#### AHRQ Safety Program for Long-term Care: HAIs/CAUTI

# Applying the NHSN CAUTI Criteria to Case Studies

National Content Series for Facility Team Leads and Core Team Members

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## **Learning Objectives**

Upon completion of this webinar, facility team leads and core team members will be able to:

- apply CAUTI signs and symptoms as defined by the NHSN criteria in longterm care to case studies:
- use the train-the-trainer materials to cascade content to facility front-line staff;
- identify how every team member can help reduce health care-associated infections and provide safe care; and
- explain the importance of every team member's role in connecting CAUTI identification to their facility's overall safety plan for residents and staff.

## "The Catheter's Lament"

I am a urinary catheter
Dark places I must go
My job is clear
I have no fear
I need to ease the flow

You are the one I am inside It enters not your head That if I'm left in (a moral sin) You could just end up dead

At times, I am useful aide
But my use you should not flout
On every day
Someone should say
It's time to take me out!

Dr. Martin Kiernan

## Don't Be Shy!

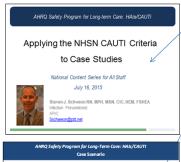


## Background

- Urinary tract infections (UTIs) are the most frequently reported infections in nursing homes and drive antibiotic use.<sup>1</sup>
- Monitoring and performing surveillance of both catheter-associated and non-catheter associated UTIs helps to identify potential trends and helps prevent infection and decrease antibiotic use.
- Tracking and preventing infections is a resident quality of life and safety issue.

Source: 1NHSN LTC definitions

#### Educate All Staff to Identify CAUTI Signs and Symptoms





- · Use slide set with facilitator's notes
- Share recorded session for all staff who interact with residents
- Use case study to assess knowledge gained and encourage team discussion
- Provide copies of tools to guide CAUTI identification
- Provide Evaluation Form and Certificate of Completion

## Case 1

While traveling through the airport, a man was ambulating with his indwelling urinary catheter...

and it raises dignity and infection education issues.



#### Case 2

- Summit Wilkins is 52 year-old patient that is post-surgery for intervertebral disc disease (IVDD)
- Postoperatively, the indwelling urinary catheter must remain in place
- Per CMS regulations, the patient is forbidden to be admitted to a LTC facility

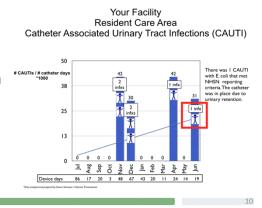
#### Case 2

- Summit Wilkins is 52 y.o. patient, status post surgery for intervertebral disc disease (IVDD)
- · Postoperatively, the urinary catheter must remain in place
- Per CMS regulations, the patient is forbidden to be admitted to a LTC facility
- The patient is a terrier mix and belongs to Amanda Wilkins



## Importance of Storytelling

- Telling interesting stories will quickly grab your audience's attention
- Storytelling connects the hands, head and heart so that attendees walk away knowing and connecting with why they are participating in the meeting/training/event
- You can also tell a story when you present data

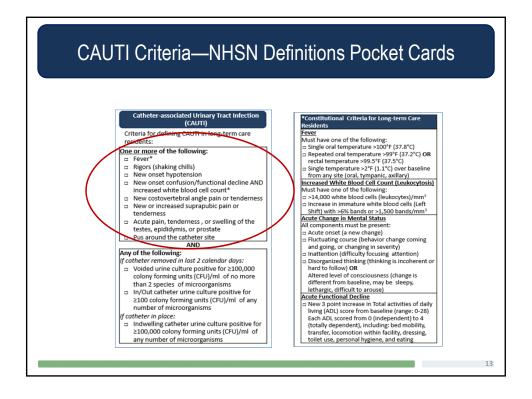


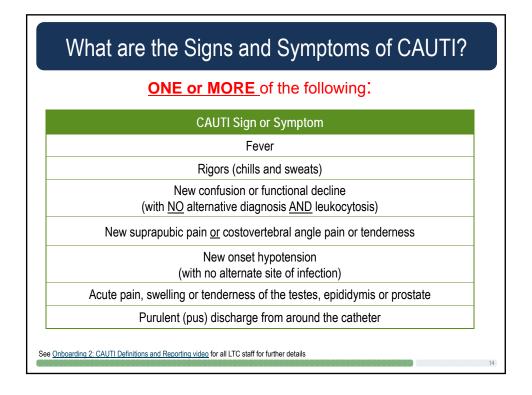
#### Why Do We Perform Surveillance?

- Essential component of the infection prevention program
- Protects the resident & employee's health
- Part of the facilities performance improvement plan;
   provides feedback for your infection prevention program
- Information may be useful for residents and families
- CMS regulatory requirements

#### Four Questions to Identify a CAUTI Four Questions to Identify a CAUTI Question 2 Question 4 Question 1 Question 3 Does the resident Is there no other have an indwelling Does the resident Does the resident explanation for this urinary catheter have one or more have a urine culture resident's connected to a CAUTI symptoms? that fits the criteria? symptoms? drainage device? YES YES YES YES

then the resident has a CAUTI!





## Urine Odor

Urine odor may result from:

- Dehydration
- Medications (e.g., antibiotics)
- Food (e.g., asparagus, onions, garlic)
- Total Parenteral Nutrition (TPN)
- · Alcohol, coffee
- Urinary tract infection

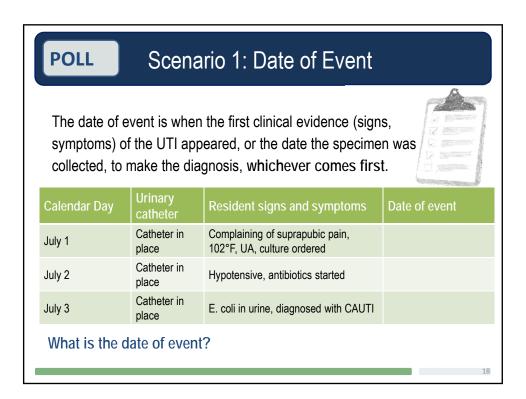
Urine odor or smell, by itself, does not predict a UTI

## Anybody Feeling Sleepy?!



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#### SURVEILLANCE CASE REVIEW



## POLL

#### Present on Admission (POA) vs. Healthcare-associated Infection (HAI)

UTI events presenting > 2 calendar days after admission, where admission is Day 1, is considered LTC facility-associated.

Calendar Day	Urinary catheter	Resident signs and symptoms	POA or HAI
1 (Admission)	Catheter in place	None	
2	Catheter in place	101°F, no other alternative infection sources, cultures obtained	
3	Catheter in place	Positive culture, hypotensive, rigors	

Is the CAUTI POA or HAI?

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#### **POLL**

#### UTI vs. CAUTI

The resident must have a urinary indwelling catheter in place, for a minimum of 2 calendar days, before infection onset, (Day 1 = Day of insertion), for the infection to be catheter associated (i.e., CAUTI starts on Day 3)

Calendar Day	Urinary catheter in place	Resident signs and symptoms	UTI or CAUTI
1	Catheter inserted	None	
2	Catheter in place	101°F, no other alternative infection source, cultures obtained	Symptoms first start; UTI
3	Catheter in place	Hypotensive, CVA pain	

Is this a UTI or a CAUTI?

#### POLL

#### UTI vs. CAUTI

A CAUTI occurs when a resident develops signs or symptoms if the urinary catheter is removed within the 2 calendar days prior to the date of event. (Catheter removal = Day 1)

Day	Urinary catheter in place	Resident signs and symptoms	UTI or CAUTI
1	Catheter discontinued	None	
2	Catheter out	100.5°F with no other alternative infection source, cultures obtained	
3	Catheter out	Hypotensive, CVA pain,	

#### Is this a UTI or a CAUTI?

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## Surveillance Tip

- Sometimes, working with the surveillance definitions can result in:
  - \$#@÷□☆⊕\*\*≪Ψ\*&%□
- Have the surveillance definitions in front of you while performing the chart review
- Credible resources
  - Contact your organizational lead
  - Reach out to your faculty coach for assistance
  - Contact the CDC at <a href="https://www.nhsh.mid.cdc.gov"><u>NHSN@cdc.gov</u></a>

#### Be diligent!



#### **KNOWLEDGE & SKILLS TRANSFER**

## **Train-the-Trainer Materials**

- Infection prevention should be part of your facility's resident safety plan
- All team members should continually assess the residents for possible CAUTI, other infections and changes in condition



- All team members need to promptly report any changes in condition to the appropriate clinical team members
- Training materials offer additional opportunities to review case scenarios to better equip the team with assessing the residents for possible CAUTI, other infections and changes in condition

#### POLL

#### Preventing CAUTI is a Team Sport

All health care personnel, regardless of their discipline, are important with ongoing resident awareness and assessing for CAUTI and other changes in condition

Make this part of your facility safety plan!

Role	Scene	Observation
CNA	Morning care	Purulent discharge around the catheter
PT	Physical therapy session	New onset of confusion
Unit secretary	Speaking with resident	Pain
RN	Assessment	Flushed appearance
Dietary Staff	Dining room	Shaking/chills

Do all team members, who clearly play a role with resident safety, feel comfortable with relaying this information to the appropriate staff?

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## CAUTI Case Scenario Example –Part 1 Mary Christmas

- Mary is a 75 year old female w/ degenerative arthritis in her legs; Mary is status post-hip replacement surgery and weighs 210 pounds
- Mary was admitted on Friday at 5 p.m. with an indwelling urinary catheter and was afebrile; the written hospital transfer report does not include an indication for a urinary catheter and Mary doesn't know why the catheter is still in
- The admitting nurse calls the hospital, but is unable to locate a nurse who is familiar with Mary; the physician will not see Mary until Monday

## CAUTI Case Scenario Example –Part 2 Mary Christmas

- Throughout the weekend, Mary's urinary catheter stays in and the facility
  experiences staffing challenges due to call-outs; during morning care a
  nursing assistant states that she is grateful Mary has a catheter
- During the Sunday morning assessment, another nursing assistant notes that
  Mary's oral temperature is 100.7°F. The dietary staff notice that Mary has
  chills while she is eating her lunch; the nurse contacts the attending physician
  and notes there are no other signs of infection. Monday morning t he
  physician performs a complete assessment on Mary and can find no other
  explanation for her fever and rigors
- The attending physician orders a urinalysis, urine culture and antibiotics.

## CAUTI Case Review Sample Questions -Part 1

- 1. What parts of Mary's story sound familiar?
- 2. Name the staff who have a role in observing and/or reporting Mary's condition. What can each of these staff do to help prevent an infection?
- 3. Is the catheter indicated? Does Mary meet the criteria for a CAUTI?

#### CAUTI Case Review Sample Questions -Part 2

- 4. Does your facility have a policy about urinary catheter care and maintenance? If you have a question about your facility's catheter policies, where would you go to find the policy and who could you ask to get more information?
- 5. How do you know if catheter care is performed according to policy? Where is catheter care documented? What kind of information does your facility document (device securement, closed system maintenance, collection bag maintained below the bladder level, etc.)?
- 6. How do staff share resident safety concerns with other staff or leaders? Do staff feel comfortable speaking up when they observe a break in protocol?
- 7. What LTC Program educational materials and tools are available for you to use at your facility to help prevent and document CAUTIs?
- 8. What additional information about Mrs. Christmas is needed to determine if she has a CAUTI?

#### Your Role in Engaging Staff in CAUTI Prevention

- The video and learning activity for front-line staff focuses on recognizing and communicating CAUTI
- Key messages from that training resource include:
  - All personnel, regardless of their specialty, are important to assessing residents' condition
  - CAUTIs can be prevented by following policy and adhering to best practices.
- Review the video and the accompanying case scenarios before facilitating discussion with your front-line staff and providers
- · Share information with all staff/teammates
- Use the CAUTI definition tools to build, encourage and support staff to correctly identify CAUTI signs and symptoms
- Recognize staff who accurately observe, report, document and monitor signs and symptoms

#### Empower Frontline Staff to:

- Feel comfortable bringing up resident safety concerns to other team members or team leaders
- · Speak up when a potential break in resident safety protocol may occur or actually occurs

#### Stay Updated with Useful Resources

1. AHRQ Safety Program for Long-term Care: HAIs/CAUT/ Project Website

Login information

Username: Itcsafety Password: Itcsafety

- 2. TeamSTEPPS® for Long-term Care
- 3. NHSN Criteria—CAUTI Definition Pocket Cards
- 4. CAUTI Surveillance Worksheet
- 5. CAUTI Case Review Form

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#### References

Centers for Disease Control and Prevention. Healthcare Infection Control Practices Advisory Committee (HICPAC) approved guidelines for the Prevention of catheter-associated urinary tract infections, 2009. Available at <a href="http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf">http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf</a>.

Centers for Disease Control and Prevention. Identifying Healthcare-associated Infections (HAI) for NHSN Surveillance (online). Accessible at:

 $\underline{\text{http://www.cdc.gov/nhsn/PDFs/pscManual/2PSC\_IdentifyingHAls\_NHSNcurrent.pdf}}.$ 

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Associated Infection Surveillance Module: UTI Event Reporting [online].

Stone ND, Ashraf MS, Calder J. Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. *Infect Control Hosp Epidemiol* 2012;33(10):965-977.

## A New Chapter

"In the beginner's mind there are many possibilities, but in the expert's there are few."

Suzuki Roshi

#### Thank you!



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