

Using the Guide to Patient Safety (GPS) and Targeted Assessment for Prevention (TAP) to Assess CAUTI Prevention Efforts



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Learning Objectives

- Describe the components of the Guide to Patient Safety (GPS) tool and Targeted Assessment for Prevention (TAP) Strategy
- Explain how the GPS tool and TAP Strategy can be used to identify barriers to catheter-associated urinary tract infection (CAUTI) prevention
- Discuss strategies for addressing these barriers in order to implement prevention practices in your unit or hospital



Making Forward Progress

Tier 1
Basic Practices

Guide to Patient
Safety* and TAP
Strategy

Tier 2 Enhanced
Practices

**This tool was developed by faculty and staff from the Department of Veterans Affairs and the University of Michigan using funding support from the Department of Veterans Affairs, the University of Michigan, and the National Institutes of Health (NIH). This tool was validated and disseminated using funding support from the Agency for Healthcare Research and Quality (AHRQ), the Department of Veterans Affairs, and the University of Michigan.*



Tiers of CAUTI Prevention Practices*

Tier 1 Standardize Supplies, Procedures and Process

(complete all interventions: review and audit compliance with Tier 1 measures prior to moving to Tier 2)

Place indwelling urinary catheter only for appropriate reasons

Encourage use of alternatives to indwelling urinary catheters

Ensure proper aseptic insertion technique and maintenance procedures

Optimize prompt removal of unneeded catheters

Urine culture stewardship: culture only if symptoms of UTI are present

(If CAUTI rates remain elevated, start with CAUTI Guide to Patient Safety (GPS) and Target Assessment for Prevention (TAP) Strategy and then proceed with additional interventions)

Perform needs assessment with CAUTI GPS and TAP Strategy

Tier 2 Enhanced Practices

Conduct catheter rounds with targeted education to optimize appropriate use

Feed back infection and catheter use to frontline staff in "real time"

Observe and document competency of catheter insertion: education and observed behavior

Perform root-cause analysis or focused review of infections



Guide to Patient Safety (GPS) Purpose

- Brief, troubleshooting guide
- Helps identify some key reasons why hospitals may not be successful in preventing CAUTI
- Once barriers are identified, can then help identify possible strategies for overcoming them.



CAUTI GPS



www.catheterout.org

- Online tool
- Each question linked to troubleshooting tips

Question 1: Do you currently have a well functioning team (or work group) focusing on CAUTI prevention?

Yes	+
No	+

Question 2: Do you have a project manager with dedicated time to coordinate your CAUTI prevention activities?

Yes	+
No	+



GPS Feedback and Troubleshooting

Question 6: Do you have an effective physician champion for your CAUTI prevention activities?

Yes +

No -

You indicated that you either do not have a physician champion or that the one you have is not effective. A successful CAUTI prevention initiative usually requires collaboration and cooperation between nurses and physicians. A physician champion is needed to bring the program to the other physicians, to help engage them, and to be a part of problem-solving when there is resistance or another challenge from this group of healthcare providers.

ADDITIONAL DETAILS



CAUTI Guide to Patient Safety (GPS) Q6

www.catheterout.org

Because catheter-associated urinary tract infection (CAUTI) prevention efforts require collaboration and support of both physicians and nurses, an effective physician champion can be important.

1. To identify a physician champion

- There is no “one-size-fits-all” strategy. You must identify the type of physician that will work best in your organization. Some suggestions include hospital epidemiologists, hospitalists, infectious diseases specialists, and urologists. Beware of choosing people on the basis of their job title. Unfortunately titles don’t guarantee that a person will be appropriate for this task.



Who Should Fill out the GPS?

- Nurse manager, head of CAUTI team, others
 - Can be completed by multiple people
- Getting on the same page
 - Clinical staff might not be aware of CAUTI prevention initiatives or CAUTI prevention practices in their units
 - CAUTI champions might not be fully or widely recognized
 - Have multiple staff members take the GPS and use as an opportunity to discuss identified gaps



Targeted Assessment for Prevention (TAP) Strategy

- Developed by the Centers for Disease Control and Prevention (CDC)
- Framework for quality improvement that uses data to drive actions
- Uses data already entered into the National Healthcare Safety Network (NHSN)
- Comprised of three components



(The Targeted Assessment for Prevention (TAP) Strategy, CDC, 2017)



CAUTI TAP Reports

- Generate in NHSN
- Drill down to individual units
- Use the standardized infection ratio (SIR) to generate a CAUTI cumulative attributable difference (CAD)

$$\text{CAD} = \text{Observed \# HAIs} - (\text{Predicted \# HAIs} \times \text{SIR goal})$$

- **SIR**: A summary measure to track HAIs over time that compares the observed number of HAIs reported to what would be predicted
- **CAD**: A measure that shows the difference between the number of observed infections and predicted infections multiplied by a SIR goal for a defined period



TAP Assessments

Date of Assessment: _____

Facility Name or ID: _____

Facility Type: _____ Other, Please Specify: _____

Unit Name or ID (if unit-specific assessment): _____

Unit Type: _____

Title or role of person completing tool: _____ Please Specify: _____

Years of experience at facility: _____ (Numeric response)

I. General Infrastructure, Capacity, and Processes	Response	Comments (and/or "As Evidenced By")
1. Does your facility's senior leadership actively promote CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
2. Is unit-level leadership involved in CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
3. Does your facility currently have a team/work group focusing on CAUTI prevention?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
5. Does your facility have a nurse champion for CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	
6. Does your facility have a physician champion for CAUTI prevention activities?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unk	

CAUTI TAP Facility Assessment Tool V2.0 – Last Updated May 2016

For Internal Use Only

Survey Number: _____

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TAP CAUTI Implementation Guide

[CDC](#) > [Healthcare-associated Infections \(HAI\)](#) > [Preventing HAIs](#) > [Targeted Assessment for Prevention \(TAP\)](#)

TAP Catheter-Associated Urinary Tract Infection (CAUTI) Toolkit Implementation Guide: Links to Example Resources



CAUTI Implementation Guide: Links to Resources*

Disclaimer: The links in the domains below are not mutually exclusive nor do they represent an exhaustive list of all the possible resources available. Furthermore, the links presented do not constitute an endorsement of these organizations or their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred.

See also the [CDC Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009](#) [PDF - 407 KB]

- > General Infrastructure, Capacity, and Processes
- > Appropriate Indications for Indwelling Urinary Catheter Insertion
- > Aseptic Insertion of Indwelling Urinary Catheter
- > Proper Indwelling Urinary Catheter Maintenance
- > Timely Removal of Indwelling Urinary Catheter
- ▼ **Appropriate Urine Culturing Practices**

Example Resources

- [Antibiotic Stewardship Driver Diagram and Change Package](#) [PDF - 217 KB]
A framework to reduce inappropriate antibiotic use in hospitals, including ideas for creating guidance on appropriate culturing (pg. 5), from the CDC and the Institute for Healthcare Improvement (IHI)
- [Clinician Guide to Collecting Cultures](#)
Guidance for collecting various culture types from patients in preparation for testing, from the CDC and Hospital Corporation of America (HCA) Clinical Services Group
- [Urine Culture Practices in the ICU](#)
Educational presentation that describes appropriate urine culture collection in the ICU, from the Agency for Healthcare Research and Quality (AHRQ)
- [The Culture of Culturing: The Importance of Knowing When to Order Urine Cultures](#)



TAP Strategy Resources

- **Help with TAP Reports:** email NHSN@cdc.gov
- **TAP website:** <http://www.cdc.gov/hai/prevent/tap.html>
- **NHSN Quick Reference Guides:** <https://www.cdc.gov/nhsn/ps-analysis-resources/reference-guides.html>
- **TAP ‘How to Guide’ – Individual Facility User:**
<https://www.cdc.gov/hai/pdfs/prevent/TAP-Guide-for-Individual-Facility-User.pdf>
- **CAUTI TAP Facility Assessment Tool:** <https://www.cdc.gov/hai/pdfs/tap/CAUTI-TAP-Facility-Assessment-Tool-v2-5-16-508C.pdf>
- **TAP CAUTI Toolkit Implementation Guide: Link to Example Resources:**
<https://www.cdc.gov/hai/prevent/tap/resources.html>



Next Steps

- Share the GPS and TAP assessment tools with the multidisciplinary CAUTI team
- Work through the tools as a group to identify barriers, ensuring frontline staff are involved
- Discuss how barriers might affect implementation of enhanced practices
- Develop a plan to create solutions



References

- Fletcher KE, Tyszka JT, Harrod M, Fowler KE, Saint S, Krein S. Qualitative validation of the CAUTI Guide to Patient Safety assessment tool. *Am J Infect Control*. 2016; 44(10): 1102-09.
- Saint S, Gaies E, Fowler KE, Harrod M, Krein S. Introducing a catheter-associated urinary tract infection (CAUTI) prevention guide to patient safety (GPS). *Am J Infect Control*. 2014; 42(5): 548-50.
- Soe MM, Gould CV, Pollock D, Edwards J. Targeted Assessment for Prevention of Healthcare-Associated Infections: A New Prioritization Metric. *Infect Control Hosp Epidemiol*. 2015; 36(12):1379-84.
- The Targeted Assessment for Prevention (TAP) Strategy. Centers for Disease Control and Prevention, CDC. Updated March 20, 2017. Available at <https://www.cdc.gov/hai/prevent/tap.html>. Accessed October 26, 2017.



Speaker Notes



Speaker Notes: Slide 1

Welcome to this module, titled “Using the Guide to Patient Safety (GPS) and Targeted Assessment for Prevent (TAP) to Assess CAUTI Prevention Efforts.” This is the first module for the Tier 2 interventions of the CAUTI Prevention course. Please be sure to review the Tier 1 CAUTI modules that cover such topics as placing indwelling urinary catheters only for appropriate reasons, encouraging use of alternatives to indwelling catheters and optimizing prompt removal of unneeded catheters.

If you’ve implemented these Tier 1 interventions in a reliable fashion and your unit is still seeing elevated infection rates, it may be time to try Tier 2 approaches. This module introduces strategies for drilling down to what’s working and not working in your unit or hospital for CAUTI prevention to help you navigate through the Tier 2 interventions.



Speaker Notes: Slide 2

This module was developed by national infection prevention experts devoted to improving patient safety and infection prevention efforts.



Speaker Notes: Slide 3

After completing this module, you will be able to:

- Describe the components of the Guide to Patient Safety (GPS) tool and Targeted Assessment for Prevention (TAP) Strategy;
- Explain how the GPS tool and TAP Strategy can be used to identify barriers to catheter-associated urinary tract infection prevention (CAUTI); and
- Describe strategies for addressing these barriers to implementing infection prevention practices in your unit or hospital.



Speaker Notes: Slide 4

The Tier 1 modules discuss the basic components of a CAUTI prevention program that should be in place, including leader and champion support, competency-based training, audit and feedback of prevention practices and various CAUTI program policies and processes. Many teams may feel that they are fully implementing all of the Tier 1 best practices, but still aren't seeing improvements in their hospital or unit's CAUTI rate. The CAUTI GPS* and CAUTI TAP Strategy are two tools for teams to use to assess their CAUTI prevention practices and highlight gaps or barriers that may be impacting their CAUTI reduction success. These tools also act as a pivot point to prompt teams to move on to Tier 2 or more enhanced interventions, however it is important to take a moment to pause, review your progress and identify any additional solutions that can help improve and sustain your CAUTI improvement efforts.



Speaker Notes: Slide 5

Before focusing in on the GPS tool and TAP Strategy, you are encouraged to review what is covered in the other CAUTI prevention modules. The Tier 1 modules describe strategies for standardizing supplies, procedures and processes. Please view these modules before moving on to the enhanced CAUTI prevention practices. The topic of the current module is highlighted in red. This GPS and TAP module is pivotal because it will help you continue your improvement efforts by taking a deeper look at any potential barriers that could be inhibiting forward progress. The next module will cover enhanced practices, which are more time-intensive and costly than those in Tier 1, but if your unit or hospital's CAUTI rates remain elevated, they may prove more effective.



Speaker Notes: Slide 6

This slide introduces the CAUTI Guide to Patient Safety, or GPS.

- The GPS is a brief guide to help you troubleshoot in your unit or hospital.
- It will help you identify some key reasons why your hospital or unit may not be successful in preventing CAUTI.
- Once you've identified these barriers, the GPS can then help identify possible strategies to overcome the barriers.

This is a very useful tool, especially if you are having some challenges with implementing the changes needed for improving CAUTI rates. This is intended to help you build on the work you are doing by providing additional guidance and suggestions that can be incorporated into your initiative.



Speaker Notes: Slide 7

With that background in mind, take a look at the CAUTI GPS.

The CAUTI GPS, which includes the assessment tool and troubleshooting tips is currently available as an online tool at the catheterout.org website. The CAUTI GPS is a brief assessment comprised of 10 yes-or-no questions. The first two CAUTI GPS questions are displayed on the slide.



Speaker Notes: Slide 8

After completing the assessment, respondents receive a targeted feedback report based on their responses. And for those areas where you identify a possible challenge, there are links to more specific suggestions for addressing those challenges. For example, for question six, the respondent answered no to the question about whether they had an effective physician champion. The red box “Additional Details” reveals more detailed guidance about overcoming the barrier of not having an effective CAUTI physician champion. It describes different ways to help identify and engage a physician champion.

In essence, your feedback report will be tailored to your specific needs, providing added guidance for only those questions to which you respond no.



Speaker Notes: Slide 9

Who should fill out the GPS? Unit nurse managers or the head of your CAUTI prevention team are the most natural fit for filling out the GPS. It can also be completed by multiple people as a way to get everyone on the same page. Getting everyone on the same page is one of the major challenges often noted in site visits and interviews.



Speaker Notes: Slide 10

The CDC TAP Strategy is used to assess hospital or unit implementation of healthcare-associated infection, or HAI prevention practices. It is a quality improvement framework to help hospitals use data for action in their HAI prevention efforts. Making use of data already being collected in National Healthcare Safety Network, or NHSN. The TAP Strategy consists of three components:

- Target: Running TAP reports in NHSN to target excess burden of HAIs.
- Assess: Administering the TAP Facility Assessment Tool to identify gaps in infection prevention in the targeted locations.
- Prevent: Accessing infection prevention resources within the TAP Implementation Guides to address those gaps.



Speaker Notes: Slide 10 Continued

To date hospitals and state partners can run TAP reports and use TAP assessments for CAUTI, central line-associated bloodstream infection or CLABSI, and *Clostridioides difficile* infection, or CDI prevention. Additional tools are being planned.

The GPS tool and TAP assessments can be used together to assess facility and unit-level gaps.



Speaker Notes: Slide 11

TAP reports are the first component of the TAP Strategy, and are generated in NHSN using the standardized infection ratio, or SIR. The SIR is a summary measure used to track HAIs over time. It compares the observed number of HAIs reported in NHSN to what would be predicted given a standard population. TAP reports translate the SIR into a CAD, or cumulative attributable difference, which indicates the number of infections that would need to be prevented to reach that particular HAI reduction goal, or SIR goal.



Speaker Notes: Slide 11 Continued

CAUTI TAP Reports can be run for the entire hospital, or you can drill down to the individual unit level. It is important to note:

- The CAD is not a comparative metric so you cannot compare units or hospitals using it.
- Even if a SIR cannot be calculated for your facility or unit, you can still obtain a CAD because TAP methodology uses a target or goal SIR to calculate the CAD (refer to formula in the slide).

For more information about NHSN, understanding SIRs and running TAP reports, check out the resources on the CDC's website.



Speaker Notes: Slide 12

The CAUTI TAP assessment is designed to capture hospital and unit awareness and perception of CAUTI prevention practices, policies and barriers among health care staff. It should be administered to a variety of health care personnel, including frontline providers, mid-level staff and senior leadership; this ensures a true representation of “on the floor practices.” Based on these completed assessments, NHSN will generate a hospital- or unit-specific feedback report, summarizing responses and calculating scores across different domains to help teams identify and prioritize CAUTI prevention gaps.



Speaker Notes: Slide 13

The CAUTI TAP assessment and subsequent feedback report are divided into six domains that align with the domains of the “CAUTI Implementation Guide: Links to Resources,” pictured on the slide. These domains are:

1. General infrastructure, capacity and processes
2. Appropriate indications for indwelling urinary catheter insertion
3. Aseptic insertion of indwelling urinary catheter
4. Proper indwelling urinary catheter maintenance
5. Timely removal of indwelling urinary catheter
6. Appropriate urine culturing practices

Nested under each domain is an extensive catalogue of tools and resources to assist hospital teams in implementing CAUTI prevention best practices and addressing barriers or gaps identified by their CAUTI TAP feedback report.



Speaker Notes: Slide 14

In addition to helping hospitals and units address barriers, the TAP assessment and accompanying feedback report, like the CAUTI GPS, can be a great way to get everyone on the same page. It can help create a mutual understanding and awareness of prevention priorities. For more information on the TAP Strategy and how your unit or hospital can run a CAUTI TAP report and complete a CAUTI TAP assessment, please refer to the resources listed on the slide and visit the CDC TAP Strategy website.



Speaker Notes: Slide 15

After reviewing the GPS tool and TAP Strategy and how teams can use them to identify barriers to CAUTI prevention, the next step is to decide which assessment makes sense for your CAUTI prevention team to complete. Share the GPS and TAP assessment tools with your multidisciplinary CAUTI team and encourage discussion. Consider working through the tools as a group to identify barriers and remember that diverse opinions will bring different perspectives. Discuss how barriers might affect implementation of enhanced practices. And finally, develop a plan to create solutions to address and overcome barriers highlighted by these tools.



Speaker Notes: Slide 16

No notes.

