Chasing Zero Infections Webinar Series
Fortifying Unit Safety Culture to Reduce Infections
June 19, 2018
• Welcome & FHA Mission to Care HIIN Trends and Progress: HIIN Overview and the UP Campaign
  – Cheryl Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM, Director of Quality and Patient Safety and Improvement Advisor, FHA
• Webinar: Fortifying Unit Safety Culture to Reduce Infections
  – Linda R. Greene, RN, MPS, CIC, FAPIC, Manager of Infection Prevention, UR Highland Hospital, Rochester, NY
• Upcoming HIIN Events and Opportunities
• Evaluation & Continuing Nursing Education
HIIN Core Topics – Aim is 20% reduction

- Adverse Drug Events (ADE)
- Catheter-associated Urinary Tract Infections (CAUTI)
- Clostridium Difficile Infection (CDI)
- Central line-associated Blood Stream Infections (CLABSI)
- Hospital-onset MRSA Bacteremia
- Injuries from Falls and Immobility
- Pressure Ulcers (PrU)
- Sepsis
- Surgical Site Infections (SSI)
- Venous Thromboembolisms (VTE)
- Ventilator Associated Events (VAE/IVAC)
- Readmissions (12% reduction)
- Worker Safety
## FHA MTC HIIN Performance Report

**Effective Date:** April 18, 2018

All measures calculated per 1,000 unless noted.
* Rate calculated per 100

### Summary of Progress Meeting 20/12 Goal:

<table>
<thead>
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<th>Your Performance</th>
<th>6: 50.0%</th>
<th>5: 41.7%</th>
<th>1: 8.5%</th>
<th>12: 100.0%</th>
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<tr>
<td>0% - 19% reduction</td>
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<tr>
<td>Increase instead of reduction</td>
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<tr>
<td>Total Measures</td>
<td></td>
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### Measure Rates

<table>
<thead>
<tr>
<th>Project</th>
<th>Measure</th>
<th>Baseline</th>
<th>Monitoring Data - October 2016 to Most Recent Data</th>
<th>Hospital Target 9/2018</th>
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<td>CAUTI</td>
<td>CAUTI Rate - all except NICUs</td>
<td>1.00</td>
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<td>CAUTI Rate - ICUs except NICUs</td>
<td>1.16</td>
<td>3/18</td>
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<tr>
<td>C.difficile</td>
<td>C. diff Rate Facility-wide-all except NICUs (per 10,000)</td>
<td>5.95</td>
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<td>3,290,7,188,379</td>
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<td>CLABSI</td>
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<td>0.92</td>
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<td>CLABSI Rate - ICUs</td>
<td>0.89</td>
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<td>4.29</td>
<td>3/18</td>
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<td>3/18</td>
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<td>2.11</td>
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## FHA HIIN Performance Report

**Effective Date:** April 18, 2018

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* Rate calculated per 100

### Summary of Progress Meeting 20/12 Goal:

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<td>12: 100.0%</td>
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### Measure Rates

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<th>Denom.</th>
<th>Average Rate</th>
<th>Progress</th>
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<td>VAE</td>
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<td>55</td>
<td>48,205</td>
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## FHA HIIN Hospital Performance Report

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### Summary of Progress Meeting 20/12 Goal:

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<tr>
<td></td>
<td># Harms</td>
<td>Denom.</td>
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<tr>
<td><strong>CAUTI</strong></td>
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<tr>
<td>CAUTI Rate - all except NICUs</td>
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<td>CAUTI Rate - ICUs except NICUs</td>
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<td><strong>C. diff Rate Facility-wide all except NICUs (per 10,000)</strong></td>
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<td>CLABSI Rate - All</td>
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<td>CLABSI Rate - ICUs</td>
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<td><strong>MRSA</strong></td>
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<td>Hospital-onset MRSA bacteremia events</td>
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<tr>
<td><strong>SSI</strong></td>
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<tr>
<td>SSI rate, knee surgeries*</td>
<td>0.77</td>
<td>374</td>
</tr>
<tr>
<td>SSI rate, hip surgeries*</td>
<td>1.44</td>
<td>210</td>
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<tr>
<td><strong>VAE</strong></td>
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<tr>
<td>Ventilator-associated condition rate</td>
<td>6.41</td>
<td>1,483</td>
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<tr>
<td>Infection-related ventilator-associated condition rate</td>
<td>2.11</td>
<td>540</td>
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</tbody>
</table>
Infection Prevention Resources, Trainings and Tools

Online Resources:
- HAI Change Packages
- HAI Checklists
- SOAP UP Resources
- Watch Past Webinars
- HRET HIIN Resource Library
- IVAC Resource Guide
- Patient & Family Engagement

Hospital Acquired Infections (HAIs)

Catheter-Associated Urinary Tract Infection (CAUTI)

Catheter-associated urinary tract infections (CAUTIs) occur when microorganisms enter the urinary tract when a catheter is in place, and an infection occurs. The majority of CAUTIs are preventable.

Goal: By September 27, 2018, a 20 percent reduction in CAUTI

Resources to prevent CAUTI:
- CAUTI Change Package
- CAUTI Checklist
- Watch Past Virtual Trainings
- HRET HIIN Resource Library
- Sprint Infographic: Aligning Data and Insights for Action
- Success Stories
- SOAP UP
- GET UP

and http://www.hret-hiin.org
Culture of Safety Resources

Focus areas:
- Safe Patient Lifting, Handling and Mobility
- Sharps Injury and Blood Exposure Prevention
- Workplace Violence
- Finding Solutions to Reduce Work Stress, Fatigue, and Burnout

Online Resources:
- Culture of Safety Change Package
- Culture of Safety Checklist
- Watch Past Virtual Trainings
- HRET HIIN Resource Library

http://www.hret-hiin.org/topics/culture-of-safety.shtml
Raise your game: The UP Campaign

Cross cutting set of practices to better engage front-line staff without creating additional burdens
HAND HYGIENE reduces harm in SEVEN focus areas

CDI, CAUTI, SSI, VAE, CLABSI, Sepsis, MDRO

SOAP - UP

http://www.fha.org/soapup
PROGRESSIVE MOBILITY reduces harm in EIGHT focus areas

- Falls
- PrU
- Delirium
- CAUTI
- VAE
- VTE
- Readmissions
- Worker Safety

GET UP

http://www.fha.org/getup

American Hospital Association

Mission to Care

An Initiative of the Florida Hospital Association
Hospital Improvement Innovation Network
SEDATION MANAGEMENT reduces harm in SEVEN focus areas

ADE  Failure to Rescue  Delirium  Falls  Airway Safety  VTE  VAE

http://www.fha.org/wakeup
ONGOING EVALUATION OF MEDICATIONS reduces harm in
TEN focus areas

ADE  Readmissions  Falls  CDI  CAUTI  SSI  VAE  CLABSI  Sepsis  MDRO

SCRIPT - UP

American Hospital Association
MISSION TO CARE
An Initiative of the Florida Hospital Association Hospital Improvement Innovation Network
Fortify Your Unit Safety Culture to Reduce Infections

Manager, Infection Prevention
UR Highland Hospital
Rochester, NY
linda_greene@urmc.rochester.edu
Objectives

- Define a safety culture

- Discuss essential elements of creating a culture of safety

- Identify tools to improve unit culture which can impact HAI reduction
Polling question 1

My Background is:

1. Infection Prevention
2. Quality
3. Nurse Management
4. Staff nurse
5. Other
Moving toward elimination of healthcare-associated infections: A call to action

Denise Cardo, MD,a Penelope H. Dennehy, MD,b Paul Halverson, DrPH, MHSA, FACHE,c Neil Fishman, MD,d Mel Kohn, MD, MPH,e Cathryn L. Murphy, RN, PhD, CIC,f Richard J. Whitley, MD, FIDSA,g and the HAI Elimination White Paper Writing Group

Copyright © 2010 by the Association for Professionals in Infection Control and Epidemiology, Inc., and the Society for Healthcare Epidemiology of America. (Am J Infect Control 2010;38:1-5.)
Safety Culture

- Culture is the behavior that results when a group arrives at a set of - generally unspoken and unwritten - rules for working together.

- **Safety culture** is the attitude, beliefs, perceptions and values that employees share in relation to safety in the workplace.

- Safety culture is a part of the organizational culture and has been described by the phrase "the way we do things around here."
Core Elements

Safety – More than a Model

- Leadership
- Communication
- Teamwork
- System Design
- Organizational Learning
- Managing Behavioral Choices

Patient
Key Points

- Culture is local
- Culture is the set of attitudes and behaviors in a clinical area or patient care unit.
- Culture is strongly influences by leadership, experience, history and tradition
- Culture eats strategy every day for lunch
Levels of Organizational Culture

“...values reflect **desired** behavior but are not reflected in **observed** behavior.” (Schein, 2010, pp. 24, 27)

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Beliefs &amp; Values</th>
<th>Underlying Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desired Behavior: Round to assess catheter appropriateness</td>
<td>Value: Teamwork</td>
<td>Assumption: Safety is a system property</td>
</tr>
<tr>
<td>Observed Behavior: Do not participate in rounds</td>
<td>Value: Autonomy</td>
<td>Assumption: Safety is a result of individual competency</td>
</tr>
</tbody>
</table>
Polling Question 2

My Organization or Units Safety culture might be described as:

1. Robust
2. Above average
3. Average
4. Poor
Fortify Unit Culture

Be a leader:

- Leadership involves: establishing a clear vision,
- Sharing that vision with others so that they will follow willingly,
- Providing the information, knowledge and methods to realize that vision
- Coordinating and balancing the conflicting interests of all members and stakeholders
Leadership

- Assigned” leadership = leadership that is based on occupying a position in an organization
- “Emergent” leadership = leadership that emerges from an influential member of a group regardless of the person’s title or position
Be a Good Follower

Follower: “a person who accepts the leadership of another”
Followership: 5 Key Types (Kelley: The Power of Followership, 1992)

- Alienated: mavericks with a healthy skepticism of the organization; capable but highly cynical
- Conformists: the “yes people” of the organization; limited independent thinking; often seen in rigid bureaucracies
- Passive: require disproportionate supervision relative to their contribution; lack initiative and sense of responsibility
- Pragmatists: hug the middle of the road; will do a good job but won’t stick their necks out
- Exemplary followers: independent, innovative, and willing to question leadership; critical to organizational success
Nurse ED gives report to Nurse Med on the medical floor. “Patient A is an 87-year-old woman with cellulitis in her right lower extremity. She arrived from her long-term care facility with fever, redness, and swelling of the right leg. She is alert, but confused. We started a peripheral IV and antibiotics. She was picking at the IV so we wrapped it with gauze. She’s also complained of some nausea and vomited once. We gave her an antiemetic. What are her vitals? Nurse Med asked. Nurse ED replied: Her BP is 100/60, HR is 76, RR is 22, and T= 102. You’re ready for her now? Wonderful. I’ll send her up with the transport tech.”
Nurse Med calls back to the ED 20 minutes later and asks for Nurse ED. “Patient A arrived with drenched linens after she urinated on herself. And then, she kept trying to get out of bed, telling us she had to go to the bathroom. Why didn’t you put a catheter in her? You told me she was confused. She’s going to fall trying to get up.”
Possible Responses

1. We no longer insert catheters unless absolutely necessary in the ED.

2. Didn’t you read the information that we sent out about our new initiative?

3. I am sorry that she came up drenched in urine. We should have looked in to getting her to use the bed pan before we brought her up, but she doesn’t meet criteria for a urinary catheter.

4. I am sorry this happened. We can do a better job of communicating. Can I come up and talk to you about our new initiative.
Polling Question 3
Which Response is Best?

1. We don’t insert in the ED

2. Didn’t you receive the notice?

3. Doesn’t meet criteria

4. Can I come up and talk?
Using Culture to Improve HAIs

- Take advantage of Anchoring Bias
- Make initial projects a success
- Pick the low hanging fruit
- Once successful try harder

Anchoring bias in decision-making

Anchoring is a term used in psychology to describe the common human tendency to rely heavily, or "anchor," on one trait or piece of information when making decisions.

Example Saint 2014
Why is Anchoring Bias Important?

- Assume that you have started a new HAI project that has a goal of 50% reduction in C difficile.
- It is complex and has many layers of intervention and requires a great deal of collaboration from various stakeholders.
- This project has been highly dependent upon a champion that has since been promoted and left the unit.
- There may be an anchoring bias that these projects are just the “latest project of the moment.”
Anchoring Bias

- Let’s now assume on the other hand that you have carefully analyzed your data and know that a large proportion of your hospital onset *C. difficile* are due to inappropriate specimens.

- You form a team and work with the lab to reject inappropriate specimens and set a time frame for rejection of repeat specimens.

- You define criteria for collection and set your goal with respect to this one aspect.

- The project succeeds and positive results are reinforced.
Tools Huddle

Quick problem solving meetings held whenever conditions change
Tools Debrief

- What went well?
- What could we do better?
Learning from Defects: Four Questions

1. What happened?

2. Why did it happen?

3. What will you do to reduce the risk of occurrence?

4. How will you know the risk is reduced?
Important Debrief

- Understand the difference between first order and second order problem solving
- Address each of the questions in learning from defects:
  What happened, why, what will you do to reduce risk, and how do you know it worked?
Problem Solving*

• First Order
  - Recovers for that patient yet does not reduce risks for future patients
  - Example: You do get the supply or you make do

• Second Order Problem Solving
  - Reduces risks for future patients by improving work processes
  - Example: You create a process to make sure line cart is stocked

*Anita Tucker
<table>
<thead>
<tr>
<th>What happened? (brief description)</th>
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<tbody>
<tr>
<td>Why did it happen? (what factors contributed)</td>
</tr>
<tr>
<td>+ What prevented it from being worse?</td>
</tr>
<tr>
<td>What can we do to reduce the risk of it happening with a different person?</td>
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<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Responsible Person</th>
<th>Targeted Date</th>
<th>Evaluation Plan – How will we know risk is reduced?</th>
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<table>
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<th>With whom shall we share our learning? (Communication plan)</th>
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<tr>
<td>Who</td>
</tr>
<tr>
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Positive Deviance

- Individual(s) who exhibits unique and uncommon problem solving behaviors for problems that exist throughout an organization:
- Solutions achieved with similar resources to others in the organization
- Can potentially guide problem solving within the organization once identified
History

- First introduced in nutrition literature: Mothers of some children considered “deviant”
  These children had better outcomes than peers with access to the same resources
  Focused on what deviant mothers did right; decreased malnutrition 85% in 2 years

- Expanded to other disciplines including education and health care
PD Background

- Based on complexity science
- Culture-sensitive solutions that are not “one size fits all”
- Solutions come from those “touching” the problem

Adapted from Sidney Yoshida; originally presented at the International Quality Symposium, Mexico City, 1989
PD Guiding Principles (1)

1. Model for Improvement, PDSA implementation, and use of liberating structures

2. Community owns the process:
   - “Don’t decide about me, without me”
   - Recognizes expertise within the organization; is minimally dependent on outside expertise

3. All groups affecting the problem involved in solving it

The Positive Deviance Institute; Safer Healthcare Now!
PD Guiding Principles (2)

5. Cross-functional, multidisciplinary approach that expands existing networks

6. Emphasis on action, not just knowledge
   • Practice-based evidence vs. evidence-based practice

7. Progress is measured by community-designed benchmarks

The Positive Deviance Institute; Safer Healthcare Now!
Assessment Tools

TAP Report

- Use of a Prioritization Metric
  - Allows for calculation of the number of infections that must be prevented to meet an HAI reduction target
  - Identifies and prioritizes facilities or locations within facilities where the largest reductions can be achieved
  - Provides a focused approach to prevention
  - Promotes a standardized assessment of practice gaps that may be contributing to higher HAIs
National Healthcare Safety Network
TAP Report for CAUTI Data for Acute Care and Critical Access Hospitals (2015 Baseline)
Locations Ranked by CAD Within a Facility
SIR Goal : HHS Goal = 0.75

A TAP Report is the first step in the CDC TAP Strategy. For more information on the TAP strategy, please visit: http://www.cdc.gov/hai/prevent/tap.html
As of: June 18, 2018 at 6:20 AM
Date Range: BS2_CAU_TAP summary YM 2018M01 to 2018M05

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TAP Strategy

Target → Assess → Implement

- Target facilities using TAP Report function available in NHSN
- Assess gaps in infection prevention in targeted facilities/units using Facility Assessment Tools
- Implement interventions to address the gaps in infection prevention using Implementation Guidance
Advantages

- Can be used in annual risk assessment
- Helps care providers have realistic goals
- Prioritize units at the facility level
# Culture

<table>
<thead>
<tr>
<th>I. General Infrastructure, Capacity, and Processes</th>
<th>Response</th>
<th>Comments (and/or “As Evidenced By”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your facility’s senior leadership actively promote CAUTI prevention activities?</td>
<td><img src="yes/no/unk" alt="Yes/No/Unk" /></td>
<td></td>
</tr>
<tr>
<td>2. Is unit-level leadership involved in CAUTI prevention activities?</td>
<td><img src="yes/no/unk" alt="Yes/No/Unk" /></td>
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</tr>
<tr>
<td>3. Does your facility currently have a team/work group focusing on CAUTI prevention?</td>
<td><img src="yes/no/unk" alt="Yes/No/Unk" /></td>
<td></td>
</tr>
<tr>
<td>4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities?</td>
<td><img src="yes/no/unk" alt="Yes/No/Unk" /></td>
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</tr>
<tr>
<td>5. Does your facility have a nurse champion for CAUTI prevention activities?</td>
<td><img src="yes/no/unk" alt="Yes/No/Unk" /></td>
<td></td>
</tr>
<tr>
<td>6. Does your facility have a physician champion for CAUTI prevention activities?</td>
<td><img src="yes/no/unk" alt="Yes/No/Unk" /></td>
<td></td>
</tr>
<tr>
<td>I. General Infrastructure, Capacity, and Processes...Continued</td>
<td>Response</td>
<td>Comments (and/or “As Evidenced By”)</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>---------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Does your facility provide training to all healthcare personnel* on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Aseptic technique for urinary catheter insertion?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>8. Proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?</td>
<td>Yes ☐ No ☐ Unk</td>
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<tr>
<td>9. Proper placement of the drainage bag (also including transport personnel and all others involved in moving patients)?</td>
<td>Yes ☐ No ☐ Unk</td>
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</tr>
<tr>
<td>10. Use of bladder scanners (specifically, for all personnel who use them)?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>Does your facility conduct competency assessments* of all healthcare personnel** on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated procedure on a mannequin or an actual procedure on a patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>** For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.</td>
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<td></td>
</tr>
<tr>
<td>11. Aseptic technique for urinary catheter insertion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Upon hire/during orientation?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>B. At least annually?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>12. Proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Upon hire/during orientation?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>B. At least annually?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>13. Use of bladder scanners (for all personnel who use them):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Upon hire/during orientation?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>B. At least annually?</td>
<td>Yes ☐ No ☐ Unk</td>
<td></td>
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<tr>
<td>I. General Infrastructure, Capacity, and Processes...Continued</td>
<td>Response</td>
<td>Comments (and/or “As Evidenced By”)</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Does your facility routinely audit <em>(monitor and document)</em> adherence of all healthcare personnel** to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies.</em></td>
<td></td>
<td></td>
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<tr>
<td>*<em>For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Indwelling urinary catheter appropriateness?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>15. Aseptic technique for urinary catheter insertion?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>16. Proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
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</tr>
<tr>
<td>Does your facility routinely provide feedback to all healthcare personnel* on:</td>
<td></td>
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<tr>
<td><em>For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Adherence to appropriate indications for indwelling urinary catheters?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>18. Adherence to proper aseptic technique for urinary catheter insertion?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
<td></td>
</tr>
<tr>
<td>19. Adherence to proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
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<tr>
<td>20. Indwelling urinary catheter device utilization ratios (DUR) (also including feedback to ordering providers)?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
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<tr>
<td>21. CAUTI rates and/or standardized infection ratios (SIR) (also including feedback to ordering providers)?</td>
<td>☐ Yes ☐ No ☐ Unk</td>
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<tr>
<td>V. Timely Removal of Indwelling Urinary Catheters</td>
<td>Response Choices</td>
<td>Comments (and/or “As Evidenced By”)</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------</td>
<td>-------------------------------------</td>
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<tr>
<td>1. Does your facility identify patients who have indwelling urinary catheters in place (e.g., in the electronic medical record or a daily unit list)?</td>
<td></td>
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</tr>
<tr>
<td>2. Are patients with indwelling urinary catheters reviewed daily for continued need (e.g., by bedside nurses and/or interdisciplinary team)?</td>
<td></td>
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<tr>
<td>3. Are indwelling urinary catheters removed in the post-anesthesia care unit (PACU) if there is no indication for continued use after surgery?</td>
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</tr>
<tr>
<td>4. Does your facility use alerts, reminders, or stop orders for indwelling urinary catheter removal?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If applicable, do physicians respond to alerts or reminders by removing unnecessary urinary catheters?</td>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>6. If applicable, do nurses respond to alerts or reminders by removing unnecessary urinary catheters or calling the physician?</td>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>7. If a nurse-directed removal protocol is in place, do nurses remove indwelling urinary catheters at your facility?</td>
<td></td>
<td>Not Applicable</td>
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<tr>
<td>8. If a nurse-directed removal protocol is in place, are nurses comfortable using it?</td>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>9. If a nurse-directed removal protocol is in place, are physicians supportive of nurses using it?</td>
<td></td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>
Resources

TAP Catheter-Associated Urinary Tract Infection (CAUTI) Toolkit Implementation Guide: Links to Example Resources

CAUTI Implementation Guide: Links to Resources*

Disclaimer: The links in the domains below are not mutually exclusive nor do they represent an exhaustive list of all the possible resources available. Furthermore, the links presented do not constitute an endorsement of these organizations or their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred.

See also the [CDC Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009](https://www.cdc.gov/hai/pdfs/uticATED_guideline_2009_web.pdf) [PDF - 407 KB]

**General Infrastructure, Capacity, and Processes**

**Engagement of Leadership, Champions, and Staff**

- **Engage the Senior Executive Module – Comprehensive Unit-based Safety Program (CUSP) Toolkit**
  Curriculum focused on the role and responsibilities of senior executives, from the Agency for Healthcare Research and Quality (AHRQ)
- **CAUTI Cost Calculator**
  Tool to engage leadership that estimates facility costs due to CAUTI, from catheterout.org
- **Implementation Team Roles and Responsibilities** [PDF - 281 KB]
  Summary of recommended personnel to engage for CAUTI reduction efforts, from catheterout.org
- **CUSP Board Checklist**
  Checklist of activities to involve for senior leadership in the prevention of patient harm, from the Agency for Healthcare Research and Quality.
- **CDC Safe Healthcare Blog – Why So Many Foleys?**
  Discussion of best practices for managing urinary catheters and reducing risk of CAUTI, guest author Wendy Kaler, MPH, CIC, Dignity Health
- **Strategies and Tips for Nurse Engagement**
  Strategies to engage nurses as champions in CAUTI prevention, from catheterout.org
- **Strategies and Tips for Physician Engagement**
  Strategies to engage physicians as champions in CAUTI prevention, from catheterout.org
TAP Clostridium difficile infection (CDI) Implementation Guide: Links to Example Resources

Disclaimer: The links in the domains below are not mutually exclusive nor do they represent an exhaustive list of all the possible resources available. Furthermore, the links presented do not constitute an endorsement of these organizations or their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred.

Also refer to the following guidelines:

[Strategies to Prevent Clostridium difficile Infections in Acute Care Hospitals. 2014 Update](https://www.cdc.gov/hai/prevent/tap/cdiff.html)

[Clinical Practice Guidelines for Clostridium difficile Infection in Adults. 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA)](https://www.cdc.gov/hai/prevent/tap/cdiff.html)

Other relevant [CDC guidelines](https://www.cdc.gov/hai/prevent/tap/cdiff.html)

[CDI Prevention Primer Slide Set](https://www.cdc.gov/hai/prevent/tap/cdiff.html)

**I. General Infrastructure, Capacity, and Processes**

**II. Antibiotic Stewardship**

**III. Early Detection and Isolation, Appropriate Testing**

**IV. Contact Precautions/Hand Hygiene**

**V. Environmental Cleaning**

**VI. Laboratory Practices**

[https://www.cdc.gov/hai/prevent/tap/cdiff.html](https://www.cdc.gov/hai/prevent/tap/cdiff.html)
Tools Basic Framework

Engage
Evaluate
Educate
Execute
4 “E’s

**Engagement** to motivate key stakeholders to take ownership and support the proposed interventions

**Education** to ensure that key stakeholders understand why the proposed interventions are important

**Execution** to embed the intervention into standardized care processes

**Evaluation** to understand whether the intervention is successful
Stages of Engagement

Aversion → Apathy → Engaged
Excellence is Invigorating!

“Education is not the filling of a bucket, but the lighting of a fire.”

W.B. Yeats, 1865 – 1939
Poet and noted CAUTI Preventionist
Engagement: Eyes on the Prize

- Center everything on the PATIENT
- Make it PERSONAL:
  - Tell your stories
  - Use a name… even a face… or names and faces!
  - A million deaths is a statistic
Engagement

What’s in it for me?
Rank Order of Effective Strategies

- Forcing functions and constraints
- Automation and computerization
- Standardization and protocols
- Checklists and double check systems
- Rules and policies
- Education / Information
- Be more careful, be vigilant
Magic Moments

Magic moment when an idea, trend, or social behavior crosses a threshold, tips, and spreads like wildfire.

People:

- Connectors
- Mavens
- Salesman

Is your program at its Tipping Point?
Sustainability

- Desired health benefits are maintained or improved

- The innovation loses its separate identity and becomes part of regular activities (institutionalization)

- Staff provide ongoing support and expertise (building capacity)
Change, Improve, Sustain

“Of all changes I’ve observed, about 5% were improvements; the rest, at best, were illusions of progress.”

W. Edwards Deming

• We must become masters of improvement
• We must learn how to improve rapidly
• We must learn to discern the difference between short-term improvement and illusions of progress
• We must recognize that only real improvement results in sustainable change
Facilitators of Sustainable Change

As seen in TeamSTEPPS®
Discussion / Questions
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Topic</th>
<th>Access Event Archive: Recording</th>
<th>Slides</th>
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<tbody>
<tr>
<td>Jan. 17, 2018</td>
<td>Didactic Webinar</td>
<td>Reducing Infections with Ventilator Associated Events (IVAC)</td>
<td><a href="#">Access Event Archive: Recording</a></td>
<td><a href="#">Slides</a></td>
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<td>Mar. 14, 2018</td>
<td>Interactive Coaching Call</td>
<td>Strategies to Reduce Surgical Site Infections (SSI)</td>
<td><a href="#">Access Event Archive: Recording</a></td>
<td><a href="#">Slides</a></td>
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<td>Interactive Coaching Call</td>
<td>Reducing PICC and Central Line Utilization to Eliminate CLABSI</td>
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<td>May 8, 2018</td>
<td>Interactive Coaching Call</td>
<td>Don’t Be Resistant: Reducing MRSA and Other Multi-drug Resistant Organisms</td>
<td><a href="#">Access Event Archive: Recording</a></td>
<td><a href="#">Slides</a></td>
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<tr>
<td>Jun. 19, 2018</td>
<td>Didactic Webinar</td>
<td>Fortify Your Unit Safety Culture to Reduce Infections</td>
<td><a href="#">Event Archive will be available online</a></td>
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<tr>
<td>Aug. 14, 2018</td>
<td>Interactive Coaching Call</td>
<td>Sustaining Zero Infections: Stop the “Whack a Mole” Syndrome</td>
<td><a href="#">Register</a></td>
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</tbody>
</table>

Check the weekly **MTC HIIN Upcoming Events** for details and registration
Upcoming Virtual and In-Person Events

• **June 21** – Strategies for Reducing SSI-Colon | Webinar
  [Register Online]

• **Jun 25** – Infection Prevention NHSN Workshop | Orlando, FL
  [Register Online]

• **Jul. 13** – Understanding Hospital Star Ratings | Webinar
  [Register Online]

• **July (TBA)** – IVAC Bi-Monthly Webinar #3

Check the weekly *MTC HIIN Upcoming Events* for details and registration
Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education:

https://www.surveymonkey.com/r/chasingzero061918

Share this link with all of your participants if viewing today’s webinar as a group **(Survey closes June 29th)**

Be sure to include your contact information and Florida nursing license number

FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail **(Please allow at least 2 weeks after the survey closes)**
Cheryl D. Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM
Florida Hospital Association
cheryll@fha.org | 407-841-6230

Linda R. Greene, RN, MPS, CIC
Manager of Infection Prevention
UR Highland Hospital, Rochester, NY
linda_greene@urmc.rochester.edu