



A Huddle a Day Keeps the Microbes Away

Cynthia Whitaker MSN, RN, Lora Bouton CPHQ, CLT, LSSGB, & Patricia Butray-Frey MT, NCA, MPS

Overview

Corning Hospital observed an increase in hospital acquired infections (HAI) in fiscal year (FY) 2022 (July 21-June 22). A total of 5 CAUTI, 1 CLABSI, and 6 CDIIF. This was an increase from the previous FY 2021 (July 20-Jun 21) of 0 CAUTI, 2 CLABSI, and 3 CDIIF infections.

This marked increase coincides with the time period in which our regional area was impacted by the 2021 COVID pandemic surge. Our hospital faced challenges with staffing and an increase in patient acuity level requiring higher level of care. Our hospital **C-Suite Leadership Team** decided to take an interdisciplinary team approach to reduce HAI's. **The Chief Nursing Officer (CNO), Infection Prevention Manager, and Quality Improvement Specialist** collaborated to implement and lead a hospital wide daily **Device Huddle** that went live on March 7, 2022. The purpose of this huddle is to assess indications for the device, review appropriate care of the device, and discuss plans for removal or use of alternative device. Nurse Managers come prepared to discuss devices on their respective units. Patients with CDIIF orders are reviewed using an algorithm to determine if the order is appropriate.

The hospital **President, Chief Medical Officer (CMO), and CNO** support the team in working through barriers for device removal and order cancellation.

Our daily **Device Huddle** has helped change our culture of safety and reduce hospital acquired infections.

Goals/Objectives

- To decrease CAUTI rate per 1,000 catheter days to ≤ 1.00 from FY 2022 baseline of 1.41
- To decrease CLABSI rate per 1,000 central line days to ≤ 1.00 from FY 2022 baseline of 0.69
- To decrease CDIIF rate per 10,000 patient days to ≤ 3.00 from FY 2022 baseline of 3.11
- To reduce device utilization rates

Actions

- Our hospital implemented a daily 15-minute **Device Huddle** which includes the review of catheters, central lines, and CDIIF orders.
- Device huddle is primarily **led by our CNO** with the support of Quality and Infection Prevention.
- Other members include **Hospital President, CMO, VP of Operations**, Patient Safety, Unit Managers, and Unit Educators.

- Developed reports to monitor continuous improvement.

Daily Reports:

- Active Foleys
- Active Lines
- Open CDIIF orders

Monthly Reports:

- CAUTI, CLABSI, CDIIF, Device Utilization
- Nurse Driven Protocol Orders
- Chlorhexidine (CHG) bathing

Device Huddle Details

Each Manager receives a daily active foley and line reports to review. These reports are reviewed at unit level huddle with clinical nurses to identify:

- Indication for device
 - A plan to remove or change to a more appropriate device
 - Cancel CDIIF order if not clinically indicated
- Unit Manager or Educator comes prepared to discuss update/plan for each device at huddle. Quality takes huddle notes to ensure actions from previous day are followed up. The hospital **President, CMO**, and **CNO** support the team in working through barriers for device removal and order cancellation.

Daily **Device Huddle** focuses on

A. Catheters:

- Indication for catheter
- # of days since placement
- Opportunities to remove
- Consider external catheter alternatives
- Chronic foleys are replaced on admission
- Catheter hygiene care completed
- Double assist catheter insertion compliance
- Nurse Driven Protocol catheter orders placed

B. Central Lines

- Indication for central line placement
- #of days since placement
- Opportunities to remove
- Consider PICC or Midline catheter
- Chlorhexidine (CHG) bathing completed

C. Clostridium difficile Toxin Orders

- Review CDIIF algorithm to determine if patient meets criteria to test
- Nurse collaborates with provider to cancel order if criteria not met

References

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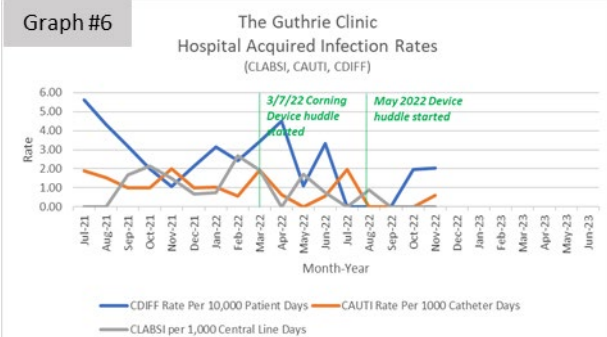
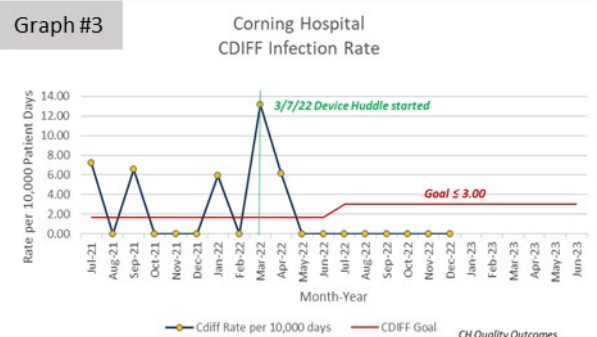
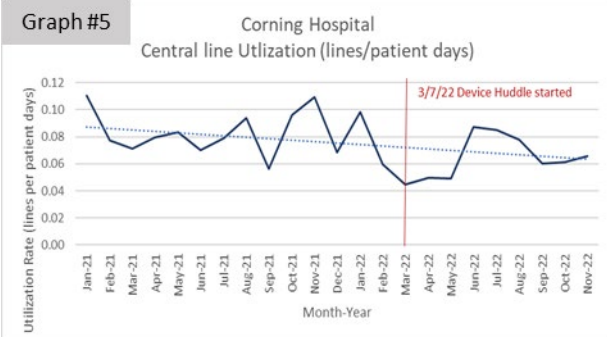
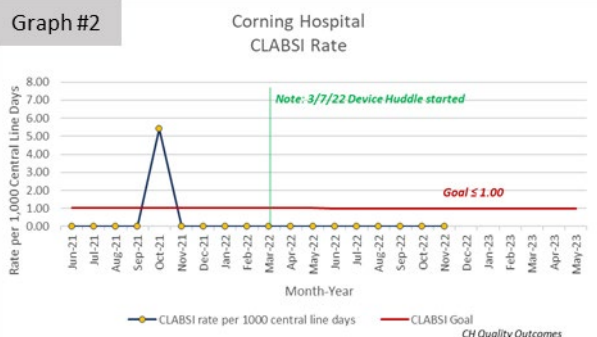
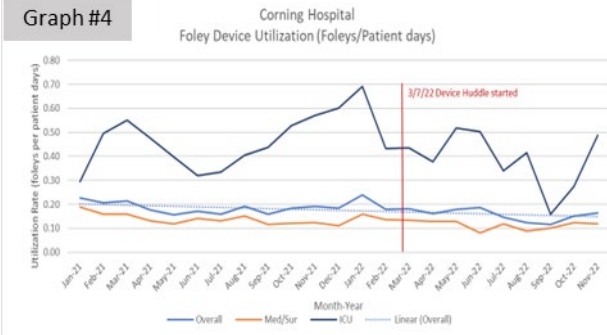
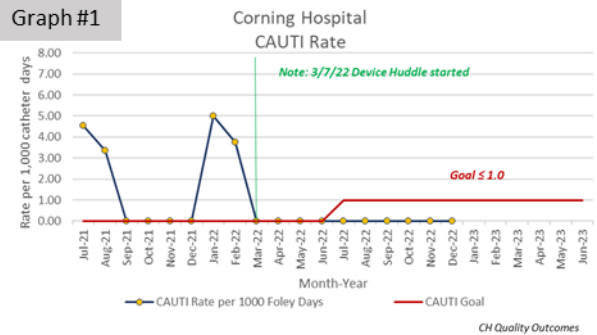
Contact information

Cynthia.Whitaker@guthrie.org
Lora.bouton@guthrie.org
Patricia.butrayfrey@guthrie.org

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Culture of Safety

Our hospital has noticed a positive culture of safety shift within our organization.

- Frontline Teams are prepared to speak to devices at unit level huddles
- EPIC EMR Enhancements to support providers to order Nurse Driven Foley Removal Protocol
- Increased nurse-physician communication during unit-based rounding
- Increased use of external catheter devices
- Frontline staff empowered to escalate barriers to remove

Materials

- Daily Reports:
- Active Foleys
 - Active Lines
 - Open CDIFF Orders
- Monthly Reports:
- CAUTI, CLABSI, CDIFF, Device Utilization
 - Nurse Driven Protocol Orders
 - Chlorhexidine (CHG) bathing completion

Report examples are available upon request

Results

Since May 2022:
 CAUTI rate per 1,000 catheter days = 0.00
 CLABSI rate per 1,000 central line days = 0.00
 CDIIF rate per 10,000 patient days = 0.00
 (Graph # 1, #2, and #3)

Overall decrease in foley device and central line utilization. (Graph # 4 and #5)

Conclusions

Corning Hospital **Device Huddle** has effectively **reduced hospital acquired infections and positively changed** our hospital **culture of safety**. Corning Hospital is currently meeting our FY2023 goals.

This outcomes of this project reduces harm and **keeps our patients safe**. In addition, supports Corning Hospital to sustain a **Leapfrog Safety Grade A** and improve the future CMS Hospital Star rating.

Consequently, **Device Huddle** was implemented **across the Guthrie System at all 4 entities with similar results** (graph #6) in May 2022. Overall infection rates and utilization rates have decreased system-wide.

C-Suite Leadership support has demonstrated to be effective and necessary to improve our culture of safety within our organization.

Corning Hospital continues to focus improvement on empowering clinical nurses to follow the Nurse Driven Protocol and improve double assist catheter insertion documentation.