Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Reduce Catheter Associated Urinary Tract Infections (CAUTI)

Participants
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What Patient Safety Challenge does your Commitment address?
Challenge 2B - Catheter-associated urinary tract infections (CAUTI)
Commitment Summary
Preventing infections in hospitalized patients is a national priority. Prevention of catheter associated urinary tract infections (CAUTI) has been the focus of the Centers for Disease Control (CDC), Center for Medicare and Medicaid Services (CMS) as well as Health and Human Services (HHS). When an infection occurs, it is considered a Center for Medicare and Medicaid Services (CMS) Hospital Acquired Condition (HAC) and/or a potential Joint Commission Sentinel Event. The rates of CAUTI for ICU patients are reported in the National Healthcare Safety Network (NHSN) and are publicly available to CMS. In 2015 CAUTI for all patient care units will be reported to CMS through NHSN. Intermountain Healthcare has made progress reducing CAUTI from a rate of 3.1 CAUTI per 1,000 Foley days in 2011 to 2.8 CAUTI per 1,000 Foley days in 2012. Definitions for CAUTI and the reporting processes have been standardized by NHSN.

Commitment Description & Detail
Attain a reduction in the system rate of primary CAUTI for all inpatients. Accountable performance will be measured during the third quarter of 2014 giving units the first 6 months of 2014 to implement their improvement plans. Newborn and NICU patients will be excluded from the numerator and denominator (due to the low usage of Foley catheters in those units). The system baseline is 2.1 CAUTI per 1,000 catheter days (12 months--10/1/2012 through 9/30/2013). The rate of CAUTI is comprised of patients with a positively identified, primary CAUTI as the numerator and Foley catheter days as the denominator multiplied by 1000.

Intermountain Healthcare commits to the following goal targets: Entry Goal Rate: 1.967 per 1000 Foley catheter days (P-value = 0.5) Target Goal Rate: 1.822 per 1000 Foley catheter days (P-value = 0.02) Stretch: 1.699 per 1000 Foley catheter days (P-value = 0.01)

Improvement is driven from a central system team with representatives from each region. Improvement teams are replicated at the region and facility level. Improvement will be monitored and reported monthly. This goal is an Intermountain Board Goal. The Board will hold the organization accountable for improvement.

Action Plan
The following is a high level overview of the implementation plan: • Baseline Analysis - Conduct baseline performance down to the unit level (Completed-November 2013) • Conduct Gap Analysis - Each inpatient unit in the organization will conduct a gap analysis using a system developed tool that summarizes evidence-based best practices. The units will assess compliance rates for each recommended intervention. • Action Plan – Based on the above gap analysis, units will develop unit specific improvement plans and submit to the Infection Control Guidance Council (ICGC) project website. • Monitor – Units will monitor identified process measures for compliance to interventions. Outcome measures (CAUTI
rates) will be published monthly down to the unit level for each facility to monitor the efficacy of their interventions. Each improvement team will report monthly to the ICGC. • Innovation – any new innovations will be piloted, results analyzed, spread plans considered, and facility support for implementation where indicated.