

Maryland Patient Safety Center: Call for Solutions 2017

ORGANIZATION

University of Maryland St. Joseph Medical Center (UMSJMC)

SOLUTION TITLE

LET'S GET TO ZERO: Practice Change, Proven Success in CAUTI Reduction

PROGRAM/PROJECT DESCRIPTION

Problem: Despite repeated emphasis on prevention of hospital-acquired infections and multiple interventions to decrease CAUTIs in the Medical Surgical ICU (MSICU), in FY 2015; nine CAUTIs were attributed to the unit at UMSJMC. Although this was a reduction from previous years, as of August FY16 the MSICU had four CAUTIs, 75% of which grew E. coli. These alarming results presented an opportunity to change our unit's practice related to Foley care.

Problem Identification: UMSJMC Infection Prevention monitors and collects all hospital infection data through routine surveillance processes. CAUTI data is reported hospital-wide.

Baseline Data:

FY	Number of CAUTI	Notes
14	16	
15	9	
16	5	As of 08/2015 there were 4 CAUTIs with the last one documented on November 9, 2015

Existing Interventions: With increasing CAUTI rates over multiple years, the MSICU and Infection Prevention implemented and standardized many interventions to decrease CAUTI rates with some success.

- Standardized Interdisciplinary Rounds to discuss “Why the Foley”
- Bathing and perineal care audits to measure/monitor compliance
- Introduction of new Foley insertion kit
- Continued education and emphasis on CAUTI prevention bundle and compliance measurement
- Two person requirement for Foley insertion to assure sterile technique

Goal: Zero CAUTI in MSICU. Success measured monthly through routine surveillance processes by UMSJMC Infection Prevention.

PROCESS

To achieve zero CAUTIs, the MSICU Unit Practice Committee and leadership along with Infection Prevention Department agreed to and completed the following:

- A literature review identified alternative processes for Foley care other than recommended CDC soap and water daily and PRN.
- Continued support of following CAUTI prevention bundle and an existing Nurse-driven Foley Removal Protocol
- Emphasis during Interdisciplinary Rounds on indication of Foley need or plan for removal
- New product introduction for Foley catheter care

SOLUTION

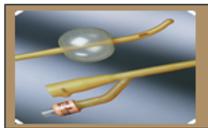
LET'S GET TO ZERO – CAUTI reduction through 3 major foci.

1. Insertion Practice

Urinary Catheter Insertion

Do NOT

- Insert without an order
- Insert without clear indication
- Insert as an emergency
- Test the balloon



DO

- Plan for a sterile procedure
- Have a second person **always** to assist
- Follow the Theraworx cleansing process
- Follow the SURE STEP insertion steps
- Complete the Theraworx cleansing process to initiate the **ZONE of INHIBITION**
- Plan to remove ASAP

2. Perineal Care – Create a ZONE of INHIBITION

What is and Why the Zone of Inhibition?

Provide a protective zone around the Foley Catheter:

By definition – the **Zone of Inhibition** is

“The area around an antibiotic disc that creates an area of no bacteria growth”

When a Foley catheter is Necessary - Why the Catheter Zone?

- By day 5 of catheter use, one half of all catheterized patients will be colonized with bacteria
- By day 30, INFECTION IS NEAR UNIVERSAL
- We can reduce the number of CAUTIs

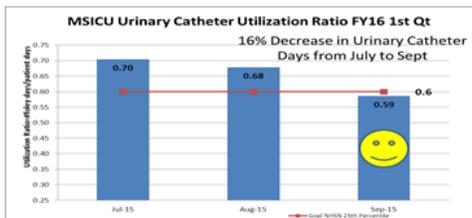
Use the Catheter Associated Urinary Tract Infection BUNDLE to Take Every PreCAUTION! – and New Focus Create a ZONE OF INHIBITION

Focus	Key Implementation Items
Patient Education	<input checked="" type="checkbox"/> Provide the handout that is available in the insertion kit. <input checked="" type="checkbox"/> Be sure to document under patient education in EPIC
Use Aseptic Technique for Insertion	<input checked="" type="checkbox"/> Have 2 staff members present for insertion to maintain sterility <input checked="" type="checkbox"/> Is this a stat procedure? Have control of the room environment for maintaining sterility and privacy <input checked="" type="checkbox"/> Initiate “Zone of Inhibition” with Theraworks <input checked="" type="checkbox"/> Document insertion and indication using catheter insertion intervention
Secure every catheter	<input checked="" type="checkbox"/> Use stat lock securement device – review procedure. <input checked="" type="checkbox"/> Assume your statlock practice is correct – view the education through HEALTHSTREAMS – search BARD and then select the StatLock insertive or access directly through www.healthstream.com/content/bard/medical/statlock/foley/index.html <input checked="" type="checkbox"/> Date the stat lock and change every 7 days
Maintain closed, unobstructed system. Obtain specimens aseptically from the collection port	<input checked="" type="checkbox"/> Affix sticker from kit onto the drainage bag and label with date of insertion – Visual reminder of # of days Foley has been in use <input checked="" type="checkbox"/> No dependent loops, urine should flow freely <input checked="" type="checkbox"/> Drainage bag must hang below the level of the bladder AT ALL TIMES <input checked="" type="checkbox"/> Do not allow catheter bag to touch the floor <input checked="" type="checkbox"/> Affix cover cap to sampling port and change when statlock is changed <input checked="" type="checkbox"/> Empty drainage bag when 2/3 full and prn especially prior to transportation
Peri (Foley) Care	<input checked="" type="checkbox"/> Following insertion and then every 6 hrs and prn provide Pericare using Theraworks, cleansing wipes <input checked="" type="checkbox"/> Maintain the Zone of Inhibition <input checked="" type="checkbox"/> Ensure catheter is secured – change stat lock as necessary / minimally every 7 days <input checked="" type="checkbox"/> Document catheter care when completed
Access daily – need for continued use of Foley Catheter	<input checked="" type="checkbox"/> With EPIC – continued implementation of Nurse Driven Protocol <input checked="" type="checkbox"/> Document removal but maintain Nurse Driven Protocol Order to support potential need for bladder scan and straight cath <input checked="" type="checkbox"/> Daily rounds process update – reinforce daily assessment <input checked="" type="checkbox"/> Physician buy-in for nurse driven protocol and “stronger discussion” to get the Foley out!
Local aims	1. Create definitive Foley care guideline using Theraworks product 2. Engage staff through ZONE OF INHIBITION education process 3. UPC and PCC taking lead for expected practice changes 4. Monitor for compliance/process barriers/CAUTI reduction and no increase associated moisture dermatitis

3. Maintenance with Focus on Removal

Urinary Catheter Removal Protocol

- Goal: to reduce the number of days Foleys are in place
- Foley Removal protocols are evidence based, and have been proven to reduce UTIs
- Nursing assesses daily for appropriate use of urinary catheters
- Celebrate MSICU success!





Peri & Catheter Care

Theraworx

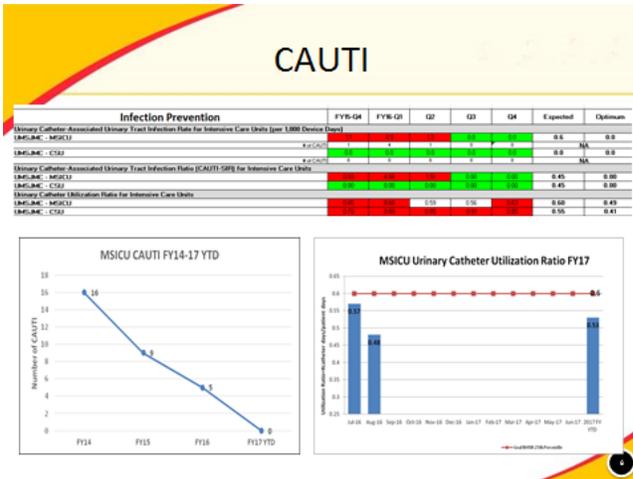
- Prior to straight catheterization
- Pre & Post-Insertion of Urinary Catheter
- Catheterized Patients
 - Every 6 hrs
 - Every 4hrs for catheters indwelling >5 days
- As a final cleaning for any bowel incontinence episodes
- As a final cleaning step during the bathing process

Incontinence Care

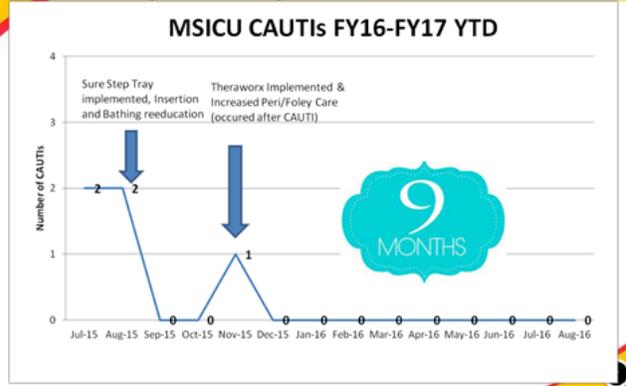
- Change from Barrier Wipes to Baby Wipes
 - Provided staff a product to clean the patient
 - Barrier wipes were being used inappropriately

MEASURABLE OUTCOMES

Since the implementation of a defined Foley care standard using TheraWorx, there have been zero CAUTIs in the MSICU to date (11/7/16). As of 11/10/16, the unit will be CAUTI free for one year.



Past, Present, and a Future of ZERO



SUSTAINABILITY

To help achieve and sustain these results, the UPC updates a CAUTI Free Days poster monthly that is hung in the center of the unit. The MSICU celebrated zero CAUTIs at six months and is currently celebrating a 10-day countdown to one year CAUTI free. Awareness to expected practice is randomly reviewed during Interdisciplinary Rounds and is a focus for all new MSICU staff. The focus is no longer on compliance to process but is highlighted through our successful outcomes. Look what we have achieved through compliance.

ROLE OF COLLABORATION AND LEADERSHIP

A multidisciplinary review of infection rates in the MSICU has continued since CUSP/CAUTI. The CUSP team consisting of MSICU Medical Director, Nursing Director and MSICU Manager, Quality Improvement, Patient Safety and Infection Improvement headed by the CUSP Unit Champion have continually supported the efforts of the unit to reduce CAUTIs. The opportunity to change practice was supported by this team with careful consideration to cost and expected outcome.

INNOVATION

An implemented practice change with a new product, though proven effective by the company literature, did not have wide spread use. A committed unit practice team that was supported by leadership took on the design of the education and implementation process for this practice change. New verbage within the unit became “Have you created your patient’s Zone of inhibition?” and “Why the Foley?”

CULTURE OF SAFETY

Stating a goal of Zero CAUTI and changing practice excited the staff. This practice and continued focus on the CAUTI bundle, Foley removal and timed Foley care have proven successful with a to date zero CAUTIs in the MSICU. We continue to explore opportunities to work with physicians and potential urology consult for identified urinary retention post-Foley removal.

PATIENT AND FAMILY INTEGRATION

Bedside education, daily plan of care and patient/family awareness of daily goal of need or removal of Foley is a continued focus.

RELATED TOOLS AND RESOURCES

TheraWorx packet – Word Document

Achieving Zero CAUTI - PowerPoint

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