

Teams and Data

The Driving Force to Success

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Objectives

- Following this presentation the learner will have knowledge to:
 - Describe ways to improve organizational and staff accountability.



CAUTI Preliminary Data

- Study One Year Prior- What We Found
- Reasons for Foley Use:
 - Convenience
 - Automatic use in total joints
 - Not following policy
 - Not scanning prior to use
 - Once in, stays in for two days

Changes Needed

- A change in standing orders for post-op total joints
- Increase use of bladder scanner
- Increase hand hygiene surveillance
- Updated policy
- Education



Study Results

- One Year Prior:
- Medical Inpatient Unit:
 - Prevalence rate 18%-1 year prior to project
 - Baseline data – 1 month prior to project still 18%.
- Surgical Inpatient Unit:
 - Foley prevalence rate 60%!
 - Baseline data one month prior – 34.6%



Changes

- Physician Champion – Orthopaedic Surgeon
 - Biggest culprit
 - Great buy In
- Changes:
 - Not all hips & knees automatically receive foley catheters
 - Standing orders: if no void, scan, straight cath
 - If catheterized, D/C next day

CHANGES



- Hand Hygiene
- With staff buy in – increased hand hygiene surveillance.
- Front line staff doing surveillance!
- Theory: If doing proper hand hygiene-will decrease UTI's.
- Hand hygiene compliance started at 60%, last month 98% on both units.
- Updated foley placement policy
 - Includes hand hygiene
 - Includes indicators

FINAL RESULTS

- VMH had three CAUTI's in the 6 months prior to our project start date.
- No Cauti's since beginning of project!



Sustain and Expand

- Continuing with “Partners for Patients” Program.
- New Team Members
- Constantly show the data!

Questions?



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