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The best carry-in I ever saw....was  
the one themed “CAUTI Gras!”  
*EGH’s CAUTI Success Story*

Bri Poorman BSN, RN, CMSRN





 **BEACON HEALTH SYSTEM**™ *Care Partner*



### ***Beacon Health System Mission:***

*To enhance the physical, mental, emotional and spiritual well-being of the communities we serve as the community's provider of outstanding quality, superior value, and comprehensive health care services.*

# Objectives

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- Describe two steps that EGH has implemented to reduce the incidence of CAUTI
- List two characteristics of EGH that support a nurse-driven protocol for urinary catheter removal
- Describe two methods to maintain/verify the aseptic technique skills in staff authorized to insert urinary catheters

# Our Story

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- RIE – October 2012
  - Enrolled in On the CUSP: STOP CAUTI through IHA – participated in Cohort 4
  - Policy revisions
  - Assessed and tracked equipment for alternative use
  - Changes to documentation
  - Education developed for all departments
  - CAUTI Team formed – led by Infection Prevention
- CAUTI Initiative (data collection) originally in CCC & ICC only - began spread house-wide in October 2013.
- New Process Owner and Sponsor of CAUTI Initiative March 2013.

# HEN Structure for Accountability

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- Director of Quality & VP of Nursing saw value in clear ownership across departments
- Defined a HEN Coordinator
- Process Owner (Clinical Expert) – close to front line staff – Passionate about the topic and holds responsibility for topic
- Sponsor – (Management level) holds authority for topic across clinical units
- Director – responsible to incorporate into strategy deployment

Process allows meaningful data to be available to front line staff across units. Standard tools are used and the number of harms brings home the notion of there is one of their patients behind every CAUTI.



# *CAUTI Initiative Team*

- Bri Poorman – Process Owner
- Pam Vail – Sponsor
- Katherine Russell – Strategy Deployment

## *Team Members:*

- Bo Coody
- Melissa Turner
- Brenda Pressler
- Bonnie Mueller
- Coreena Schroyer
- Tricia Coatie
- Lorna Stahler
- Ricki Garver
- Renee Pugh



# Checking Inventory

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- Each department was checked for adequate supplies of alternatives to indwelling catheters
- Each department was educated on importance and use of alternatives to indwelling catheters
  - Intermittent catheters
  - External condom catheters
  - Routine toileting
  - Easy access to BSCs and Urinals



# What we implemented....

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## Nurse Driven Protocol

- Policy revised and addendum added – including algorithm
- Per policy, nurse is to assess every 24hrs for the presence of urinary catheter & continued need
- Physician order is NOT needed for removal.

## Documentation Changes

- Assessment & Need documented every 24hrs – first thing to chart in GU documentation band
- Daily Charge Nurse Audit – “Catheter Patrol”
- Monthly Audit done by Shift Coordinators/Educators/CAUTI Team Lead
- Our documentation finally matches our policies!





# Who we educated....

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- EVERYONE!
  - Nurses
  - Nursing Aides
  - Secretaries
  - PT/OT
  - Respiratory Therapist
  - Transporters
  - Radiology

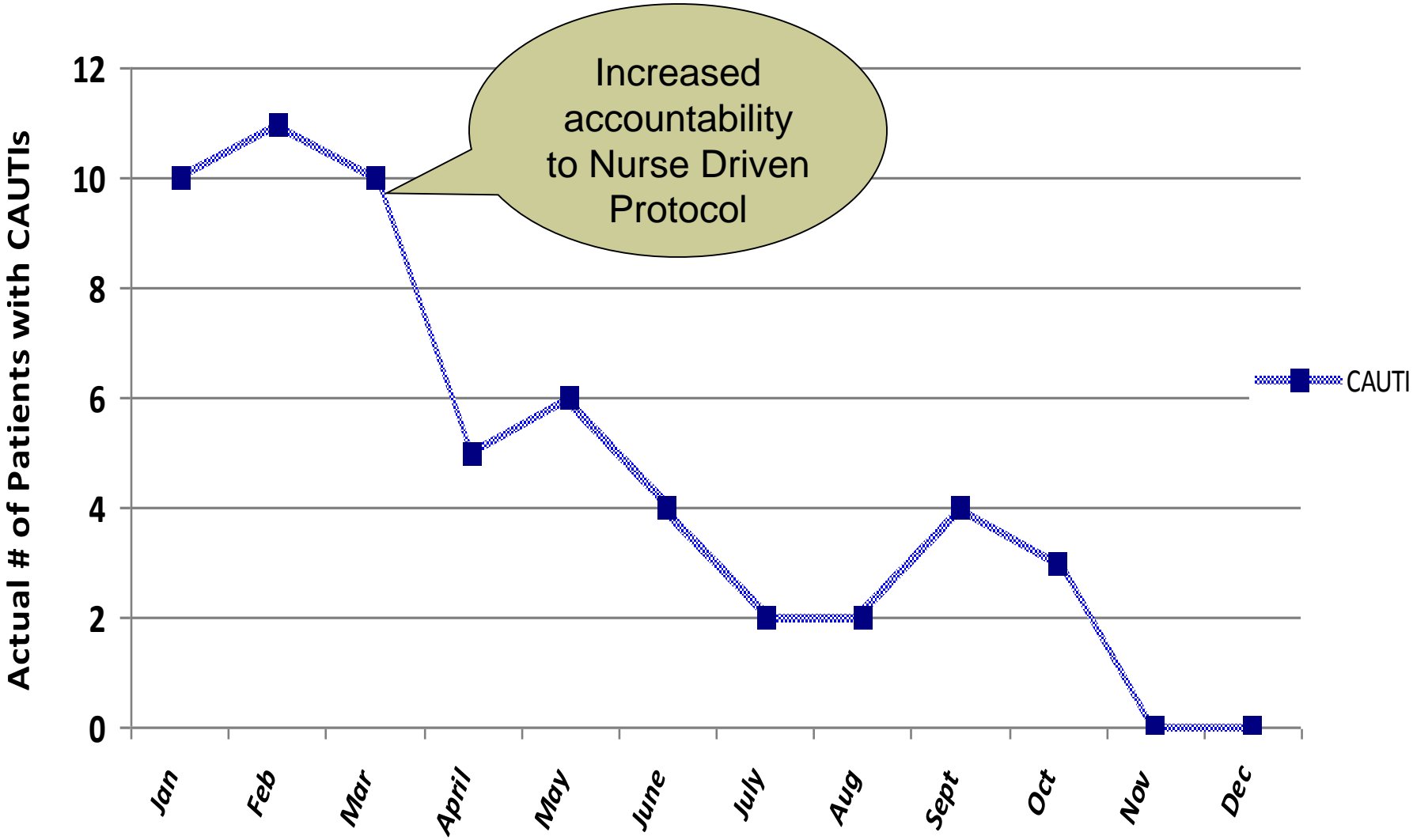


# How we educated....

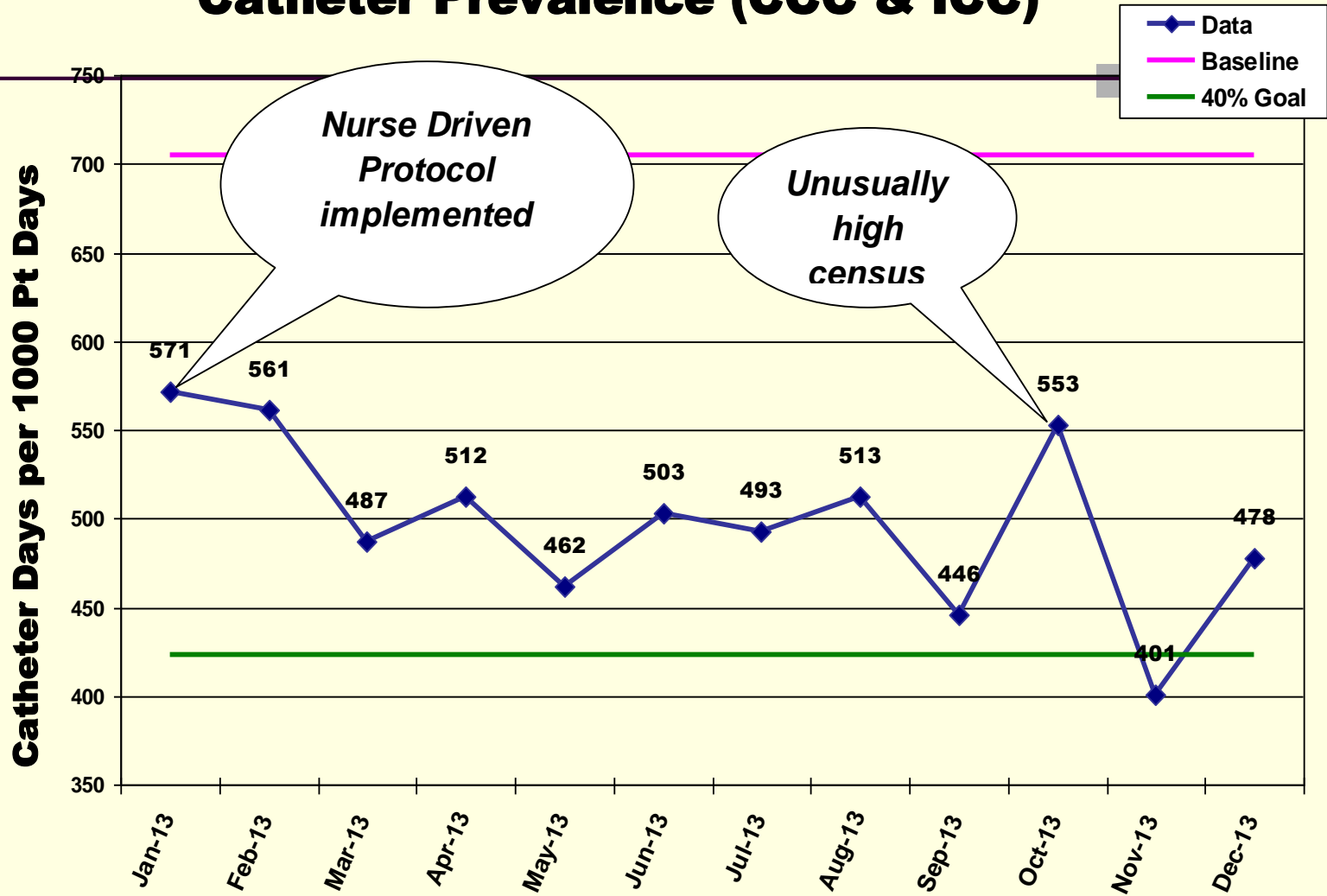
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- January 1<sup>st</sup>, 2013 – CAUTI Prevention Quiz went out to nursing staff housewide and was added to our list of mandated yearly quizzes
- Bulletin boards posted in breakrooms or in nursing stations displaying our journey – “follow the *yellow* brick road”
- Emergency Department does yearly competency skills for urinary catheter insertion with all nursing staff including techs
- Housewide Nursing Orientation includes a hands-on skills and presentation
  - Nursing Aides must get check-off for their urinary catheter removal skills by RN while on orientation.

# CAUTIs Housewide for 2013

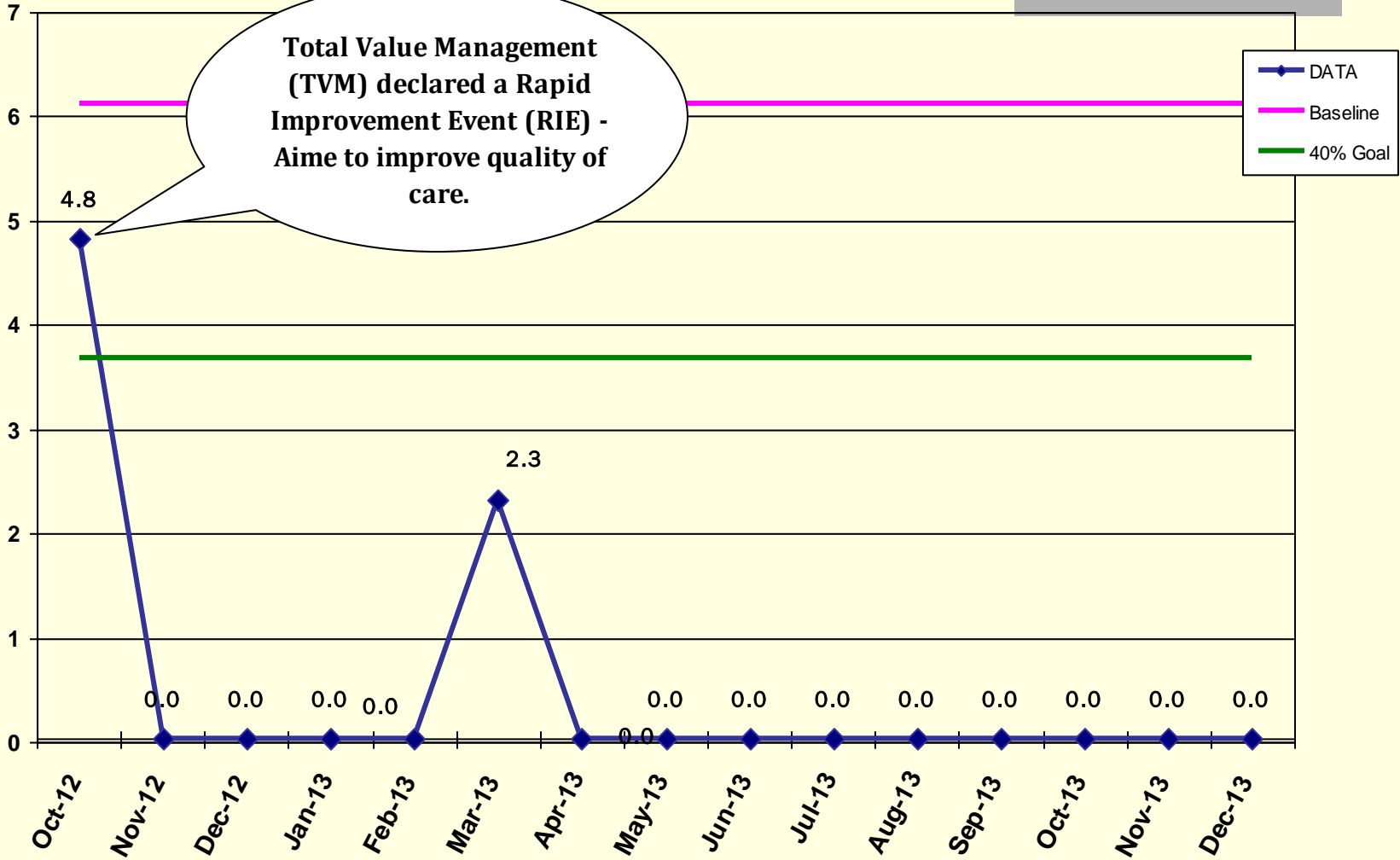


# Catheter Prevalence (CCC & ICC)



# Catheter Associated UTI (CCC & ICC)

**CAUTI per 1000 Cath Days**



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- CAUTI rates had not previously been tracked outside of Critical Care
  - Fall of 2013 obtaining indwelling urinary catheter data on Med-Surg Units.
  - March 2014 – all in-patient units tracking patients with indwelling urinary catheters

***It is important not to just focus on our CCC patients' safety in regards to reducing catheter days and incidence of CAUTI, but instead to focus on every patient's safety at EGH***

# Harm Across the Board (HAB): Monthly Update

Hospital: Elkhart General Hospital State: IN Month: Feb. 2014



## Improving Harm Across the Board Patient Safety is Our Top Priority



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Greg Losasso,  
President and the  
Elkhart General  
Safety Team

### Risk Profile: The Areas of Risk We Are Committed To Controlling

2011 annual discharges: 13,954 HAC risk opportunities/discharge: 603

HACs	Estimated annual number of patients at risk in each area	Number of Opportunities CY 2011
ADE	# of discharges:	13,954
CAUTI	# pts in IP units with catheter in place:	5,240
CLABSI	# central line patients in CCC:	649
Falls	# of discharges:	13,954
OB AE	# of women with deliveries:	1,521
HAPU	# of discharges:	13,954
SSI	# of inpatient surgeries:	5,755
VAP	# ventilator patients in CCC:	658
VTE	# of discharges:	13,954
EED	# of women with elective deliveries:	530
TOTAL	Risk opportunities for harm across the board	70,210

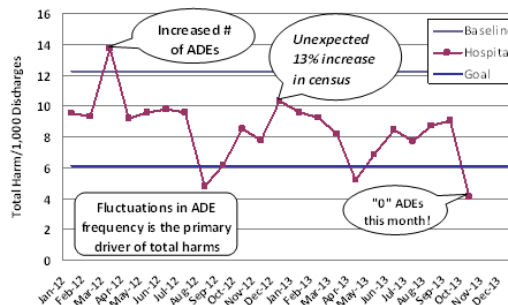
### Reducing Harm Rates (per discharge)

HACs	Baseline Rate 2011	Target Rate	Current Rate 3Q 2013	Improvement Status (Scale)
ADE	0.0085	0.0039	0.0039	AT TARGET
CAUTI**	0.0009	0.0005	0	IDEAL
CLABSI	0	0	0	IDEAL
Falls with Injury Minor or Greater	0.0012	0.0013	0.0032	OPPORTUNITY
OB AE	0	0	0	IDEAL
HAPU Stage III or Greater	0.0001	0	0.0004	OPPORTUNITY
SSI within 30 Days**	0	0	0	IDEAL
VAP	0	0	0	IDEAL
VTE***	0.0009	0.0005	0	IDEAL
EED	0.0009	0.0005	0.0007	PROGRESS
Total	0.0115	0.0069	0.0082	PROGRESS
Readmit	0.021	0.0817	0.0739	AT TARGET

\*\*Baseline = July - December, 2011  
\*\*\*Baseline = January, 2012  
\*\*\*\*Baseline = July, 2012

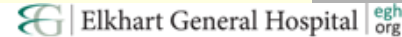


### Total Harm per 1,000 Discharges

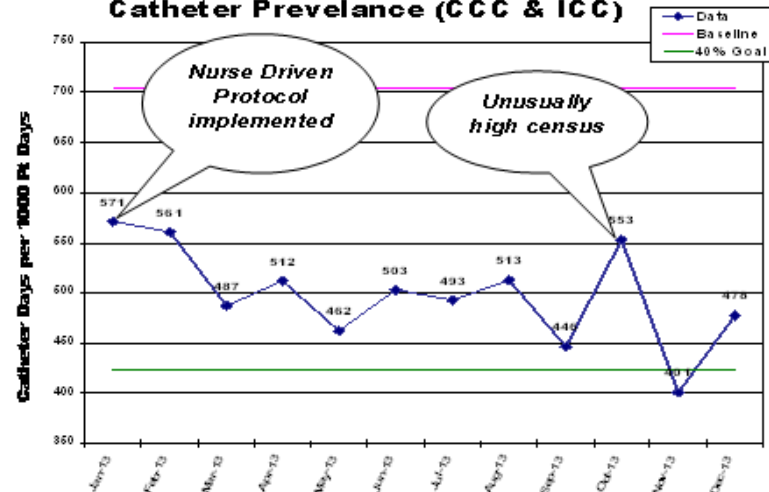


### Our Hospital Risk Score Card

Our Safety Mandate CY 2011	
Annual Volume (Discharges)	13,954
Total risk: annual harm opportunities	70,210
Risks per patients (Total Opportunities)/Discharges	5.03
Number of Risk Areas	
Number of PFP Risk Areas Applicable (0 - 11)	11
Number of PFP Risk Areas Applicable & Adopted	11
Our Progress	
Number of PFP Areas with Improvement Opportunity	2
Number of PFP Areas at Improvement Target	1
Number of PFP Areas at IDEAL	6
Number of PFP Areas Making Progress	1
Patient & Family Engagement Criteria	All 5
Leadership Criteria	All 4

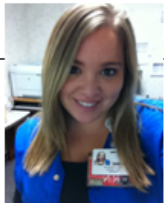


### Catheter Prevalence (CCC & ICC)



### CAUTI PEARLS:

- **Sustainability** depends on keeping CAUTI up front and visible to front line staff!  
"What gets inspected gets respected"
- An **Engaged Associate**, with support from Management, has been more effective in implementation and "buy-in" with front line staff
- **Celebrations** are essential for sustainment and progress toward goal of zero CAUTI!
  - "Small Win": Free "hydration" drink voucher for recognition of compliance with process changes
  - "Stand for CAUTI" Lemonade Stand. Traveled to successful Nursing Units
  - "CAUTI Gras 2014" Themed Carry-In rewarded to Nursing Unit with greatest improvement in reducing catheter prevalence.







# *Stand up to CAUTI – Lemonade Stand*



*Has the traveling CAUTI lemonade stand arrived to your unit???*



# CAUTI Gras 2014



# We all care about the safety of our patients!

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- We must make our interventions sustainable over time.

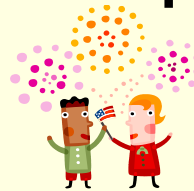
- Hardwire



- Incorporate in policy



- Celebrate



- How will you effect CAUTI prevention?