Implementation of a CAUTI Nurse Champion Foley Insertion Assessment Program to Improve CAUTI rates

Autumn Gode, APRN, CNS
Abbott Northwestern Hospital
Minneapolis, MN

Abbott Northwestern Hospital, part of Allina Health

- Tertiary Center
- Magnet certified
- 550 bed hospital
- Med/Surg is 144 beds
  - Renal
  - Oncology
  - Lung/liver/ENT/Bariatric medical and surgical
  - GI/GU/GYN medical and surgical

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It Takes a Village

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- Med/Surg CAUTI Clinical Action Team- 4 bedside RN staff
- Sharon Wahl, CVICU CNS- co-lead for CAUTI

Objectives

- Describe one hospital's journey to improve catheter associated urinary tract infection (CAUTI) rates after numerous failed attempts.
- Identify challenges to current CAUTI reduction practices.

Why Address CAUTI?

- Hospital stay lengthened by 2-4 days\(^1\)
- Patient discomfort, pain, and dissatisfaction
- Estimated 13,000 attributable deaths per year nation-wide
- Increased annual health care cost of $0.4-0.5 billion nation-wide\(^1\)
  - $1,300-1,600 per patient
- CAUTIs identified in ICUs and Med/Surg units are reportable to the CDC through NHSN (National Healthcare Safety Network)
Need to start somewhere ...

2011- Applied for Allina Advanced Training Program (AATP)
- System-wide program based on Intermountain Healthcare quality improvement program
- 6 months
- Three person team
  - MD
  - CNS
  - Infection Preventionist

Learnings:
- Need to create an awareness of CAUTI prevention
- Education gaps existed for proper indications and maintenance practices
- Need more data

2012-2014 Notable Events
- Hospital-wide CAUTI surveillance
- New Foley kit adopted
- RN mand ed: CAUTI prevention and maintenance practices
- EMR improvements: Provider to specify indication; RN assessment of continued need
- Neuro unit began CUSP (Comprehensive Unit-based Safety Program)
- ED and neuro ICU began CUSP project
- RN mandatory education: Alternatives to Foleys
- RN-driven Foley removal protocol pilot
- Maintenance and Indication rounding, hospital-wide
- Insertion Assessment, hospital-wide

Approaches to CAUTI Prevention
- Alternatives to Foley catheters
  - Male external catheters
  - Incontinence pads
  - Bladder scanning/straight-catheterization
- Maintenance practice rounding
- Prompt discontinuation of foleys
  - Pilot RN-driven Foley removal protocol
- RN and MD education
  - RN mandatory education- online learning management system
  - Newsletters to MDs

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What do we know after 3 years of CAUTI work?

NOTHING was moving our CAUTI rates in the right direction!

- Initiation of CAUTI Clinical Action Teams (CAT)
- Implementation of 2-person insertion
- Updated Foley policy - new Foley kit adopted
- Adoption of RN Foley Removal Protocol
- Mandatory Education: Aseptic Insertion
- Hospital-wide Foley Insertion return demonstrations
Pivotal Moments

• Two large initiatives in 2015:
  - Started CAUTI Clinical Action Teams (CAT)
  - Performed Foley insertion assessment on every RN promoting 2-person insertions

Clinical Action Team (CAT)² for CAUTI

• Led by a CNS
• Bedside nurse from each med/surg unit
• Infection Preventionist partnership
• CAUTI Champion training for CAT members
• Meet 4/hr each month
  • Performs maintenance rounds
  • Brings issues/concerns about practice and products
  • Ensures initiatives are consistently being followed
• Communication to colleagues

Foley Insertion Return Demonstrations

• Trained additional 6 Med/Surg CAUTI champions to help carry out Insertion Return Demonstrations
• One by one pulled 325 med/surg nurses off unit to perform insertion on a manikin
• Champions followed script to ensure standardized insertions
  – Initially nurses wondered why they needed to demonstrate
  – Overall well received and almost all learned something during the process!
CAUTI Rates in Med/Surg

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<th>Goal</th>
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<th>2016</th>
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<td>Rate (CAUTI per 1000 Foley Days)</td>
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<td>1.43</td>
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Continued Work- 2017

- Nursing Assistant peri-care return demos
- Reassessment of RN insertion practices
- Spreading CAT teams to ED, OR, Tele, and Neuro/Ortho/Spine
- Urology partnership in aseptic practices
- Continued CAUTI surveillance

References

thank you!

autumn.gode@allina.com