

On the CUSP: Stop CAUTI Cohort 3

Mapping the Journey

On the CUSP: Stop CAUTI Overview



Objectives

- Provide an overview of the *On the CUSP: Stop CAUTI* initiative
- Clarify any confusion concerning MHA and Delmarva and what may be seen as two different CAUTI projects
- Provide an opportunity for participants to ask questions of the national and Maryland project implementation teams

Healthcare-Associated Infections

- Affect nearly 2 million patients hospitalized annually in the United States
 - 32% urinary tract infections (UTIs)
 - 15% pneumonia
 - 14% bloodstream infections
- Annual cost of catheter-associated UTI (CAUTI) \$450 million
- Up to 380,000 infections and 9000 deaths related to CAUTI per year could be prevented

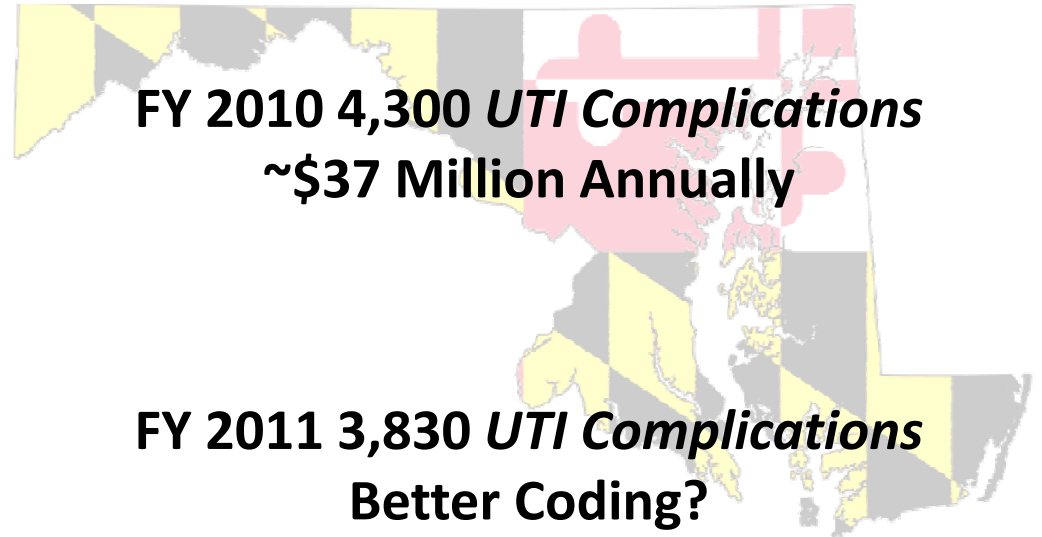
<http://www.cdc.gov/ncidod/dhqp/hai.html>

Umscheid et al. *Infect Control & Hospital Epidemiology* 2011; Scott, 2009

Why Participate in *On the CUSP: Stop CAUTI* ?

- 80 percent of all UTIs are catheter associated infections (CAUTI).
Source: American Hospital Association's Health Research and Educational Trust (HRET)
- Joint Commission 2012 National Patient Safety Goal
- CMS requiring all states (except MD) to report adult and pediatric ICU CAUTIs in NHSN beginning Jan 2012

HSCRC Administrative Data



Maryland's Goal
ZERO CAUTIs

Project Goals

- Reduce mean CAUTI rates in participating clinical units by 25 percent; and
- Improve safety culture as evidenced by improved teamwork and communication by employing CUSP methodology



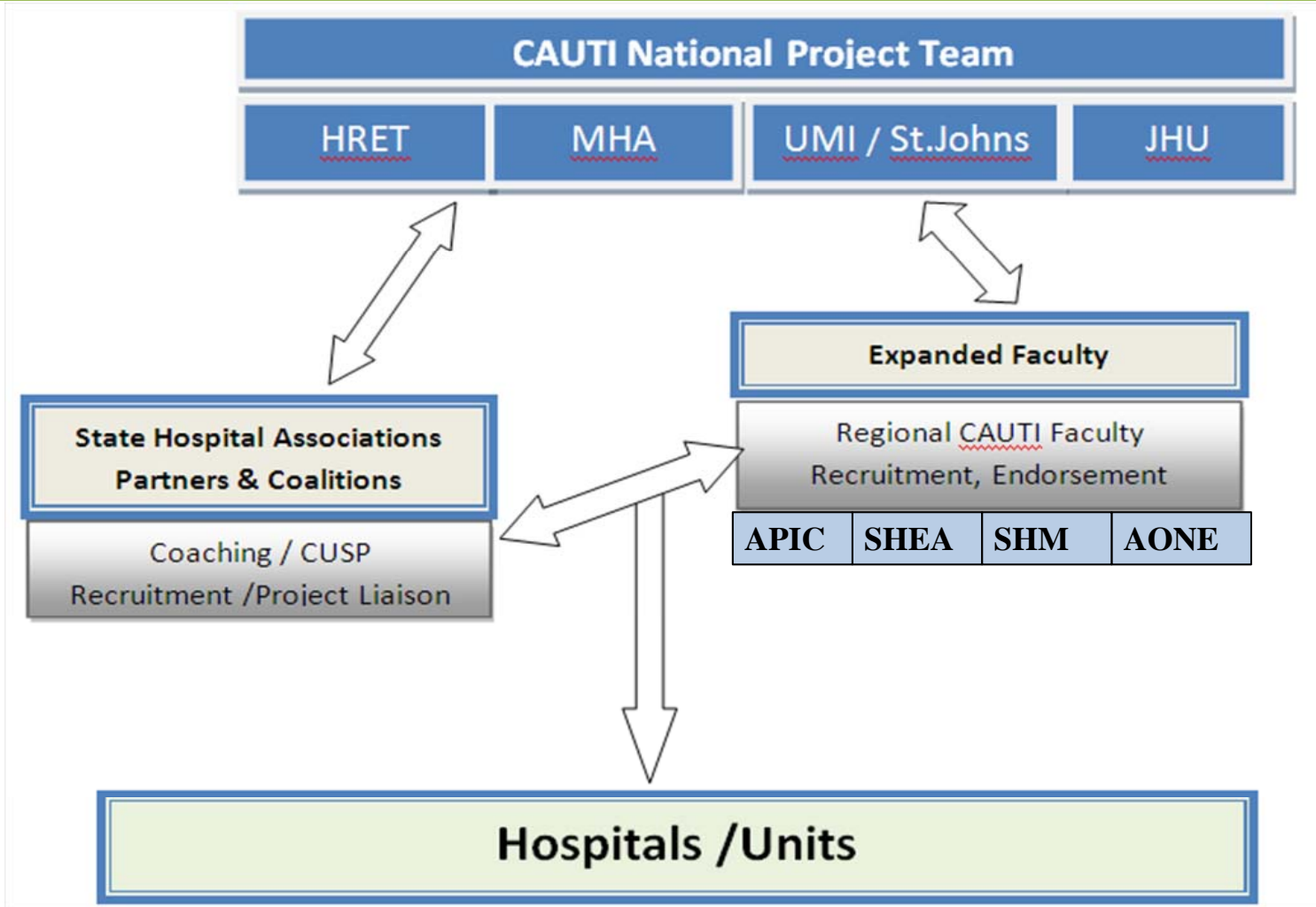
What we Learned from Cohorts 1 & 2

- Opportunities
 - Avoid repetition
 - Limit number of calls per month
 - Data terms differentiation of process v. outcome data
 - Regional supports
- Understanding your needs
 - Readiness assessment

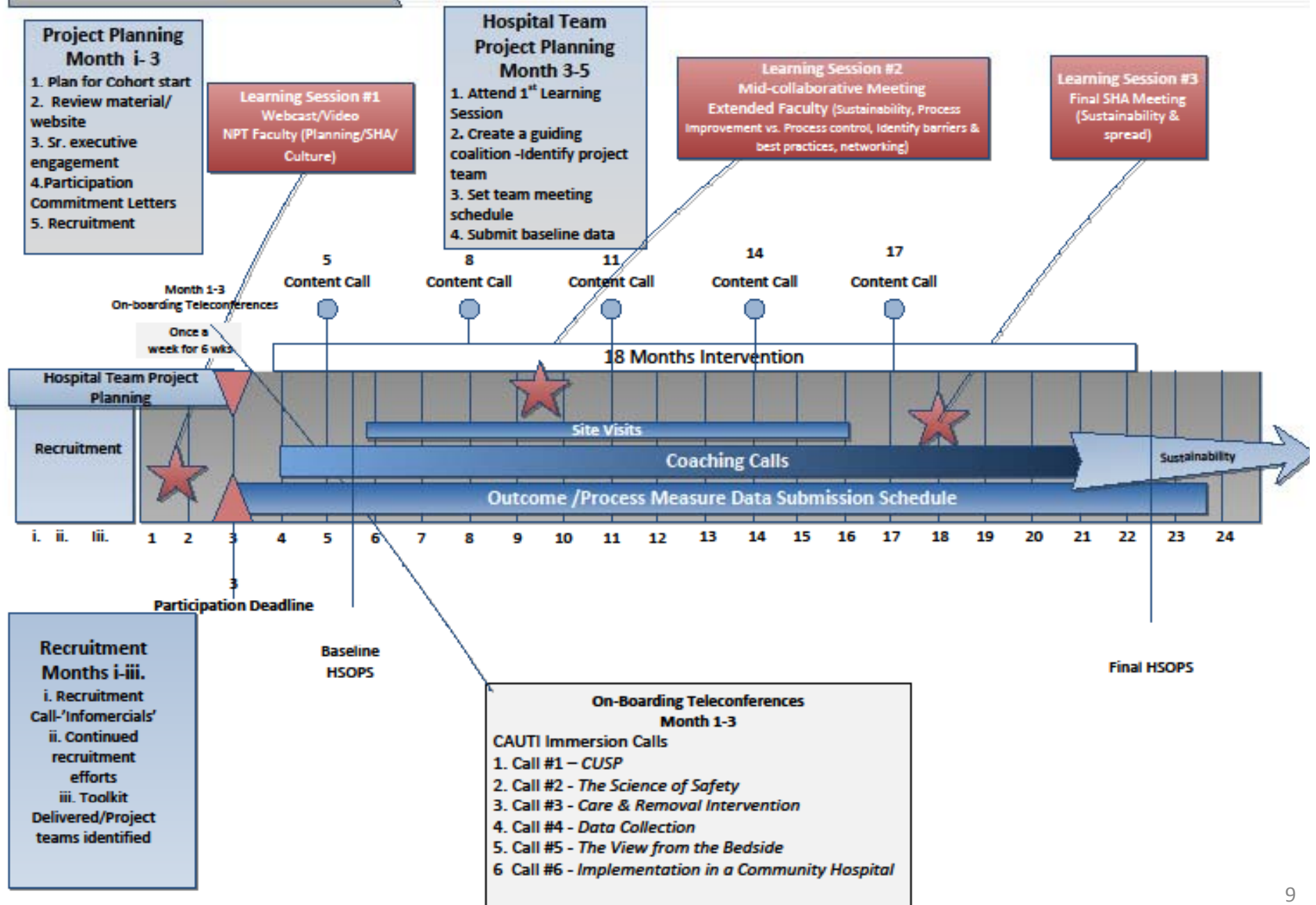
Cohort 3 - Vitals

- 7 States – Maryland *and* Arkansas, California, Kansas, New Jersey, South Carolina, Connecticut
- Start date November 2011
- End date May 2013
- Components - Technical and Adaptive
- Enhanced supports and coordination with partners and other ongoing initiatives
 - Delmarva Foundation for Medical Care
 - Maryland Patient Safety Center

New Dissemination Model



CAUTI Prevention



Data Collection

PROCESS

Prevalence & Appropriateness -
How often do we do what we should?

1. Assess each patient on the unit for the presence of a urinary catheter
2. Record the reason for the catheter

OUTCOME

CAUTI Rates-Did we make a difference?

1. Number of Symptomatic CAUTI's attributable to your unit for that month
2. Number of urinary catheter days per month (number of patients with urinary catheter device is collected daily at the same time each day and the total is summed for the month)
3. Number of patient days per month

Team Checkup Tool (Culture) Quarterly
Hospital Survey on Patient Safety (Culture) Baseline and Follow-up
Readiness Assessment (Once)

Data Collection Schedule

Cohort 3	Prevalence & Appropriateness (PROCESS)							CAUTI Rates (OUTCOME)						
	S	M	T	W	T	F	S	S	M	T	W	T	F	S
BASELINE PERIOD	<i>No Data Collected</i>							<i>Baseline Data Collected</i>						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7
	8	9	10	11	12	13	14	8	9	10	11	12	13	14
	15	16	17	18	19	20	21	15	16	17	18	19	20	21
	22	23	24	25	26	27	28	22	23	24	25	26	27	28
	29	30	31					29	30	31				
	<i>No Data Collected</i>							<i>Baseline Data Collected</i>						
				1	2	3	4				1	2	3	4
	5	6	7	8	9	10	11	5	6	7	8	9	10	11
	12	13	14	15	16	17	18	12	13	14	15	16	17	18
	19	20	21	22	23	24	25	19	20	21	22	23	24	25
	26	27	28	29				26	27	28	29			
<i>Baseline Data Collected</i>							<i>Baseline Data Collected</i>							
				1	2	3					1	2	3	
4	5	6	7	8	9	10	4	5	6	7	8	9	10	
11	12	13	14	15	16	17	11	12	13	14	15	16	17	
18	19	20	21	22	23	24	18	19	20	21	22	23	24	
<i>25-31 Educational Period</i>							25	26	27	28	29	30	31	
IMPLEMENTATION PERIOD 1	<i>Implementation Data Collected</i>							<i>Implementation Data Collected</i>						
	1	2	3	4	5	6	7	1	2	3	4	5	6	7
	8	9	10	11	12	13	14	8	9	10	11	12	13	14
IMPLEMENTATION PERIOD 2	15	16	17	18	19	20	21	15	16	17	18	19	20	21
	22	23	24	25	26	27	28	22	23	24	25	26	27	28
	29	30						29	30					
	<i>Sustainability Data Collected</i>							<i>Sustainability Data Collected</i>						
			1	2	3	4	5			1	2	3	4	5
6	7	8	9	10	11	12	6	7	8	9	10	11	12	
13	14	15	16	17	18	19	13	14	15	16	17	18	19	
20	21	22	23	24	25	26	20	21	22	23	24	25	26	
27	28	29	30	31			27	28	29	30	31			

Data Collection Schedule

SUSTAINABILITY PERIOD 1	No Data Collected							JUNE 2012	No Data Collected							SUSTAINABILITY PERIOD 1
	3	4	5	6	7	8	9		3	4	5	6	7	8	9	
10	11	12	13	14	15	16	10	11	12	13	14	15	16			
17	18	19	20	21	22	23	17	18	19	20	21	22	23			
24	25	26	27	28	29	30	24	25	26	27	28	29	30			
SUSTAINABILITY PERIOD 1	No Data Collected							JULY 2012	No Data Collected							SUSTAINABILITY PERIOD 1
	1	2	3	4	5	6	7		1	2	3	4	5	6	7	
8	9	10	11	12	13	14	8	9	10	11	12	13	14			
15	16	17	18	19	20	21	15	16	17	18	19	20	21			
22	23	24	25	26	27	28	22	23	24	25	26	27	28			
29	30	31					29	30	31							
SUSTAINABILITY PERIOD 1	Sustainability Data Collected							AUG 2012	Sustainability Data Collected							SUSTAINABILITY PERIOD 1
	5	6	7	8	9	10	11		5	6	7	8	9	10	11	
12	13	14	15	16	17	18	12	13	14	15	16	17	18			
19	20	21	22	23	24	25	19	20	21	22	23	24	25			
26	27	28	29	30	31		26	27	28	29	30	31				
SUSTAINABILITY PERIOD 2	No Data Collected							SEPT 2012	No Data Collected							SUSTAINABILITY PERIOD 2
	2	3	4	5	6	7	8		2	3	4	5	6	7	8	
9	10	11	12	13	14	15	9	10	11	12	13	14	15			
16	17	18	19	20	21	22	16	17	18	19	20	21	22			
23	24	25	26	27	28	29	23	24	25	26	27	28	29			
30							30									
SUSTAINABILITY PERIOD 2	No Data Collected							OCT 2012	No Data Collected							SUSTAINABILITY PERIOD 2
	7	8	9	10	11	12	13		7	8	9	10	11	12	13	
14	15	16	17	18	19	20	14	15	16	17	18	19	20			
21	22	23	24	25	26	27	21	22	23	24	25	26	27			
28	29	30	31				28	29	30	31						
SUSTAINABILITY PERIOD 2	Sustainability Data Collected							NOV 2012	Sustainability Data Collected							SUSTAINABILITY PERIOD 2
	4	5	6	7	8	9	10		4	5	6	7	8	9	10	
11	12	13	14	15	16	17	11	12	13	14	15	16	17			
18	19	20	21	22	23	24	18	19	20	21	22	23	24			
25	26	27	28	29	30		25	26	27	28	29	30				

Delmarva

- MOA must be signed by a Hospital Executive and a ***Trustee by 10/31/2011***
- Data is reported to NHSN
 - Confer rights to Delmarva and the National Coordinating Center (NCC)
 - Baseline is February 1, 2011-July 31, 2011
 - Baseline entered into NHSN by October 31
 - Data reported monthly to NHSN

Next Steps

- Discuss participation at your organization
- Complete the *On the CUSP: Stop CAUTI* registration by October 21
- Identify team(s) that will participate
- Complete team registration packet (forthcoming)
- Register for Learning Session #1 on November 14 2011 at the Doordan Health Sciences Institute , Anne Arundel Medical Center

Questions?

Topic	Contact Info
<i>On the CUSP: Stop CAUTI Website</i>	http://www.onthecuspstophai.org/stop-cauti
Recruitment	Dorothy Patrickson dpatrickson@mhaonline.org
Registration for Learning Session I (Kickoff)	https://ww2.eventrebels.com/er/Registration/StepRegInfo.jsp?ActivityID=6878&StepNumber=1
General Inquiries	Jeanne DeCosmo jdecosmo@mhaonline.org
Delmarva	Janet Robinson robinsonj@dfmc.org