

CAUTI Prevention at BIDMC

Nithila Asokaraj, Michael Cocchi, Jean Gillis, Aleah King, Lauge Sokol-Hessner, Sharon Wright, Kathryn Zieja

TAP TO GO BACK
TO KIOSK MENU

Introduction/Problem

Catheter-associated urinary tract infections (CAUTIs) are one of the most common hospital-acquired infections and a source of potential harm for patients. In addition to decreasing the quality of care patients receive, CAUTIs significantly contribute to the withholding of reimbursement dollars from public and private payers and affect BIDMC’s reputation. The ICUs started to implement multiple interventions to reduce CAUTIs and use of indwelling urinary catheters (IUCs) in 2015; this work spread to the eight reportable Med/Surg units (12 Reisman, 5 Stoneman, 7 Stoneman, 8 Stoneman, Farr 2, Farr 5, Farr 7, Farr 9) in early 2018. The data shows that progress has been made to reduce IUC use and CAUTIs across BIDMC, but CAUTI prevention remains a top priority at BIDMC as the medical center strives to consistently perform better than national benchmarks.

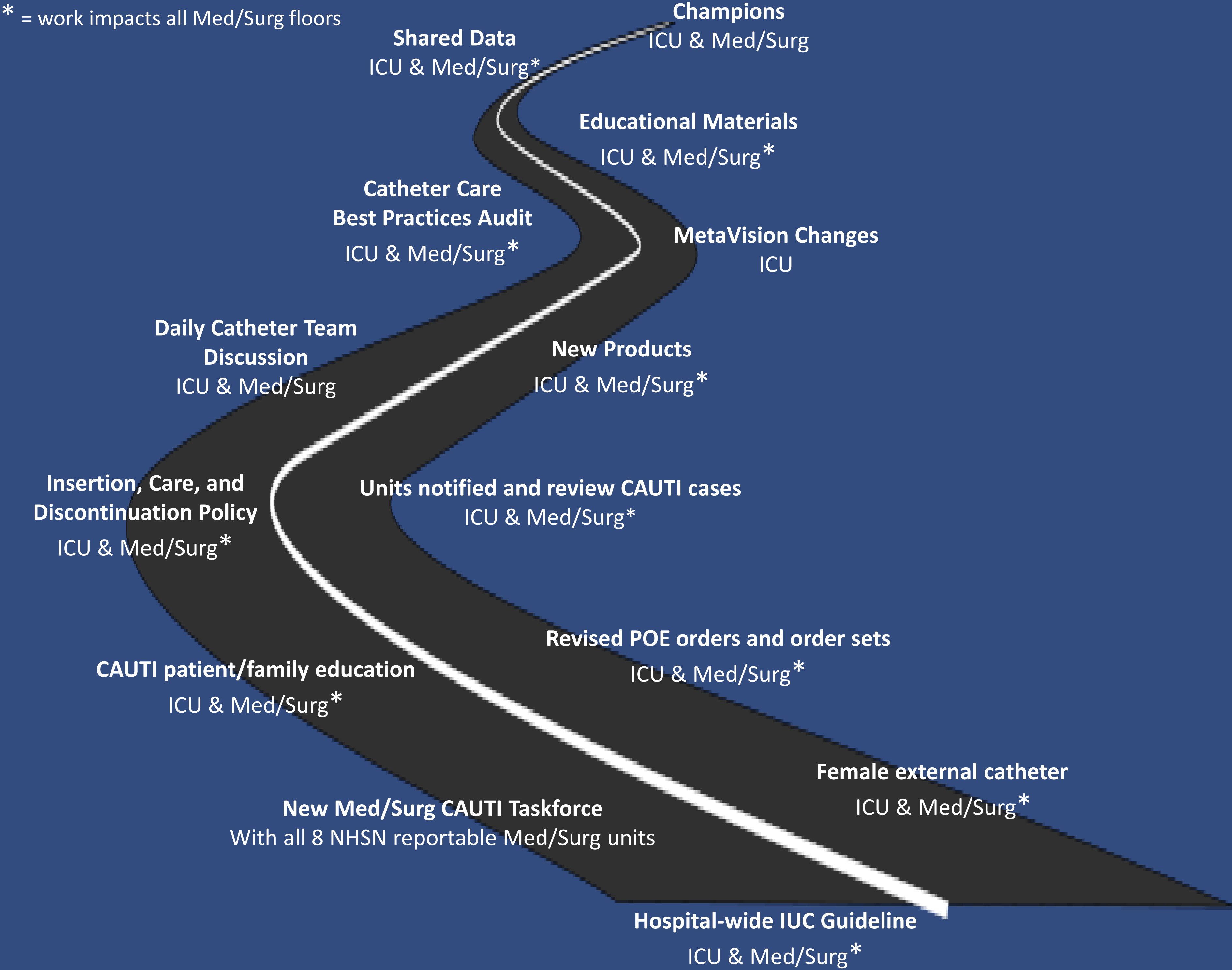
Aim/Goal

- Decrease the Device Utilization Ratio (DUR, the measure of frequency of IUC use) to be below the NHSN 25th percentile
- Decrease the Standardized Infection Ratio (SIR, the adjusted measure of CAUTI) to be below the Vizient Median

The Team

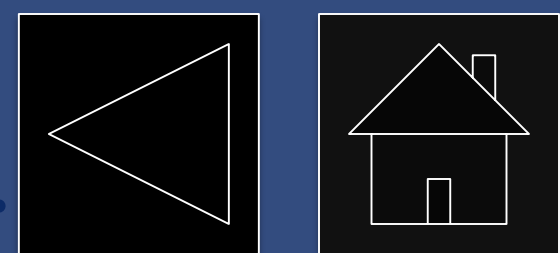
- Health Care Quality
- Infection Control
- Patient Care Services
- Office of Improvement & Innovation
- Leadership and CAUTI champions from the following units:
 - CCU
 - CVICU
 - Finard ICU
 - MICU-A
 - MICU-B
 - Neuro ICU
 - SICU
 - TSICU
 - Urology
 - Emergency Department
 - Operating Room
 - 12 Reisman
 - 5 Stoneman
 - 7 Stoneman
 - 8 Stoneman
 - Farr 2
 - Farr 5
 - Farr 7
 - Farr 9

The Interventions



For more information, contact:

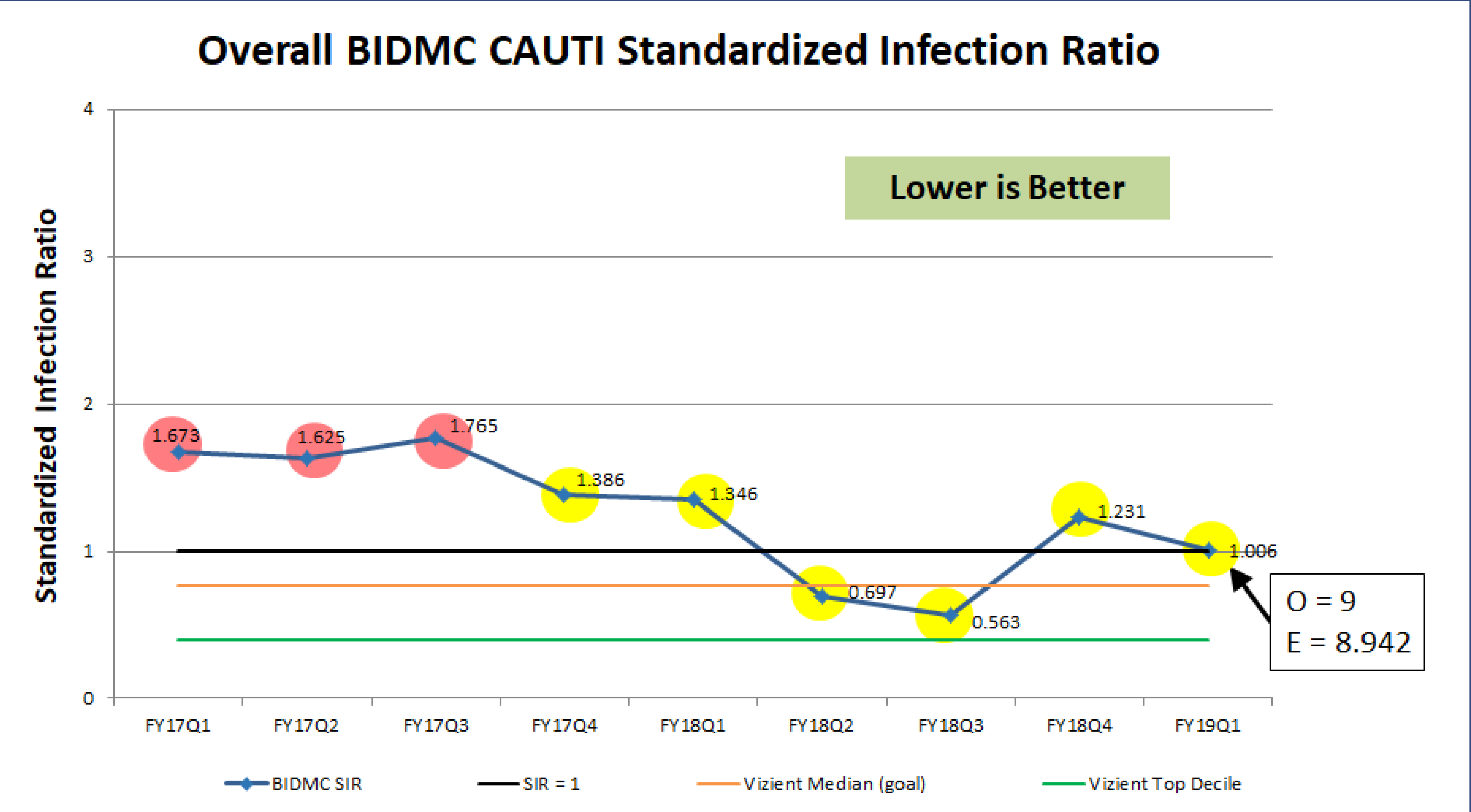
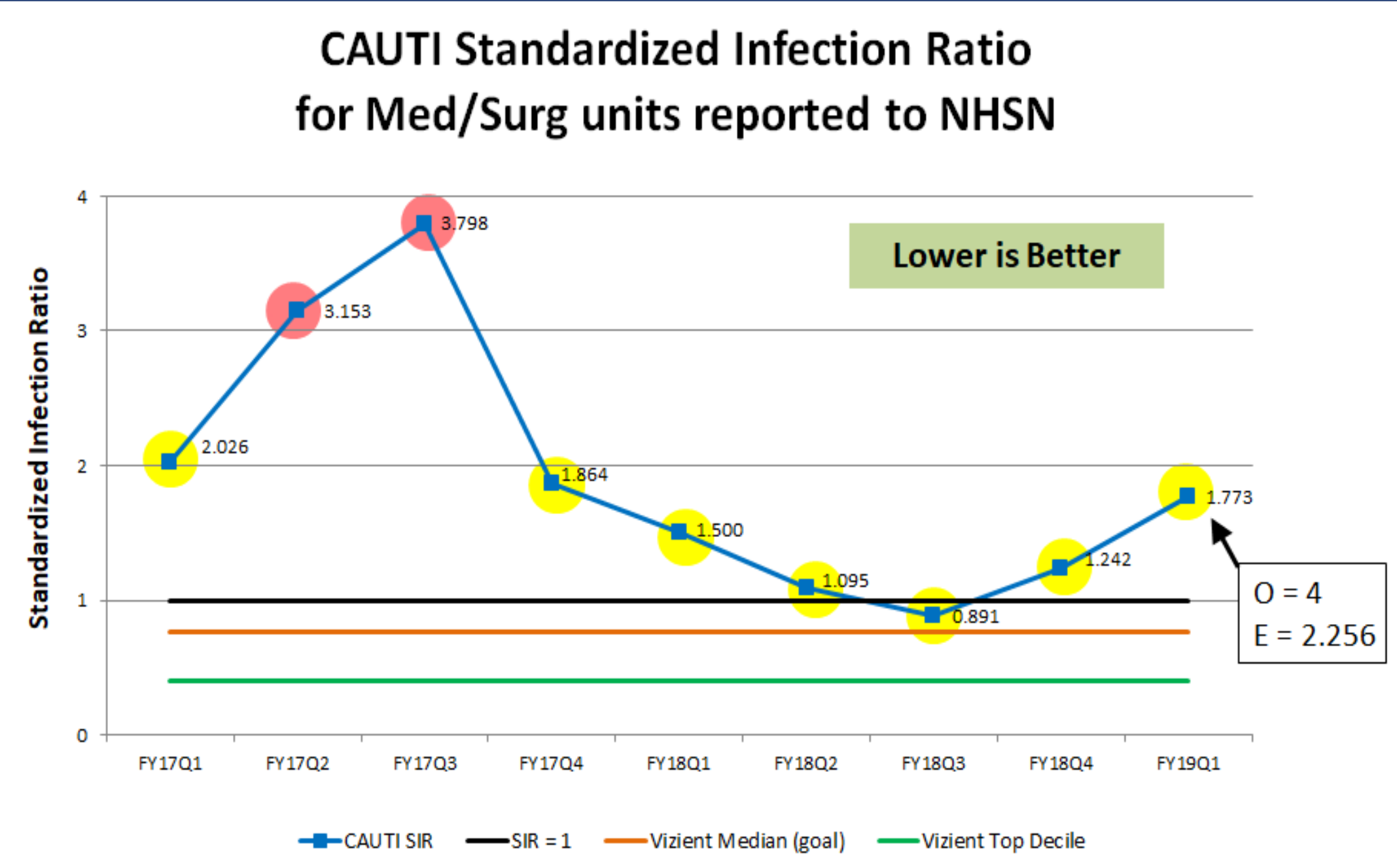
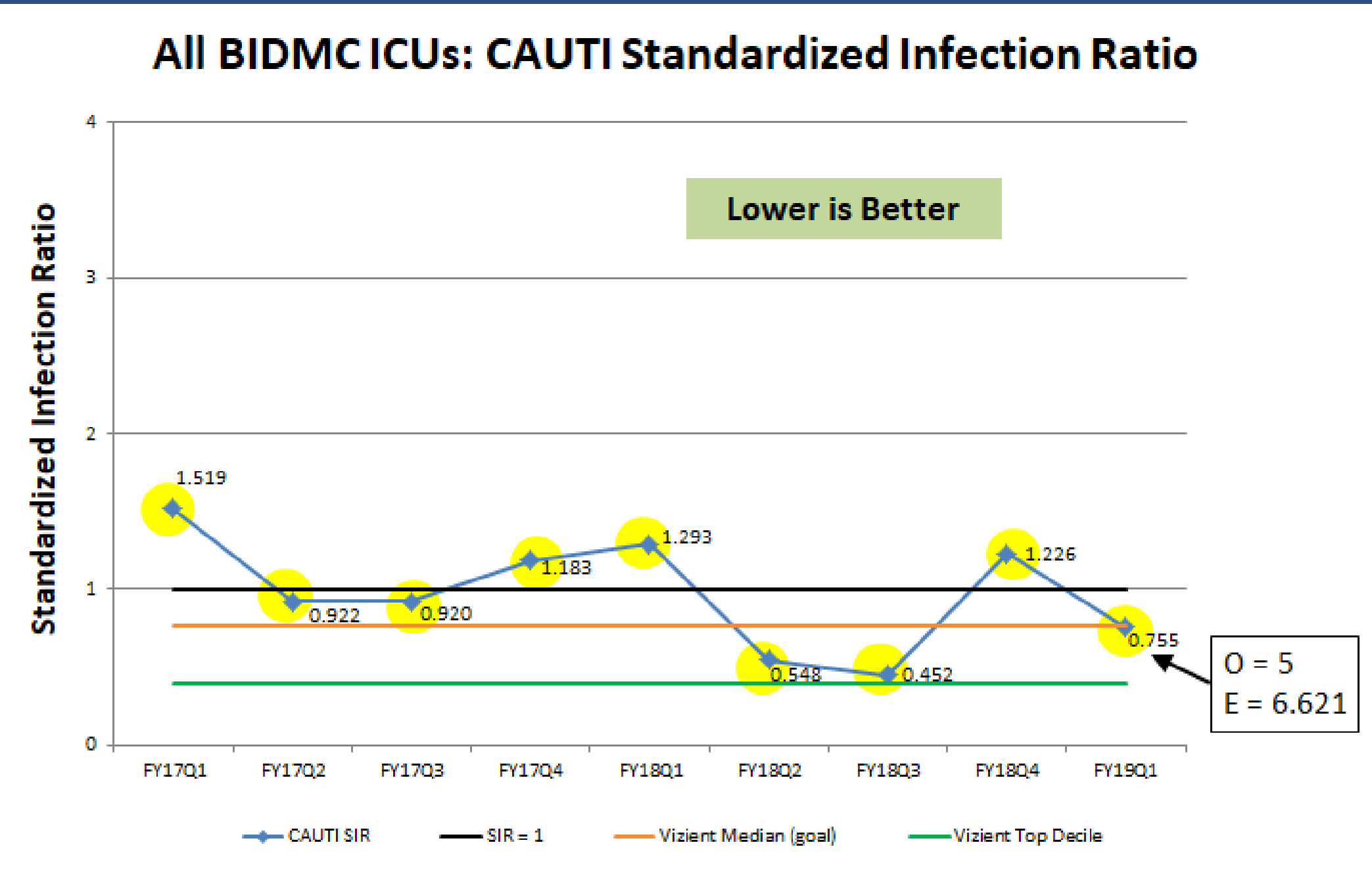
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CAUTI Prevention at BIDMC

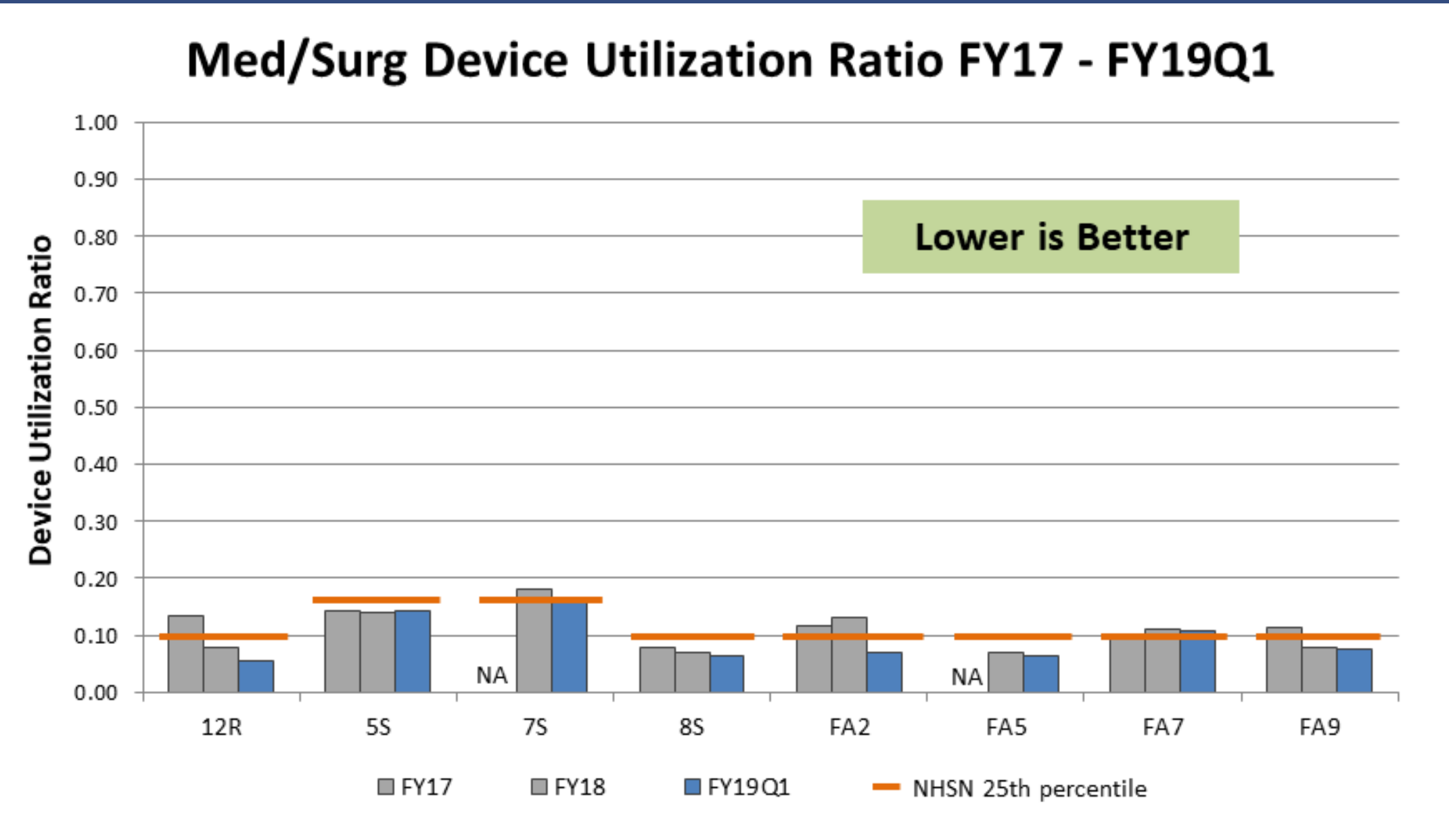
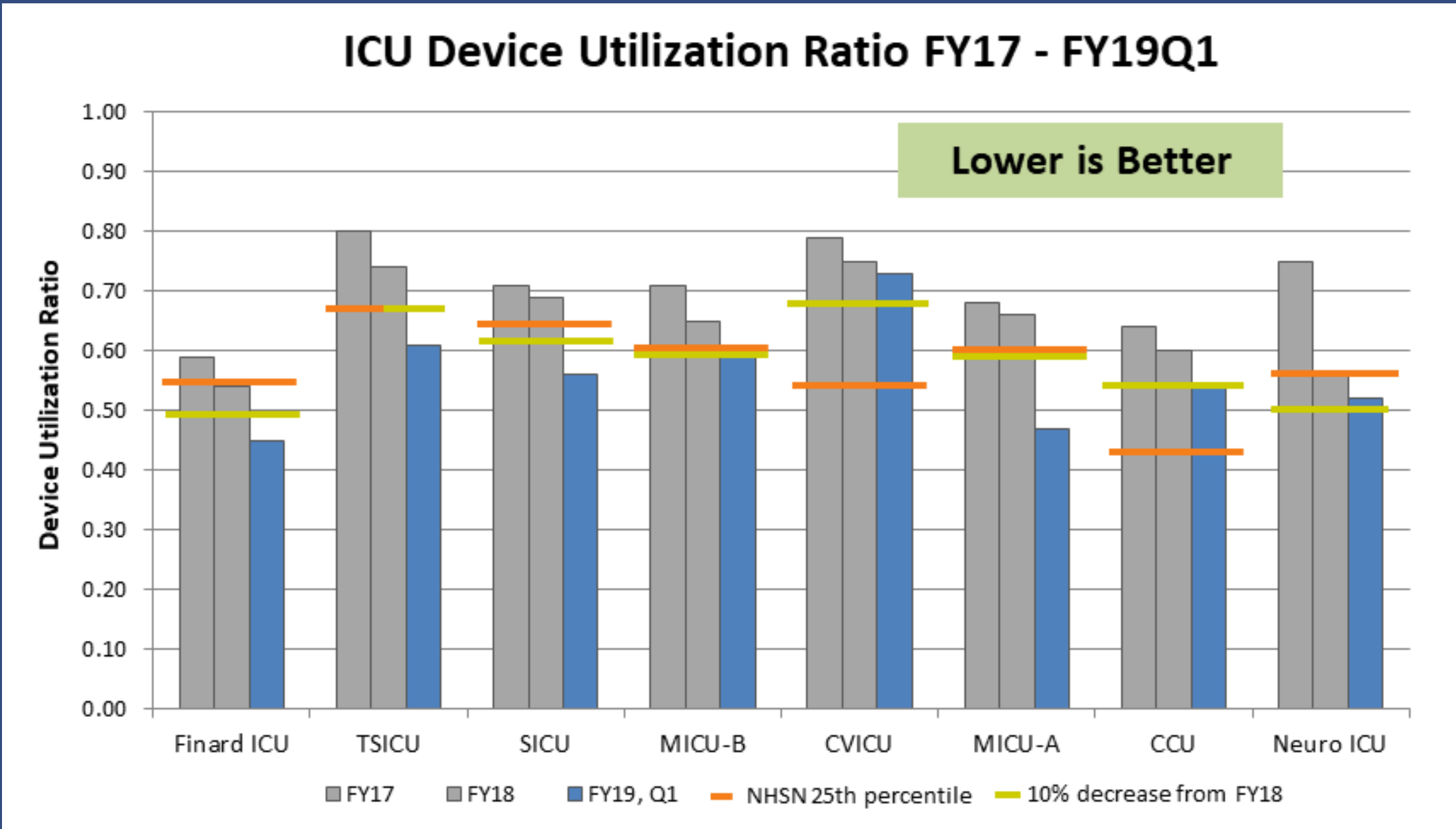
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Results/Progress to Date



SIR Notes: - The Med/Surg units reported to NHSN changed starting FY18. FY18 data includes 12R, 5S, 7S, 8S, FA2, FA5, FA7, FA9
Data prior to FY18 includes 12R, 5S, 8S, FA2, FA3, FA8, FA7, FA9, RB7
- NHSN changed the baseline data used to calculate the expected number of infections for the SIR.
For FY17 – FY19: NHSN uses 2015 data as baseline to calculate the expected number of infections

- = Better than Expected (SIR <1, p value <0.05)
- = As Expected (SIR=1, or any SIR p value > 0.05)
- = Worse than Expected (SIR >1, p value <0.05)



Lessons Learned

- Multiple sustained interventions are required to impact catheter use (DUR) and CAUTI (SIR)
- Incorporating assessment of the need for an IUC into existing workflow is important and challenging

Next Steps

- Continue all CAUTI prevention work in all ICUs and Med/Surg units, including daily IUC discussions, education, catheter care audits, and case reviews
- Explore revising the process of UA/UCx testing
- Optimize CAUTI prevention education through MyPath
- Explore ways to improve the reliability of interdisciplinary discussions about IUCs on Med/Surg floors

For more information, contact:

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