

CAUTI Conundrum: a cycle of covid, census, chaos, and change

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BACKGROUND

- Catheter associated urinary tract infections (CaUTIs) are the most common healthcare-acquired condition, leading to extended hospital stays, increased healthcare costs and patient morbidity and mortality.
- During fiscal year 2022, ECU Health RCH experienced 8 CaUTIs during the first 3 quarters, the highest number since 2006.
- Extensive review identified multiple causes that contributed to these hospital associated infections including: staffing, turnover, COVID, patient census, staff knowledge gaps and patient specific factors.

PROJECT AIM

Decrease CaUTIs at ECU Health RCH to zero for fourth quarter fiscal year 2022. (With the goal of maintaining zero through end of calendar year)

PROJECT DESIGN/STRATEGY

Planning group pulled together with key stakeholders including: Infection Control, Quality, Leadership, Education and assistance from Medical Center.

Recognized a project needed to encompass clinical area staff from providers down to support staff and all would need to be involved in re-education.

Entire facility, including non-clinical participated in poster contest, to encourage unity and continued overall change.

CHANGES MADE (PDSA CYCLES)

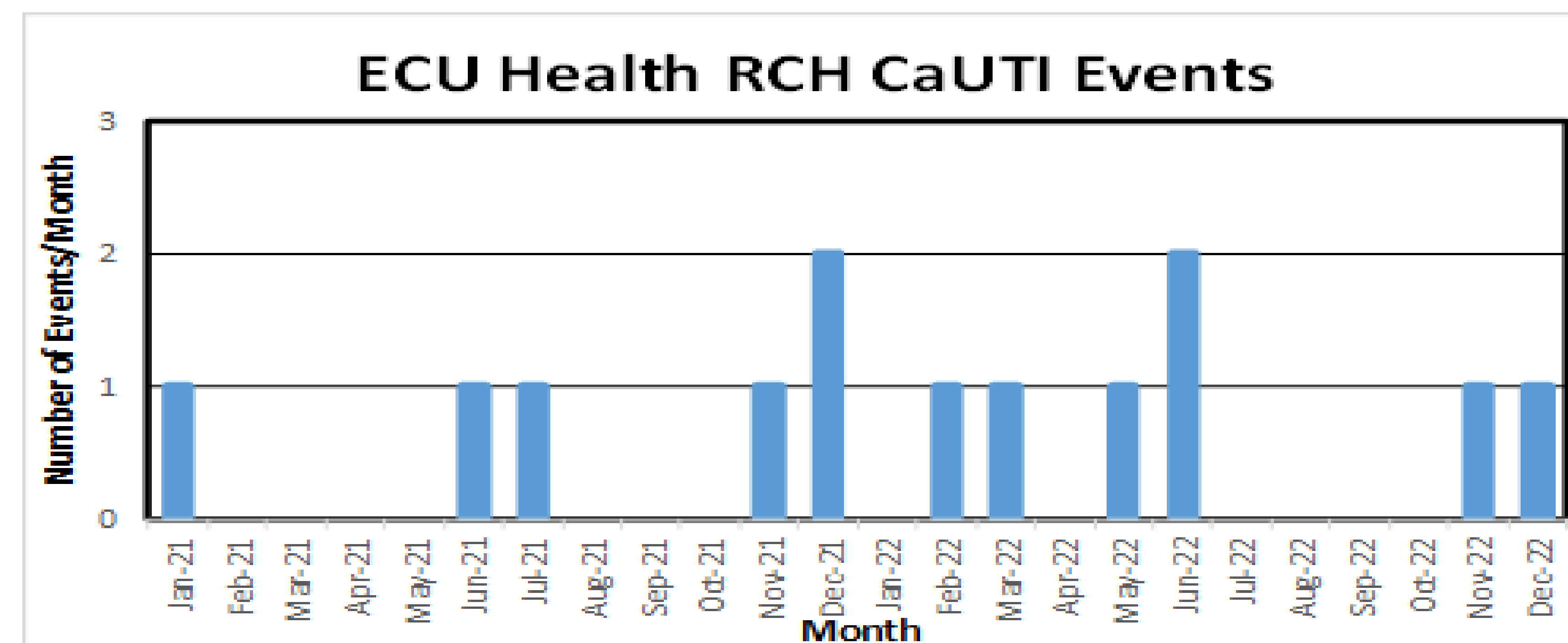
PDSA Cycle #1: Conducted “OnLine Newsbrief” in conjunction with Education as a recorded newscast/interview showing correct isolation procedures for Nursing Assistant annual in-service

PDSA Cycle #2: Rounded on patient care units for 2 weeks focused on foley care and maintenance to prevent CAUTI, Information for daily huddle also provided

PDSA Cycle #3: Re-educated physicians and credentialed providers on urine culture algorithm and posted urine culture guidelines algorithm in prominent places as visual cue on units

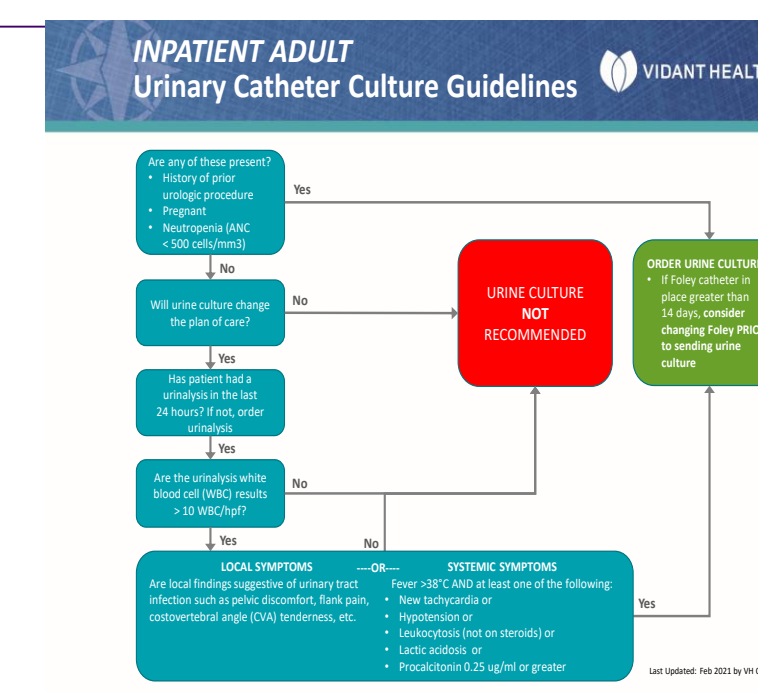
PDSA Cycle #4: Held “Infection Olympics” providing hospital-wide education on HAI (including CAUTI) prevention

PDSA Cycle #5: Implemented CHG Bath for all patients in the ICU



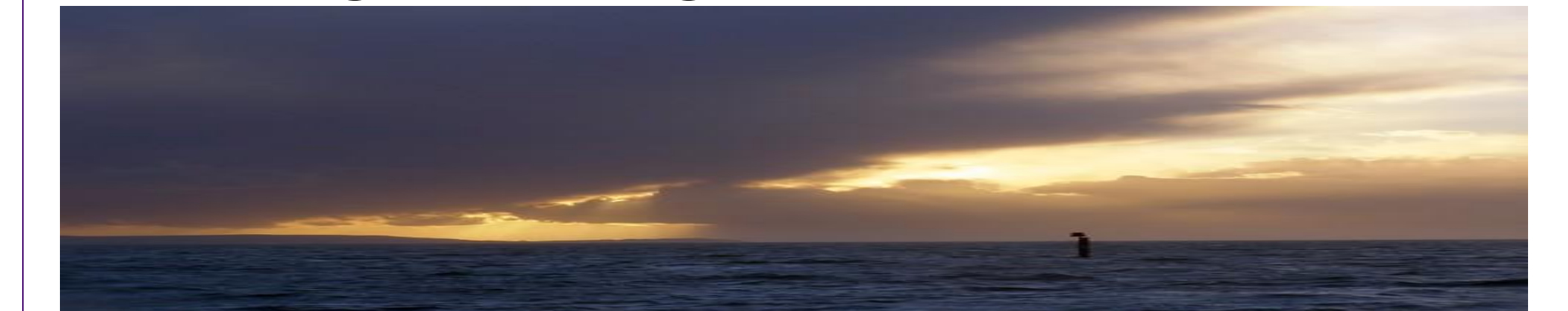
RESULTS/OUTCOMES

- FY22 Qtr 4 foley bundle compliance increased by 15%
- Physicians began initiating Foley removal discussions during huddles
- Strengthened interdisciplinary communication/partnerships
- Achieved goal of zero CaUTIs during FY22 Qtr 4
- Did not meet goal to maintain zero CaUTIs through December 2022
- Implemented hospital CaUTI workgroup to continue efforts to reduce CaUTIs



LESSONS LEARNED

- Identification of probable contributing causes allowed us to develop a plan that reached all team members and providers.
- We recognized the issue was a “perfect storm” of multiple factors that opened our organization up to a period of chaos with our process.
- Re-education, adherence to policy, and clear communication have been critical in making the changes effective.



NEXT STEPS

- Refreshers and reminders are critical
- Staffing is still fluctuating and unstable
- Changes must continue to be reviewed for hard-wiring
- Recognized need for additional provider education
- System developing additional elements in the EHR to assist providers with culture ordering elements in the algorithm
- Reviewing culture collection process including age of foley and clamping vs changing to a new device in policy

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