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Driving Toward a Culture of “Zero CAUTIs”

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Driving Toward a Culture of “Zero CAUTIs”

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Background

- Catheter Associated Urinary Tract Infections (CAUTIs) are a potential Healthcare Associated Infection (HAI) risk, related to hospital care.
- These result in patient discomfort, mortality, morbidity, excess costs, exposure to increased antibiotics usage and increased length of stay.
 - Research suggests that many CAUTIs are preventable, and that perhaps as many as 70% of cases could be avoided.
 - Average range for a CAUTI can range from \$4,694 - \$29,743
 - In Southeastern WA, a 141-bed hospital saw a sudden, dramatic increase in CAUTI cases.
 - In 2019, the standardized infection ratio (SIR) was 1.07 with 3 CAUTI events and increased to 2.59 in 2020 with 9 CAUTI events.

Purpose

Our CAUTI prevention initiative was to return the CAUTI SIR to 2019 baseline (1.07) attained in 2021. Utilizing Quality Improvement methodology and following the PDSA process to sustain the SIR metric at or below the expected threshold of 1.0 in subsequent years.

Methods

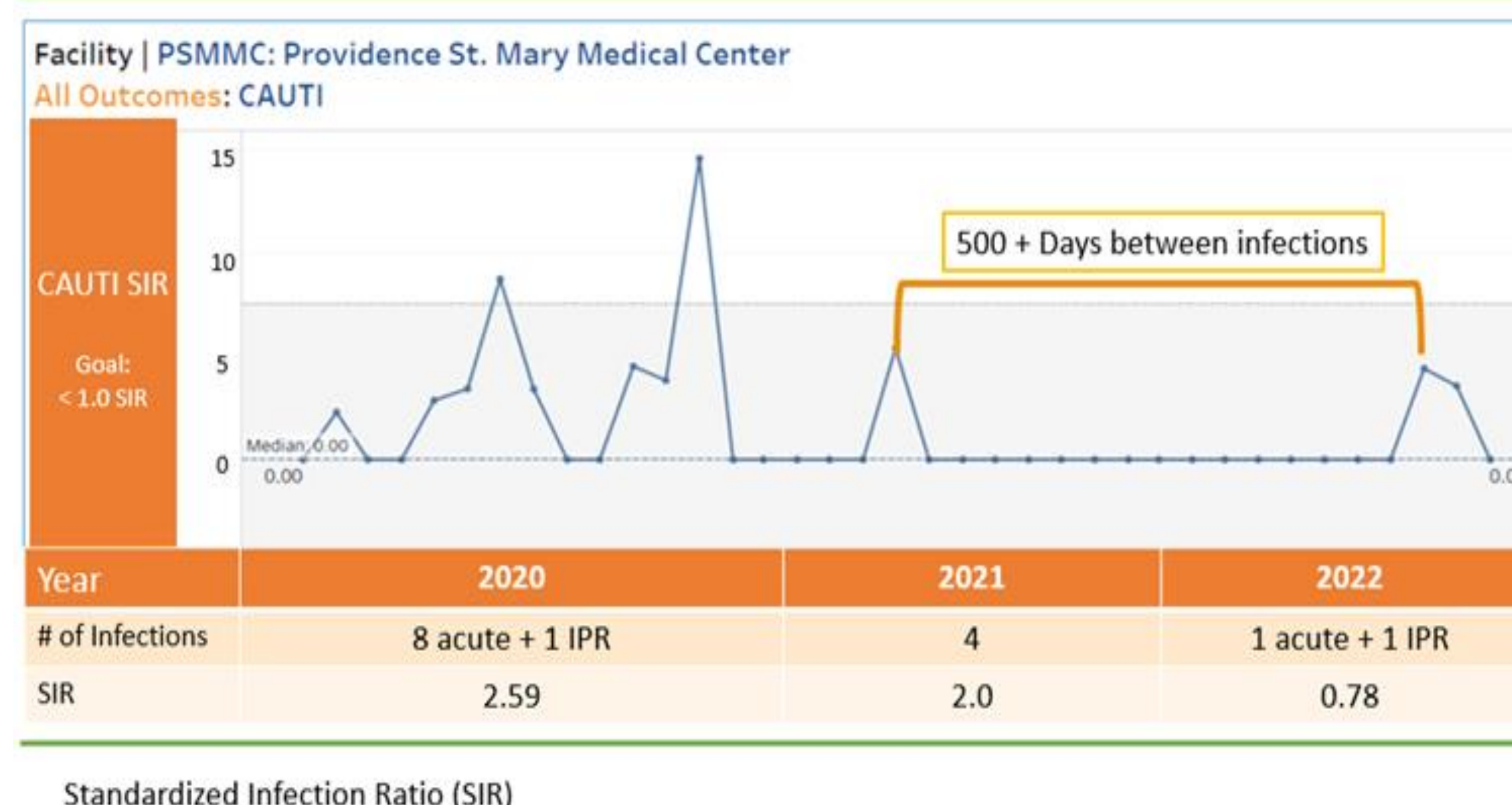
- Multidisciplinary review of policies, education, and best practices utilizing 5 different work groups
- Review of process metrics and performance gaps.
 - Implementing CAUTI champions within physician, nursing and infection prevention teams.
 - The team developed an action plan aimed toward disrupting the life cycle of the catheter, including step zero – do not place a catheter to begin with.
 - Daily line huddle review focusing on process metrics (e.g., Indication for use, catheter days, **catheter hygiene performed**, removal within 48 hours).
 - Rounding during daily management system (DMS) huddles around the use of the **Nurse Driven Indwelling Foley Catheter Removal Protocol**.
 - Focused education with caregivers on utilizing **external catheter alternatives** to use prior to foley placement; options for both male and female.



Results

- Our SIR for 2021 was 1.988 (2.0) with 4 CAUTI events, still above the threshold.
- Our SIR for 2022 was 0.78 with one Acute Care Inpatient and one Inpatient Rehab Unit CAUTI events.
 - From July 2021 to December 2022, PSMC went over 500 days between CAUTI infections.

CAUTI SIR Trend 2020-2022



Discussion

- PSMMC met the goal to be below <1.0 for SIR for 2022 CAUTI HAIs
- Success with daily line huddles identifying opportunities for removal and gaps within catheter care
 - Individual caregiver follow up face to face or via EPIC chat
 - Review of process improvement opportunities at weekly Acute Care Value Stream meetings.

Implications for Practice

- Continue interrupting the life cycle of the catheter starting with Step Zero: Do not place catheter to begin with.
- Continue implementation of new external catheter alternatives and routine monitoring of utilization
 - Continue targeted and focused approach to daily foley catheter line review
 - Use of QI methodologies can aid in decreasing CAUTI SIR to <1.0.

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