



Florida Department of Health CAUTI Collaborative Tools and Activities

Data Collection

NHSN: Both acute and long term care facilities participating in the CAUTI Collaborative will be required to report all CAUTI events in participating units into the National Healthcare Safety Network. By joining the FDOH user group within NHSN, facilities will have assistance with data analysis and access to national benchmarks and comparison data. Facilities will be required to report data into NHSN by the 15th of each month.

FDOH staff will provide training on NHSN to all participating via webinar covering NHSN set-up and data entry not only for the CAUTI collaborative but with any NHSN Module the facility wishes to use.

The periods of the CAUTI collaborative will be as follows:

Period	Month
<p><u>Recruitment/Enrollment Period:</u> 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.</p>	<p style="text-align: center;"> August 2011 September 2011 October 2011 November 2011 December 2011 </p>
<p><u>Baseline Measurement Period:</u> Collect summary data and conduct CAUTI surveillance as well as report all CAUTI and summary data into NHSN by the 15th of the following month. Data collected during this period will be used to establish a baseline for the collaborative.</p>	<p style="text-align: center;"> January 2012 February 2012 March 2012 April 2012 </p>
<p><u>Implementation Period:</u> Continue CAUTI surveillance and reporting into NHSN as well as monthly activities. During this period plan, develop, and implement new processes for implementation of evidence-based prevention strategies.</p>	<p style="text-align: center;"> May 2012 June 2012 July 2012 August 2012 </p>
<p><u>Outcome Measurement Period:</u> Continue CAUTI surveillance and reporting into 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.</p>	<p style="text-align: center;"> September 2012 October 2012 November 2012 December 2012 </p>

**Although the collaborative is separated into phases for organizational purposes, all data collected will be analyzed as a trend over the entire span of the collaborative, not per period.*



Monthly Activities (required)

Monthly Collaboration Calls: During the Collaboration Calls FDOH will relay aggregate data to participating facilities demonstrating the overall progress of the collaborative as a whole. FDOH staff will also provide coaching to facilities based on the data. Facilities will have the opportunity to share with FDOH and one another what challenges they may be facing or what is working in their facility.

Monthly CAUTI team/Unit Staff Meeting: Participating facilities should arrange for a staff meeting on all units involved with the CAUTI collaborative and address the following:

- Current infection rate versus rate for previous two months.
- Quarterly case review for at least one CAUTI to identify opportunities for improvement.
- Review topic discussed on collaboration call and how it applies to the facility.
- Plan for the implementation of the CAUTI prevention strategies.
- Reinforce prevention strategies.

Site Visits

Each facility will have 1-2 site visits/conference calls with FDOH staff during the course of the collaborative. The goal of these meetings will be to discuss the elements of the CAUTI collaborative as they relate to each facility and customize a program to fit each facility's needs. The site visits/calls will cover the following:

- Review Pre-assessment
- Develop action plan for implementing prevention strategies
- Staff training

Tools

Pre-assessment: The Pre-assessment serves to characterize your facility and identify any control measures that may already be in place. It will also identify any opportunities for improvement and assist with customizing the program for your facility. It will be reviewed during the first site visit with FDOH staff.

CAUTI "rounds": CAUTI rounds will reinforce the daily assessment of the patients need for an indwelling catheter and should be performed on all catheterized patients on participating units. During CAUTI rounds the following should be addressed:

- Assess each catheterized patient daily using CAUTI quick reference checklist.
- Document reason for catheter use.
- If patient no longer meets indications actions should be taken to remove the catheter:
 - If no nurse-driven protocol: obtain order for removal and remove catheter.
 - If nurse-driven protocol: remove catheter.



CAUTI posters: The CAUTI poster serves as a communication tool showing the progress of your facility as it participates in the CAUTI collaborative. It will include graphics showing CAUTI rate for the prior 3 months.

CAUTI Quick reference Sign: The Quick Reference Sign will be used as a resource when inserting and maintaining an indwelling urinary catheter. It will also be useful in assessing each catheterized patient daily to determine whether they meet the indications for catheterization. It may be posted in the nursing stations and possibly in patient rooms near the bedside.

CAUTI Collaborative Timeline: Overview of activities, monthly calls, and associated tasks for each period of the collaborative.

CAUTI Case Definition Algorithm/Worksheet: Worksheet to assist with conducting surveillance on CAUTI to determine whether a CAUTI event meets NHSN criteria.

CAUTI Quick Reference Checklist: A short version of the Quick Reference Sign that can be printed and handed out as educational materials to bedside staff. May be used in conducting daily rounds on catheterized patients.

Catheter Insertion Checklist: A checklist that can be used during insertion of an indwelling urinary catheter to insure all steps are completed in the process. May also be used to conduct urinary catheterization observations/audits.

Catheter Removal Algorithm: An algorithm that can be used by nursing staff to determine if a catheter needs to be removed.

Indwelling Urinary Catheter Supply Kit: Recommendation on supplies that should be bundled together so that sterile technique may be maintained as well as to make the catheterization process seamless from beginning to end.

Nurse-driven Protocol for catheter removal: Recommendations on implementing a nurse-driven protocol in a facility and matters which should be addressed when writing the policy.

Physician Reminder: May be placed in the chart of patient with an indwelling urinary catheter in place or as an electronic reminder to remind physicians that a patient has an indwelling urinary catheter in place, the duration, and asks the physician what action should be taken.

CAUTI Rounding Sheet: Can be used during CAUTI rounds to assess each patient with an indwelling catheter, the duration of catheterization, and the reason for the catheter. This tool will also assist with logging device days and patient days if there is no electronic alternative.



Webinars

Introduction to CAUTI Collaborative

NHSN Setup/Entering CAUTI Data/CAUTI Case Definition

Collaborative Kick-off

Educating Staff on Proper Insertion, Care, and Removal of Indwelling Urinary Catheters

CAUTI Evidence-based Prevention Strategies

Physicians Training on CAUTI Prevention Strategies

Additional Resources

APIC Guide to the Elimination of CAUTI, 2008

HICPAC Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009

Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals, 2008