



Hospital Value-Based Purchasing (VBP) Quality Reporting Program

Support Contractor

Hospital Value-Based Purchasing (VBP) Program Patient Safety Series: CLABSI/CAUTI

Questions and Answers

Moderator/Speaker:

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Speakers:

Rush University Medical Center:

Alexander Tomich, DNP, RN, CIC

Director of Infection Prevention and Control

Marcelina M. Wawrzyniak, MSN, RN

Infection Preventionist

Kaweah Delta Healthcare District

Melissa A. Janes, MSN, RN-BC, IP

Infection Prevention Manager

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Clinical Nurse Specialist for Critical Care Services

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Clinical Nurse Specialist for Medical-Surgical Services

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2 p.m. ET

Rush University Medical Center

Question 1: Rush, is the Standardized Infection Ratio (SIR) reflected hospital wide or only for Intensive Care Unit (ICU) rates?

Answer 1: Hospital wide. For unit level data we provide a rate over 1,000 catheter days and days since last infection.

Question 2: You mentioned having Physician involvement. Is there a particular physician (such as from Infectious Disease) on your team?



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Answer 2: We have Infectious Disease (ID), Urology, and our Assistant Chief Medical Officer (CMO) as part of the Catheter-Associated Urinary Tract Infection (CAUTI) team.

Question 3: How do you get the calculation of the SIR on a monthly basis?

Answer 3: The calculation is done through the National Healthcare Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC).

Question 4: What is included in your urine collection kits?

Answer 4: Our urine collection kits feature the following: plastic C&S preservation tube, evacuated plastic conical bottom tube, sterile screw cap cup with integrated transfer device, conical bottom, castile soap, and towelettes.

Question 5: How do you recognize units with success?

Answer 5: Units with sustained gains are recognized in numerous formats. First, on our monthly Healthcare Associated Infection (HAI) dashboard, which is shared system wide, better performing units are identified and recognized. Additionally, units have had parties and their successes shared at multiple committees, councils, and meetings. Lastly, individual champions have been recognized at the unit and organizational level.

Question 6 Can you share your nurse removal protocol?

Answer 6: Yes, it is available at http://www.qualityreportingcenter.com/wp-content/uploads/2015/12/Urinary-Catheter-Insertion-Maintenance-and-Removal-Policy.Rush_.pdf

Question 7: What are the reasons you have for blood cultures in EMR?

Answer 7: At Rush we have found several reasons for taking blood cultures:

- Clinical features suggestive of sepsis
- History of positive blood culture within 48 hours, redrawing to ensure clearance of infection
- Other (clinical indication must be entered into a free text area)
- Other site of infection
- Temperature greater than 38°C or 100.5°F

Question 8: Rush what is your standardized Foley care? How many times per day and what do you use? How have you gotten Nurses to use the protocol to remove catheters?



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- Answer 8:** Please see our Urinary Catheter Insertion, Maintenance, and Removal Policy http://www.qualityreportingcenter.com/wp-content/uploads/2015/12/Urinary-Catheter-Insertion-Maintenance-and-Removal-Policy.Rush_.pdf
- Question 9:** How did you educate employees to adopt a more compliant mindset of catheter and central line care and documentation?
- Answer 9:** This is done in multiple formats. First, with every CAUTI and Central Line-Associated Blood Stream Infection (CLABSI) that is presented at our HAI committee, issues with line care and documentation are shared with the front line staff involved in the care of the patient. Also, any identified trends on the unit level are shared resulting in staff being re-competenced on maintenance care.
- Question 10:** Are you documenting the Bundle in the Electronic Health Record (EHR)?
- Answer 10:** Yes we are documenting Bundles in our EHRs.
- Question 11:** Clarify also, when you say a Validated Registered Nurse (RN) to access, what type of lines are they accessing?
- Answer 11:** For all port-a-caths that require cannulation, a RN (who was able to demonstrate competency via demonstration on a mannequin as well as a supervised cannulation of a patient) performs the procedure. Additionally, units with low volume of port-a-caths are able to call a unit with higher volume devices (i.e., Bone Marrow Transplant Units [BMTU], Hematology/Oncology) to send a validated RN to cannulate.
- Question 12:** For CLABSI, you discussed not using central lines for cultures. Was this a difficult culture shift, and if so, how did you accomplish it (specific evidence you used)?
- Answer 12:** This was accomplished by hiring additional full-time equivalent (FTE) employees to our phlebotomy staff to perform all blood draws on our adult units. Also, messaging was done in various levels (electronic and didactic) to our Physicians, Nurses, and House Staff about the change with reminders on appropriate ordering of cultures. This is continually being addressed in our HAI committee, where any instance of a central line culture being drawn is discussed to ensure appropriateness.
- Question 13:** For Alexander Tomich: you indicated that you implemented a new urine collection kit. Could you share information about what kit that is?



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Answer 13: Please see question 4.

Question 14: What is the typical patient to RN to patient ratio on a Med-Surg unit? And, what do they do if a patient needs an indwelling catheter inserted on the unit (travel to OR)?

Answer 14: For the day shift it is typically 4:1, for the night shift it is typically 5:1. Catheters are placed on the unit.

Question 15: Also, how many physicians were involved?

Answer 15: For any HAI initiative to be shared to the Physicians, our Hospital Epidemiologist and CMO partner to identify the relevant stakeholders and spread the plan.

Question 16: What CAUTI specimen collection kit does Rush use?

Answer 16: Please see Question 4.

Question 17: Can you explain what you mean by "validated cannulation nurse."

Answer 17: This is a nurse that went through education and competency regarding cannulation. Once training is completed, they are the only RNs that could cannulate port-a-cath's. The validated RNs then go to units that have low volume of these devices where experience with cannulation of these devices is limited.

Question 18: Did you have any problems with skin breakdown related to using Chlorhexidine (CHG) on the Bone Marrow Transplant (BMT) unit with Graft Versus Host Disease (GVHD) patients?

Answer 18: No reported issues have been identified.

Kaweah Delta Healthcare District

Question 19: How did patients contribute to this effort? Do you involve former CLABSI patients in your Patient and Family Advisory Council (PFAC)?

Answer 19: No, what we did was we had a little survey card that we passed out to a select group of patients who were alert and oriented and could answer questions. We passed out those cards and then they would observe nurses as they took care of their central lines. We wanted to know if they were



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actually scrubbing the hub. Then, once the nurses were done with their IV line, they would answer the questions and turn those cards back in to the charge nurse. We looked at that just to make sure that our nurses were actually doing what they said they were doing. That is how we involved our patients.

Question 20: Are you a teaching hospital and how do you provide education for residents and students if so?

Answer 20: Yes, we are a teaching hospital and what we do is actually have residents involved in our CAUTI campaign. They are part of our committees. They round with us during our rounding time. We also educate them at their specific department service lines. Another way that we make sure that our residents are educated is that we provide a very extensive orientation for them at the beginning of their residency on infection prevention, which includes the bundles.

Question 21: Are you willing to share the investigation report you use for CAUTIs and CLABSIs?

Answer 21: Yes, we have provided them. They are available on <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/> under the CAUTI/CLABSI presentation event resources.

Question 22: Would you mind telling me how many infection prevention/control staff members your hospital employs?

Answer 22: Sure, we have six people in our department. Four of us are Infection Preventionists, which includes the Manager. We have structured the Department into two units: the Data Unit and the Field Unit. We have a Data Analyst and an Infection Preventionist (IP) in the Data Unit and two IPs in the Field Unit. The Data Unit is responsible for extracting and reporting the IP Data, and the Field Unit provides surveillance and promotion of best IP strategies in the field. We also have a part-time Secretary.



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- Question 23:** Regarding CAUTI's: Do you use closed system vacutainers that have test tubes for urine cultures, urine analyses and micro? In other words, do you maintain a closed system without using syringes? Also, do you remove Foleys older than 48 hours, if you need to culture (Culture the urine not the catheter)?
- Answer 23:** Yes, it is a closed system; we use a needleless adapter and port on the foley tubing. No, the time depends on each case; we do not have a set number of hours for Foley removal.
- Question 24:** Peripheral blood culture is preferred over central line, what about dialysis patients who has almost no peripheral veins?
- Answer 24:** According to our Hemodialysis staff, they would draw from the Extracorporeal Circuit.
- Question 25:** Are you documenting the Bundle in the EHR?
- Answer 25:** Yes, both bundles are documented in the EHR. The bundles are listed as a checklist.
- Question 26:** What are the female urinals you use?
- Answer 26:** We use the Meditech Female Urinal.
- Question 27:** What is the urinary retention management protocol?
- Answer 27:** The urinary retention management protocol is part of our Standardized Procedure. They are available on <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/> under the CAUTI/CLABSI presentation event resources.
- Question 28:** Are you willing to share your education module for RN CLABSI re-education?
- Answer 28:** There is no actual education module. We do a “show on the road” discussing the CLABSI Bundle. We also give them a card. You can find out Procedures at <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/> under the CAUTI/CLABSI presentation event resources.
- Question 29:** Can you use the CHG wipes for perineal cleanse?



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- Answer 29:** No, we do not use them on mucous membranes. We recommend reviewing manufacturer's instructions for any product use.
- Question 30:** What criteria do you use for needing a dressing change? If it's loose dressing, can you define?
- Answer 30:** We use the CDC recommendations of not being clean, dry and intact.
- Question 31:** What is included in your central line dressing kits?
- Answer 31:** Sterile gloves, masks, drape, CHG swabs, 2 caps, and Tegaderm dressings are included in our central line dressing kits.
- Question 32:** What Foley catheter do you currently use? What components are in the kit?
- Answer 32:** We use the Bard Sure-Step-same components as the regular trays. Tray outlines the steps that need to take place to maintain aseptic technique. Sure-step states CDC indications on the top, before you perform the insertion. We use the Temp-Sensing Kit for the ICU, Step down Unit, CVOR and ED.
- Question 33:** What is the rationale behind only drawing blood cultures from peripherals instead of the central line?
- Answer 33:** If you believe the source of the infection is the central line, the standard of practice is a peripheral draw.
- Question 34:** Are these data for critical care units only?
- Answer 34:** No, we report all areas to NHSN.

Rush and Kaweah:

- Question 35:** Are presenters taking into account the NHSN definition changes in comparing data from 2014 and 2015?
- Answer 35:** *Kaweah:* Yes, we are.
- Rush:* Yes, more so for CAUTI. For CLABSI we did a trial where the IPs compared the 2014 CLABSI to the 2015 definition and did not find much (if any) impact with the changes.



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Question 36: Question for both hospitals: Are either of you employing Nurse-Driven Foley Catheter Removal protocols and how has that been?

Answer 36: *Kaweah:* Yes, we have a Standardized Procedure for CAUTI. It has helped facilitate Foley removal and decreased utilization. Please see our procedures at <http://www.qualityreportingcenter.com/inpatient/vbp-archived-events/> under the CAUTI/CLABSI presentation event resources.

Rush: Yes and it has been going well. We have had the protocol in place for over 2 years and feel that we have reached a reliable level of compliance.