

# Keep Calm and Prevent CAUTI and CLABSI

Below is a Change Path based on Northeast Alabama Regional Medical Center's [presentation](#) recorded on September 27, 2022. Use the steps below for performance improvement and action planning.

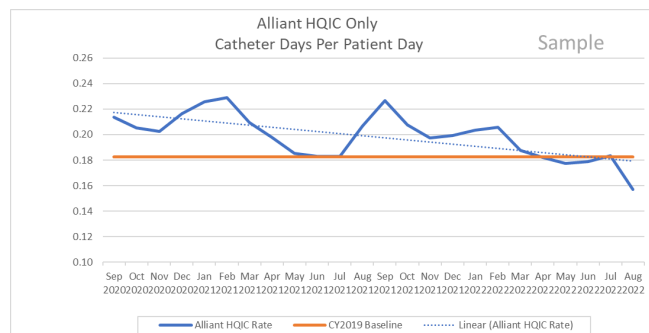
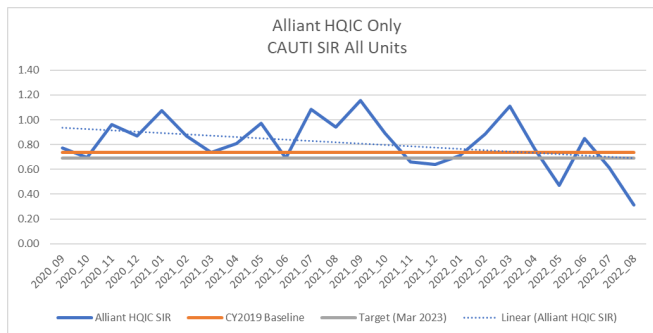
## Why Now

Urinary tract infection (UTI) is the most common healthcare-associated infection (HAI) and accounts for up to 36% of all HAIs. Among UTIs acquired in the hospital, approximately 75% are associated with a urinary catheter. Between 15-25% of hospitalized patients receive urinary catheters during their hospital stay. The most important risk factor for developing a catheter-associated UTI (CAUTI) is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.

## Trends/Data

Data from the CDC's National Healthcare Safety Network (NHSN) show a significantly higher incidence of central line-associated bloodstream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), ventilator-associated events (VAEs), and methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia in 2021 compared to 2019. A [new CDC analysis](#) reveals continued increases in HAIs in U.S. hospitals during 2021, the second year of the COVID-19 pandemic.

As the pandemic and variants subside, there is good news. Below are examples of trends among the Alliant HQIC enrolled hospitals that demonstrate a downward trend in CAUTI SIR All Units and Catheter Days per Patient Day. Source: NHSN



## Hospital-acquired Infections (HAI) Review Team

The data at NEARMC are similar to the trends above. They contribute their success to a multidisciplinary HAI team is in place consisting of nursing leadership and management, quality, infection prevention and medical staff. The team and process is described below.

- ICPs identify and investigate each potential CLABSI, CAUTI, C Diff, MRSA and SSI, utilizing a worksheet for each measure
- Prior to meeting, the information goes out to team members (Quality, nurse managers, ED, etc.) to investigate
- Every two weeks, the team meets to discuss each case for the root cause and possible preventative measures/actions
- Inclusion/exclusion criteria are applied as appropriate
- A decision is made as a group if an occurrence qualifies as an HAI

## Common Barriers and Solutions

Challenges	Solutions
Working on prevention in the throes of COVID	IP monitoring, nurse manager ownership
Foleys being ordered without true necessity	Re-education regarding Foley bundle
No sense of urgency in discontinuing Foleys	Bundle education. Implemented process to ask for Foley removal prior to transfer from Emergency Department.
No good alternative for male Foley's	Trial and implementation of male external catheter (Liberty)

### Identify a Root Cause and Goal

Fill in the [Fishbone Diagram](#) to identify the causes and effects of an event and get to the root cause.

Fill in the [PDSA Worksheet](#) to identify your goal and complete the Plan-Do-Study-Act cycle for a test of change and improvement.

### Leading Interventions and Practices

Beginner	Intermediate	Expert
<a href="#">Identify an executive, physician or nurse champion</a>	Catheter care <a href="#">pocket card</a>	Patient and Family Education <a href="#">CAUTI FAQs</a> <a href="#">CLABSI FAQs</a>
Consider <a href="#">alternatives</a> to indwelling catheter	Daily rounding using <a href="#">quick observation tool</a> (CDC)	Implement <a href="#">Nurse Driven Protocol</a> for catheter removal
<a href="#">Appropriate Catheter Use</a>	Communication of outcomes and daily/weekly audits	<a href="#">CAUTI Implementation Guide</a>
<a href="#">Staff education</a> and <a href="#">poster</a>	Performance Improvement: <a href="#">Gap Analysis Tool</a>	<a href="#">NHSN Survival Guide</a> – report NHSN data and benchmark

### AIM Statement

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom).

*Example: By November 2022, we will conduct a CAUTI gap analysis and complete action plans for any response of No to achieve a goal of a 6% decrease of CAUTI SIR Rates over the CY2019 baseline by March 2023.*

Reach out to your HQIC performance improvement coach for assistance.

### Health Equity & Patient and Family Engagement

- [Patient education brochure](#)
- [Increasing Diversity in Patient and Family Advisory Councils](#)
- [AHRQ's Teach Back Methodology](#)

### Resources

1. Toolkit for Preventing CAUTI and CLABSI in ICUs (AHRQ) - <https://www.ahrq.gov/hai/tools/clabsi-cauti-icu/index.html>
2. TAP - CAUTI Implementation Guide - <https://www.cdc.gov/hai/prevent/tap/cauti.html>
3. The How To's of Hand Hygiene  
<https://www.ahrq.gov/hai/quality/tools/cauti-rtc/modules/implementation/education-bundles/infection-prevention/hand-hygiene/hand-hygiene-slides.html>
4. Gap analysis is a tool used to assess the difference between actual practice and expected performance  
[https://quality.allianthealth.org/wp-content/uploads/2021/11/CAUTI-Gap-Assessment-Tool\\_2SOW-AHS-TO3-HQIC-1058-10.29.21.pdf](https://quality.allianthealth.org/wp-content/uploads/2021/11/CAUTI-Gap-Assessment-Tool_2SOW-AHS-TO3-HQIC-1058-10.29.21.pdf)
5. Audit/Observation tool - <https://www.cdc.gov/infectioncontrol/pdf/QUOTS/Urinary-Catheter-Observation-P.pdf>
6. CAUTI event report - <https://www.ahrq.gov/hai/cauti-tools/impl-guide/implementation-guide-appendix-o.html>