

CAUTI Reduction

HSHS St. Elizabeth's Hospital

CAUTI Safety Session

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HSHS
St. Elizabeth's
Hospital

HSHS St. Elizabeth's Hospital IL



- Located in Belleville IL
- Licensed 289 beds
- Acute Care Hospital
 - Surgery, Obstetrics, Telemetry, Critical Care, Urgent Care, ER, Inpatient rehab facility

CDC CAUTI Facts

- Urinary tract infections (UTIs) are the fourth most common type of healthcare-associated infection.
- UTIs additionally account for more than 12% of infections reported by acute care hospitals.
- Approximately 12%-16% of adult hospital inpatients will have an indwelling urinary catheter at some time during their hospitalization
 - Patient has a 3%-7% increased risk of acquiring a catheter-associated urinary tract infection (CAUTI) each day the catheter is in place

2012 Statistical Significance



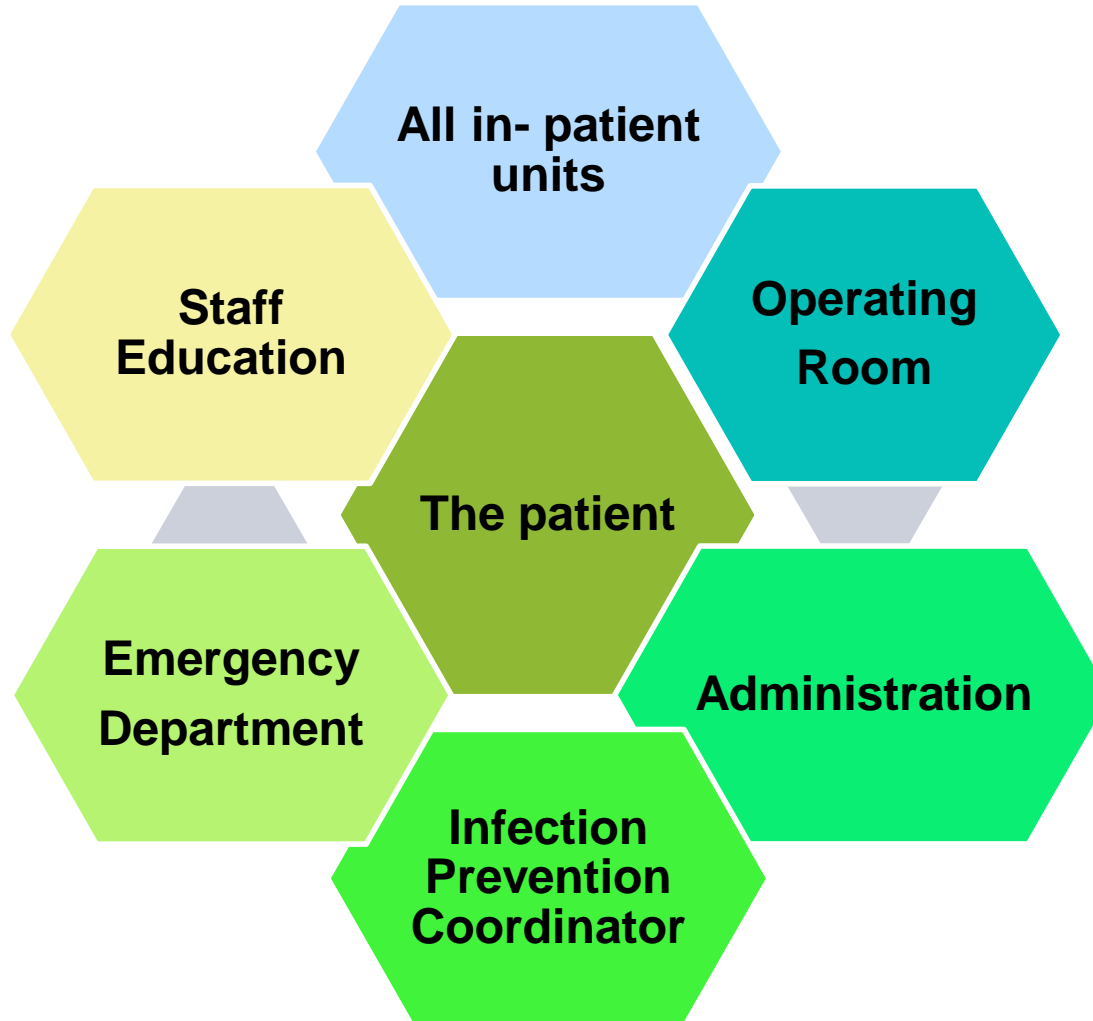
The Challenge

Reimbursement changes were penalizing for HAI's.

UTI's accounted for 35-40% HAI's.

CAUTI's were the most common HAI.

CAUTI Intervention Team





Management

Man

Method

Inconsistent
insertion techniques

Insertion
SOP

Inconsistent
Maintenance
techniques

Maintenance
SOP

No mechanism for
auditing
compliance

Removal
SOP

Accountability

Inconsistent
removal techniques

MD alert of need
to remove

Increased
rate of
CAUTI's

Inconsistent daily
surveys of devices

Bladder
Scanners

Stat
Locks

Inconsistent
documentation of
placement &
removal

Meditech
documentation

Foley tubing
clips

Measurement

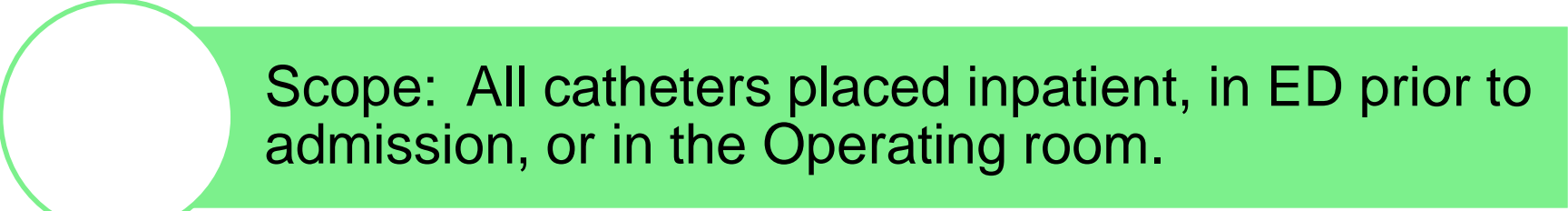
Machine

Material

The Plan



AIM: Reduce CAUTI's by 25%



Scope: All catheters placed inpatient, in ED prior to admission, or in the Operating room.



Exclusions: Any catheter already in place prior to admission, infants, suprapubic catheters & ileostomies.

Evidence Review

- Nurse driven protocols are recommended for timely removal of catheters decreases CAUTI rates.
- CAUTI risk is directly related to length of indwell time.
- 20-50% of catheters do not meet criteria for use.
- 36% of physicians are unaware their patient had a catheter.

Follow the Evidence...

HOUDINI

Hematuria, Gross

Obstruction, urinary

Urologic surgery

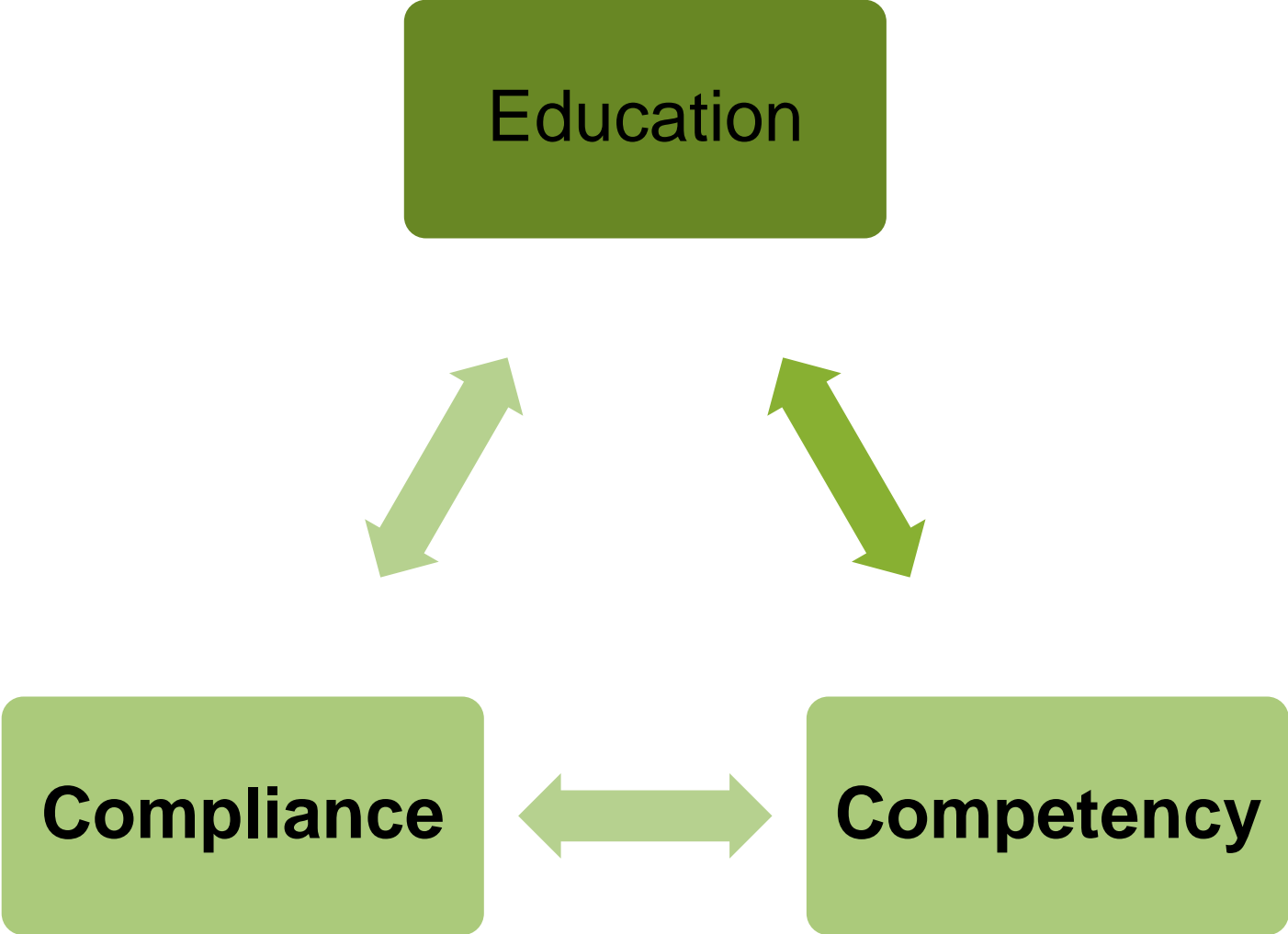
Decubitus ulcer – open sacral or perineal
wound in incontinent patient?

I & **O** for hourly management or hemodynamic
instability

No code/comfort care/hospice care

Immobility due to physical constraints

Strategies for Success



Education & Standardization

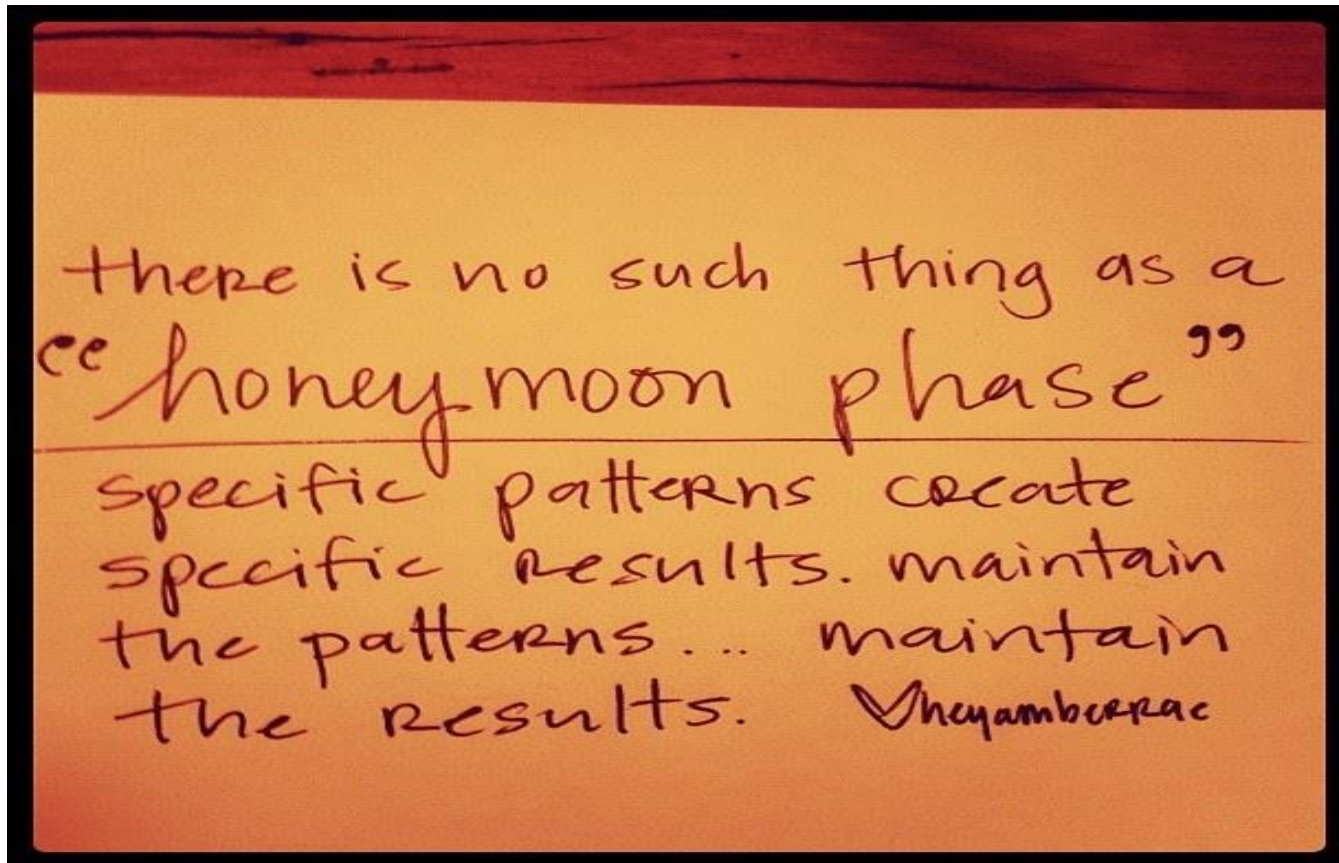
- Standard Operating Procedure for
 - Insertion
 - Maintenance
 - Removal.
- Standard documentation for insertion and removal of foley.
- Standard Operating Procedure around urine cultures.
 - Based on local findings suggestive of CAUTI.
 - Sterile procedure to obtain specimen
- Standard device day count
- Standard audit tool
- MD post op orders

Initial Barriers

- Accustomed to “wait for the MD order.”
- Nurses finding their voice and being empowered.
- Ignorance of the risks of urinary catheter.
- Leaving the urinary catheter in may be easier.

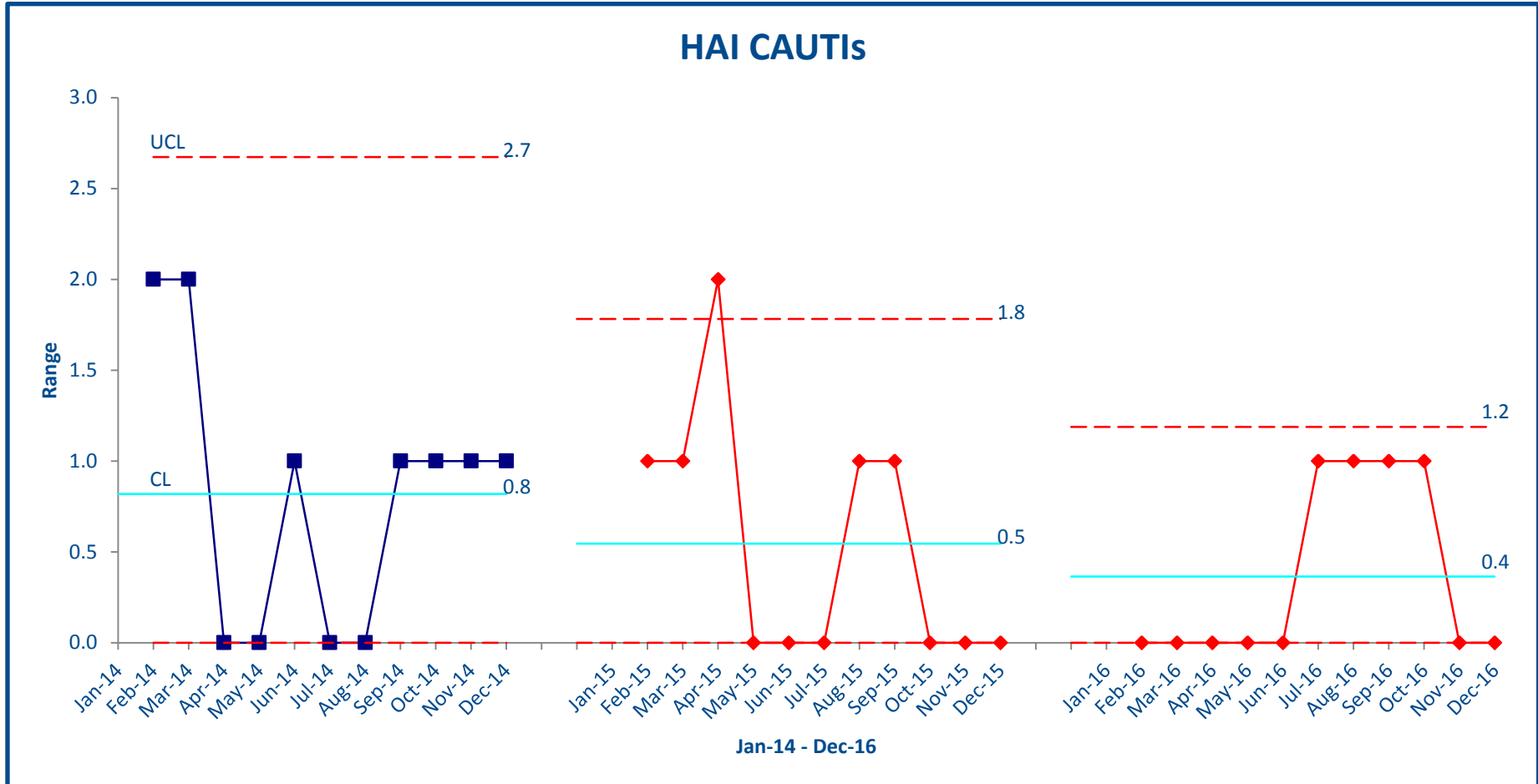
- How did you handle it?
 - Daily list of inpatients with urinary catheters.
 - Daily urine catheter audits.
 - Daily device day counts all units.

The Honey Moon Phase

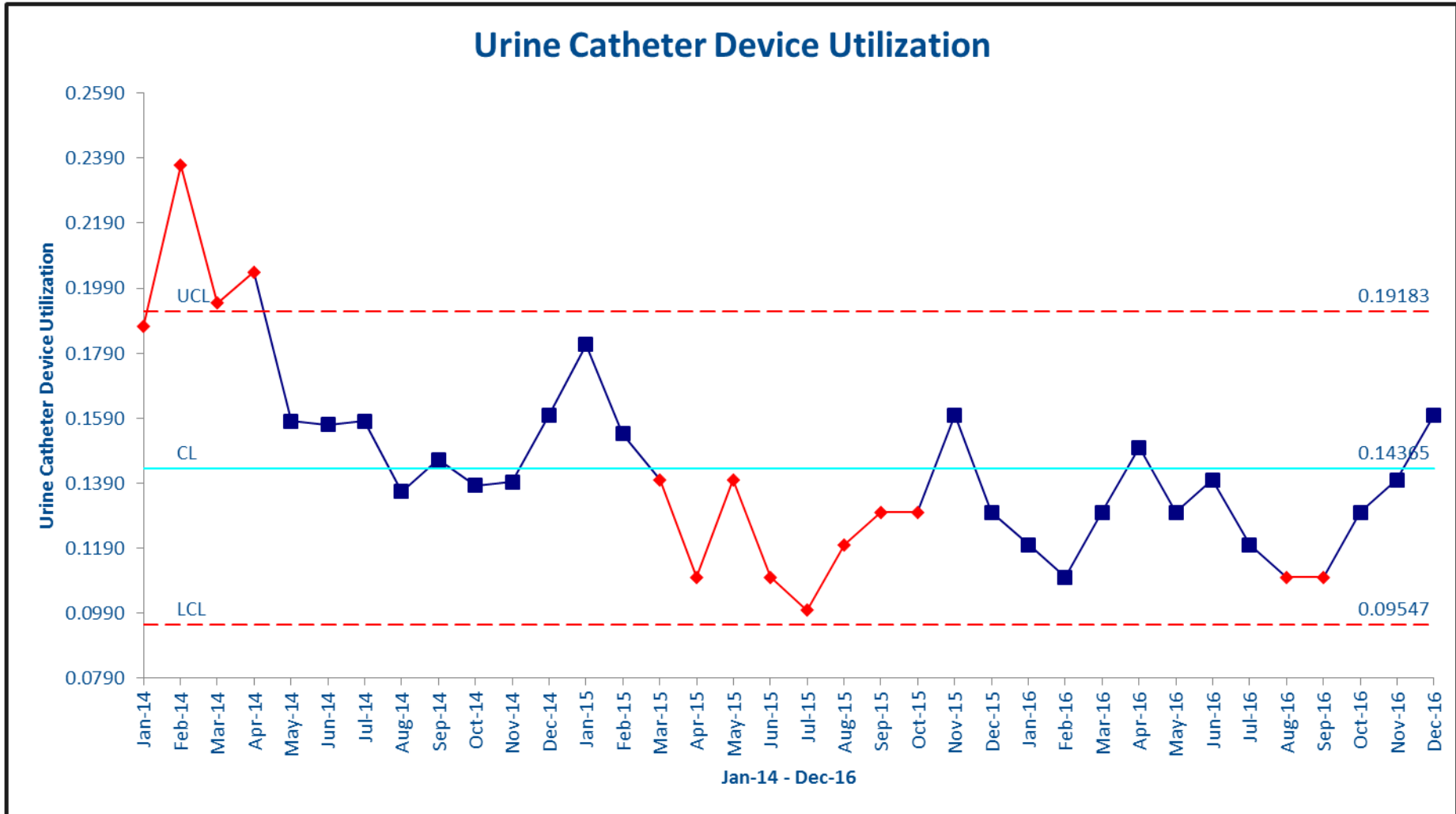


Results

CAUTI HAI Data



Device Utilization



Key Points from the IP Perspective

- Nurse Driven
- Constant Attention (never stop talking about it)
- Collaboration
- Feedback

Questions and Thank you!