



# **KHA Sprints**

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# Sprint Cohorts

- LTAC/Rehab CAUTI/Cdiff (Feb)
- Cdiff
  - Cohorts 1 (Feb), 2 (Feb), 3 (June)
- CAUTI/~~CLABSI~~ (Jan)
- CAUTI
  - Cohorts 1 (Dec), 2 (Mar), 3 (July)

# Schedule Outline

- 3/23 Kickoff Meeting
- 4/6 Process Discovery Tool Due
- 4/13 Meeting #2
- 4/20 Action Items Due
- 4/29 Action Items Outline Due
- 5/9-20 Initial 1:1 call, and PRN
- Late Summer: Summary group call

# Agenda and WWW

## Agenda

January 5, 2022 | 12:00-1:00 ET | 2021-2022 CAUTI Sprint, Meeting #2

**PURPOSE:** Small workgroup to identify and work on areas of improvement for CAUTI and catheter utilization

### AGENDA:

TIME	TOPIC	FACILITATOR
12--12:05	Welcome and Introductions	Rochelle Beard and Sandy Myers All participants
12:06-12:45	Process Discovery Tool Findings Discussion Brainstorming and Resource-Sharing	Rochelle Beard and Sandy Myers All participants
12:45-1:00	Due Dates and "Homework" Questions	Rochelle Beard All participants

**NEXT MEETING:** 1:1 calls in January/February 2022

### GROUND RULES:

- Electronics/phones on vibrate - Stay on task; stay on time
- Be candid; be respectful - All questions welcome
- One person to speak at a time; use queue to manage discussion as necessary

**EXPECTATIONS:** Full participation; engage in discussion

2021-2022 CAUTI Sprint Meeting #2 WWW (Who, What, When)

01/05/2021, 12-1pm ET

**KHA Facilitators:** Rochelle Beard, Sandy Myers

**Attendees:**

**Next Meeting:** 1:1 calls in January/February 2022

What	Who	When	Status
Send 2-3 opportunities chosen to work on to Rochelle Beard	Participants	By Wednesday, Jan 12, 2022	
Send outline/timeline of how you are going to work on your selections, including: -2-3 barriers/concerns for each selection -Who is going to champion/work on these efforts? -What resources do you need?	Participants	By Friday, Jan 21, 2022	
Review summaries and input info into Sprint Coaching Guide Set up 1:1 call with each hospital over following 2-3 weeks	Rochelle and Sandy	Jan 25-Feb 11, 2022	
Schedule follow-up group call(s) to share updates, successes, and continued opportunities	Rochelle and Sandy	Spring/Summer 2022	

# Process Discovery Tool (PDT)

Investigation	Yes	No	Unknown	Unknown
Aseptic technique was used for insertion	Unknown	Unknown	Unknown	Unknown
Patient/family educated on hand hygiene	Unknown	Unknown	Unknown	Unknown
Patient family returned demonstration	Unknown	Unknown	Unknown	Unknown
Hand hygiene products are readily available (for patient) at the bedside and working	Yes	Yes	Yes	Yes
Hand hygiene product is readily available and functioning in the room	Yes	Yes	Yes	Yes
Bag is maintained below the level of the bladder	Yes	Yes	Yes	Yes
Bag is secured to the patient with a securement device	Yes	Yes	Yes	Yes
It is a closed drainage system (manufacturer tamper evident seal intact)	Yes	Yes	Yes	Yes
Bag does not touch the floor	Yes	Yes	Yes	Yes
Urine flow is unobstructed with no dependent loops	Yes	Yes	Yes	Yes
Catheter date inserted documented on catheter/in chart (per facility procedure)	Yes	Yes	Yes	Yes
Pericare performed and documented per facility policy and procedure	Yes	No	No	No
Foley care performed and documented per facility policy and procedure	Yes	Yes	Yes	Yes
Bedside handoff includes catheter information and care	Unknown	Unknown	Unknown	Unknown
Catheter necessity and alternatives discussed with the provider daily	No	No	No	No
Clinical indication documented at least daily	No	Yes	Yes	Yes
Patient bathed daily	No	No	No	No
Any hygiene issues, care refusals, etc?	Yes	Yes	Yes	Yes
If answered yes above, was the issue escalated?	Unknown	Unknown	Unknown	Unknown
Escalated to who?	Unknown	Unknown	Unknown	Unknown
Patient room clean and free of clutter	Yes	Yes	Yes	Yes
Patient room cleaned per facility policy and procedure	Yes	Yes	Yes	Yes
<b>Other Items to Consider</b>				
What were unit hand hygiene scores when HAI occurred?	100.00%	100.00%	100.00%	
Facility has nurse-driven protocol for catheter discontinuation in place	No	No	No	No

# Meeting #2

- PDT summary and discussion
  - Brainstorm
  - Share resources

# CAUTI PDT Summary

- Aseptic technique used for insertion
- Pericare performed/documented
- Patient bathed daily and refusals addressed
- Hand hygiene products at the bedside
- Patient/Family HH education
  - Teachback/showback

# CAUTI PDT Summary

- Pt room clean/free of clutter
- Bedside handoff includes catheter info
- Catheter necessity and alternatives discussed with provider daily
- Nurse-driven protocol
- External catheters available



# CAUTI PDT Summary

- Shift documentation
  - Bag maintained below level of bladder, securement device in place, bag off floor, no dependent loops, insertion date documented, clinical indication documented daily

# Shared Resources



Education for Pandemic Staff (March, 2020)

## Appendix M. Example of a Nurse-Driven Protocol for Catheter Removal

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Below is an example of a nurse-driven protocol to evaluate and discontinue unnecessary urinary catheters and to evaluate urinary needs after catheter removal. This protocol uses an algorithm for assessment, and no physician order is required. It is an example that can be used to determine the best practices for your hospital's patient population via discussion with your institution's medical care providers.

The nurse should assess the patient each morning for the presence of a urinary catheter and the continued need using the following steps:

1. Does the patient have a urinary catheter? If no, reevaluate the next day. If yes, evaluate for need.
2. Catheter need: The catheter is acceptable for any (at least one) of the following reasons below:
  - o Urinary retention including obstruction and neurogenic bladder: The patient is unable to pass urine because of an enlarged prostate, blood clots, or an edematous scrotum/penis, or is unable to empty the bladder because of neurologic disease/medication effect.
  - o Short perioperative use in selected surgeries (less than 24 hours) and for urologic studies or surgery on contiguous structures.
  - o Placed by urology service (check plan with urology service).
  - o Required highly accurate output measurements in the intensive care units (e.g. hourly measurement).
  - o Assist healing of severe perineal and sacral wounds in incontinent patients to avoid further deterioration of wound and skin.
  - o Required strict immobilization for trauma or surgery.
  - o Hospice/comfort care or palliative care, if requested by patient.
3. If no appropriate (acceptable) indication(s) for use are present, the nurse should discontinue the urinary catheter.
4. Post discontinuation, observe the patient based on the attached algorithm.
5. Contact physician with any concerns related to assessment of the patient.

<https://www.ahrq.gov/hai/cauti-tools/impl-guide/implementation-guide-appendix-m.html>

### Peri care/Foley care

- ✓ **WASH HANDS prior to donning gloves and performing peri care**
- ✓ Peri care is done at 10-22 also with any incontinence of the patient. Then charted in One Chart
- ✓ Peri care MUST be done prior to insertion of ALL catheters and charted in One Chart

#### PERI-care

- Peri care includes: 4 wash cloths, non-CHG foam soap, plastic bag with warm water.

(NOTE: you will have a 5<sup>th</sup> wash cloth to use when and if doing catheter care)

#### o FEMALE

Wash cloth 1: Wipe inner aspect of thighs, far thigh then turn wash cloth and wipe the close thigh

Wash cloth 2: Wipe the far labia (front to back), turn the cloth to the other side and wash the close labia

Wash cloth 3: Wipe from front to back the perineum from above the clitoris to the vagina

Wash cloth 4: Turn the patient on their side, wash from front to back from the vagina past the rectum

#### o MALE

Wash cloth 1: Wipe inner aspect of thighs, far thigh then turn wash cloth and wipe the close thigh

Wash cloth 2: Wash the penis from the meatus to the glans

Wash cloth 3: Wash the remainder of the penis and scrotum

Wash cloth 4: Turn the patient on their side, wash from behind the scrotum past the anus

#### FOLEY care: (5<sup>th</sup> wash cloth)

1. Remove gloves from peri-care
2. Wash hands
3. Apply new gloves
4. Wash cloth 5: Anchor the catheter with one hand and clean the catheter where it exits the urethra by wrapping the catheter in the washcloth and using a twisting motion

<https://www.nebraskamed.com/sites/default/files/documents/covid-19/JIT-care-tech-peri-care.pdf>

# Coaching Guide

- Action Plan
  - Action item, process owner, steps to accomplish, resources needed, potential barriers, evaluation of effectiveness
- Top Barriers/Concerns
  - Strategies to overcome
- Champions
  - Role expectation, date committed
- Resource Needs
  - Education/training, tools, onsite visit, email/phone check-ins, data collection/reporting support
  - Can KHA provide support?

# Action Items

Action Item	Process Owner	Steps to Accomplish	Resources Needed	Potential Barriers	Evaluation of Effectiveness
<p>Improve documentation of insertion, POA, and removal, dc while in place, clinical indication of cath, hygiene refusals and who they were escalated to</p>	<p>IPs, Acute Director of Nsg, Quality Director, IT</p>	<p>Review monthly reports to assess documentation (PDT)</p> <p>Work with Director/figure out if EMR can be modified to make documentation clear (IT)</p> <p>Education</p>	<p>Staff education, tools, data collection support</p>	<p>No clear documentation area in EMR, staffing shortages lead to increased missed documentation</p> <p>EMR may not be able to do what is needed</p>	
<p>Alternatives to Foley catheters</p>	<p>IPs, Acute Director of Nsg, Quality Director, Purchasing Director</p>	<p>Look into products (purchasing Director), evaluate pricing</p> <p>Do trial/small test of change</p>	<p>Education (types of alternatives), tools (checklists to determine alternatives), data collection support</p>	<p>Expense of product, availability of supplies, provider buy-in (vendor convos and arrange a trial, involve providers in discussions/trials)</p> <p>Suction availability for products</p>	

# Action Items

Action Item	Process Owner	Steps to Accomplish	Resources Needed	Potential Barriers	Evaluation of Effectiveness
<p>Establish a standardized peri care/ foley care routine.</p>	<p>IP/ CAUTI Collaborative</p>	<p>Review clinical skills to determine peri care and foley care requirements.</p> <p>Already met with _____ system to inquire foley care routine at their system.</p> <p>Develop education to nursing units on new process. Feb 16, 2022</p> <p>Revise clinical skills policy to reflect bid foley care and prn.</p> <p>Specify prn WITH BOWEL MOVEMENTS in clinical skills.</p> <p>Education on the different of peri care versus foley care??</p>	<p>Develop education</p> <p><a href="http://ahrq.gov">Catheter Care Do's and Don'ts (ahrq.gov)</a></p> <p><a href="http://nebraskamed.com">JIT-care-tech-peri-care.pdf (nebraskamed.com)</a></p>	<p>When to require peri care/care on each shift. (To make sure they do not overlap)</p> <p>Will need to standardize the times for all units.</p> <p>Are staff completing even if they miss the scheduled time?</p>	

## C. diff PDT Summary

- Pt treated with abx within 30 days
- Pt had CDI symptoms on admission
- BSS not documented
- BSS not 6, 7
- Diarrhea algorithm not used

## C. diff PDT Summary

- Appropriate signage for using soap and water for hand hygiene
- Patient's room clean and free of clutter
- Dedicated patient-specific medical and cleaning equipment

# C. diff PDT Summary

- Patient and family educated on contact plus precautions
- Educated on hand hygiene
- Educated on how C. diff is spread
- Returned demonstration



# CAUTI Resources

- [Catheter Care Do's and Don'ts \(ahrq.gov\)](https://www.ahrq.gov/catheter-care)
- [JIT-care-tech-peri-care.pdf \(nebraskamed.com\)](https://www.nebraskamed.com/jit-care-tech-peri-care.pdf)
- [Appendix M. Example of a Nurse-Driven Protocol for Catheter Removal | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/appendix-m-example-of-a-nurse-driven-protocol-for-catheter-removal)
- [Appendix N. Skin Care in the Incontinent Patient | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/appendix-n-skin-care-in-the-incontinent-patient)
- [Appendix A. Checklists for Assessing Executive and Physician Champion Potential | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/appendix-a-checklists-for-assessing-executive-and-physician-champion-potential)
- [KHA Quality Webinar: Catheter Cancel Culture: October 14, 2021 - YouTube](https://www.youtube.com/watch?v=...)

# Resources

- HRIP Participation Webinar:
  - [C. diff: The Gift that Keeps on Giving](#)
  - <https://www.surveymonkey.com/r/HRIPCdiffQuiz>
  - [KHA Quality Webinar: Catheter Cancel Culture: October 14, 2021 – YouTube](#)
  - <https://www.surveymonkey.com/r/HRIPCAUTIQuiz>
  - Slides available under Infection Prevention tab: [Past Events \(khaquality.com\)](#)

# Questions?

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