Welcome & FHA Mission to Care HIIN Trends and Progress: CAUTI and Device Utilization
- Cheryl Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM, Director of Quality and Patient Safety and Improvement Advisor, FHA

Presentation: No Catheter = No CAUTI: Reducing Catheter Utilization
- 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

Check the weekly MTC HIIN Upcoming Events for details and registration
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)
- Injuries from Falls and Immobility
- Pressure Ulcers (PrU)
- Sepsis
- Surgical Site Infections (SSI)
- Venous Thromboembolisms (VTE)
- Ventilator Associated Events (VAE)
- Readmissions (12% reduction)
- Worker Safety
Raise your game: The UP Campaign

Cross cutting set of practices to better engage front-line staff without creating additional burdens
FHA SOAP UP Campaign
October 1 – December 31, 2017

- Handwashing is the single most effective way to reduce healthcare-acquired infections
- Handwashing is not new, but is a critical strategy
- Effective handwashing can prevent several harm events

http://www.fha.org/soapup
- Progressive mobility preserves muscle strength, improves lower limb circulation and lung capacity, reduces length of stay and reduces delirium
- Lack of mobility is most dangerous in the elderly but healthier patients are at risk as well
- Improves multi-disciplinary collaboration and focus on preventing patient harm
- Involves patients and families in the care plan
- Impacts seven harm topics, saves lives and avoids costs
- Key Message: Walk in, Walk during, Walk out!

http://www.fha.org/getup
Minimizing sedation allows for early mobilization, reducing delirium and respiratory compromise.

Over-sedation increases chance of harm and results in longer length of stay.

Monitoring reversal agents and emphasis on minimal sedation assists in the prevention of seven harm events.

http://www.fha.org/wakeup
FHA Mission to Care Update: CAUTI Rate

Source: HRET Comprehensive Data System, February 2, 2018
FHA Mission to Care Update: CAUTI – Urinary Catheter Utilization

Source: HRET Comprehensive Data System, February 2, 2018
No Catheter = No CAUTI

Linda R. Greene, RN, MPS,CIC, FAPIC
Manager, Infection Prevention
UR Highland Hospital
Rochester, NY

linda_greene@urmc.rochester.edu
Polling Question 1

Please identify your background:

1. Nursing
2. Infection Prevention
3. Quality
4. Other
“Life Cycle of the Urinary Catheter”

1. Prevent unnecessary and improper placement
2. Maintain awareness and proper care of catheters in place
3. Prompt catheter removal
4. Prevent catheter replacement

Polling Question 2

Identify which part of the life cycle of the urinary catheter that is a challenge at your facility:

1. Prevent unnecessary insertion
2. Proper care of catheters
3. Prompt removal
4. Prevent replacement
Discussion
Product Evaluation

Examine the following:

- (a) IUC materials, sizes, kits, drainage bags;
- (b) catheter securement devices;
- (c) urinals and bedpan availability;
- (d) commodes (availability and size);
- (e) bladder scanners; and
- (f) alternatives (incontinence pads, condom catheters and others).
Polling Question 3

Do you use a female urinal for appropriate patients?

- Yes
- No
Discussion

Female urinal questions

Does it work for you?

What are the barriers?

Which product have you used?

Please give us your feedback
Annals of Internal Medicine

The Ann Arbor Criteria for Appropriate Urinary Catheter Use in Hospitalized Medical Patients: Results Obtained by Using the RAND/UCLA Appropriateness Method

Jennifer Meddings, MD, MSc; Sanjay Saint, MD, MPH; Karen E. Fowler, MPH; Elissa Gaies, MD, MPH; Andrew Hickner, MS; Sarah L. Krein, PhD, RN; and Steven J. Bernstein, MD, MPH

Interventions to reduce urinary catheter use involve lists of "appropriate" indications developed from limited evidence without substantial multidisciplinary input. Implementing these lists, however, is challenging given broad interpretation of indications, such as "critical illness." To refine criteria for appropriate catheter use—defined as use in which benefits outweigh risks—the RAND/UCLA Appropriateness Method was applied. After reviewing the literature, a 15-member multidisciplinary panel of physicians, nurses, and specialists in infection prevention rated scenarios for catheter use as appropriate, inappropriate, or of uncertain appropriateness by using a standardized, multipaired rating process. The appropriateness of Foley catheters, intermittent straight catheters (ISCs), and external condom catheters for hospitalized adults on medical services was assessed in 299 scenarios, including urinary retention, incontinence, wounds, urine volume measurement, urine sample collection, and comfort. The scenarios included patient-specific issues, such as difficulty turning and catheter placement challenges. The panel rated 105 Foley scenarios (43 appropriate, 48 inappropriate, 14 uncertain), 97 ISC scenarios (15 appropriate, 66 inappropriate, 16 uncertain), and 97 external catheter scenarios (30 appropriate, 51 inappropriate, 16 uncertain). The refined criteria clarify that Foley catheters are appropriate for measuring and collecting urine only when fluid status or urine cannot be assessed by other means; specify that patients in the intensive care unit (ICU) need specific medical indications for catheters because ICU location alone is not an appropriate indication; and recognize that Foley and external catheters may be pragmatically appropriate to manage urinary incontinence in select patients. These new appropriateness criteria can inform large-scale collaborative and bedside efforts to reduce inappropriate urinary catheter use.

Ann Intern Med. 2015;162:S1-S34. doi:10.7326/M14-1304

For author affiliations, see end of text.
Meddings

- 15 member multidisciplinary panel
- 299 scenarios
- Rated 105 Urinary Catheter (UC) scenarios:
  - 43 appropriate, 48 inappropriate, 14 uncertain
Criteria

Reviewed and rated criteria when:

- Appropriate measuring and collecting cannot be assessed by other means

- UC’s may be appropriate to manage urinary incontinence in select patients
<table>
<thead>
<tr>
<th>Appropriate Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute urinary retention without bladder outlet obstruction (i.e. medication related</td>
</tr>
<tr>
<td>urinary retention)</td>
</tr>
<tr>
<td>Acute urinary retention with bladder outlet obstruction due to non infectious, non</td>
</tr>
<tr>
<td>traumatic causes</td>
</tr>
<tr>
<td>Chronic urinary retention with bladder outlet obstruction</td>
</tr>
<tr>
<td>Stage 3 or 4 or unstageable pressure ulcers or otherwise similarly severe wounds</td>
</tr>
<tr>
<td>that cannot be kept clear of incontinence despite wound care and other urinary</td>
</tr>
<tr>
<td>management strategies</td>
</tr>
<tr>
<td>Urinary incontinence in patients who nurses find it difficult to provide skin care</td>
</tr>
<tr>
<td>despite other urinary management strategies and available resources (i.e. turning</td>
</tr>
<tr>
<td>causes hemodynamic or respiratory instability, strict prolonged mobility such as</td>
</tr>
<tr>
<td>unstable spine or pelvic fracture, strict temporary immobility such as vascular</td>
</tr>
<tr>
<td>catheterization, or excess weight ( &gt; 300 lb) from severe edema or obesity)</td>
</tr>
<tr>
<td>Hourly measurement of urine that is needed to provide treatment and cannot be</td>
</tr>
<tr>
<td>assessed by other urine collection methodologies</td>
</tr>
</tbody>
</table>
### Inappropriate Indications

<table>
<thead>
<tr>
<th>Indication</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary incontinence when nurses can turn/provide adequate skin care</td>
<td>including intact skin, dermatitis, stage 1 or 2 pressure ulcer and closed</td>
</tr>
<tr>
<td></td>
<td>deep tissue injury</td>
</tr>
<tr>
<td>Routine use in ICU without indication</td>
<td></td>
</tr>
<tr>
<td>Foley placement due to risk for fall</td>
<td></td>
</tr>
<tr>
<td>Post-void residual urine volume assessment</td>
<td></td>
</tr>
<tr>
<td>Random 24 hour urine collection samples for sterile or unsterile</td>
<td>specimens</td>
</tr>
<tr>
<td>Patient/family request with not other urine difficulties in non-dying</td>
<td>patient</td>
</tr>
<tr>
<td>Patient ordered bedrest without strict mobility criteria</td>
<td></td>
</tr>
<tr>
<td>Preventing urinary tract infection in patients with fecal incontinence or</td>
<td>diarrhea; or painful urination in patients with urinary tract infection</td>
</tr>
</tbody>
</table>
# External Catheter

*Guide for external catheter use in medical patients*

<table>
<thead>
<tr>
<th>Appropriate Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 3 or 4 unstageable pressure ulcers or severe wounds that cannot be managed by other means</td>
</tr>
<tr>
<td>Moderate to severe incontinence associated dermatitis that cannot be kept clear of urine despite other methods</td>
</tr>
<tr>
<td>Urinary incontinence in patients who nurses find it difficult to provide skin care despite other urinary management strategies and available resources (i.e. turning causes hemodynamic or respiratory instability, strict prolonged mobility such as unstable spine or pelvic fracture, strict temporary immobility such as vascular catheterization, or excess weight (&gt; 300 lb) from severe edema or obesity)</td>
</tr>
<tr>
<td>Daily <strong>not hourly</strong> measurement of urine that is needed to provide treatment and cannot be assessed by other urine collection methodologies</td>
</tr>
<tr>
<td>Patient request to manage urinary incontinence while hospitalized</td>
</tr>
<tr>
<td>Improvement in comfort when urine collection by catheter addresses patient and family goals in a dying patient</td>
</tr>
</tbody>
</table>
## External Catheter

*Guide for external catheter use in medical patients*

### Inappropriate uses

- Any use in uncooperative patient expected to be frequently manipulated due to delirium or dementia
- Any type of urinary retention, acute or chronic with or without bladder outlet obstruction
- Urinary incontinence of patients with intact skin when nurses can turn / provide adequate skin
- Routine use in ICU without indication
- External catheter to reduce the risk of falls to prevent patients from getting up to void
- Convenience for transfer or during tests or procedures
- Patient or family request when there are no expected difficulties managing urine by commode or other means
- Preventing urinary tract infection in patients with fecal incontinence or diarrhea; or painful urination in patients with urinary tract infection
Looking at Device Use

National Healthcare Safety Network
SUR for Catheter Device Use for Acute Care Hospitals (2015 baseline) - By OrgID
As of: February 8, 2018 at 6:40 AM
Date Range: BS2_CAU_RATESICU_SCA summaryYH 2016H1 to 2017H2

orgID=10952 medType=M

<table>
<thead>
<tr>
<th>orgID</th>
<th>CCN</th>
<th>summaryYH</th>
<th>numcathdays</th>
<th>numPredDDays</th>
<th>SUR</th>
<th>SUR_pval</th>
<th>SUR95CI</th>
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<tbody>
<tr>
<td>10952</td>
<td>330164</td>
<td>2016H1</td>
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<td>1.077, 1.128</td>
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<tr>
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<td>6138</td>
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<td>0.897</td>
<td>0.0000</td>
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<tr>
<td>10952</td>
<td>330164</td>
<td>2017H1</td>
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<td>6,612.762</td>
<td>0.927</td>
<td>0.0000</td>
<td>0.904, 0.951</td>
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<tr>
<td>10952</td>
<td>330164</td>
<td>2017H2</td>
<td>6700</td>
<td>6,960.846</td>
<td>0.963</td>
<td>0.0017</td>
<td>0.940, 0.986</td>
</tr>
</tbody>
</table>

1. This report includes urinary catheter utilization data from acute care hospitals for 2015 and forward.
2. The SUR is only calculated if number of predicted device days (numPredDDays) is >= 1. Lower bound of 95% Confidence Interval only calculated when number of observed device days > 0.
3. The predicted device utilization days is calculated based on national aggregate NHSN data from 2015. It is risk adjusted for CDC location, hospital beds, medical school affiliation type, and facility type.
Polling Question 4

Do you have a robust policy that clearly outlines criteria for insertion?

- Yes
- No
Polling Question 5

Do you have a means of capturing urinary catheter data electronically?

- Yes
- No
Discussion

- Share best practices
- Rounding tools
- How do you deal with acute urinary retention?
Polling Question 6

The opportunity to decrease device days in my facility is:

1. Little opportunity
2. Some opportunity
3. Great opportunity
Discussion

Hospitals who have decreased device days:
What is your strategy?
Are you seeing decreased CAUTI rates?
What have you learned from this experience?
Summary

Appropriate indications for catheter placement:
- Derived from expert guidance with strong clinical rationale
- Can be modified based on local consensus

Reducing inappropriate catheter use requires:
- Focus on both placement and continued use
- Understanding the clinical and economic impact of inappropriate catheter use
- Adequate resources for alternative methods of voiding

Reminders and stop orders can disrupt the catheter “lifecycle” at all stages
CAUTI Resources, Trainings and Tools


http://www.hret-hiin.org

- CAUTI Change Package
- CAUTI Top 10 Checklist
- Watch Past Webinars
- HRET HIIN Resource Library
- Learning Modules
- Implementation Tools
- Sample Policies & Protocols

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
- Success Stories
- SOAP UP
- GET UP
# Chasing Zero Infections Series

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Type</th>
<th>Topic</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Mar. 13, 2018</td>
<td>Interactive Coaching Call</td>
<td>Strategies to Reduce Surgical Site Infections (SSI)</td>
<td><a href="Register">Register</a></td>
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<tr>
<td>Apr. 10, 2018</td>
<td>Interactive Coaching Call</td>
<td>Reducing PICC and Central Line Utilization to Eliminate CLABSI</td>
<td><a href="Register">Register</a></td>
</tr>
<tr>
<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="Register">Register</a></td>
</tr>
<tr>
<td>Jun. 12, 2018</td>
<td>Didactic Webinar</td>
<td>Fortify Your Unit Safety Culture to Reduce Infections</td>
<td><a href="Register">Register</a></td>
</tr>
<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">Register</a></td>
</tr>
</tbody>
</table>

Check the weekly **MTC HIIN Upcoming Events** for details and registration. Email [HIIN@fha.org](HIIN@fha.org) to request an archived webinar.
IP Boot Camp

• Date: March 22-23, 2018
• Location: FHA Corporate Office, Orlando
• Program:
  – Led by Linda Greene, RN, MPS, CIC, FAPIC
  – Professional development of novice infection preventionists new to their role (less than 2 years)
  – Focus on fundamental knowledge
  – Core competencies
    • surveillance and epidemiology
    • antibiotic stewardship
    • regulatory and accreditation compliance
    • development, implementation and evaluation of an IP Program

Check the weekly *MTC HIIN Upcoming Events* for details and registration
QI Fellowships Now Enrolling!

Launched January 17th, this free professional development opportunity is open to all FHA HIIN hospital employees seeking to improve care. Past fellows’ disciplines have included nursing, quality, safety, pharmacy, infection prevention, and more.

Deadline for registering is Friday, February 16, 2018!

Register today for your chosen Fellowship track:

- **Foundations for Change**
- **Accelerating Improvement**

**Foundations for Change Fellowship**

Tailored to those who are NEW to quality improvement

Fellows will learn how to:

- Deploy tools such as aim statements, driver diagrams and run charts to initiate and nurture improvement
- Galvanize others to participate in your improvement efforts
- Develop and sustain momentum
- Mitigate common improvement pitfalls

**Accelerating Improvement Fellowship**

Tailored to those with PREVIOUS QI experience who are looking to deepen their knowledge and skills

Fellows will learn how to:

- Assess whether your QI efforts are set up for success
- Utilize data to identify, drive and sustain performance improvement
- Ensure process reliability and sustainability
- Plan for scale and spread
- Mitigate common improvement pitfalls
Upcoming Meetings & Virtual Events

Virtual Events:
• Mar 1 – FHA HIIN | IVAC Bi-Monthly Webinar #1: Ventilator-associated Infections and the GET Up Campaign

In-Person Events:
• FHA HIIN | Infection Prevention Boot Camp for Novice Infection Preventionists
  – Mar. 22-23, 2018 | Orlando, FL
• GET UP Regional Meetings:
  – Feb. 19 | Hollywood, FL
  – Feb. 21 | Orlando, FL
  – Feb. 23 | Pensacola, FL

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/ChasingZero021318

Share this link with all of your participants if viewing today’s webinar as a group (*Survey closes Feb. 23*)

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)
Contact Us

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