

COST, QUALITY, AND OUTCOMES LEADING PRACTICES & TOOLS AN EXECUTIVE SUMMARY

Leading Practice on Reduction or Elimination of Catheter Acquired Urinary Tract Infections (CAUTI)

AHRMM is developing a repository for leading and proven supply chain practices, case studies, and toolkits that are developed from a [Cost, Quality, and Outcomes](#)(CQO) perspective. The following CAUTI leading practice was submitted by:

Blue.Point Supply Chain Solutions, Andover, MA

PROBLEM SUMMARY:

Southcoast Hospitals Group, an 815 bed, 3 hospital system in Massachusetts has a focus on: 1) Improving patient outcomes and experience; 2) Promoting a culture of safety, regulatory compliance, and continuous improvement; and 3) Cost containment. These imperatives align with the Cost, Quality & Outcomes perspective on supply chain practices that AHRMM is leading. Rising costs, overuse of catheters compared to benchmarks, and higher than expected CAUTI rates led Southcoast Hospitals Group to embrace AHRMM’s Cost, Quality, Outcomes (CQO) Movement to look for a solution.

PROCESS SUMMARY:

Southcoast Hospitals Group approached the entire category from a cost and quality perspective to implement a solution. Combining clinical product utilization, benchmarking, data analytics, and trending with nurse education and protocol review.

Steps to success



Data, Analytics and Research

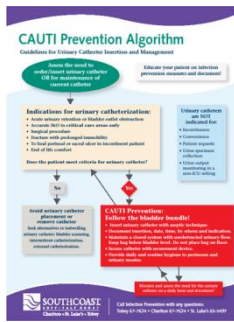
Blue.Point data analytics and clinical research led the process through the first three steps. The key data elements used were: purchase order spend, best practice research and quality data. Benchmarking identified target savings of \$362,749 when comparing urinary catheter purchase and usage data to the Blue.Point peer database.



Action Plan



Peer benchmarking identified the overuse of catheters. This, combined with best practice research, led to a detailed action plan focused on improvement in cost and clinical usage. Southcoast Hospitals Group has strong administrative support and a commitment to collaboration between Supply Chain and Clinicians. This collaboration allowed a focus on nurse-driven protocols to lead clinical changes that positively impacted outcomes.



Nurse Driven Protocols

Supply chain alone cannot impact cost, quality and outcomes, the insights driven by supply chain have to be implemented by the clinical front line. Southcoast used this insight to collaborate on improving CAUTI rates through a nurse-driven protocol. The process Southcoast built empowers RNs with autonomy and decision making and focuses on improving outcomes using evidence based research as a foundation. With stakeholders across the hospital engaged with: 1) data and research driven insights; 2) a plan; and 3) a measurement strategy; the development of the protocol was successful!

FINDINGS AND CONCLUSIONS:

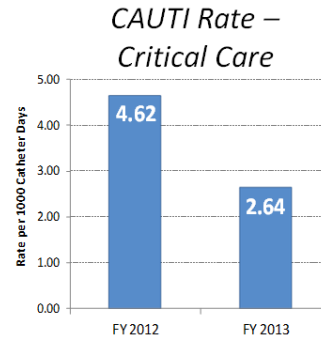
The Blue.Point and Southcoast collaboration led to some great savings of over \$250,000, but the most impactful change was the reduction in Southcoast's critical care CAUTI rate from nearly 5 to 2.6. CAUTI is one of the outcome measures affecting the CMS value-based purchasing program with a 40% weighting.

Clinical conclusions:

- Developed nurse-driven protocols
- Reduced critical care CAUTI rate from nearly 5 to 2.6!

Financial conclusions:

- \$200,000 achieved savings through supply chain
- 38% Overall reduction in CAUTIs
 - Savings = \$34, 048
- 42% Reduction in critical care CAUTIs
 - Savings = \$11,648



RECOMMENDATIONS FOR ACTIONS: (from Action Plan)

- Standardize trays
- Implement written guidelines/policies for insertion/discontinuation of Foley catheters
- Limit insertion of Foley catheters for select patients/procedures
- Limit urine meter for hourly urine monitoring only (critically ill, renal failure)
- Stock urine meter kits in critical care areas, not general med/surg floors
- Limit antimicrobial/antibacterial/silver alloy catheters to patients with highest risk of infection only (long-term catheterization)
- Always use closed catheter system
- Encourage use of external catheters or intermittent catheters for appropriate patients; assess urinary retention with bladder ultrasound or scanner
- Limit coude tip catheters for difficult insertions
- Limit temperature-sensing catheters to patients that need continuous temperature monitoring
- Standardize to one manufacturer

COST, QUALITY & OUTCOMES MOVEMENT

The cost avoidance, patient centered care, clinical outcomes, and creation of new nurse-driven protocols has led to the creation of this 'Leading Practice' as defined by the CQO Movement.