# **CAUTI Prevention in the RICU- Lakira Williams**

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| ***Problem Statement*** | Increase in catheter-associated urinary tract infections (CAUTI) in the 2022 fiscal year in the respiratory intensive care unit (RICU), affecting patient care and decreasing Medicare funding. |
| ***Background*** | One of Temple University hospital's most stressed strategic goals is decreasing hospital-acquired infections. Policies per B&P are basic principles or guidelines to direct and limit actions in pursuit of an organization's Strategic Goals. Outdated policies have disrupted Temple's strategic goal, affecting compliance with Medicare and Medicaid payout regulations and creating a culture of complacency. The obsolete policy allows for complacency among staff accustomed to not having to keep educating themselves on best practices. Due to the environment and level of care, the intensive care unit gives, most patients are not coherent enough during the time on the floor to fill out patient satisfaction surveys about the team. Still, our nursing quality reflects our poor care and the need for education and improvement. Due to the promoted culture of complacency by lack of management to continue evidence-based practice with the urinary catheter (i.e., foley), stakeholders such as patients are harmed by contracting a preventable infection. These preventable infections, such as CAUTIs, result in decreased Medicare and Medicaid payments. |

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| ***Current State*** | Current performance level of the unit, according to the check sheet below, the medical respiratory intensive care unit (MRICU) is underperforming. The unit's goal is to be at a rate of 0.96 for the 2022 fiscal year. The MRICU has underperformed, coming in at a rate of 0.80 for the 2022 fiscal year. As the unit sets its sights on the 2023 fiscal year, the need to understand the unit's issue comes into effect. The performance gap is noticeable, and with the introduction of the new catheter insertion and removal policy, the culture of resistance has become apparent. Resistant culture is a critical player in performance; many have refused to follow new policy guidelines creating a performance gap. Resistance to education impacts the unit's performance and puts many stakeholders, i.e., patients, in danger, causing them to be introduced to other bacteria. Many of the MRICU patient population is extremely ill, having multiple critical health issues simultaneously; adding something preventable as a CAUTI could jeopardize their lives. |
| ***Root Cause Analysis*** | Root cause analysis using fishbone diagram |

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| ***Target State*** | We propose creating a CAUTI task for delegated to strictly educate staff on the insertion of catheters, new policies, and implications of CAUTIs. The task force will audit all catheters on the floor, making sure they are in for a justifiable reason and that all follow new guidelines presented by the policy. | |
| ***Next Steps (Proposal)***  **\*\*\*PLAN\*\*\* Each step below should be approximately 100-150 words.** | | ***Implementation Schedule***  **\*\*\*DO\*\*\*** |
| 1. The first thing that needs to be done is to create a task force. Creating a task force will allow staff to come together and have a word and give ideas on how to decrease a problem not only affecting their workplace but the patients they serve. We must engage nurses willing to provide extra time to solve the unit problem. We need to engage nurses who are also driven by a learning opportunity and would like to advance further into process improvement projects. We need nurses like described because we want nurses to feel rewarded with this work. After all, they would be willing and excited to help with such work. It also gives a personal touch that guides these nurses, showing them other pathways in nursing they could take; this shows appreciation for their work and acknowledgment of their potential growth. | | ***Novemeber 10- Jan 10*** |
| 1. The second thing that needs to be done is educating the task force on the new policy and asking for additional input from those who are implementing the policy. Ensure the task force understands the issue of CAUTIs, the new policy, and proper techniques to educate others properly. Getting feedback from these nurses, who are a part of the culture of the floor, can give insight into what went wrong with the first implementation of the new policy and what issues arose from implementation. The goal would still be to engage the task force since they focus on education and feedback. | | ***Jan 10- Feb 10*** |
| 1. The third thing that needs to be done is implementation suggestions for the task force. The third part is essential because it gives the task of a voice that was promised to them when accepting the role but also helps correct any flaws that may make implementing the new policy easier. The third step will still be engaging the task force but also management. Engagement of the task force is essential to implement new suggestions, but this can only be done in collaboration with management, especially if new supplies are needed. For example, one issue the task force proposes is adding more bladders; many have complained having only one bladder on the floor was inconvenient when trying to trial catheter out because it was hard to find. | | ***Feb 10- March 10*** |
| 1. The fourth thing that needs to be done is the education of staff with tasks for and promoting a learning culture eliminating the resistant culture on the floor by using the task force to engage with their peers on their level, not a management one. The task force will allow for more understanding of their situation with staff since they work in the same position in the same area. We will be engaging the staff (nurses) on the floor. The team must engage the staff to carry out the new policies properly. Engagement among the staff is vital; getting happy about the changes implemented based on their dislikes will help them understand upper management is listening and care about their issues. The new understanding will help those resistant to change become educated on the new policy. The need to catch the staff's attention is crucial since the first rollout failed due to them not following the policy, and this will be an ongoing effort to educate and change the culture to retrieve the results wanted. | | ***March 10- ongoing*** |
| Depending on the problem, you might consider using **FFA** or **Solutions Prioritization Matrix** (optional for the assignment) | |  |
| ***Results or Outcomes***  **\*\*\*CHECK\*\*\*** | For NHA522, not required. | |
| ***Future Recommendations***  **\*\*\*ACT\*\*\*** | For NHA522, not required. | |

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| Academic Reflection |
| **Evaluation of Performance in Applying the PI Tools** |
| Using and applying the tools we have learned throughout the course has been moderately difficult. Finding the correct chart and root cause analysis diagram to fit the project was the most time-consuming. Using the tools was not too difficult; after a few tries, I felt more confident in using the charts, such as the fishbone diagram, after researching them and seeing them used by others. The check sheet I did in conjunction with my manager for the unit is based on all our quality performance. Doing such an intricate check sheet was insightful and helpful. Having the help of someone experienced using these charts helped quail my anxiety on whether I was choosing the exemplary diagram or using it correctly. Having someone there experienced in using such tools as the check sheet helped me understand that I still had a lot of work to do on correctly using these tools. The tools I have used do leave room for improvement, but for a first try, I do not believe it is terrible. |
| **Opportunity for Improvement – Human Element** |
| As I said previously in the course, I lack initiative. B&P defines initiative as taking immediate action regarding challenges, obstacles, or opportunities. Those with an initiative look ahead, identify trouble spots, and take steps to plan for those disruptions and try to stop them before they happen. I started gaining that initiative during this project, but I have also grown even more attuned to my lack of it. I need to step up, and while thinking about fixing a problem now, I must also look at the future; what if this solution does not fix the problem? What is the other cause we thought of? I noticed I was significantly narrow-minded and fixated on the one solution we produced. I did the fishbone and acknowledged that there could be another component to why the issue persists. Producing one solution is not enough because it could fail; there needs to be another answer to fix the problem. |