

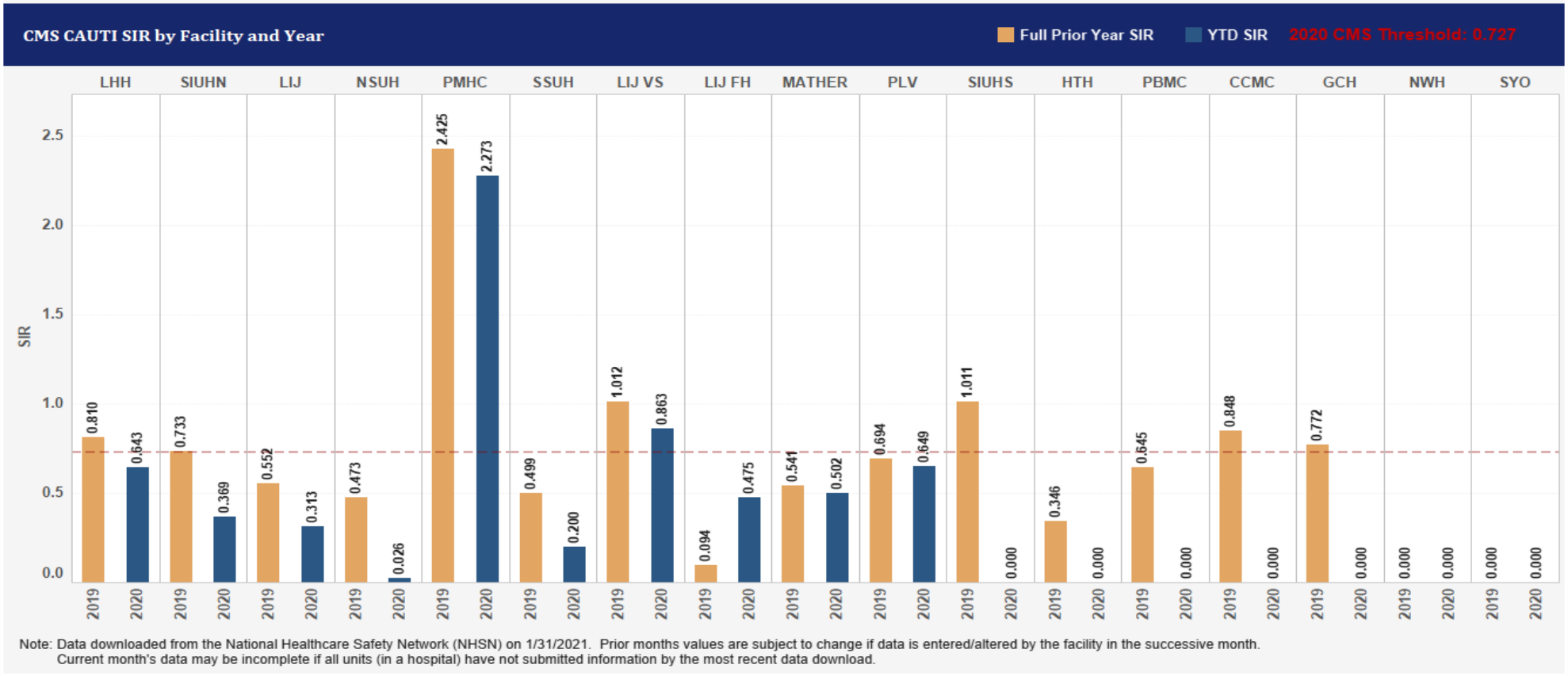
# Chasing Zero CAUTI Program Development Quality & Safety March 2021

Infection Prevention



# YTD 2020 & 2019 CMS CAUTI SIR

High incidence events not reported to CMS for the period of January - June  
Reported in 2020



Note: Includes Adult & Pediatric ICU's, NICU, and Adult & Pediatric Medical, Surgical, and Medical/Surgical Wards.



# CAUTI 2020H2

CAUTI	2019	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	CMS Threshold																												
CAUTI Non ICU CMS SIR *New Baseline	3.75	<table><thead><tr><th>Month</th><th>Rate</th></tr></thead><tbody><tr><td>JAN</td><td>0.00</td></tr><tr><td>FEB</td><td>0.00</td></tr><tr><td>MAR</td><td>0.00</td></tr><tr><td>APR</td><td>0.00</td></tr><tr><td>MAY</td><td>0.00</td></tr><tr><td>JUN</td><td>0.00</td></tr><tr><td>JUL</td><td>9.69</td></tr><tr><td>AUG</td><td>0.00</td></tr><tr><td>SEP</td><td>8.09</td></tr><tr><td>OCT</td><td>0.00</td></tr><tr><td>NOV</td><td>0.00</td></tr><tr><td>DEC</td><td>0.00</td></tr></tbody></table>												Month	Rate	JAN	0.00	FEB	0.00	MAR	0.00	APR	0.00	MAY	0.00	JUN	0.00	JUL	9.69	AUG	0.00	SEP	8.09	OCT	0.00	NOV	0.00	DEC	0.00	1.530	0.774		
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CAUTI ICU CMS SIR *New Baseline	1.00	<table><thead><tr><th>Month</th><th>Rate</th></tr></thead><tbody><tr><td>JAN</td><td>0.00</td></tr><tr><td>FEB</td><td>0.00</td></tr><tr><td>MAR</td><td>0.00</td></tr><tr><td>APR</td><td>0.00</td></tr><tr><td>MAY</td><td>0.00</td></tr><tr><td>JUN</td><td>0.00</td></tr><tr><td>JUL</td><td>0.00</td></tr><tr><td>AUG</td><td>0.00</td></tr><tr><td>SEP</td><td>10.71</td></tr><tr><td>OCT</td><td>0.00</td></tr><tr><td>NOV</td><td>11.99</td></tr><tr><td>DEC</td><td>11.00</td></tr></tbody></table>												Month	Rate	JAN	0.00	FEB	0.00	MAR	0.00	APR	0.00	MAY	0.00	JUN	0.00	JUL	0.00	AUG	0.00	SEP	10.71	OCT	0.00	NOV	11.99	DEC	11.00	3.363	0.727		
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ICU CMS CAUTI #	1	0	0	0	0	0	0	0	0	1	0	1	1	3	1	1	0																										

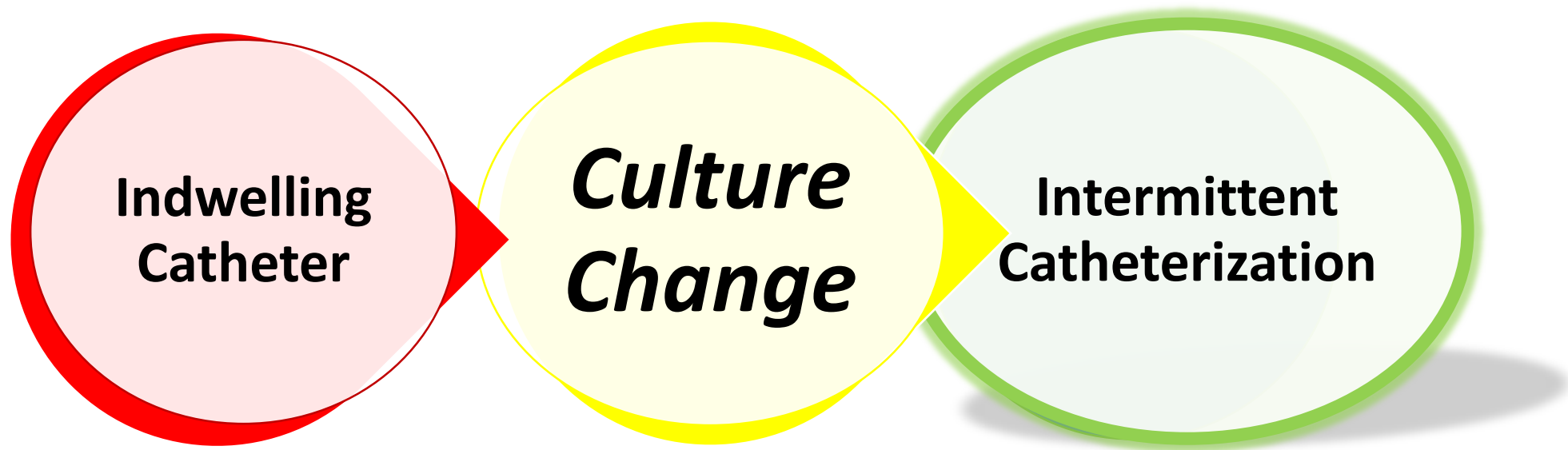
# Why Change the Culture Around Indwelling Catheters?

CAUTI	2018	2019	2020	2021
Events	0	5	10	1

1. Phelps CAUTI rate 5X the expected infection rate
2. Better patient outcomes with Best Practice
3. Decreased LOS
4. Reputation-“Star Rating”
5. Financial Penalties – Value Based Purchasing

# Why Culture Change?

## To Do What's Best for the Patient



Indwelling Catheters have a higher risk of infection than intermittent catheterization because of the development of biofilm.

# CAUTI Best Practices

## AVOID USE of Indwelling CATHETERS

### Alternatives

- Accurate Daily Weights
- Female Urinal, Primafit, Condom Catheter
- Toileting Schedule with 'hat' for collection
- Bladder Scanning
- Intermittent Catheter Protocol Order
- Commode

# Indwelling Catheter Indications

- Accurate I & O
- Prolonged Immobility
- Sacral Perineal Wounds
- Retention Obstruction
- End of Life Comfort Care
- GU Surgery
- Prolonged Surgery > 4 Hours
- Hemodynamically Unstable: ICU
- Multiple Trauma
- Sacral/Perineal Wound  $\geq$  Stage 3
- Retention Obstruction
- End of Life Comfort Care
- GU Surgery
- OR: Prolonged Surgery  $\geq$  4 Hours
- Intravesical Chemo

# Communication

- Provider & RN prevention strategies to placing Indwelling Catheters throughout the shift
- Daily Multidisciplinary Assessment of need in A.M. rounds
- RN to RN via IPASS the BATON- Indwelling Catheter Avoidance and/or Foley removal plan
- Escalation to Nurse Manager with any challenges to preventing CAUTIs