Florida Department of Health: Healthcare Associated Infection Prevention Program

CAUTI Collaborative
Cohort 2 Call
January 18, 2012

Welcome to the FDOH CAUTI Collaborative!

1. Baptist Hospital of Miami
2. Baptist Hospital of Pensacola
3. Baptist Medical Center Beaches
4. Baptist Medical Center Downtown
5. Bert Fish Medical Center
6. Homestead Hospital
7. Indian River Medical Center
8. Jupiter Medical Center
9. Lower Keys Medical Center
10. Mariner's Hospital
11. North Shore Medical Center
12. Sarasota Memorial Hospital
13. Sea Pines Rehabilitation Hospital
14. South Miami Hospital
15. St. Vincent Medical Center Southside
16. University of Miami Hospital
17. West Kendall Baptist Hospital

Today we will cover…..

- **Collaboration Calls**
- **CAUTI Teams**
- **Site Visits**
- **Data Collection/Surveillance**
- **Reporting data into NHSN**
- **Joining FDOH CAUTI COHORT 2 User Group**

Collaboration calls

- **3rd Wednesday of every month at 2pm EST.**
  - **Collaborative Information**
  - **Aggregate reporting (quarterly)**
  - **Coaching**
  - **Discussion/Round table**

CAUTI Teams

- **Project Team (oversees project)**
  - **Team leader (usually Infection Preventionist)**
  - **Clinical Champion (MD or RN)**
  - **Senior Leader**
- **Unit Team (implementing change at bedside)**
  - **RN manager**
  - **Staff RN**
  - **PCT**

Team Meetings

- **Monthly meetings to discuss:**
  - **Review information from Conference Call.**
  - **Current infection rate versus rate for previous two months.**
  - **Case review of one CAUTI to identify opportunities for improvement.**
  - **Implementation of improvement tools and initiatives of collaborative.**
  - **Reinforce prevention strategies.**

Site Visits

- **Site Visit 1:**
  - **Review Pre-Assessment**
  - **Identify and prioritize opportunities for improvement**
  - **Develop an action plan for implementation of prevention strategies**
- **Site Visit 2:**
  - **As needed to assist with staff training (i.e., live presentation on CAUTI prevention strategies)**

CAUTI Collaborative Terminal Objectives

- **By December 31, 2011 participating hospitals will:**
  - **Reduce CAUTI per 1,000 urinary catheter days by 25% from baseline or to zero.**
  - **Reduce device utilization (urinary catheter days/patient days x 100) by 50%.**

Cohort 2 Timeline

Period	Month
Recruitment/Enrollment Period: Facilities must establish CAUTI team and meet all requirements for participation as outlined in the Goals and Objectives Document and complete the NHSN setup by the end of the Enrollment Period.	August 2011 September 2011 October 2011 November 2011 December 2011
Baseline Measurement Period: Collect summary data and conduct CAUTI surveillance as well as report all CAUTI and summary data via NHSN by the 25th of the following month. Data collected during this period will be used to establish a baseline for the collaborative.	January 2012 February 2012 March 2012 April 2012
Implementation Period: Continue CAUTI surveillance and reporting via NHSN as well as monthly activities. During this period plan, develop, and implement new processes for implementation of evidence-based prevention strategies.	May 2012 June 2012 July 2012 August 2012
Outcome Measurement Period: Continue CAUTI surveillance and reporting via NHSN as well as monthly activities. Ensure any new processes identified in the action plan are implemented. Data collected during this time will be used to determine whether collaborative objectives have been met.	September 2012 October 2012 November 2012 December 2012

Surveillance

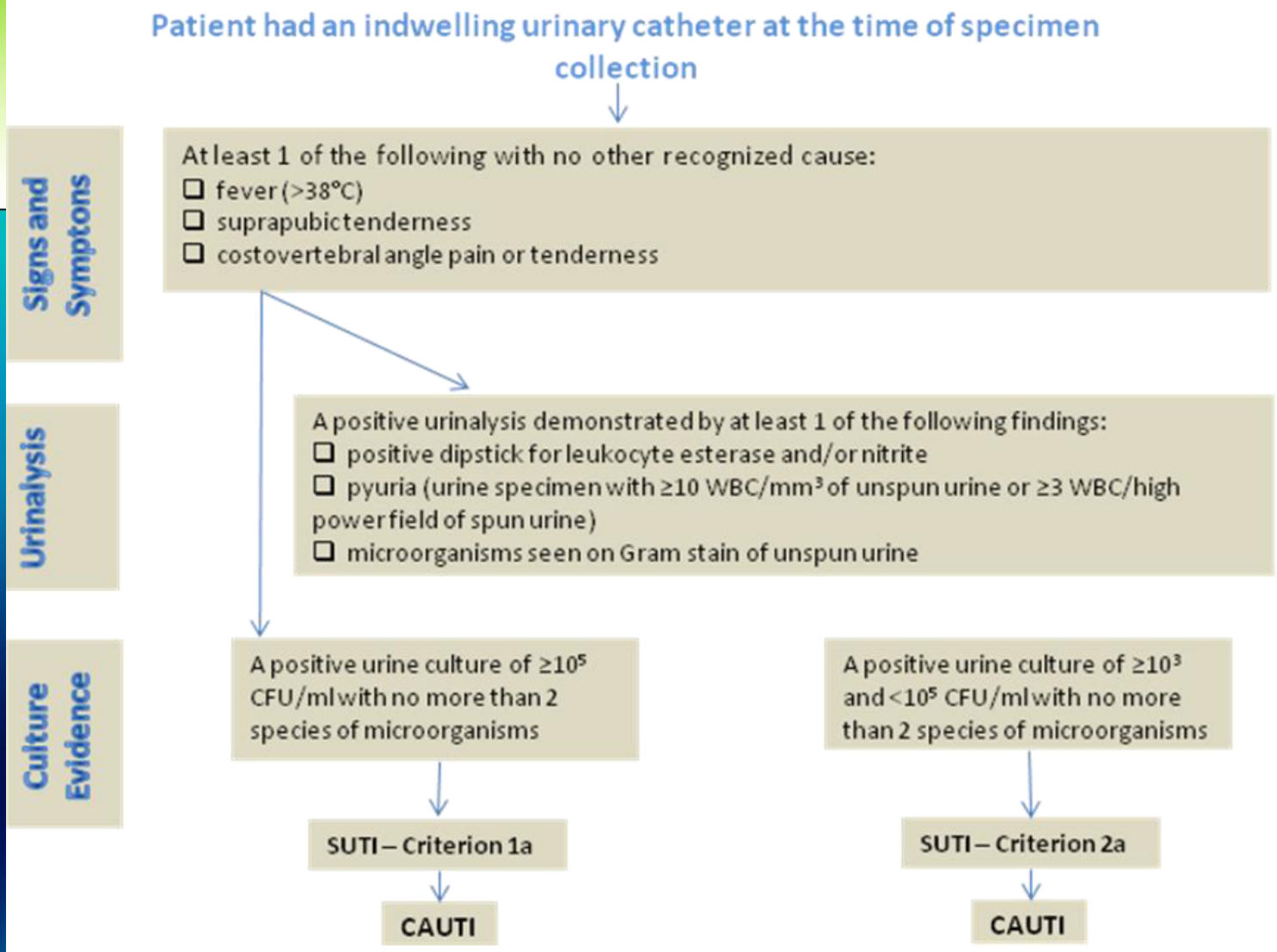
- **Standardize methods of surveillance, data collection, and reporting.**
  - **National Healthcare Safety Network for acute care facilities (FDOH User Group)**
- **Monthly Data should be reported by the 25th of the following month.**
  - **Surveillance should have began as of January 1 with first submission by February 25th.**

CDC NHSN Case Definitions

- **Please be familiar with CDC NHSN Definitions for the following:**
  - **CAUTI**
  - **Indwelling Catheter**
  - **Symptomatic Urinary Tract Infection (SUTI)**
  - **Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)**

CAUTI Case Definition

Figure 1: Identification and Categorization of SUTI Indwelling Catheter at the Time of Specimen Collection



CAUTI Case Definition

Figure 2: Identification and Categorization of SUTI Indwelling Catheter Discontinued in Prior 48 Hours

Patient had an indwelling urinary catheter discontinued within 48 hours prior to specimen collection

Signs and Symptons

At least 1 of the following with no other recognized cause:

- ❑ fever (>38°C)
- ❑ urgency
- ❑ frequency
- ❑ dysuria
- ❑ suprapubic tenderness
- ❑ costovertebral angle pain or tenderness

Urinalysis

A positive urinalysis demonstrated by at least 1 of the following findings:

- ❑ positive dipstick for leukocyte esterase and/or nitrite
- ❑ pyuria (urine specimen with ≥10 WBC/mm^3 of unspun urine or ≥3 WBC/high power field of spun urine)
- ❑ microorganisms seen on Gram stain of unspun urine

Culture Evidence

A positive urine culture of ≥10^5 CFU/ml with no more than 2 species of microorganisms

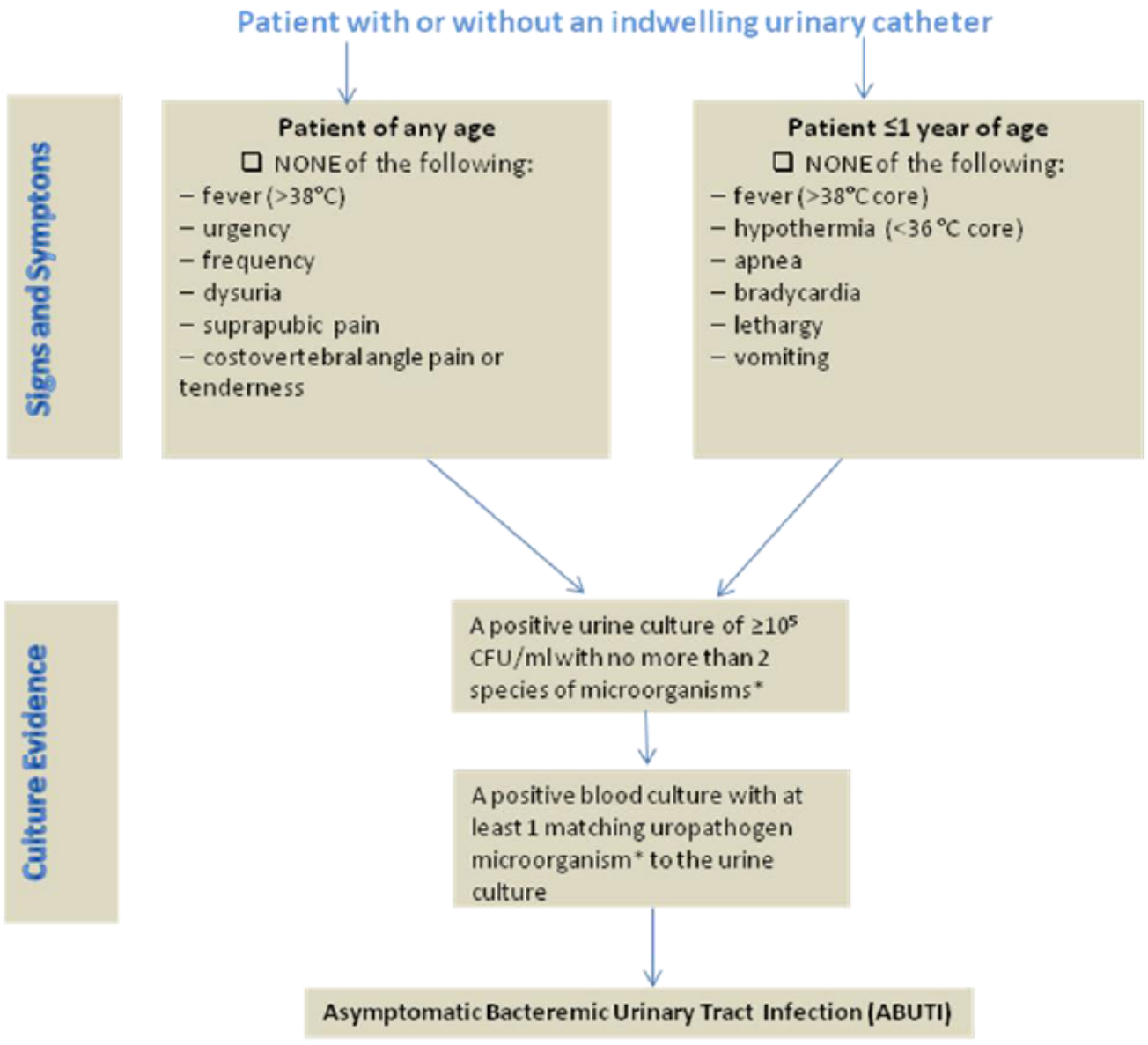
→ **SUTI – Criterion 1a** → **CAUTI**

A positive urine culture of ≥10^3 and <10^5 CFU/ml with no more than 2 species of microorganisms

→ **SUTI – Criterion 2a** → **CAUTI**

CAUTI Case Definition

Figure 5: Identification of Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)



Surveillance: Summary Data

- **Monthly Summary Data includes:**
  - **<u>Device Days</u>: A daily count of the number of patients with a specific device in the patient care location during a time period.**
  - **<u>Patient Days</u>: A daily count of the number of patients in the patient care location during a time period.**

Definition: Indwelling Urinary Catheter

- **Specific Device =** Indwelling Urinary Catheter
  - **A drainage tube that is inserted into the urinary bladder <u>through the urethra</u>, is left in place, and is connected to a closed collection system; also called a Foley catheter.**
    - *does not include straight in-and-out catheters or suprapubic catheters*

CAUTI Specific Summary Data

- **<u>Indwelling Urinary Catheter Days</u>: the number of patients with an indwelling urinary catheter device. These are reported separately for each unit conducting CAUTI surveillance.**
  - *Does not include patients with straight in-and-out catheters or suprapubic catheters*

Summary Data Collection: Indwelling Urinary Catheter Days

- **To calculate <u>indwelling urinary catheter days</u>, for each day of the month, *at the same time each day*, record the number of patients with an indwelling urinary catheter in place.**

- **At the end of the month sum the daily counts for each reporting unit.**

Summary Data Collection: Patient Days

- **To calculate <u>patient days</u>, for each day of the month, *at the same time each day*, record the number of patients.**
  - **Include patients that are off the floor for test at the time the count is done.**
  - **Do not count patient who have not yet been admitted OR patients that have been discharged.**
- **At the end of the month sum the daily counts for each reporting unit.**

NHSN National Healthcare Safety Network

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 09-30-2012

* required for saving

Facility ID: *Location Code: *Month: *Year:

Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
*Totals				
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days

** Conditionally required according to the events indicated in Plan.

Example

- **If a patient has a catheter removed at 3PM and replaced at 7PM, how many indwelling catheter days are counted at 5PM?**
  - **None**
  - **One**
  - **Two**

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Example

- **If a patient is transferred into the ICU at 10AM with a urinary catheter in place and indwelling catheter days are counted at 12PM, should the patient be included in the count?**
  - **Yes**
  - **No**

Example

- **If a patient is transferred into the ICU at 10AM with a urinary catheter in place and indwelling catheter days are counted at 12PM, should the patient be included in the count?**
  - **Yes**
  - **No**

Why is proper data collection important??

- **Patient Days:**
  - **If under reported it can artificially increase the device utilization which may give the impression that urinary catheter usage is higher than it actually may be.**
  - **If over reported it can artificially decrease the device utilization ratio which may give the impression that urinary catheter usage is lower than it actually may be.**

Why is proper data collection important??

- **Indwelling Urinary Catheter Days:**
  - **If under reported it can artificially increase the CAUTI rate which may give the impression that the infection rate is higher than it actually may be.**
  - **If over reported it can artificially decrease the CAUTI rate which may give the impression that the infection rate is lower than it actually may be.**

CAUTI Reporting into NHSN

- **Before reporting any events you MUST create a Monthly Reporting Plan for the corresponding month**
  - **You must add all participating locations into NHSN before completing monthly reporting plan**
- **Enter each CAUTI Event for the corresponding month**
- **Enter Summary Data for each individual unit participating:**
  - **Indwelling urinary catheter days**
    - **Enter "zero" CAUTIs if there were no CAUTI events for the month**
  - **Patient days**

Joining CAUTI User Group

- **Your facility will need to join the FDOH CAUTI COHORT 2 user group within NHSN**
- **Once you have joined the user group you will need to confer rights**
  - **Select the specific units and time frame that FDOH will have access to your facility data**

Reminders

- **Complete FDOH Data Use Agreement**
- **Join FDOH CAUTI COHORT 2 User Group**
- **Complete Pre-assessment**
- **Establish CAUTI Teams and begin monthly meeting**
- **Review CDC NHSN CAUTI Case Definitions and methods for collection of summary data**
- **First data submission due Feb 25th**

Questions or Comments?

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HAI Program Website:
http://www.doh.state.fl.us/disease_ctrl/epi/HAI/HAI.html