team will explain:  
• Current urine culture practice in their unit; going over their urinalysis with reflex policy  
• Progress toward their AIM statements from first Fishbowl session | Jackie Conrad, RN, MBA, RCC  
Barb DeBaun, RN, MSN, CIC  
Improvement Advisor, Cynosure Health  
Martha Hayward  
Patient and Family Engagement Expert, Independent Contractor (HRET)  
Fish Hospitals  
• USA Health University  
• Franciscan Health Crown Point  
• Concord |
| 11:50 – 11:55 a.m. | Lessons Learned & Next Steps  
Provide a synthesis of generalizable lessons learned for the listening audience. | Jackie Conrad, RN, MBA, RCC  
Barb DeBaun, RN, MSN, CIC  
Improvement Advisor, Cynosure |
| 11:55 – 12:00 p.m. | Bring it Home  
Close today’s event with action items and share resources. | Julie Kim, BS  
Program Specialist, 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
FRAMING TODAY’S EVENT

Jackie Conrad, RN, MBA, RCC
Barb DeBaun, RN, MSN, CIC
Improvement Advisors, Cynosure Health

Martha Hayward
Patient and Family Engagement Expert, HRET

Special Hospital Spotlight: Catholic Medical Center
Welcome to the Round Up

- Prompt removal
- Use of alternatives
- Culture stewardship
Spotlight on Reflex Urine Testing: It is only part of the puzzle

Words of wisdom from Garcia & Spitzer:

“Establish a pre-culture strategy that directs efforts at how cultures are ordered rather than by solely addressing issues after the Urinalysis (UA) and Urine Culture (UC) is sent.”

Beware of the “easy” button
4 Performance Improvement Recommendations on Urine Culture Management

1. Modify the EMR to include appropriate and inappropriate indications for UA/UCs that address patient symptoms
2. Educate all clinicians who order UCs- emphasize appropriate indications for UC and UTI symptoms in catheterized and non catheterized patients
3. Carefully evaluate patients with fever and order UCs as appropriate
4. Reflex urine testing should be considered ONLY if used in conjunction with careful clinical evaluation for S/S of UTI.
Spotlight on Reflex Urine Testing: It is only part of the puzzle

- What we have learned
  - Variation exists
  - No “one size fits all” reflex criteria exists
  - Created for different reasons
  - Threshold can be too low
  - Check ability to order UA without reflex

- What would happen if reflex cultures changed or went away?
- Reflex testing is a strategy that can create more testing and more unnecessary antibiotics.
Spotlight on Patient Family Engagement with Catholic Medical Center – New Hampshire

Team Members:
Ashley Conley, Director of Infection Prevention
Karen Kennett, Infection Prevention RN
Kayla Fitzgerald, Director of Critical Care
Bethany Cogley, Nurse Educator
Michelle Pellegrini, ICU RN
Catholic Medical Center CAUTI Program

- Patient-Family Involvement
  - Leadership Rounding and Commit to Sit
    - Blocking calendar
    - 100% of ADC
  - Patient and family education
    - Leadership v. Bedside RN
  - Encouraging advocacy
  - Constant review of foley days
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 – Specimen Collection Tracer

Opportunities identified:

- Use of a collection device
- Collecting routine specimens

Tool revised

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<thead>
<tr>
<th>Process</th>
<th>Chart #</th>
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<th>Chart #</th>
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<tbody>
<tr>
<td><strong>(Lab Orders)</strong> There is:</td>
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<tr>
<td>An order for a urinalysis and urine culture</td>
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<tr>
<td><strong>(Signs/Symptoms)</strong> The patient has:</td>
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<td>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</td>
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<tr>
<td>A urinalysis that demonstrated at least one abnormality (e.g. + Nitrite, + Leukocyte esterase (LE), ≥ 5 WBC/hpf)</td>
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<tr>
<td><strong>(Specimen Collection and Transportation)</strong> The following was observed:</td>
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<td>The urine specimen was collected from the sampling port</td>
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<td>The sampling port was scrubbed with a disinfectant (e.g. alcohol wipe)</td>
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<td>A dedicated transfer device designed to luer-fit directly onto the sampling port was used</td>
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<td>The current urinary catheter was removed, need for replacement was confirmed, and a new catheter was inserted before the urine specimen was collected</td>
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<td>The specimen is labeled correctly as clean catch or catheterized</td>
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<tr>
<td>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 containing a preservative.</td>
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<tr>
<td><strong>(Lab Interpretation)</strong></td>
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<tr>
<td>Does the lab perform a culture only if UA is abnormal? (e.g. + Nitrite, + Leukocyte esterase (LE), ≥ 5 WBC/hpf)</td>
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<tr>
<td><strong>(Treatment)</strong></td>
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<tr>
<td>The urine sample was obtained from the urinary catheter BEFORE initiation of antibiotics</td>
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Updates from the Hospitals

• Concord Hospital, NH
• USA Health University, AL
• Franciscan Health Crown Point, IN
Concord Hospital – New Hampshire

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

- Progress toward AIM Statement:
  - Working to influence provider group to look at culture of culturing
  - Implementing test of change using the white board (before and after)

Team Members:
- Jody Case, Director of Critical Care
- Erica Petralia, Critical Care Educator
- Delia Shepard, Critical Care Nurse
- Bobbie-Jo Rean, Critical Care ARNP
- Christine Villeneuve, Infection Prevention
- Star Brown, QA Nurse
- Kathy Wieliczko, Patient Relations Coordinator
Concord Hospital – New Hampshire

Test of change using whiteboards! (Pre)

Test of change using whiteboards! (Post)
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

- **Progress towards AIM statement:**
  - Build up teaching script to educate staff on non-infectious complications of indwelling urinary catheters
  - Promote mobility to help patients understand why getting up is important vs staying in bed with a catheter
  - Use of the white board (before and after)

**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
Teresa Barnett, Microbiology Lead
### USA Health University Hospital (MSCU) – Alabama

#### Use of whiteboard (PRE)

<table>
<thead>
<tr>
<th>Patient Care Assistant:</th>
</tr>
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<tbody>
<tr>
<td><strong>Diet:</strong> Diabetes, fluid restriction for thin liquids</td>
</tr>
<tr>
<td><strong>Activity:</strong> OORZ PT, Tum LADH</td>
</tr>
<tr>
<td><strong>Goals:</strong> PT effort, Pulmonary toilet, Improving neuro</td>
</tr>
<tr>
<td><strong>Questions:</strong></td>
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</tbody>
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*We help people lead longer, better lives.*
USA Health University Hospital (MSCU) – Alabama

Use of whiteboards (POST)
Franciscan Health Crown Point– Indiana

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

- **Progress towards AIM statement**
  - Engaging physician champions in the ICU
  - Discussing opportunities found in reflex policy
    - Policy started when increase in CAUTIs
  - Conducting observation in specimen order and collection – involving the microbiology team to the table

Team Members:
Travis Thatcher-Curtis, Director of Nursing Operations
Richard Tants, Laboratory Director
Chris Shakula, Infection Preventionist
April Nikoloski, Critical Care CNS
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
Next Sacred Cow: Pan Culturing Practices

- Next ICU CAUTI Fishbowl: March 12 - Register [here](#)
- Topic: Pan Culturing Practices
- How can you prepare?
  - Review your unit’s pan culturing practices
  - Are UCs bundled in a Sepsis work up automatically?
  - Do opportunities exist to reduce UCs as part of pan culture orders?
  - Review the 2008 Guidelines for Evaluation of Fever in Critically Ill Adults (in file pod)
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**

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**CAUTI Prevention Bundle**

- [ ] Seal Intact
- [ ] Green, Dedicated Drainage Container
- [x] No Dependent Loops
- [ ] Per Care Done
- [ ] Green Clip
- [x] Bag Below Drainer
- [x] Bag Off Ground
- [ ] Bag in Place & Secure
- [x] Stat Lock in Place & Secure
- [ ] Bag Below Drainer

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**Catheter-Associated Urinary Tract Infections (CAUTI)**

Top Ten Checklist:

- Inserting indwelling urinary catheters only for clinically appropriate reasons.
- Improvement in the process of insertion for clean and controlled insertion.
- Preventing use of alternatives to indwelling catheters such as external catheters, bladder scanners, intravesical catheters, or optimally incontinence products.
- Improving hand hygiene, where hand hygiene and hand washing are critical actions that should be emphasized at the catheter insertion site.
- Ensuring proper aseptic insertion and maintenance techniques involving hand hygiene, soap and water, povidone-iodine, strict adherence to sterile catheter insertion sites, and catheter securing, as well as bag lower than trocar and avoid back in line to the system. Use of sterile gloves and full barriers to sterile catheterization.
- Optimizing prompt removal of urinary catheters that are not clinically indicated. Conduct daily review of catheter necessity, with consideration of nurse empowerment to remove if no longer clinically indicated.
- Culture only when symptomatic. Do not culture because of odor, color, cloudy urine, or simply prolonged catheter use.
- Performing most culture analysis on all CAUTIS to identify non-causative and contributing factors. Evaluate and discuss with interprofessional team to identify points of failure and intervene to eliminate unnecessary or unsanitary use.
- Providing transparent feedback to providers and staff regarding hospital-wide and unit-specific infection and catheter utilization rates.
- Observing, documenting intensity, and providing real-time feedback of catheter insertion and maintenance to a routine basis.
- Conduct regular catheter rounds with targeted education to reduce inappropriate use and early intervention of inappropriate criteria.
- Encouraging and expect staff, patients, and families to speak up and consider hand hygiene as an "always event," as well as to inquire about the daily necessity of indwelling urinary catheter...
ANA Evidence-Based CAUTI Tool
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

THANK YOU!