

Organizational Self-Assessment: CAUTI/CLABSI Prevention Bundle





Purpose:

The purpose of this Self-Assessment Tool is to assist your organization in evaluating current processes and practices and identify opportunities for improvement.

The items identified in this tool are elements found in successful best practice prevention bundles. Each element, when used in conjunction with one another, have been shown to greatly reduce hospital associated CAUTIS and CLABSIS.

Background:

Across the U.S., hospital acquired infections, particularly central line and indwelling urinary catheter infections, adversely affect thousands of patients and families every year and healthcare organizations face significant financial and emotional burdens.

The use of prevention bundles is widely known and accepted as best practice. Texas Hospital Association developed this assessment to assist healthcare organizations assess their organizational practices and policies, identify opportunities and system vulnerabilities, and begin the crucial process of completing deep dives into areas of concern and development of robust and sustainable plans of action.

Instructions:

Completion of this assessment requires a team composed of frontline staff (clinical and non-clinical), hospital leaders, and physicians. Additionally, consider individual organizational processes and key roles that engage in infection prevention. Highlight organizational commitment to CAUTI/CLASBI reduction by acknowledging and supporting the work of this team and by providing adequate time and resources for completion.

Gather evidence. It is expected that many of these elements have already been implemented. This assessment requires a close look at organizational policies and practices to identify what is already in place, is it working, and consistently meeting the intended outcome.

Once the evaluation has been completed and opportunities for improvement have been identified, complete a deep dive into those issues. Consider conducting a root cause analysis. This is a crucial step because it provides insight to what barriers staff face and what factors contribute to deviations and failures. It is important to not just audit staff compliance, but to understand the why behind deviations and assess events and trends across the organization.

Association Foundation Strategy/Intervention	In Place? Y/N	Meeting intended goal? Y/N	Provide Evidence
Organizational Commitment:			
Stated commitment from leaders			
to provide, time, resources, and			
training to address and			
improvement organizational			
practice around CAUTI/CLABSI			
Prevention Bundles.			
Indication Algorithm: Evidence			
based algorithms used to			
accurately determine appropriate			
need and device.			
Alternatives: Cleary identified and			
accessible alternatives			
Handwashing: Clearly defined			
process to validate			
Physician Engagement: Clearly			
identified process to fully engage			
physicians in organizational			
initiatives			
Insertion: Clearly defined,			
evidence based, process for			
insertion			
Maintenance: Clearly defined,			
evidence-based process for			
maintenance			
Bathing: Clearly defined,			
evidence-based, process for			
cleaning insertion site and bathing			
patients			
Removal: Clearly defined,			
evidence-based process for line			
removal			
Multidisciplinary Rounds: Clearly			
defined, evidenced-based process			
for conducting multidisciplinary			
rounds			



Clearly defined, evidenced-based process for physician patient handoffs Patient Handoffs Nursing: Clearly defined, evidenced-based process for physician patient handoffs Champions: Articulate, trained, competent staff to serve as role models for consistently demonstrating practice. Coaches: Trained, competent, frontline staff to provide on-the-spot training, education, correction, and reinforcement Nurse Driven Protocols: Clearly defined, evidenced-based process for initiation of nurse driven interventions Patient and Family Engagement: Process to meaningfully engage and educate patients and families about caring for and maintaining indwelling lines Deference to Expertise: Process for continued communication and input from subject matter experts (frontline staff, IPs, Quality, Risk, etc.) Evaluation and Surveillance: Process by which to evaluate organizational practice within each domain	Association Foundation		
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•	Process by which to evaluate		
each domain	organizational practice within		
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References

Adler, L., Yi, D., Li, M., McBroom, B., Hauck, L., Sammer, C., Jones, C., Shaw, T., & D. (2018). Impact of inpatient harms on hospital finances and patient clinical outcomes. *Journal of Patient Safety*, 14(2), 67–73. https://doi.org/10.1097/pts.000000000000171.

Agency for Healthcare Research and Quality. (2013). Eliminating CLABSI, A National Patient Safety Imperative: Final report. Retrieved from https://www.ahrq.gov/hai/cusp/clabsi-final/index.html.

Agency for Healthcare Research and Quality. (2015). High-performance work practices in CLABSI prevention interventions: Executive summary. Retrieved from https://www.ahrq.gov/.

Institute for Healthcare Improvement. (2012). How-to guide: Prevent central line-associated bloodstream infections. Retrieved from https://www.chpso.org/sites/main/files/file-attachments/ihi_howtopreventcentrallineassociatedbloodstreaminfections.pdf.

Joint Commission, The. (n.d.). CLABSI toolkit - Chapter 4. Retrieved from https://www.jointcommission.org/resources/patient-safety-topics/infection-prevention-and-control/central-line-associated-bloodstream-infections-toolkit-and-monograph/clabsi-toolkit---chapter-4/.

Wolters Kluwer. (2017). How does standardizing care affect quality? Retrieved from https://www.wolterskluwer.com/en/expert-insights/how-does-standardizing-care-affect-quality#:~:text=Sometimes%20physicians%20may%20make%20treatment,physician%20experience%20 and%20reduces%20guesswork.