

Agenda

Lean CAUTI Team Meeting

4/26/2013

11:00am

OB Conference Room

Meeting called by: D.
Ellison

Attendees: Lynette
Ward, RN; Janet Kerr,
Director of Accelerated
Performance; Cassandra
Massa, RN, 3E; Kaitlyn
Claeys, tech, 3E.

Agenda

1. Lean introduction
2. Basic rules of engagement
3. Current state
4. Metrics
5. Specifics r/t CAUTI's
6. What have we done so far?
7. Goals
8. Initial questions
9. Continuous improvement cycle

1. Lean introduction

Reviewed the core principles of lean – systematic approach to process improvement – easy to do, maintain, and improve; able to see problems immediately; respect for each other to develop learning and strength within the organization.

Based on 3 principles:

Everything we do is based on customer value – the customer comes first

Everything can and should be improved – improve quality and decrease cost wherever possible

All waste must be identified and eliminated

Action Items:

Conclusions: **Informational**

2. Basic rules of engagement

Respect others

Truth rules – changes are made based on data, so data must be based on reality – the facts!

Share – everyone contributes

Try something new – keep an open mind – try it instead of figuring out why it won't work.

Ask why – assume nothing – gain complete understanding

Be safe / think safe both in actions and then what is implemented

Action items:

Conclusions: **Informational**

3. Current state

CAUTI's on 3E are increasing through Foley days decreased

DRG adjusted loss per CAUTI is \$3,560

5 CAUTI's in 2012 on 3E = \$17,800

If zero CAUTI in 2013, can realize \$17,800 savings in 1 year for this unit, in addition to less patient pain and suffering

9 CAUTI's total med-surg units and ICU in 2012

If zero for med-surg and ICU in 2013, can realize \$32,040 saving for year

Action items:

Conclusions: **Informational**

4. Metrics

NDNQI benchmarks compared to other Magnet facilities)CAUTI/Foley days)

Foley days documented on daily log each unit

DRG adjusted loss per CAUTI (from 2009 Care Fusion Corporation) based on cost, length of stay calculations from 3.1 million admission analysis (averaged)

5. Specifics r/t CAUTI's

- Jan – ICU – culture on insertion in ED WNL
- Feb – ICU – no culture on insertion in ED
- June – ICU no culture on insertion in ED
- June – 3W – no culture on insertion in ED
- July – 3E - no culture on insertion in ED – 66 y/o male w/hip fx,
- Aug – 3E – no culture on insertion in OR – 71 y/o female. C/S with clean catch pre-op on 7/25 was negative, hip replacement 8/2, Foley d/c'd 8/3 at 0630 (Foley < 24hr), symptomatic on 8/4, C/S with enterobacter cloacae on 8/5.
- Sept. - 3E – culture on insertion in OR WNL . 69 y/o female– treated uti 1 week pre-op. urine c/s on insertion 9/17 negative, d/c 9/18 (<24hr), sx 9/20 (w/i 48hr), c/s 50, 000-100,000org/ml enterobacter cloacae on 9/21.
- Oct – 3W – inserted in ED 10/4– 84 y/o female. culture negative. Foley d/c'd 10/5, 28 hours after insertion. Symptoms 10/7 with positive culture.
- Dec – 3E – inserted in OR 12/14, culture negative, d/c 12/15, < 24 hours with Foley. 82 y/o female. St. cath 12/15 and 12/16. culture + 12/16 e.coli. Was treated pre-op for UTI Klebsiella.

Action items:
Conclusions: Informational
6. What have we done so far?
Action items: think about what else we might do for next meeting
Conclusions: Informational
7. Goals
<p>Preliminary objective: will start with concentration on 3E for now and expand to other areas when process changes/education have been established</p> <p>Target state: no hospital acquired (HA) CAUTI's on 3E in 2013</p> <p>Long term target: Zero HA CAUTI's going forward throughout the hospital</p>
Action items:
Conclusions: Informational
8. Initial questions
<p>What obstacles are preventing us from meeting the target condition?</p> <p>What obstacle will we tackle first (change one thing at a time)?</p> <p>How will we prevent re-occurrence of the problem?</p> <p> Create, train, verify routinely <u>standardized work</u> – same thing, same way, every time all the time</p> <p> Ownership of visual management</p> <p> Installation of fail-safe methodology – signal for help, stop, call, wait –do not allow defects to go on</p>
<p>Action items: Insertion for Foley: peri care prior to insertion, utilize techs with sterile gloves to assist in aseptic field and retraction, use of flashlights, use bedpan upside down for improved visualization; ask ED nurse if Foley is in place when getting patient.</p> <p>Hygiene: use clean cloth, clean basin, fresh water for peri care, cleanse peri area <u>and</u> at least 2 inches of catheter from body outward, team of 2 techs for each peri care with Foley, assure all techniques to avoid CAUTI are carried out – bag not touching floor, Foley secured to leg, tubing coiled on bed, bag always below bladder.</p> <p>Informational reminders containing these action items to be laminated and placed in room for patients with Foley present</p>
Conclusions: Informational
9. Continuous Improvement Cycle

- ▶ PLAN
 - Define the problem
 - Gather data
 - Assess impact
 - Devise measure
- ▶ DO
 - Identify possible root causes
 - Verify actual root causes
 - Implement countermeasures
- ▶ CHECK
 - Assess effectiveness of countermeasures
- ▶ ACT
 - If countermeasures are effective, standardize them
 - If countermeasures are NOT effective, define problem and repeat process

Action items: completed the “Plan” cycle and working through the “Do”

Conclusions: Informational

Next Meeting: 5-20-2013