

# HQIC Patient Safety Network: CAUTI & CLABSI

## Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen

## We will get started shortly!

# HQIC Infection Prevention: CAUTI and CLABSI Gap Assessment



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# Making Health Care Better *Together*

## **COLLABORATORS:**

Alabama Hospital Association  
Alliant Health Solutions  
Comagine Health  
Georgia Hospital Association  
KFMC Health Improvement Partners  
Konza

## Hospital Quality Improvement

# Welcome from all of us!



# HAI Reduction Co-Leads



## Amy Ward, MS, BSN, RN, CIC **INFECTION PREVENTION SPECIALIST**

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.

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## Rhonda Bowen, BSHS, CIC, CPPS, CPHQ, CPHRM **SENIOR IMPROVEMENT ADVISOR, PATIENT SAFETY**

Rhonda has worked in rural and critical access hospitals for over 30 years, and directed patient safety, quality and infection prevention and control for the past 14 years. She is passionate about all aspects of patient safety and infection prevention and control, especially the effects of health literacy and organizational safety culture on patient outcomes.

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# Learning Objectives

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- Learn Today:
  - Review practice guidelines for CAUTI and CLABSI prevention.
  - Review gap assessment tool for CAUTI and CLABSI prevention.
  - Discuss gap analysis and how it can be used to target prevention efforts.
- Use Tomorrow:
  - Perform Gap analysis of current CAUTI and CLABSI practices.
  - Identify gaps in practice and develop action plan to bring practice up to standard.

# Gap Analysis

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- A gap analysis is a way to assess the differences between actual practice and expected performance.
  - Where we are versus where we aim to be.
  - Can be completed in preparation for a regulatory survey.
    - Example: Comparing regulations to current practices to prevent non-conformities/deficiencies/citations.
  - Can be used to compare best practice guidelines to current practice.
    - Example: Higher than expected CAUTI rates (or a single event if it is higher than expected) with no apparent root cause.
      - If there is a identified gap and there is a high quality of evidence for that recommended practice, then that is an area to focus in on.

# Best Practice Guidelines

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- CDC/HICPAC
  - [CAUTI Guidelines | Guidelines Library | Infection Control | CDC](#)
  - [BSI | Guidelines Library | Infection Control | CDC](#)
- SHEA Compendium
  - [Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals: 2014 Update on JSTOR](#)
  - [Strategies to Prevent Central Line–Associated Bloodstream Infections in Acute Care Hospitals: 2014 Update on JSTOR](#)
- APIC
  - [Guide to Preventing Catheter-Associated Urinary Tract Infections \(2014\) – APIC](#)
  - [Central Line-associated Bloodstream Infections \(CLABSI\) - APIC](#)

# What if the Best Practice Guidelines Differ?

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- Often, if the guidelines are “cross-walked,” there will be slight variations or differences in the recommendation.
- Use this as an opportunity to meet with the IP medical director and/or physician champion.
  - Review the guidelines and provide them in print.
  - Ask them which, if any, they would recommend implementing at your hospital.
  - Follow up with another meeting to review their recommendation and rationale.
- Determine if a working group needs to be formed to implement the change in practice.



# CAUTI Gap Assessment

An in-depth review of current practices versus the evidence-based guidelines.

- Patient and Family Education
- Appropriate Catheter Use
- Catheter Insertion Practices
- Catheter Maintenance Practices
- Urine Culturing Practices
- Indwelling Catheter Removal
- Documentation
- Staff Education
- Monitoring and Evaluation
- Infrastructure

Any 'No' answers should have action plans developed with timeline and person responsible.

## Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Strategies

A gap analysis is a tool used to assess the difference between actual practice and expected performance. It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on if a policy is in place, as practice can vary from policy.

**CORE** Prevention Strategies = Strategies that should always be in place.

**ENHANCED** Prevention Strategies = Strategies to be considered in addition to core strategies when:

- There is evidence that the core strategies are being implemented and adhered to consistently.
- There is evidence that CAUTI rates are not decreasing.

Gap Analysis Questions	Yes	No	If answered question "No" – Identify the Specific Action plan(s) including persons responsible and timeline to complete.
<b>Patient and Family Education</b>			
1a) The patient and family have been educated about their urinary catheter, such as symptoms of a urinary tract infection, catheter care, and what the patient and family can do to help prevent an infection [4]. - If Patient and Family Advisory Committee available, consider having them review educational materials prior to publication	<input type="checkbox"/>	<input type="checkbox"/>	
1b) If the patient is to be discharged with an indwelling catheter in place, the patient and family have been educated on how to care for the catheter and symptoms of infection, using teach back method to ensure patient's understanding.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Appropriate Catheter Use</b>			
2a) The facility has a process in place to insert urinary catheters only when necessary, following CDC/HICPAC indications for urinary catheter insertion and use [3,4].	<input type="checkbox"/>	<input type="checkbox"/>	
2b) Include insertion criteria into urinary catheter order process [1]. - Utilize the electronic health record to hard wire insertion criteria into order.	<input type="checkbox"/>	<input type="checkbox"/>	
2c) The facility has a process in place to consider the use of alternatives to urinary catheter placement, including [1-4]: - Use of condom catheters - Straight catheterization - Use of external female catheters	<input type="checkbox"/>	<input type="checkbox"/>	
2d) The facility uses a portable ultrasound device to assess the patient's urine volume to reduce unnecessary catheter insertions prior to making a decision regarding catheter placement [2-4].	<input type="checkbox"/>	<input type="checkbox"/>	
<b>The facility's indwelling catheter placement practices include the following indications for appropriate placement [1-4]:</b>			
2e) Management of acute urinary retention and urinary obstruction (consider use of bladder scanner to assess urinary retention).	<input type="checkbox"/>	<input type="checkbox"/>	
2f) Strict urine output monitoring in critically ill patients (consider alternatives other than indwelling catheters to measure urine output) [1-4].	<input type="checkbox"/>	<input type="checkbox"/>	
2g) Perioperative use for selected surgical procedures such as [1-4]: - GU surgery or other surgery on contiguous structures of the GU tract - Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU) - Patients anticipated to receive large-volume infusions or diuretics during surgery - Need for intraoperative monitoring of urinary output	<input type="checkbox"/>	<input type="checkbox"/>	
2h) Patients requiring prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures) [1-4].	<input type="checkbox"/>	<input type="checkbox"/>	
2i) Incontinent patient requiring assistance in healing of open sacral or perineal wounds [1-4].	<input type="checkbox"/>	<input type="checkbox"/>	
2j) Improving comfort of care at end of life [1-4].	<input type="checkbox"/>	<input type="checkbox"/>	
<b>The facility sets clear expectations that indwelling catheter placement is not appropriate for the following reasons [2-4]:</b>			
2k) Incontinence.	<input type="checkbox"/>	<input type="checkbox"/>	
2l) Specimen collection [3].	<input type="checkbox"/>	<input type="checkbox"/>	
2m) Diagnostic test when patient able to void [3].	<input type="checkbox"/>	<input type="checkbox"/>	

# CLABSI Gap Assessment

## Central Line Associated Blood Stream Infection (CLABSI) Prevention Strategies

A gap analysis is a tool used to assess the difference between actual practice and expected performance. It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on if a policy is in place, as practice can vary from policy.

**CORE** Prevention Strategies = Strategies that should always be in place.

**ENHANCED** Prevention Strategies = Strategies to be considered in addition to core strategies when:

- There is evidence that the core strategies are being implemented and adhered to consistently.
- There is evidence that CLABSI rates are not decreasing.

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
<b>Patient and Family Education</b>			
<b>The facility has a process in place to:</b>			
1a) Educate the patient/family about their central line, including risks of the device such as catheter associated bloodstream infection is, what the health care personnel (HCP) and prescribers are doing to prevent an infection, and what the patient can do to help prevent an infection.	<input type="checkbox"/>	<input type="checkbox"/>	
· If Patient and Family Advisory Committee available, consider having them review educational materials prior to publication	<input type="checkbox"/>	<input type="checkbox"/>	
1b) Encourage patients to report any new changes or discomfort in their catheter site.	<input type="checkbox"/>	<input type="checkbox"/>	
1c) If the patient is to be discharged with a central line in place, the patient has been educated on how to care for the catheter and symptoms of infection, using teach back method to ensure patient's understanding.	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Insertion</b>			
<b>The facilities core prevention strategies for central line insertion practices include:</b>			
2a) Hospital policy includes standardized indications for central line placement.	<input type="checkbox"/>	<input type="checkbox"/>	
2b) Hospital policy requires the use of an insertion checklist and a two person insertion where one person is designated as the observer. [2, 3]	<input type="checkbox"/>	<input type="checkbox"/>	
2c) Use ultrasound guidance to place central lines when possible, using sterile sleeve over ultrasound. [2, 3]	<input type="checkbox"/>	<input type="checkbox"/>	
2d) Optimal catheter site selection, with avoidance of the femoral vein, for central venous access in adult patients is reviewed prior to insertion.	<input type="checkbox"/>	<input type="checkbox"/>	
2e) The avoidance of the subclavian site in hemodialysis patients and patients with advanced kidney disease, to prevent subclavian vein stenosis.	<input type="checkbox"/>	<input type="checkbox"/>	
2f) Consider the use of a fistula or graft in patients with chronic renal failure instead of a CVC for permanent access for dialysis. [4]	<input type="checkbox"/>	<input type="checkbox"/>	
2g) Use of a CVC with the minimum number of ports of lumens to manage the patient	<input type="checkbox"/>	<input type="checkbox"/>	
2h) Hand hygiene using soap or alcohol based hand sanitizer.	<input type="checkbox"/>	<input type="checkbox"/>	

The CLABSI Gap Assessment is an in-depth review of current practices versus the recommended prevention guidelines.

- Patient and Family Education
- Insertion
- Access/Maintenance
- Documentation
- Monitoring and Evaluation
- Staff Education
- Infrastructure

Any 'No' answers should have action plans developed that include person responsible and timeline to completion.

# PSN: Healthcare Associated Infection Series

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Session 1: Guidelines for Prevention and Gap Assessment

Session 2: Surveillance and Data Analysis

Session 3: Back to Basics: Hand Hygiene

Session 4: Back to Basics: Cleaning/Disinfection/Sterilization

Session 5: Process Audit and Continual Improvement

Our plan will be to alternate the focus each month. Odd months will have a CAUTI/CLABSI emphasis, and even months will focus on C. diff/MRSA.

# Resources

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## CAUTI

- [HQIC Coaching Package – CAUTI](#)
- [HQIC CAUTI Gap Assessment Tool](#)

## CLABSI

- [HQIC Coaching Package- CLABSI](#)
- [HQIC CLABSI Gap Assessment Tool](#)

# Key Takeaways



- Learn Today:
  - Review practice guidelines for CAUTI and CLABSI prevention.
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- Use Tomorrow:
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# Questions?


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Email us at [hospitalquality@allianthealth.org](mailto:hospitalquality@allianthealth.org) or call us at 678-527-3681.



# HQIC Goals



## Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



## Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings



## Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events

# Upcoming Events

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**December 9, 2021**

**(Occurring the 2<sup>nd</sup> Thursday of each month)**

HQIC Patient Safety Network  
Infection Prevention – CAUTI, CLABSI, C. diff, and MRSA

Amy Ward and Rhonda Bowen

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KFMC Health Improvement Partners  
Konza

## Hospital Quality Improvement



@alliantqio



@alliantQIO

# Thank you for joining us! How did we do today?

Alliant Health Solutions



Alliant Health Solutions



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HEALTH SOLUTIONS

**HQIC**  
Hospital Quality Improvement Contractors  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

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## Hospital Quality Improvement

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