

CAUTI and CLABSI Cohort Framework



Amy Ward, MS, BSN, RN, CIC

Subject Matter Expert – Infection Prevention

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Hospital Quality Improvement

Welcome from all of us!



Facilitator



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.

Amy loves to ride bikes and be outdoors!

Contact: Amy.Ward@Allianthealth.org

Learning Objectives

- Learn Today:
 - Introduction to CAUTI and CLABSI Cohort structure
 - Understanding of expectations
 - From subject matter experts
 - From QI coach
 - From hospitals
- Use Tomorrow:
 - Access available tools and resources to implement targeted interventions

Cohort Structure

- Targeted cohort members have been identified based on data
- Alliant supplies quantitative data
- Hospital supplies qualitative data – make it your program
 - What is happening in your building
 - What are your pain points around these topics
- Use quantitative and qualitative data to identify interventions
- Apply interventions in 1:1 dialogue, discussing barriers to implementation
- 30-day focus plans – rapid cycle process improvement

Expectations of QI Coach/Alliant SMEs

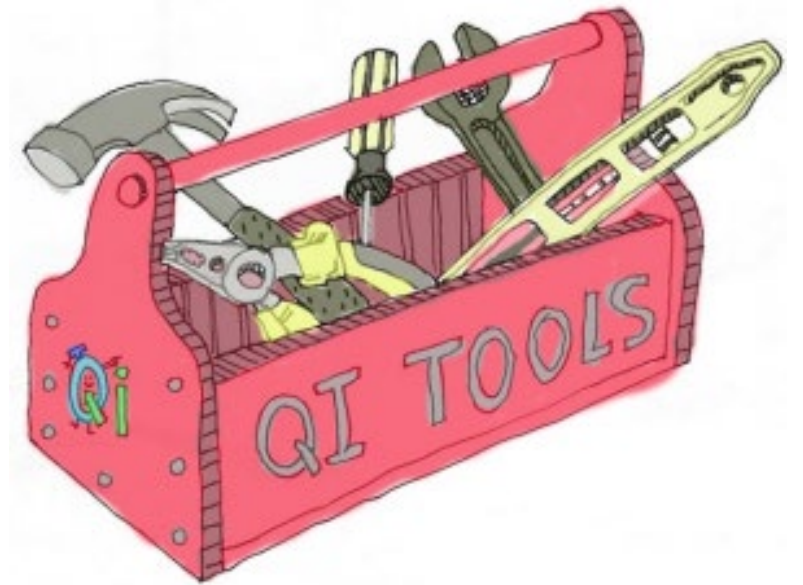
- Monthly 1:1 focus call with a QI coach for cohort intervention only
 - SME will attend as invited
- Monthly review of data – portal access
- PDSA review and implementation with each coaching call
- Provide timely resources for specified interventions
- Drop into Chat what you expect or need from the QI Coach/SME

Expectations for Hospitals

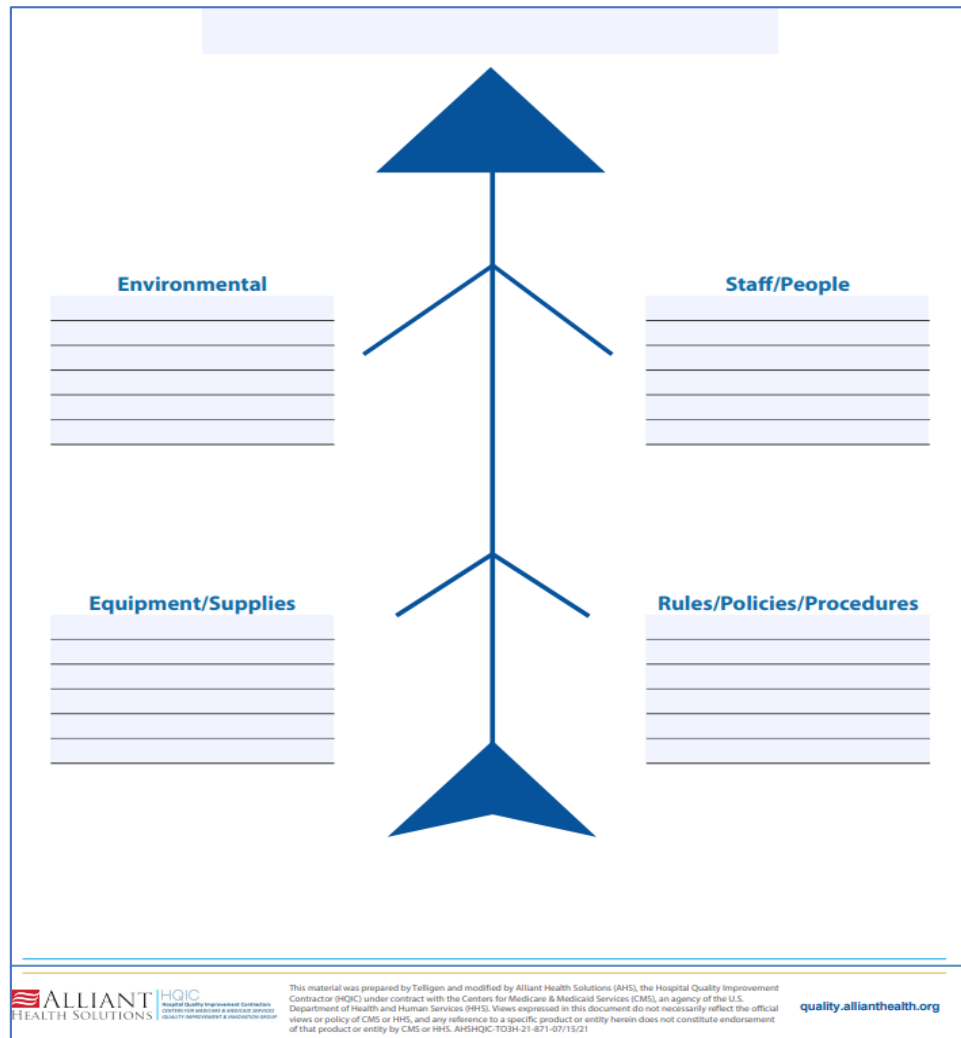
- Attend monthly 1:1 coaching calls for specific cohort topics
- Access portal data during coaching calls
- Assess root cause or contributing factors of events based on available data (fishbone)
- With QI coach – use root cause analysis to determine a potentially successful intervention
- Implement intervention using the rapid cycle (30-day) PDSA
- Continue rapid cycle improvement until a change is embedded and implement additional interventions to amplify success

What's in our Toolbox?

- Fishbone diagram
- PDSA template/examples/recordings
- QI Boot Camp series
- Coaching packages
 - Top 5
- HQIC website resources
- Portal access
- Monthly newsletter
- 1:1 coaching
- Access to subject matter experts




Fishbone Diagram



- Problem = Head of the fish
 - Determined based on quantitative data
- Bones = major categories of contributors to the problem
 - Determined based on qualitative data

PDSA Template



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HQIC SMALL TEST OF CHANGE WORKSHEET
(PDSA Cycle Template)

Model for Improvement: Three questions for improvement

1. What are we trying to accomplish (aim)?
2. How will we know that change is an improvement (measures)?
3. What change can we make that will result in an improvement (ideas, hunches, theories)?

What changes are we going to make based on our findings?



What exactly are we going to do?

What were the results?

When and how did we do it?

GOAL: Overall goal you would like to reach – use SMART Goals: Specific, Measurable, Attainable, Realistic, and Time-based.

I. PLAN: Overall goal you would like to reach – List your action steps along with person(s) responsible and time line.

- What is the objective of the test?
 - What do you predict will happen and why?
 - What change will you make?
 - Who will it involve (e.g. one unit, one floor, one department)?
- How long will the change take to implement?
 - What resources will they need?
 - What data need to be collected?

HQIC SMALL TEST OF CHANGE PDSA WORKSHEET

Describe your first (or next) test of change including person responsible, when to be done and where to be done.

Next test of change	Person Responsible	When to be done	Where to be done

List the tasks needed to set up this test of change.

List the tasks (enter as many as you need to for this test of change)	Person Responsible (Title &/or Name)	When to be done (Actual Date)	Where to be done (specify unit, department, clinic, etc.)

Predict what will happen when the test is carried out.

Predictions (enter as many as you need to for this test of change)	Measures for predictions (include a measure for each prediction)

What measures will you use to determine if the prediction is a success.

HQIC SMALL TEST OF CHANGE PDSA WORKSHEET

II. DO: Describe what actually happened when you ran the test of change.



- Implement the change
 - Try out the test on a small scale
 - Carry out the test
- Document problems and unexpected observations
 - Begin analysis of the data

III. STUDY: Describe the measured results and how they compared to the predictions (set aside time to analyze the data and study the results and determine if the change resulted in the expected outcome).

- Complete the analysis of the data
 - Compare the data to your predictions
- Summarize and reflect on what was learned. Look for: unintended consequences, surprises, successes, failures.

IV. ACT: Describe what changes to the plan will be made for the next cycle from what you learned (If the results were not what you wanted, you try something else. Refine the change, based on what was learned from the test).

- Adapt – modify the changes and repeat PDSA cycle
 - Adopt – consider expanding the changes in your organization to additional residents, staff, units
- Abandon – change your approach and repeat PDSA cycle

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PDSA Example: Excess CLABSI Events

- AIM: To prevent five CLABSI events in the ICU by December 31, 2022.
- Plan: To promptly remove any intravascular catheter that is no longer essential.
- Do: Complete daily audits for necessity in the ICU and get removal orders for any catheter that is no longer necessary.
- Study: Review NHSN Standardized Utilization Ratio for the ICU prior to intervention implementation and after implementation.
- Act: If intervention is effective in SUR reduction, consider dissemination to other units with excess SUR or excess CLABSI events.
- REPEAT

Quality Improvement Basics Boot Camp

- Three-part series
- Tools/recordings available on the Alliant HQIC website
- Series focus:
 - Quality improvement models and tools
 - Process improvement
 - Developing a quality improvement team/who should be at the table
 - Resources to be shared

Coaching Packages



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CLABSI

COACHING PACKAGE

Purpose: Use the evidence-based best practices and resources to create quality improvement action plans.

Facility/Hospital Name: _____ Date Completed: _____

Category	Best practice/Interventions	Links to resources, toolkits, webinars, etc.
Education	Competence for insert/maintenance of peripheral & central intravascular caths	Education, training and staffing
Education	Educate health care staff regarding the indications for intravascular cath use	Education, training and staffing
Process Optimization	Promptly remove any intravascular catheter that is no longer essential	Selection of catheters and sites
Policy/Protocol	Subclavian vein is the preferred site for CVC insertion in the ICU setting to reduce infectious complications.	Selection of catheters and sites
Policy/Protocol	Sterile gloves worn for the insertion of arterial, central, and midline caths	Maximal sterile barrier precautions
Policy/Protocol	Use sterile barrier precautions to insert of CVCs, PICCs, or guidewire exchange	Maximal sterile barrier precautions
Policy/Protocol	Skin Prep Protocol	Skin preparation



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CAUTI

COACHING PACKAGE

Purpose: Use the evidence-based best practices and resources to create quality improvement action plans.

Facility/Hospital Name: _____ Date Completed: _____

Category	Best practice/Interventions	Links to resources, toolkits, webinars, etc.
Care Coordination	Physician reminder to document indication for use, if still indicated.	Appropriate Catheter Use
Device Management	Alternatives to Foley	Technical Interventions To Prevent CAUTI AHRQ
Device Management	Daily assessment of device necessity	Technical Interventions To Prevent CAUTI AHRQ
Device Management	Hardwiring process of emptying bags prior to transport	Technical Interventions To Prevent CAUTI AHRQ
Device Management	Providing bag hangers for specialty beds	Technical Interventions To Prevent CAUTI AHRQ
Education	Staff and patient/family education on catheter use	Administrative Infrastructure Training and Education Resources (CDC)
Hygiene/Cleanliness	Compliance with bladder bundle	Appendix K. Infographic Poster on CAUTI Prevention AHRQ
Hygiene/Cleanliness	Adherence to Insertion criteria	Appendix K. Infographic Poster on CAUTI Prevention AHRQ
Leadership/Culture	Identified Physician and Nurse Champion	Checklists for Assessing Executive and Physician Champion Potential
Monitor/Assess	Provide feedback to units on device days and CAUTI rates monthly	Measurement Agency for Healthcare Research and Quality
Monitor/Assess	Complete CAUTI event review forms	Appendix O. CAUTI Event Report Template

- https://quality.allianthealth.org/wp-content/uploads/2022/05/AHS-HQIC-Coaching-Package-CAUTI_FINAL_508.pdf
- https://quality.allianthealth.org/wp-content/uploads/2022/05/AHS-HQIC-Coaching-Package-CLABSI_FINAL_508.pdf

Targeted Interventions: Top Five CLABSI

- Competence for insertion and maintenance.
- Use sterile barrier precautions to insert CVCs, PICCs or guidewire exchange.
- Avoid using the femoral vein for central venous access in adult patients (The subclavian vein is the preferred site for CVC insertion in the ICU to reduce infectious complications).
- Educate health care staff regarding the indications for intravascular catheter use.
- Promptly remove any intravascular catheter that is no longer essential.

Targeted Interventions: Top Five CAUTI

- Nurse-driven removal protocol in place
- Alternatives to Foley available and in use
- Physician and nurse champions identified, leading the charge
- Ongoing assessment for device necessity reviewed and documented daily
- IP rounding, conducting direct observations and providing education as needed

HQIC Website Resources/Tools

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Quality Innovation Network - Quality Improvement Organizations
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Home Start Here Browse by Topic Events Library of Resources Search

HQIC Resources

- [COVID-19](#)
- [Health Equity](#)
- [Hospital Acquired Pressure Injuries](#)

- [Infection Prevention](#)
- [Medication Safety/Adverse Drug Event \(ADE\)](#)
- [National COVID-19 Resiliency Network \(NCRN\)](#)

- [Opioid Stewardship](#)
- [Patient and Family Engagement](#)
- [Readmissions](#)

HQIC Infection Prevention Website Resources/Tools

Infection Prevention (HQIC) Resources

Catheter Associated Urinary Tract Infection (CAUTI)

[CAUTI Gap Assessment Tool](#)
[Urinary Catheter Quick Observation Tool](#)
[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)
[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)
[CDC TAP CAUTI Implementation Guide](#)
[SHEA Strategies to Prevent CAUTI in Acute Care Hospitals, 2014](#)
[Tests and Treatments for UTIs](#)

Central Line Associated Blood Stream Infection (CLABSI)

[HQIC Fishbone Diagram – CLABSI and MRSA](#)
[CLABSI Gap Assessment Tool](#)
[Central Line Quick Observation Tool](#)
[CDC-HICPAC Guidelines for Prevention of Intravascular Catheter-Related Infections, 2011](#)
[AHRQ Toolkit for Reducing CLABSI](#)
[CDC TAP CLABSI Implementation Guide](#)
[SHEA Strategies to Prevent CLABSI in Acute Care Hospitals](#)

Clostridioides Difficile Infection (C. difficile)

[HQIC C. diff Process Discovery Tool](#)
[Transmission Based Precautions Quick Observation Tool](#)
[The Progression of a C. Diff Infection](#)
[CDC Strategies to Prevent C. diff in Acute Care Facilities](#)
[CDC TAP CDI Implementation Guide](#)

[SHOW MORE](#)

Sepsis

[HQIC Sepsis Gap Assessment and Action Steps](#)
[HQIC Sepsis: Spot the Signs Magnet](#)
[HQIC Sepsis Provider Engagement](#)
[AQ Sepsis-ZoneTool](#)
[Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

Antibiotic Stewardship

[Assessment of the Appropriateness of Antimicrobial Use in US Hospitals](#)
[Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals](#)
[5 Tips to Improve Antibiotic Stewardship in Your Emergency Department](#)
[Your Guide to Infection Control and Prevention: A Webinar Series – Improving Antibiotic Stewardship in Critical Access Hospitals: Strategies and Success Stories](#)

COVID-19/Other

[CDC Project Firstline](#)
[COVID-19 Self Management Zone Tool](#)
[Inter-Facility Infection Control Transfer Form – Hospitals](#)

Portal Access

Please enter your email address and create a password.

All fields are required.

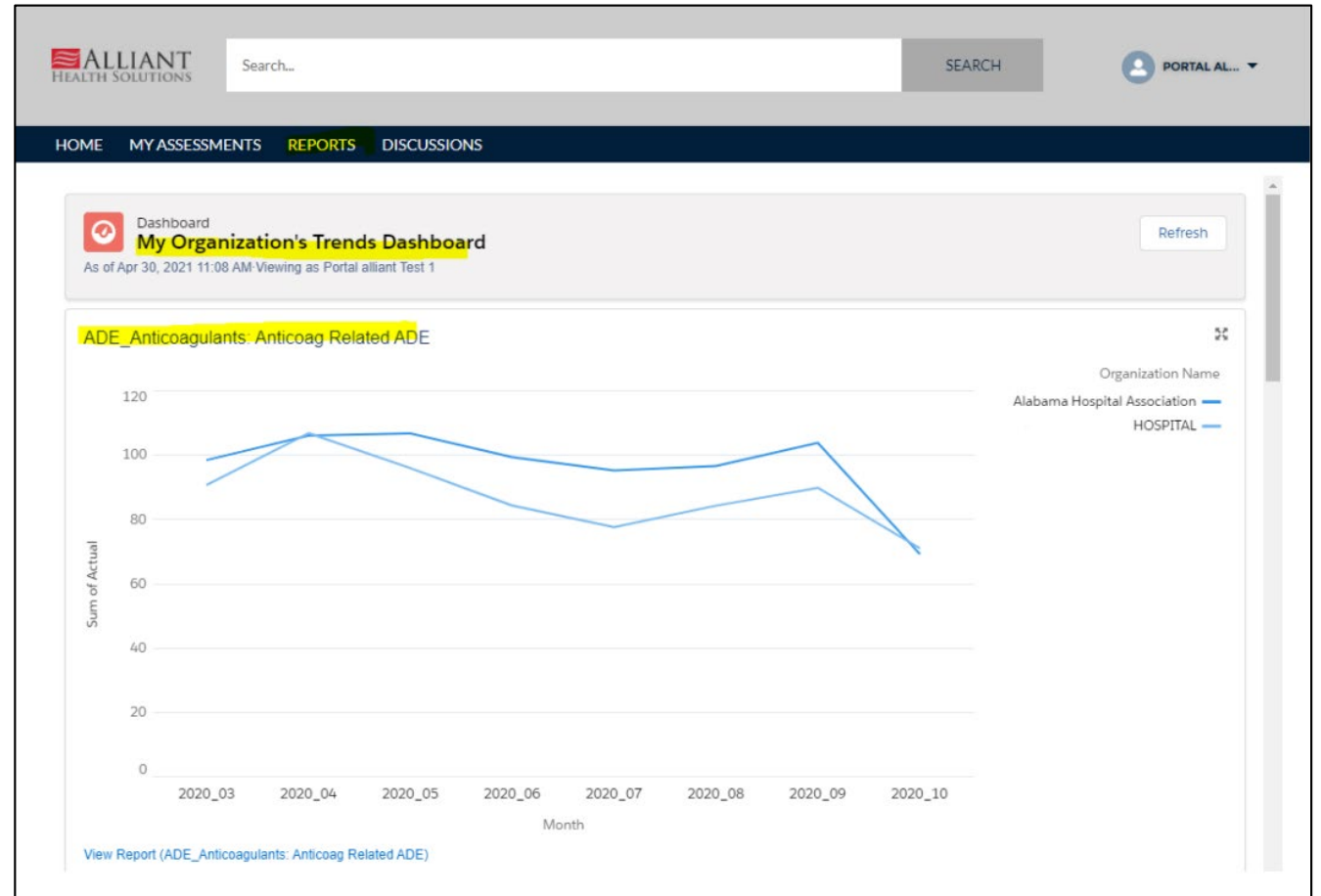
Email Address

Enter Password

Your password must have at least 9 characters, including one number and one uppercase letter.

Confirm Password

Sign Up



Monthly HQIC Newsletter

Expert Insights & Resources

Alliant HQIC Online Portal

Access the Alliant HQIC portal to view your assessments and measurement data, and chat with other HQIC-enrolled hospitals to share best practices, barriers and solutions. [Download Portal Instructions to Get Started](#)



Check In: How Are We Doing?

Alliant HQIC wants to hear from you! Please [click here](#) to share feedback with us.

[Behavioral Health/Opioid Stewardship](#)

Risk Factors for Opioid-Related Adverse Drug Events Among Older Adults After Hospital Discharge

The Journal of the American Geriatrics Society published a retrospective cohort study of a national sample of Medicare beneficiaries aged 65 years and older, hospitalized for a medical reason, with at least one claim for an opioid within two days of hospital discharge. Hospice care and patients admitted from or discharged to a facility were excluded. Researchers used administrative billing codes and medication claims to define potential opioid-related ADEs within 30 days of hospital discharge and competing risks regression to identify risk factors for these events. [Read the Study](#)

[Patient Safety](#)

All-Cause Harm

All-Cause Harm Trigger Tool

We know that positive safety culture, engaged employees, and satisfying patient experiences reduce all-cause harm. We also know that harm is underreported and under-detected. The 2012 Office of Inspector General report noted hospital staff did not report 86% of events to incident reporting systems, partly because of staff misperceptions about what constitutes patient harm. How does your facility's safety plan define harm? What education does your staff receive on what constitutes an event that should be reported? How does your facility detect harm? Consider the use of a trigger tool. Triggers are screening tools that signal the need for a more intense record review to determine if harm occurred.

Resources:

[Institute for Healthcare Improvement, Trigger Tools](#)

[AHRQ: Triggers and Trigger Tools](#)

[OIG report: Hospital Incident Reporting Systems Do Not Capture Most Patient Harm Developing and Evaluating an Automated All-Cause Harm Trigger System](#)

Adverse Drug Events

Early Prescribing Outcomes After Exporting the Equipped Medication Safety Improvement Program

Prescribing potentially inappropriate medications (such as antihistamines, benzodiazepines, and muscle relaxants) can lead to adverse health outcomes. The Enhancing Quality of Prescribing Practices for Older Adults in the Emergency Department (EQUIPPED) program is a multicomponent intervention intended to reduce potentially inappropriate prescribing among older adults who are discharged from the emergency department. Twelve months after implementation at three academic health systems, the EQUIPPED program significantly reduced overall potentially inappropriate prescribing at one site; the proportion of benzodiazepine prescriptions decreased across all sites. [Read More](#)

- Timely journal articles on HQIC topics
- Links to registration for all of our educational events
- Success stories from top-performing hospitals
- Latest news from CMS
- Linked on HQIC website

Month Six Sharing

- Which Top 5 intervention was implemented at your hospital?
- PDSA examples
- Barriers faced
- How barriers were overcome
- Lessons learned
- Best practices

Resource Links

- QI Tools:
 - [PDSA Template](#)
 - [Fishbone Template](#)
- Coaching Packages
 - [CLABSI](#)
 - [CAUTI](#)
- [HQIC Website](#):
 - [Infection Prevention](#)
 - CAUTI
 - CLABSI
- Portal:
 - [Portal Instructions](#)
 - [Portal Registration and Multifactor Authentication](#)
 - [Portal Navigation and Feature Overview](#)
- QI Boot Camp Series:
 - [Session 1](#)
 - [Session 2](#)
 - [Session 3](#)

Key Takeaways

- Learn Today:
 - Understand new HQIC cohort structure
 - Understand expectations for SMEs, QI coaches and hospitals
- Use Tomorrow:
 - Use available resources to implement positive change in your hospital for adverse drug events




How will this change what you do? Please tell us in the poll...

Questions?



Email us at HospitalQuality@allianthealth.org or call us 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 optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Upcoming Events



QI Coaches will be scheduling 1:1 calls soon!

Infection Prevention SME:

Amy Ward

Amy.Ward@AlliantHealth.org

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

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AlliantQIO



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