



Infection Prevention

PREVENTION AND TREATMENT

What's your CAUTI prevention plan? Engaging unit champions could be your answer



Most frontline staff know the best practices for preventing catheter-associated urinary tract infections (CAUTI). But it's not always easy to put theory into practice.

Here's the problem: many clinicians are practicing with limited access to resources, different skill levels and ingrained clinical habits that can keep them from following best practices consistently. In a hectic, understaffed hospital unit with many patients, they can struggle to do everything that's critical to keeping patients safe.

The result is discouraging: CAUTIs continue to be one of most common hospital acquired infections (HAIs), equaling more than 15% of all HAIs reported by hospitals.¹ They lead to more than \$400 million in annual costs to healthcare systems and about 9,000 patient deaths.^{2,3}

9,000
patient deaths are caused by CAUTIs every year.

Christine Ninchich, MSN, RN, Medline Clinical Resource Manager, Acute Care explains that “bedside nurses are passionate and are continuously trying to improve practices and do the right thing.” This means engaging unit-based based champion clinicians and giving them the resources to lead prevention efforts across different hospital units can be key to better outcomes.

How frontline champions can help lead CAUTI prevention

You can be more successful at reducing these CAUTI rates if you provide clinicians with the “opportunity to make changes and be heard within their unit and their hospital,” Ninchich explains.

It's all about creating a culture of safety by building a prevention team that includes the right champions. They should be passionate about inspiring fellow frontline staff to follow consistent best-practices for CAUTI prevention: reducing the overuse of indwelling urinary catheters (IUCs), minimizing their duration of use and following aseptic technique.



“You need a champion in every unit who's going to focus on keeping everyone on task.”

– **Kerry Bach, BSN, RN**, Medline Clinical Resource Manager, Acute Care.

And evidence shows that this model works. When the [Comprehensive Unit-based Safety Program \(CUSP\)](#) from the Agency for Healthcare Research and Quality (AHRQ) was applied to to more than 900 hospital units with the On the CUSP: Stop CAUTI project, these units saw an average decrease in CAUTI rates of⁴ 16%.

Another study of five medical units that followed the CUSP model in their CAUTI prevention plan showed an 88 percent reduction in these infections across the hospital. That's substantially less strain on clinicians, patients and your hospital.

So how do you build a unit-based champion team?

Our Urological Solution for CAUTI prevention includes the new CAUTI-Prevention Champion Team Playbook, which guides you on how to select the right champions in your prevention team.

Champions should be frontline clinicians who know CAUTI prevention best practices. They should be strong leaders and communicators and show a passion for mentoring others. A typical champion team could include the following roles:

- 1. A CAUTI team leader** will oversee your prevention team by coordinating and documenting all activities and meetings and encouraging team communication and feedback. Select a clinician with deep knowledge of CAUTI prevention best practices.
- 2. A senior executive** will help set your safety goals, get you the resources you need and make sure that your prevention efforts are a priority at the hospital.
- 3. A champion nurse** with bedside knowledge of urinary catheter insertion and maintenance will encourage teamwork and communication and can act as a coach to fellow unit nurses on the best practices for CAUTI prevention.
- 4. A CAUTI manager** works with other team members to help your frontline staff participate in prevention efforts and understand the right policies and procedures. This includes developing staff education like train-the-trainer presentations, bulletin boards, activities, courses and other learning tools.
- 5. An infection preventionist** helps the team design strategies to improve current prevention practices by studying data on IUC use and identifying the root cause of infection events. This can begin with a discovery assessment to find any existing gaps in practice that could be leading to CAUTI.



[Click here to download a template sample from the CAUTI-Prevention Champion Team](#)



Key takeaway

Reaching the best outcome depends on getting everyone involved to support a culture of prevention—from the leadership level through the bedside. “Buy in from senior leadership helps place initiatives as a patient safety priority, and will aide in system wide change,” Ninchich says. At the same time, “you’ve got to get the bedside nurses involved,” Bach says. You also need to pair them with the training and resources they need to help drive consistent best practices in every unit.

Explore these additional resources to help your champions lead CAUTI prevention in every unit:



Learn about CAUTI prevention best practices, education and training and the right system of products from [Medline's Urological Solution](#).

Discover champion education and training from [Medline University](#).

Sign up for a [discovery assessment](#) to help you identify gaps in your CAUTI prevention.

References:

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