

Making It Work Tip Sheet

Partnering With Patients and Families To Prevent CLABSI and CAUTI

This “Making It Work” tip sheet provides additional information to help intensive care unit (ICU) team leaders implement effective strategies and achieve goals to reduce central line-associated bloodstream infections (CLABSI) and catheter-associated urinary tract infections (CAUTI) and improve safety culture at the unit level.

Issue

Patients and family members* are often referred to as the most underutilized patient safety resource in healthcare. Not only are they invested in their own health and those of their loved ones, but also patients and family members can and want to play a key role in establishing trust, sharing ideas, and supporting patient safety and quality. These patient and family engagement strategies will help your unit establish and sustain these vital partnerships and help educate staff on how to develop effective and meaningful engagement in your improvement work.

**As defined by the patient. This includes, but is not limited to, a close friend, neighbor, partner, or any other non-blood-related confidant.*

Suggested Strategies

- Educate patients and families regarding the importance of hand hygiene, taking care to emphasize the need for hand hygiene anytime a surface has been touched. Provide them with written materials that reinforce the messaging. Tell them that if they do not see providers clean their hands after touching a surface, they should ask them to do so before examining the patient.
- Identify a team member to provide hands-on activities (e.g., training kit with a liquid that can help to show germs on hands) for patients and families to practice hand hygiene, allowing them to see directly the effectiveness of their hand hygiene techniques. This may be done in a common area where educational classes take place for family members and other care partners or, if time permits, one on one in the patient room.
- Discuss with patients and families the steps being taken to prevent CLABSI and CAUTI. Use the teach-back technique to ensure they understand the purpose of the central line and/or catheter, expected duration of use, and why it is important to remove them as soon as they are no longer needed. Encourage patients and families to ask, “Do I still need this line/catheter?” each day during rounds.
- Identify a member of your clinical team (e.g., nurse manager, charge nurse, infection preventionist, etc.) to round with patients who have a central line and/or catheter. Have this

team member ask the patient and family if they were included in bedside change-of-shift report and if removal of the central line and/or catheter was discussed. Encourage patients and families to participate in these discussions and bring up central line/catheter removal if it is not addressed.

- If an infection does occur, engage in a patient- and family-centered approach that includes early disclosure and promotes a culture of safety that focuses on caring for and learning from the patient and family.
- Consider the patient education materials used most often in your unit. Promote health literacy by recruiting patients who have been discharged from your unit, and their family members, to help design educational materials to be used with future patients and family members.
- Invite patients and families to share their stories during staff meetings, quality improvement committee meetings, and other venues to help care providers understand the impact infections have on patients and families which help shape quality improvement efforts.
- In order to help those at the governance level understand the value of patient and family engagement at the point of care, invite board members to join team members conducting rounds with patients and family members, to hear feedback from the patient and family regarding education and partnership related to catheter and central line removal.
- For patients who are likely to go home with a catheter (e.g., some urology patients), explain how to care for it, when to contact their healthcare provider (should symptoms of urinary tract infections develop), and provide contact information for a person to call if questions or problems arise. Encourage patients and family members to participate in care whenever possible for them to become more comfortable with care techniques before they go home. Provide patients and families with a take-home educational resource that reinforces this information and includes infographics.

Conversation Starters

To engage patients and families in efforts to reduce CLABSI and CAUTI, share background with the patient and family to provide context and then invite them to support the team. A sample script is below.

Nurse: Mr. and Mrs. Grant, I am Nurse Sue and I will be your nurse for the day. Mr. Grant, I see that you currently have a central line in place, and I want to talk to you about preventing central line infections. As you may have been told by members of your care team, our unit is working hard to make sure our patients do not get central line infections. One of the ways we do this is by making sure that your central line is removed as soon as it is no longer needed. We help make sure this happens by talking about central line status each day during morning rounds. Since both of you are a consistent part of the care team and morning rounds, you are a key part of making sure the group addresses in rounds whether the line is needed. So, today, if I have to step away from morning rounds, please feel free to ask the team if the line is still needed if the team does not address it. Does that sound like it could work for you? Would that be a way you would like to be involved in today's care?

Case Studies, Tools, and Resources

The following reference materials may be used to help support unit-based efforts to partner with patients and families for safer care.

- [AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety](#)
- [Caring for Your Urinary \(Foley®\) Catheter](#)
- [CDC Clean Hands Count Campaign](#)
- [Communication and Optimal Resolution \(CANDOR\) Toolkit](#)
- [Speak Up™ To Prevent Infection](#)
- [Teach-Back: Intervention](#)

References

1. Agency for Healthcare Research and Quality. Communication and Optimal Resolution (CANDOR). <https://www.ahrq.gov/patient-safety/capacity/candor/index.html>. Accessed November 29, 2021.
2. Agency for Healthcare Research and Quality. Guide to Patient and Family Engagement in Hospital Quality and Safety. <https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html>. Accessed November 29, 2021.
3. Agency for Healthcare Research and Quality. Teach-Back: Intervention. <https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html>. Accessed November 29, 2021.
4. Centers for Disease Control and Prevention. Clean Hands Count Campaign Promotional Materials. <https://www.cdc.gov/handhygiene/campaign/promotional.html>. Accessed November 29, 2021.
5. The Joint Commission. Speak Up™ To Prevent Infection. <https://www.jointcommission.org/resources/for-consumers/speak-up-campaigns/to-prevent-infection/>. Accessed November 29, 2021.
6. Memorial Sloan Kettering. Caring for Your Urinary (Foley®) Catheter. <https://www.mskcc.org/cancer-care/patient-education/caring-your-urinary-foley-catheter>. Accessed November 29, 2021.

AHRQ Pub. No. 17(22)-0019
April 2022