

Transition of Kicking CAUTI to Choosing Wisely

- ~ Focus on inpatient, acute care
- ~ Emphasis on UTI rather than CAUTI
- ~ QI rather than research
- ~ Existing personnel are the champions
 - . Pharmacists, nurses, and providers
- ~ Greater emphasis on team building
- ~ Algorithm and case-based teaching remain central

1

Project Materials to be Provided

- ~ Case based teaching
 - . Designed as 10-15 minute presentations
 - . PowerPoint format
 - . Speaking points/speaker notes included
- ~ Algorithm
- ~ Didactic lectures
 - . Suitable for grand rounds or teaching conferences
 - . Speaking points/speaker notes included
- ~ Links to toolkits for related national projects
- ~ Charter template to be adapted by each site

4

Choosing Wisely for UTI: Getting Started

- ~ Assemble a small team and identify a team leader
- ~ Identify champions
 - . Pharmacy champion
 - . Physician champion
 - . Nurse champion
- ~ Choose targeted wards
 - . Initial
 - . Subsequent
- ~ Secure leadership support
 - . Chief of staff
 - . Quality management leader
 - . Nurse executive
 - . Pharmacy care line executive

2

Choosing Wisely for UTI: First Month Activities

- ~ Champions join the on-boarding webinars
 - . 1 per week for 4 weeks, 30 minutes each
 - . Goal to have all champions on these calls
 - . Will provide webinar recordings
 - . Topics covered
 - ~ Intervention overview, mission, and timeline
 - ~ Understanding the distinction between CAUTI and ASB
 - ~ Review of teaching materials to be used in the intervention
 - ~ Team building, question and answer, writing local charter

5

Role and Responsibilities of Champions

- ~ Pharmacist:
 - . Use Asymptomatic Bacteriuria algorithm in post-prescription case review and feedback
 - . Log cases when feedback delivered and outcomes
- ~ Physician: present Kicking CAUTI teaching materials to targeted providers
 - . Frequency and setting TBD, probably will vary per site
 - . Log presentations and participants
- ~ Nurse: facilitate in-services with front-line nursing staff
 - . Frequency and setting TBD
 - . Log presentations and participants

3

Choosing Wisely for UTI: Monthly Webinars

- ~ Target audience are the pharmacy champions
 - . All champions invited
- ~ Content and format
 - . Each to start with a case
 - . Review of monthly data reports
 - . Sharing of successes, positive reinforcement
 - . Sharing of challenges and troubleshooting
 - . Question and answer session

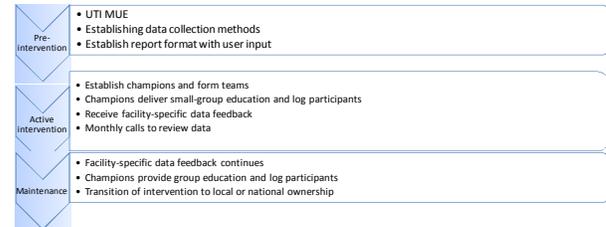
6

Metrics (Draft) and Feedback to Participants

- ~ Site specific rates of urine cultures/1000 bed-days
- ~ Site specific rates of urinary catheter days/1000 bed-days
- ~ Site specific rates of antibiotic use
 - . In response to urine cultures
 - . Measured as number of courses of antimicrobial therapy initiated on days 0-3 after collecting a urine culture
 - . Standardized by 1000 bed-days
- ~ Will receive overall project rates, for comparison
 - . Consider providing also a control comparison
- ~ Will develop a suitable 1 page report format with end-user input

7

Overall Timeline



How Materials and Information will be Shared

- ~ Antimicrobial stewardship task force (ASTF) share point
- ~ Monthly reports on metrics
 - . Posted on ASTF share point
 - . Sent by push emails prior to monthly calls
- ~ Calendar invitations

8

Summary of Time Commitments for Champions

- ~ 4 onboarding calls, 30 minutes each
- ~ Review data reports monthly
- ~ Monthly 1 hour call for pharmacy champions
- ~ Active intervention
 - . Assemble team: 1-2 hours
 - . Engage leadership: 1-2 hours
 - . Deliver teaching cases locally: 2-4 hours/month
 - . Log intervention activities: 1 hour/month
- ~ Maintenance intervention
 - . Deliver teaching cases in group settings: 1 hour/month
 - . Log intervention activities: 1 hour/month

11

Targets to be Met (for discussion)

- ~ Month 1: identify team members and team leaders
- ~ Month 2: champions join the 4 onboarding webinars
- ~ Month 3-6: active intervention
 - . Delivery of teaching cases by champions
 - . Example: ID physician to housestaff in morning report
 - . Example: Hospitalist to hospitalist group and/or medicine residents
 - . Example: Nurse champion to unit nurse managers
 - . Example: Pharmacist to use algorithm in feedback on UTI cases
- ~ Month 7-12: maintenance intervention
 - . Grand rounds or teaching conference by physician champion
 - . Pharmacist continues to use algorithm in feedback
 - . Nurse champion provides reminders of algorithm to nurse managers
- ~ Months 13-24: sustainability
 - . Algorithm becomes part of on-boarding
 - . Data feed tools become automated

9

Getting Started at Each Site

- ~ Scale up the intervention locally
 - . Initial pilot
 - ~ Select an intervention ward or an intervention team
 - . Engage in PDSA from pilot and then expand
- ~ Modify the charter to be site specific
 - . Common time line across sites
 - . Personnel/champions will differ
 - . Having a local charter creates buy-in and provides clear roles and responsibilities.

12

Next Steps

- “ Contact Nancy Vuong at nancy.vuong@houstontx.gov to let us know your site may be interested in participating
 - . We are looking for 5 sites for the initial pilot by May 15th, 2015
- “ Participants will have the opportunity to join pre-intervention activities
 - . Provide input on format of data reports