

TAKING CAUTION ON CAUTI



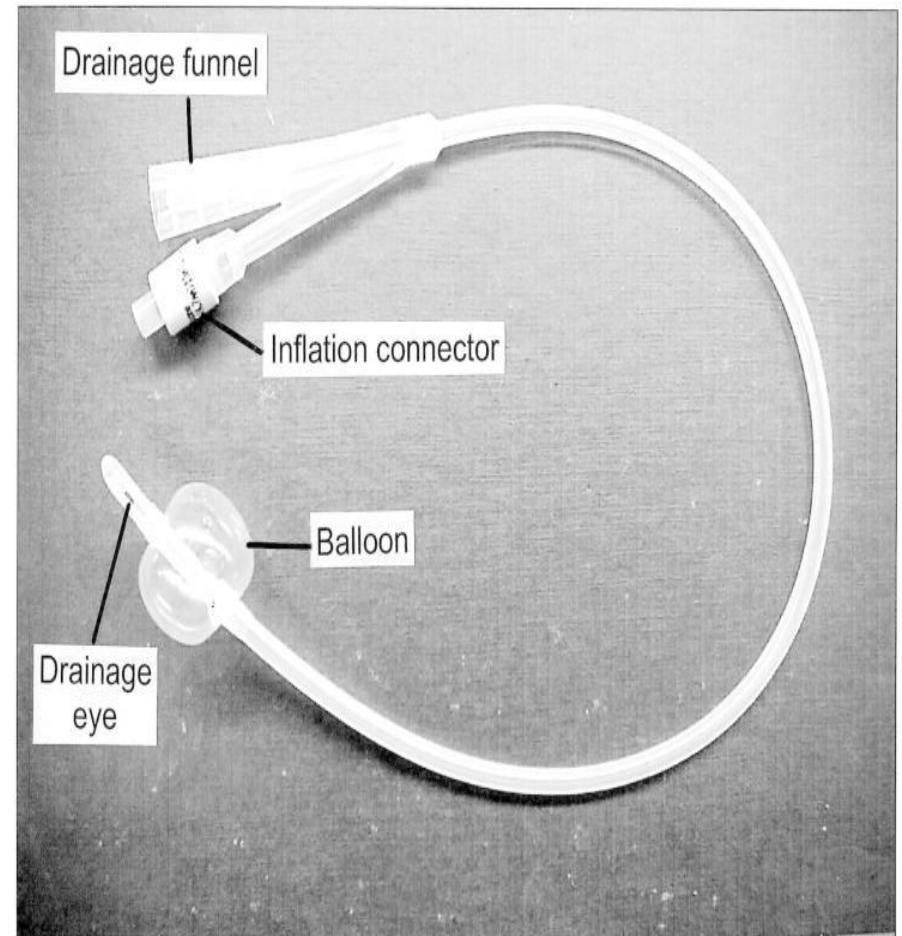
HSHS St. John's Infection Prevention Team

Presented By: Kristin Goldesberry

MPH,MLS (ASCP)

The History of Foley Catheters

- The word *catheter* derived from ancient Greek means “to thrust into” or “to send down”
- Used for > 3500 years to drain the bladder when it fails to empty
- The **indwelling** Foley Catheter was introduced nearly 80 years ago by urologist Frederic Foley
- Initially all Foleys were latex
- Today Foleys are silicone or silicone coated due to the cytotoxicity issues with latex



The History of Foley Catheters

- **1500 BC**

Earliest record in an ancient Egyptian papyrus of treatment of urinary retention by means of transurethral bronze tubes, reeds, straws and curled-up palm leaves.

- **1100s**

Chinese records of the treatment of urinary retention by transurethral insertion of hollow leaves of onion. These were often hard to pass and rigid wood or metal tubes were alternatively used.



- **1752**

Benjamin Franklin devised a silver wire helical tube rubbed with tallow to fill the external grooves, for use as a catheter by his brother John when suffering from urinary retention due to “the stone”. Later, Franklin used it personally when suffering from the same condition.

- **1929**

Development of the “modern” balloon-based self-retaining catheter. In the device constructed by the C R Bard Company to the design of Dr. Frederic Foley, a rubber balloon was attached with fine silk and waterproof cement close to the tip of a rubber catheter with a longitudinal groove which accommodated a fine tube to inflate the balloon with water. Bard placed Foley’s device on the market in 1933.



Foley Insertion & Maintenance Basics

- Properly trained individuals displaying aseptic technique should be responsible for insertion and maintenance of the Foley catheter.
- Hand hygiene should be performed immediately prior to insertion or manipulation of the catheter.
- The catheter and tubing should be free of kinks and the collection bag below the level of the bladder to maintain unobstructed urine flow.
- The collection bag should be emptied regularly using a patient specific clean container.
- The Foley should be removed as soon as possible.

Sounds easy right? So why do CAUTI's happen?

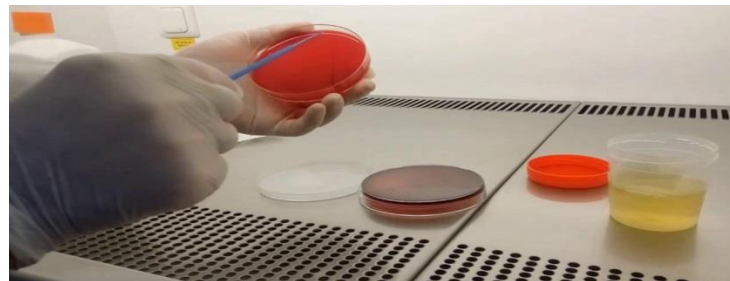
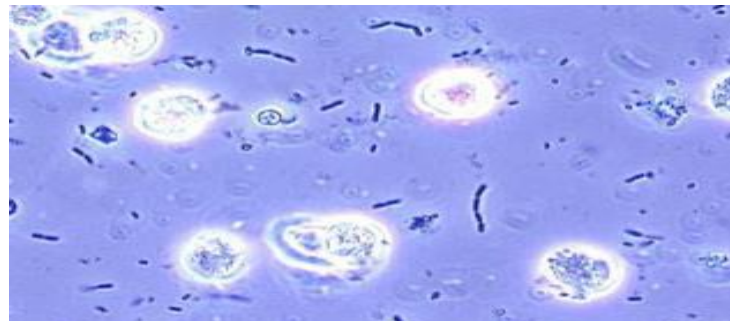
Causing a CAUTI



- Biofilm
 - Bacteria can colonize within 3 days
 - Complex structures
- Failure to use aseptic technique during insertion
- Foleys left in for inappropriate length of time
- Broken system
- Poor hand hygiene practices
- Inadequate foley care
- Improper catheter securement

All About Urine

- Urinalysis vs urine culture
 - When?
 - Interpretation of results—physical, chemical, microscopic
- Proper urine specimen collection
 - Site of collection
 - contamination
- Care of specimen after collection
 - Transportation to lab
 - Bacterial growth room temp.
 - Destruction of casts, crystals, cellular elements
 - Falsely increased/decreased chemistry



Alternatives

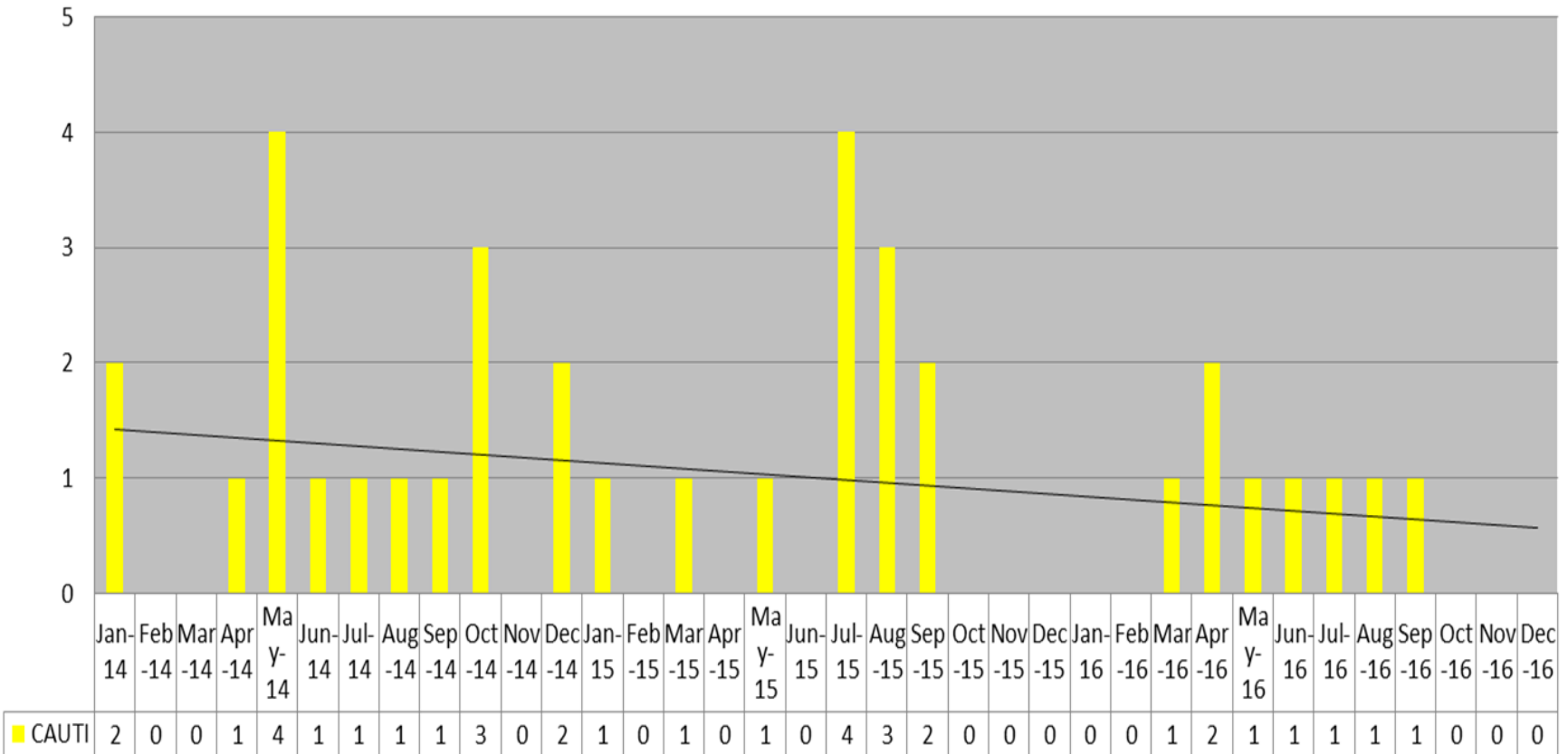
- Straight catheterization, assisted by bladder scanners—
increased availability
- Wicking pads
- Attends
- Urinal and bed pans
- Condom catheters

True Cost of CAUTI

- Prolonged length of stay
- Possible disability due to prolonged illness
- Discharge to nursing home/rehab due instead of home
- Additional complications (i.e. Cdiff due to extended stay and antibiotic usage)
- Longer recovery time
- Increased cost of hospital stay
- Loss of patient trust/poor perception of hospital cares

How did we reduce CAUTI?

HSHS SJS CY14-CY16 CAUTI



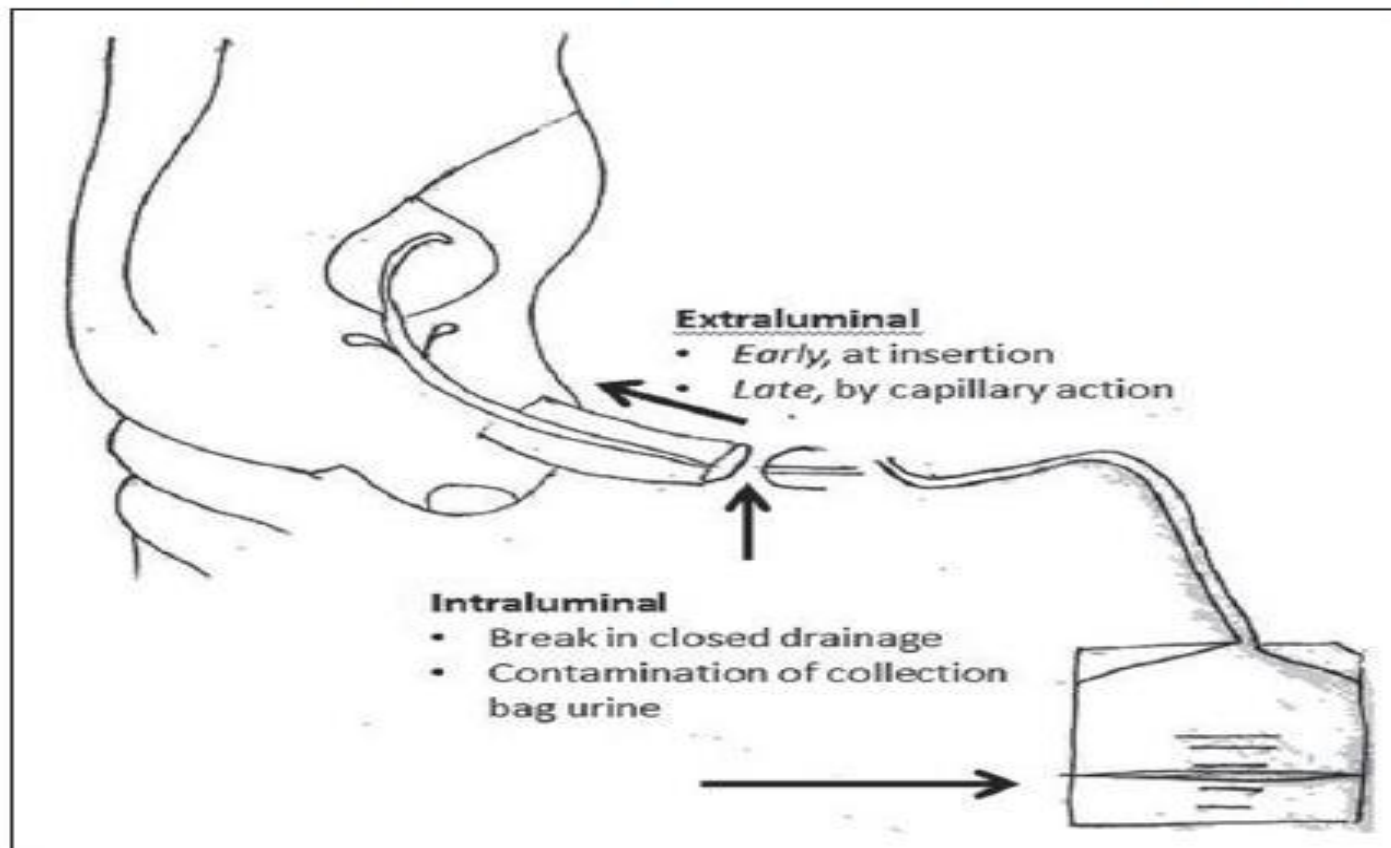
Chain of Transmission



- **Infectious Agent**-bacteria, parasite, virus, fungi
- **Reservoir**-humans, water, air, medical equipment, environment
- **Portal of Exit**-secretion, excretion, droplet
- **Mode of Transmission**-contact, droplet, airborne
- **Portal of Entry**-mucosa lining, open wound, respiratory tract, urinary tract
- **Susceptible Host**-Immunocompromised, very young age, elderly, individuals with chronic disease, post-operative

Routes of Entry Associated with a Catheter

Figure 1: Routes of entry of micro-organisms into a catheterized urinary tract



Indications for Indwelling Foley Catheter

HOUDINI Assessment

- H-Hematuria, gross
- O-Obstruction, urinary
- U-Urologic surgery
- D-Decubitus ulcer
- I-Intake & Output needed to manage critically ill or hemodynamic instability
- N-No code/comfort care/hospice care
- I-Immobility due to physical constraints (Unstable pelvic fracture or traction in use)



Indications for Indwelling Foley Catheter

- Twice daily assessment for foley catheter completed through Meditech intervention “Foleys at 5”
 - Colleague must document necessity
- Nurse driven protocol for foley removal
 - Nurse can remove catheter if no longer meeting HOUDINI criteria and other methods to drain bladder are available
 - Providers must have order to keep catheter in to be exempt from removal

Indications for Indwelling Foley Catheter



- “CONNECT” Report
 - Report revised by Infection Prevention to address indwelling devices from transferring facility

Allergies: NKDA LATEX PCN SULFA FLOXINS ASA NORCO CODEINE EGGS IV DYE OTHER: _____			
DNR/ Full code	Helix/AMR/PCV/FTA	Familv	Trauma level

Nursing Report

Patient name _____ DOB ___/___/___ Age ___ Y# _____ MA# _____

Date/Time _____ Admitting doctor _____ Patient location _____ Bed Placement _____

Diagnosis/Current C/O _____

HX: MRSA VRO DM I II HTN HLP CAD CHF MI STENTS CABG AF PACER AICD AAA PE
CANCER _____ CHOLE EX SMOKER COPD TIA CVA SZs RENAL GERD HYSTR APPY THYRD
DEMENTIA ALZ ANXIETY DEPRESSION HOME-O2 @ ___ |

Assessment: A/O x3, Skin intact, Lungs clear, Abdomen soft/nontender, Moves all ext, PAIN ___/10

Meds (List with pt) _____

Foley catheter present? _____ Location placed? _____ Foley able to be removed per HOUDINI? _____

Assessment for Indwelling Foley Catheter

- “Virtual Rounding”
 - quick, easy to read report identifying the patients that have foley catheters in place and their indications
 - Completed by Infection Prevention, directions provided to nursing managers
- Infection Prevention Rounding
 - assess need for foley to identify if there is a physical indication for the foley, are other means available?
 - “Spot check” nurses on HOUDINI and nurse driven protocol

Assessments for Indwelling Foley Catheter



- Device Logs

- Completed daily on all patients in adult critical care
- Indicates indwelling devices and days they have been in
- IP review when rounding to assist in timely removal

END OF SHIFT CHECKLIST									
Start of Shift Date:					Nurse:				
RESTRAINTS Yes or No				MRSA SWAB SENT		MRSA +/-			
If "Yes", then is audit tool completed and turned in?			Y/N	Y/N					
TELEMETRY Yes									
Strip posted Q12h?			Y/N						
PAIN					FOLEY				
Med Orders appropriate?	Reassessment completed per policy?		Reassessment Pain Score Completed?			DATE INSERTED	INDICATION	DOCUMENT NECESSITY	PERICARE
Y/N/NA	Y/N/NA		Y/N/NA					Y/N	Y/N
BLOOD ADMINISTRATION					C-DIFF				
Consent signed?	Doctor ordered?	Checked per policy?	Transfusion Record completed		DIARRHEA SCREEN	STOOL CHARACTERISTIC NOTED	SAMPLE SENT ISOLATION STARTED/DOCUMENTED	ISOLATION DOCUMENTED C. SHIF	
Y/N/NA	Y/N/NA	Y/N/NA	Chart Y/N	Meditech Y/N	Y/N	Y/N	Y/N	Y/N	

Data for Indwelling Foley Catheter

- “Midnight tracking”
 - Daily report completed at midnight:
 - Patient days
 - Device days—vent, CL, foley
 - Patients with diarrhea
 - Patients on Contact C isolation
 - Patients on fall precautions
 - Located in Francis (intranet)

[Clinical Guidelines](#)

[Nursing Directives](#)

[AORN Guidelines](#)

[Nursing Practice](#)

[Standards](#)

[St. John's College](#)

[Order uniforms online](#)

Staffing
Patient Care
Services

IP
Midnight
Tracking

[Epiphany Cardio](#)

[Halogen](#)

[Nurse Planner](#)

[Telemetry](#)

[Teletracking](#)

Midnight Tracking Tool

IP Midnight Tracking



HSHS Projects Departments Standards/Policies/Forms PMO IT OnCall Schedule Reference

HSHS > Projects > IP Midnight Tracking > Data Entry (for all areas except NICU) > New Item


Data Entry (for all areas except NICU): New Item

OK

Cancel

 Attach File |  Spelling...

* indicates a required field








Unit *	<input type="text" value=""/>
Night	<input type="text" value="1/17/2017"/> 
Number of Patients in Bed at Midnight	<input type="text" value=""/>
Number of Patients with a Urinary Catheter	<input type="text" value=""/>
Number of Patients with 1 or more Central Lines	<input type="text" value=""/>
Number of Patients on a Ventilator	<input type="text" value=""/>
Title	<input type="text" value=""/>
Diarrhea Observed (list room numbers)	<input type="text" value=""/>
Patients in Contact C (list room numbers) *	<input type="text" value=""/>
Number of Patients on Fall Precautions *	<input type="text" value=""/>
Number of Patients with Restraints *	<input type="text" value=""/>

OK

Cancel

Midnight Tracking Tool

Data Entry (for all areas except NICU)

New ▾ Actions ▾ Settings ▾						
Edit	Unit	@	Night	Number of Patients in Bed at Midnight	Number of Patients with a Urinary Catheter	Number of Patients with 1 or more Central Lines
	Behavioral Health		1/16/2017	14	1	0
	Peds Gen/IMC		1/16/2017	21	0	1
	PICU		1/16/2017	12	0	4
	Birth Center		1/16/2017	18	1	
	Ortho		1/16/2017	25	6	3
	Acute Surgical		1/16/2017	15	1	0
	Oncology		1/16/2017	4	0	0

Data for Indwelling Catheter

- Internal catheter utilization scorecard
 - Data obtained through midnight tracking pulled into an internal catheter utilization scorecard
 - Separated by nursing unit
 - Utilization calculations performed (foley days/patient days)
 - Benchmarks
 - Internal utilization prior to HOUDINI
 - Comparison to NHSN national benchmarks per like nursing units

Internal Foley Utilization Scorecard



HSHS - SJS Foley Utilization

Unit	National Benchmark per Unit	Sept-15 Baseline	Oct-15 HOUDINI Begins	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Acute Surgical	0.22	0.21	0.27	0.23	0.16	0.12	0.19	0.15	0.13	0.12	0.17	0.20	0.27	0.19	0.23	0.24	0.16
Behavioral Health	0.04	0.06	0.02	0.00	0.01	0.01	0.01	0.00	0.00	0.00	0.00	0.01	0.01	0.00	0.01	0.00	0.02
Birth Center	0.16	0.09	0.10	0.08	0.09	0.11	0.10	0.13	0.10	0.11	0.11	0.11	0.15	0.15	0.13	0.13	0.13
CCU	0.66	0.55	0.72	0.67	0.63	0.55	0.70	0.46			0.63	0.61	0.70	NA	0.42	0.48	0.53
CVCU	0.19	0.1	0.10	0.12	0.09	0.11	0.12	0.08	0.09	0.08	0.12	0.11	0.10	0.12	0.06	0.08	0.12
Hospice		0.77	0.79	0.69	0.79	0.66	0.57	0.58	0.73	0.64	0.72	0.72	0.58	0.58	0.67	0.59	0.67
ICU-A	0.68	0.49	0.64	0.62	0.63	0.77	0.67	0.86	0.78	0.12	0.69	0.62	0.72	0.68	0.69	0.64	0.61
ICU-B	0.68	0.49	0.64	0.82	0.70	0.64	0.64	0.74	0.00	0.68	0.84	0.60	0.64	0.76	0.54	0.66	0.51
ICU-C/TSICU	0.78	0.72	0.90	0.70	0.67	0.65	0.67	0.64	0.61	0.69	0.86	0.65	0.75	0.75	0.76	0.66	0.69
ICU-D	0.69	0.63	0.67	0.50	0.44	0.46	0.68	0.58	0.67	0.54	0.58	0.32	0.41	0.39	0.35	0.48	0.43
Medical Acute	0.16	0.17	0.19	0.12	0.16	0.16	0.20	0.19	0.22	0.20	0.16	0.15	0.19	0.14	0.15	0.19	0.14
Neuro	0.21	0.2	0.22	0.22	0.13	0.14	0.24	0.17	0.12	0.09	0.21	0.24	0.20	0.17	0.23	0.18	0.08
Oncology															0.09	0.27	0.09
Ortho	0.26	0.25	0.23	0.27	0.26	0.19	0.25	0.25	0.31	0.29	0.21	0.24	0.21	0.26	0.26	0.28	0.26
Peds Gen/IMC	0.05	0.02	0.02	0.02	0.02	0.01	0.01	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.04	0.01	0.01
PICU	0.21	0.14	0.11	0.10	0.10	0.06	0.13	0.03	0.09	0.11	0.24	0.21	0.29	0.12	0.19	0.17	0.13
TCU	0.09	0.09	0.06	0.03	0.01	0.04	0.03	0.17	0.13	0.05	0.01	0.09	0.02	0.06	0.11	0.10	

*Foley utilization is calculated by dividing foley days/patient days. Each weekly utilization rate is compared to the unit's rate prior to HOUDINI beginning (September).

Key

	utilization decreased
	utilization stayed the same or increased by ≤ 0.05
	utilization increased by more than 0.05
●	utilization \leq National Benchmark
●	utilization $>$ National Benchmark

Data for Indwelling Catheter

- Device data to be inputted to Theradoc and NHSN via Quality Analyst using midnight tracking
- Theradoc reports created with NHSN benchmarks

DASHBOARD MODULE WIZARD

Module Type: **Device Associated Infection w/ NHSN Benchmark** ?

Module: **Update** Copy Delete Cancel Preview Summary

Module Name: **Foley Utilization-ICU D**

Foley Utilization

Series Label: Series: **Add** Copy Delete

Date Criteria: ▾

Start Date:

End Date:

Date Aggregation: Week Month Quarter Year

Device Report Type: ▾ ?

NHSN Benchmark: ▾ ? [Access Location Manager](#)

Institution/Location: [Select Values](#)

▼ Series Display Options

Series Shape: ▾ ?

Series Color: ▾

NHSN Benchmark: Pooled Mean 10% 25% 50% 75% 90% ?

Report: ▾ ?

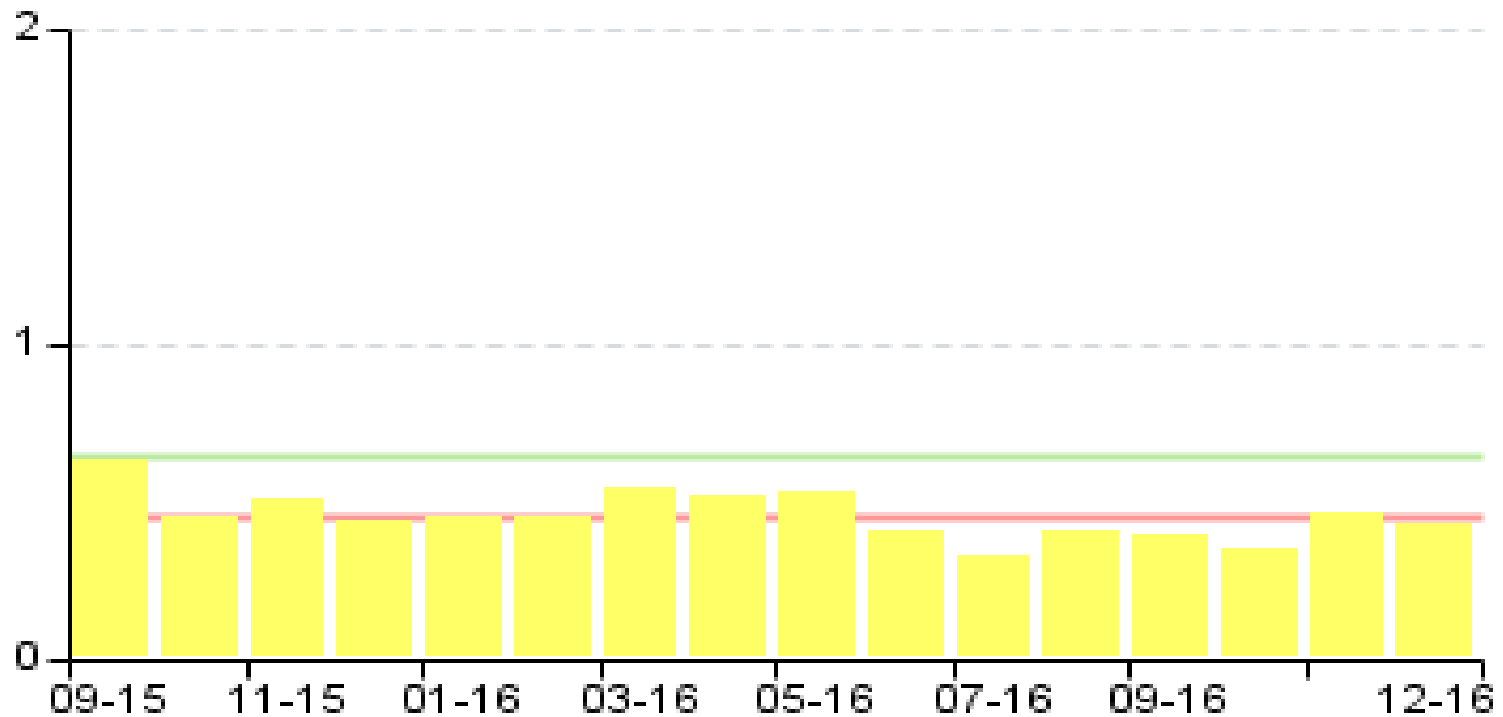
Compare to NHSN Pooled mean using Z-test

Plot Series On: Primary Axis (Y-axis left side) Secondary Axis (Y-axis right side) ?

Data for Indwelling Catheter

Foley Utilization--ICU D

— NHSN MEAN: Foley Utilization — NHSN 10%: Foley Utilization



Data for Indwelling Catheter

- Gap Analysis Performed
 - Insertion (n=9)
 - Pre-insertion pericare performed
 - Aseptic insertion rate as reported by observer
 - Percent of aseptic vs. non-aseptic practices as reported by hospital observer
 - Specific aseptic practices non-compliance as reported by hospital observer
 - Variations in directions for use (DFU)
 - Variations in sequence of DFU procedural steps for foley insertion

Data for Indwelling Catheter

- Gap Analysis Performed
 - Maintenance (n=43)
 - Tamper evident seal intact
 - Foley bag securement to patient's body
 - Securement devices used
 - Dependent loops or kink in drainage system
 - Sheet clip in use
 - Collection system and tubing below bladder
 - Collection system or tubing touching floor
 - Availability of patient specific clean container for emptying collection system
 - Collection system labeled with foley insertion date
 - Duration (n=43)
 - Foley duration data
 - Foley utilization

IP Tools

- Infection Prevention “Foley Round” created in MyRounding for IP, educator and leaders
- HAI review forms/root cause for IP, colleague and manager
- PDCA submission—collaborate between IP and nursing unit
- Infection Prevention Daily Report—midnight tracking, HAI logs, PDCA accountability, days since last infection, HAI data, hand hygiene data
- CAUTI-CUSP driven by IP
- New foley system—prevent broken system, education, ease of access

Infection Prevention Review Process



Catheter Associated Urinary Tract Infection

Initial review-KG Final review- Theradoc- KG Meeting- PDCA-
HAILL-KG NHSN-



Patient Disposition:	
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Demographics:



St. John's Medical Record:	
Patient name last, first:	
Gender:	
DOB:	
Age:	
Date of admission and location:	

Infection Information:

Date and location of event:	
Foley insertion date:	
Inserted by (job title):	
Number of days foley in at time of event & date discontinued	
Date and time of specimen collection:	
Specimen source:	
Organism(s) identified:	
Additional criteria used:	
Category of CAUTI:	

7 Day Window:

Date:	9/1	9/6	9/7	9/8		
Finding:						

Additional Comments:

Findings:

Prevention Efforts:

Screen shots:

Manager/Education and Colleague Review Tool



HSHS St. John's Hospital: Manager/Educator/Facilitator CAUTI Review Tool

***This tool is for the manager of the department the CAUTI is attributed to. If the infection occurred within 3 days of insertion, the manager of department where insertion occurred will complete this document also. Completed tools are to be returned to Infection Prevention within 7 calendar days. If you are going to be out of the office, please appoint a designee.

Colleague Name: _____

Date of Completion: _____

Patient/MA# _____ Date line placed _____ Date of CAUTI _____

1. Determine foley necessity using the staff accountability tool and physician documentation.	Foley necessary per HOUDINI protocol? If yes please explain _____
2. Location of patient when the foley was inserted?	_____
3. Was peri care done prior to foley insertion?	Yes ___ No ___
4. Was peri care documented every shift in the 72 hours prior to the CAUTI? If yes what was used? If no why not?	Yes ___ No ___
5. Was the foley system accessed or "opened" for any reason in the 72 hours prior to the CAUTI? (Example broken system due to irrigation or addition of a temp probe?)	Yes ___ No ___ If yes why? _____
6. Did the patient travel off the unit in the 72 hours prior to infection date?	Yes ___ No ___ If yes where? _____
7. Did the patient ambulate in the 72 hours prior to infection?	Yes ___ No ___ Activity level orders at the time of infection? _____
8. Are there any significant factors that you believe may have contributed to this infection (including equipment, mechanical, supply related)?	Please explain: _____
9. Any patient factors that may have contributed to this infection? (stool incontinence, poor hygiene, traumatic catheter insertion, dialysis)	Please explain: _____

After your assessment do you believe this infection was preventable?

Please summarize contributing factors to this CAUTI and list any corrective actions taken to prevent future CAUTI infections.

HSHS St. John's Hospital: Colleague CAUTI Review Tool

Tools are to be turned into the manager within 7 calendar days.

Colleague Name: _____

Date of Completion: _____

Patient/MA# _____ Date line placed _____ Date of CAUTI _____

1. Please explain why this patient required a Foley using the HOUDINI protocol.	Explain: _____
2. Did you personally assess the foley catheter for removal at 0500 or 1700? a. If yes, was the documented need for the foley catheter included in HOUDINI? i. If the indication for the foley does not meet HOUDINI criteria, what steps were taken to remove foley? Please attach documentation	Yes ___ No ___ Yes ___ No ___ Explain: _____
3. Was a securement device used?	Yes ___ No ___
4. Was it removed at any time while you personally cared for the patient, such as when activity was performed?	Yes ___ No ___
5. Was the collection bag maintained below the level of the bladder? If no explain, why not?	Yes ___ No ___ Explain: _____
6. Did you personally perform pericare/catheter care on this patient? a. If yes, were there any barriers to proper pericare/catheter care? If yes, please attach documentation	Yes ___ No ___ Barriers: _____
7. Was the green sheet clip used to avoid dependent loops? a. Did you correct any dependent loops? If so, please explain?	Yes ___ No ___ Explain: _____
8. Are there any significant factors that you believe may have contributed to this infection?	Explain: _____
9. Did you collect urine for testing? If yes please explain the technique.	Explain: _____

Quality Improvement--Physicians



- Physician and new resident Infection Prevention orientation
- Multidisciplinary rounding with physician champions
- Critical Care HAI Physician Champions—all HSHS Providers
- Hand Hygiene audits
- CAUTI-CUSP Members
- Infection Prevention and Control Committee members

Quality Improvement--Nursing

- New colleague and new nursing orientation
- Nursing residency review
- Empowering nursing to remove the Foleys with a nurse driven protocol
- Line days as well as necessity are reviewed at the mandatory bedside report twice daily
- Bedside nursing awareness and education by Infection Prevention and appointed nursing champions
- Nursing competencies at hire
- Annual competencies related to foley insertion and maintenance
- Infection Prevention updates at house wide Shared Governance

Quality Improvement--Leaders

- “Days since Last Infection” reported daily via e-mail and St. John’s Safety Huddle
- Infection Prevention Orientation for New Leaders
- Event reporting system—Peminic for all HAIs
- Nursing unit specific accountability for HAIs and hand hygiene
- Infection Prevention report to Central Illinois Division Quality Close to provide synopsis of HAIs

IP Report Outs

- Infection Prevention updates at house wide Nursing Shared Governance (monthly)
- Infection Prevention and Control Committee (every other month)
- Safety Huddle (daily)
- Central Illinois Quality Close (monthly)
- Quality Report with St. John's Executive Council (monthly)
- Board Quality (monthly)
- CEO Report (weekly)
- CNO Report (monthly)
- Balanced Scorecard (Monthly)
- Infection Prevention data on Communication Boards
- Various other local, divisional and system reports

Balanced Scorecard

HSHS St. John's - Springfield Balanced Scorecard Nov FY 2017

Excludes physic
physician sati

Category	Metric	FY 2017 Metric Goal	Good	Jun FY 2016	Jul FY 2017	Aug FY 2017	Sep FY 2017	Oct FY 2017	Nov FY 2017
Franciscan Formation/ Mission Integration	Charity as a % of Gross Patient Revenue 2, 8	Budget: 0.83%, but Not > 2016 CHCS Median of 1.38%	Between Budget & 1.38%	1.54%	0.87%	1.07%	0.84%	0.65%	0.87%
	Medicaid Revenue as a % of Gross Patient Revenue 8	Within Range of Budget: 21.19%	Within Range	22.7%	22.0%	23.0%	21.1%	22.2%	21.6%
	Charity Care as a % of Bad Debt and Charity Combined 7, 8	Budget: 62.50% or Greater	↑	55.9%	55.3%	76.6%	55.2%	59.2%	57.7%
	Press Ganey Mission (Patient Survey) Average %tile rank of 8 Questions	66 %tile	↑	67	57	47	55	50	65
	Advisory Board Mission (Colleague Survey) Average %tile Rank of 4 Questions -Annual	92 %tile	↑						
Quality/ Care Integration	Risk Adjusted Mortality (O/E Ratio) 1, 4	0.90	↓	0.72	0.79	0.94	0.78	1.09	Not Expected
	30-Day Readmissions (AMI, HF, PN, COPD, THA, TKA) 1, 3	7.10%	↓	7.14%	4.95%	4.65%	1.87%	Not Expected	Not Expected
	High Risk Events 1	0	↓	1	1	2	0	2	4
	Overall Rating of Hospital: HCAHPS-8 Percentile Rank 1	66 %tile	↑	72	48	58	43	33	57
	HCAHPS (average %tile rank of VBP HCAHPS) 1	64 %tile	↑	47	36	41	40	32	62
	Emergency Department Patient Satisfaction Percentile Rank	64 %tile	↑	41	18	29	30	52	50
	HSHS Med Group Patient Satisfaction Avg %tile: Doc Rating & Recommend Practice 5	64 %tile	↑	49	57	30	38	43	37
	Culture of Safety "Overall Perception of Safety" %tile Rank	64 %tile	↑						
	Metric	Metric Goal	Good	Qtr 4 FY 2015	Qtr 1 FY 2016	Qtr 2 FY 2016	Qtr 3 FY 2016	Qtr 4 FY 2016	Qtr 1 FY 2017
	CAUTI : Standardized Infection Ratio (SIR) Actual Count of Infections (ct)	SIR <= 1 (expected) ct = 0	↓	0 SIR 0 ct	0.85 SIR 8 ct	0 SIR 0 ct	0.12 SIR 1 ct	0.51 SIR 4 ct	0.4 SIR 3 ct

Communication Boards



7
Case Card
Calendar

Manager's Choice

Manager's Choice

Manager's Choice

HSHS
St. John's
Hospital

Our family caring for your family.

1
Colleague of
the Month

2
Mission
Integration

3
House-wide
NCAMPS

4
RAIs

5
Inpatient NCAMPS
Scores by unit

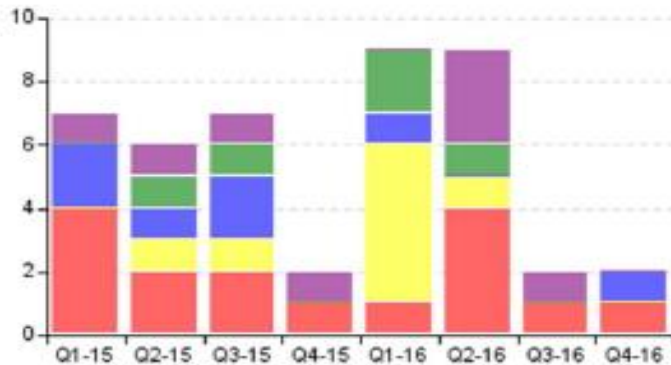
6
Hand Hygiene

Communication Boards

NHSN Reportable Surgical Site Infections (SSIs) Hospital Acquired Infections (HAIs)

CY15-CY16 SJS NHSN Reportable SSIs

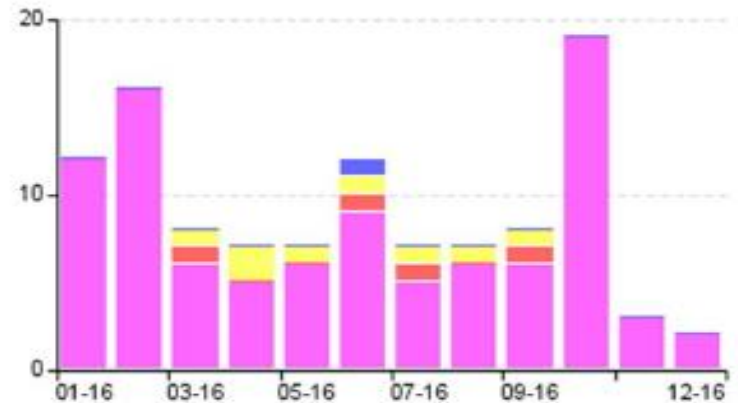
■ CABG
 ■ Colon
 ■ Abdominal Hysterectomy
 ■ Knee Prosthesis
 ■ Hip Prosthesis



	Q1-15	Q2-15	Q3-15	Q4-15	Q1-16	Q2-16	Q3-16	Q4-16
CABG	4	2	2	1	1	4	1	1
Colon	0	1	1	0	5	1	0	0
Abdominal Hysterectomy	2	1	2	0	1	0	0	1
Knee Prosthesis	0	1	1	0	2	1	0	0
Hip Prosthesis	1	1	1	1	0	3	1	0

CY16 SJS- Housewide HAIs

■ C.diff
 ■ CLABSI
 ■ CAUTI
 ■ VAP

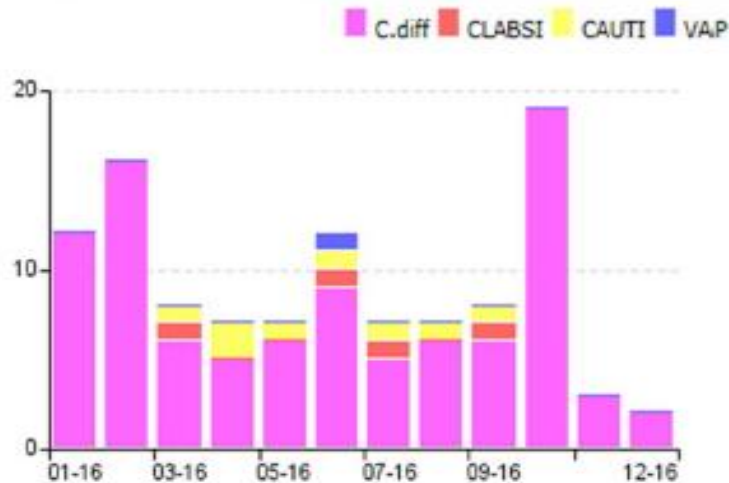


	01-16	02-16	03-16	04-16	05-16	06-16	07-16	08-16	09-16	10-16	11-16	12-16
C.diff	12	16	6	5	6	9	5	6	6	19	3	2
CLABSI	0	0	1	0	0	1	1	0	1	0	0	0
CAUTI	0	0	1	2	1	1	1	1	1	0	0	0
VAP	0	0	0	0	0	1	0	0	0	0	0	0

Communication Boards

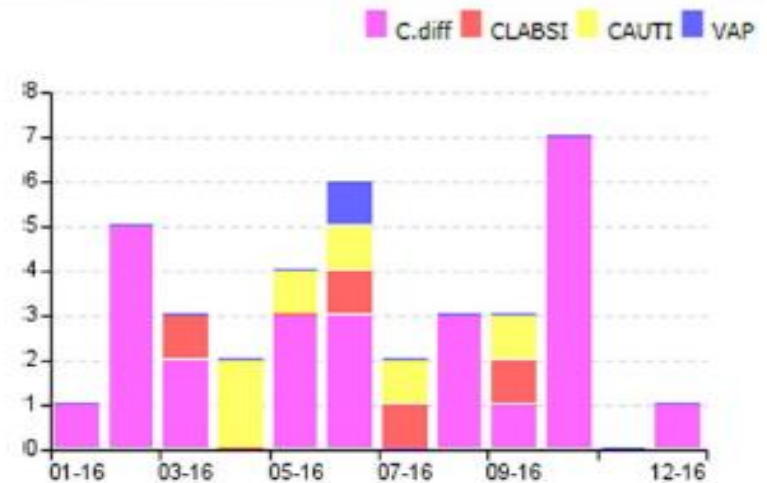
ICU Hospital Acquired Infections (HAIs)

CY16 SJS- Housewide HAIs



	01-16	02-16	03-16	04-16	05-16	06-16	07-16	08-16	09-16	10-16	11-16	12-16
C.diff	12	16	6	5	6	9	5	6	6	19	3	2
CLABSI	0	0	1	0	0	1	1	0	1	0	0	0
CAUTI	0	0	1	2	1	1	1	1	1	0	0	0
VAP	0	0	0	0	0	1	0	0	0	0	0	0

CY16 SJS- ICU HAIs



	01-16	02-16	03-16	04-16	05-16	06-16	07-16	08-16	09-16	10-16	11-16	12-16
C.diff	1	5	2	0	3	3	0	3	7	1	0	1
CLABSI	0	0	1	0	0	1	1	0	1	0	0	0
CAUTI	0	0	0	2	1	1	1	0	1	0	0	0
VAP	0	0	0	0	0	1	0	0	0	0	0	0

CEO Report and Daily Operations Scorecard



		Quality Care Integration				
Hospital Acquired Conditions		SSI	CAUTI	CLABSI	C DIFF	VAE
		0	0	0	0	0
Core Measure Fallouts		Average <u>Pemnic</u> Reports are 9/day. There were 8 falls this week, 1 was assisted. Another week without a healthcare acquired infection. Let's keep the momentum :				
VTE	0					
SCIP	0					
Stroke	0					

Days Since Last Hospital Acquired Condition				
CLABSI	CAUTI	C-Diff	SSI	MRSA
137	132	23	26	109

Collaboration

- When attempting to educate on a subject we can reach out to our sister hospitals and see what has worked vs what has not worked in the past.
- The IP team in collaboration with the nursing education department discuss new/novel ways to educate.
 - The use of traveling education boards
 - 60 second “Can I teach you something” rounds
 - Development of a rounding app that can walk management CAUTI rounding step by step.
- National Patient Safety Goal—CAUTI
- TheraDoc© Infection Reports
- System wide expectations—new foleys

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- HSHS Quality Leaders
- HSHS Infection Preventionists