

# A Multi-Faceted Approach to Reduce Catheter Associated Urinary Tract Infections

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## Introduction

In early 2007, while completing the 2006 annual infection control report, an increased incidence of resistant *Pseudomonas* was identified. On further investigation the majority of these were cultures from patients with urinary catheters.

For one month, house-wide surveillance was conducted for all inpatients with catheter associated urinary tract infections (CAUTI) to assess the scope and determine a pattern. The ROPH 2007 CAUTI rate was significantly higher than the national average for like hospitals.

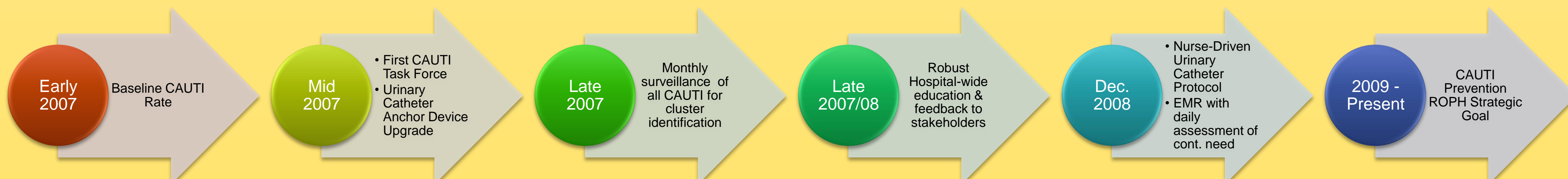
## Purpose

This project addressed a gap in both nurse and physician clinical practice related to the use of indwelling urinary catheters.

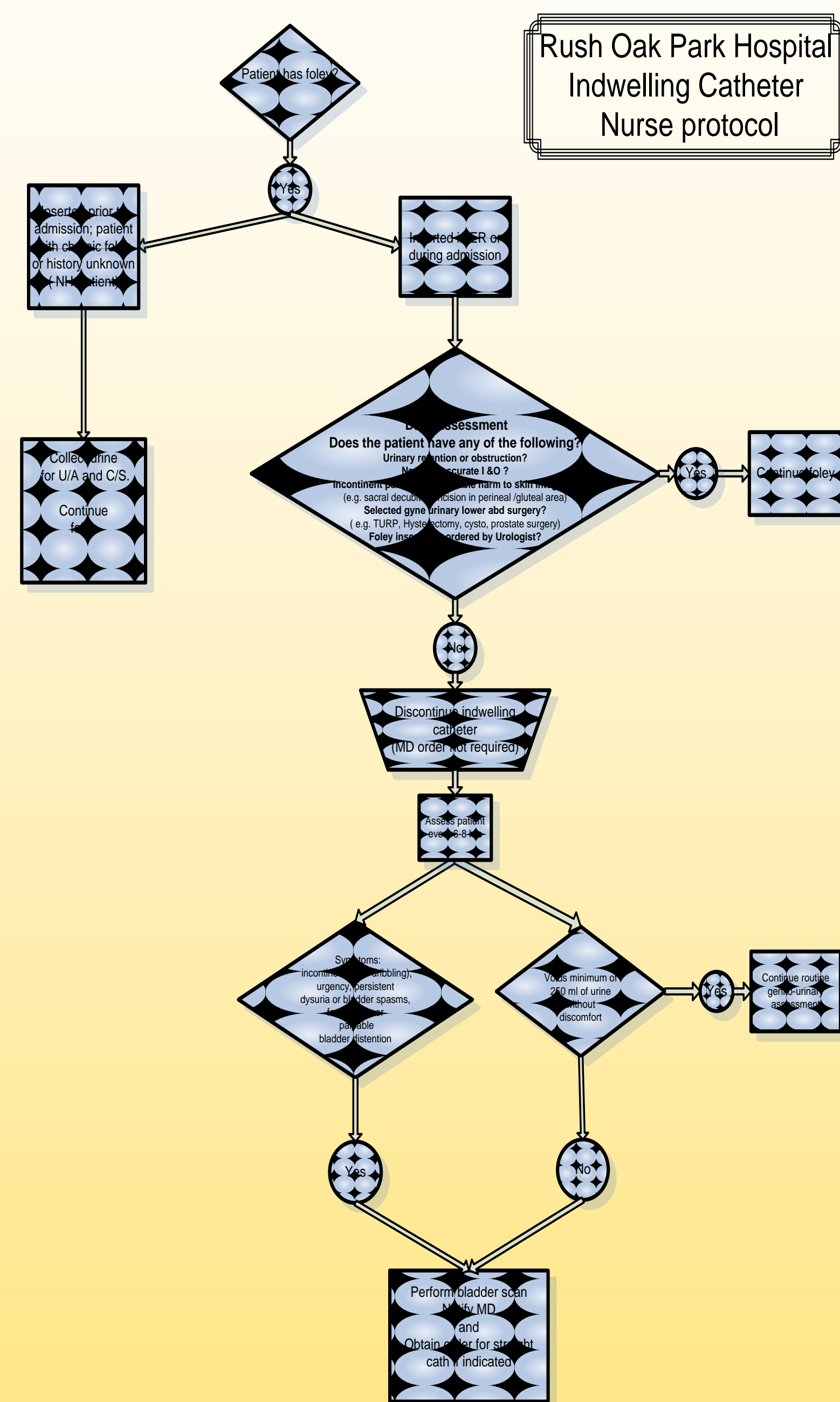
A literature review indicated that “attending physicians are unaware of the indwelling urinary catheter in their patients 40% of the time” (Topal et. al, 2005).

To reduce the risk of hospital acquired CAUTI a task-force that consisted of front-line nurses, patient care technicians, infection control, quality improvement leaders (with support from physicians and administrators) targeted several aspects of care to reduce the incidence of CAUTI.

## Method



## Nurse-Driven Algorithm

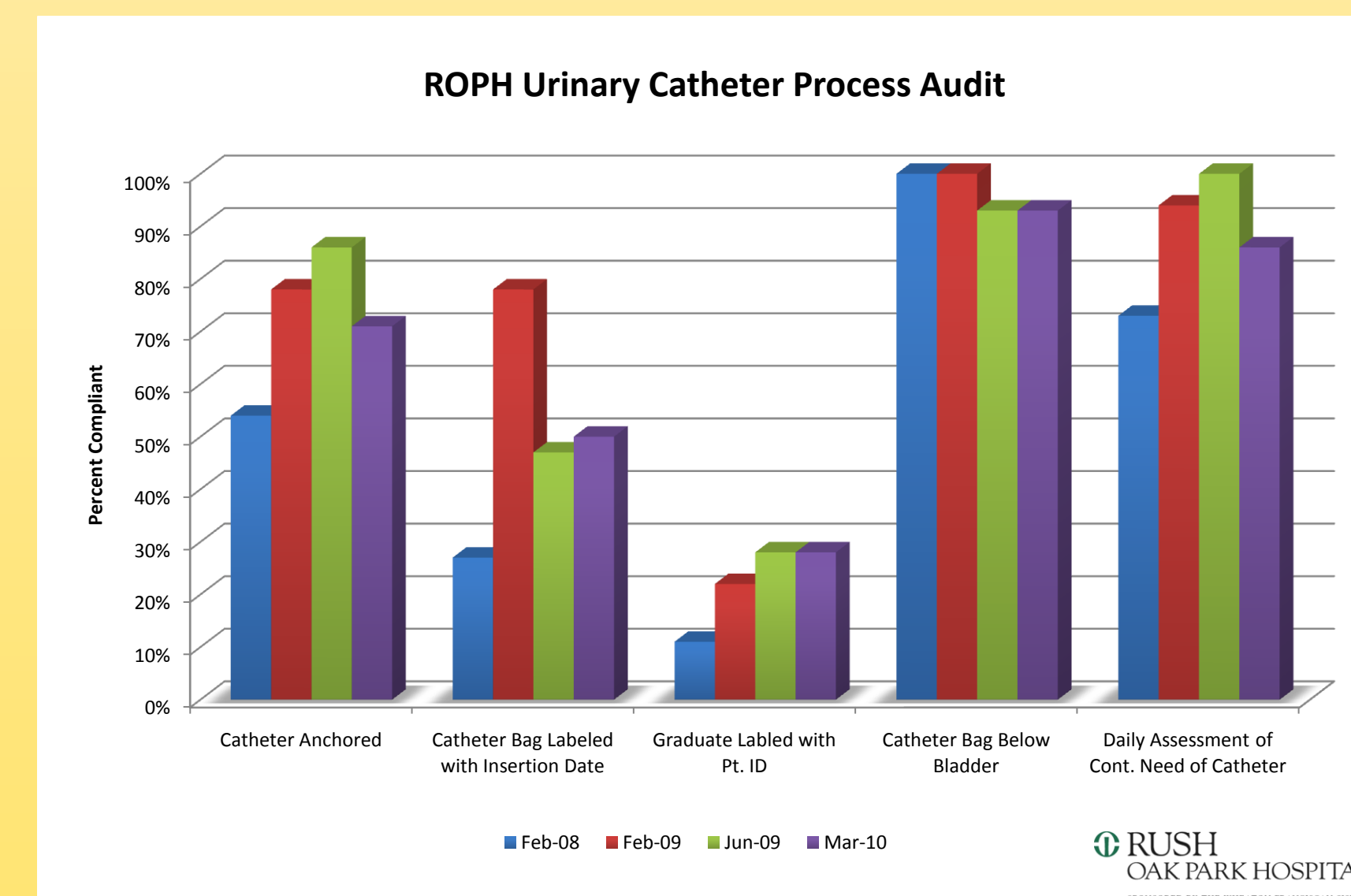
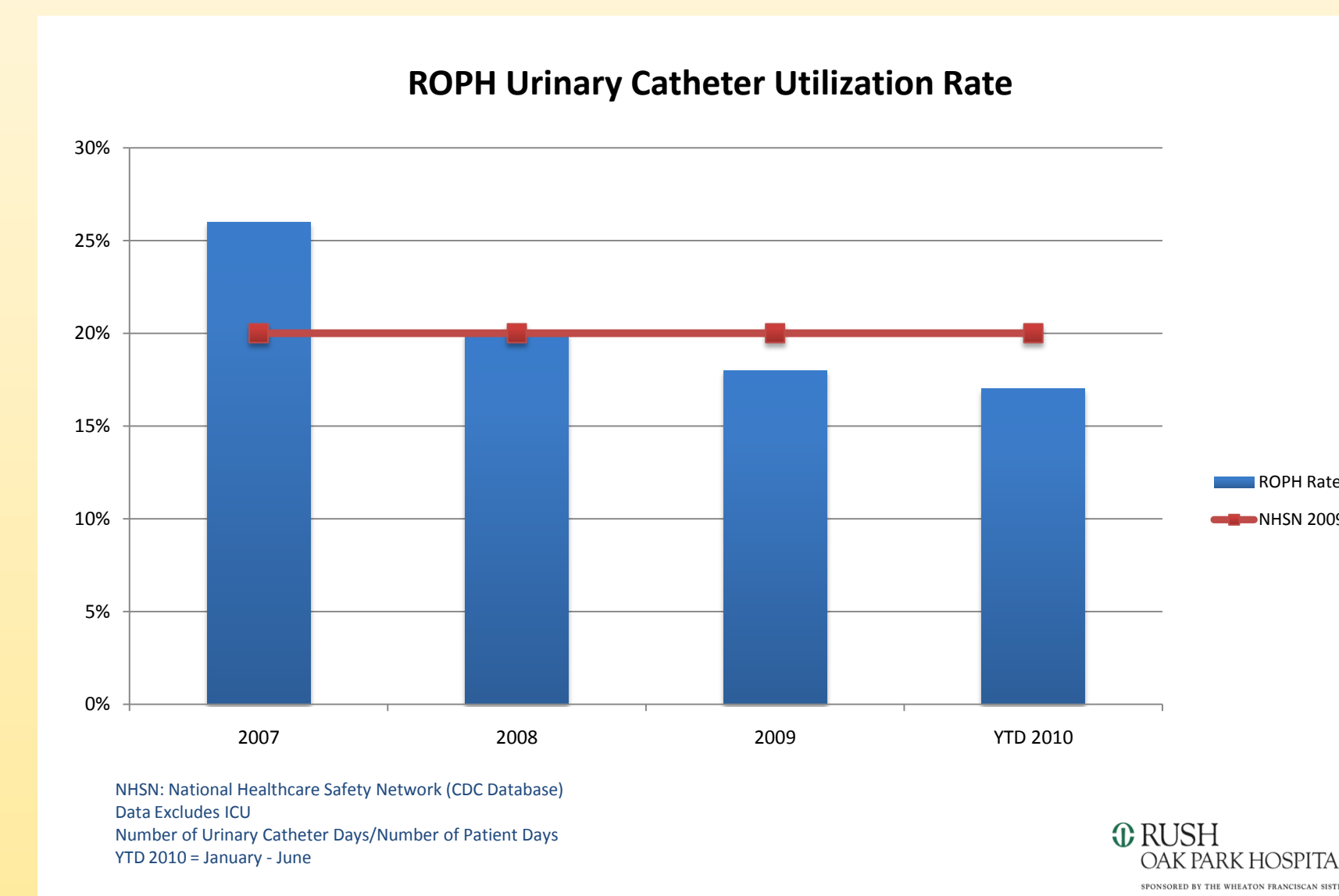


## Results

Reduction of CAUTI needs to be a multi-faceted approach, similar to bundles for prevention of ventilator associated pneumonia and central line related bacteremias.

The CAUTI “bundle” should include:

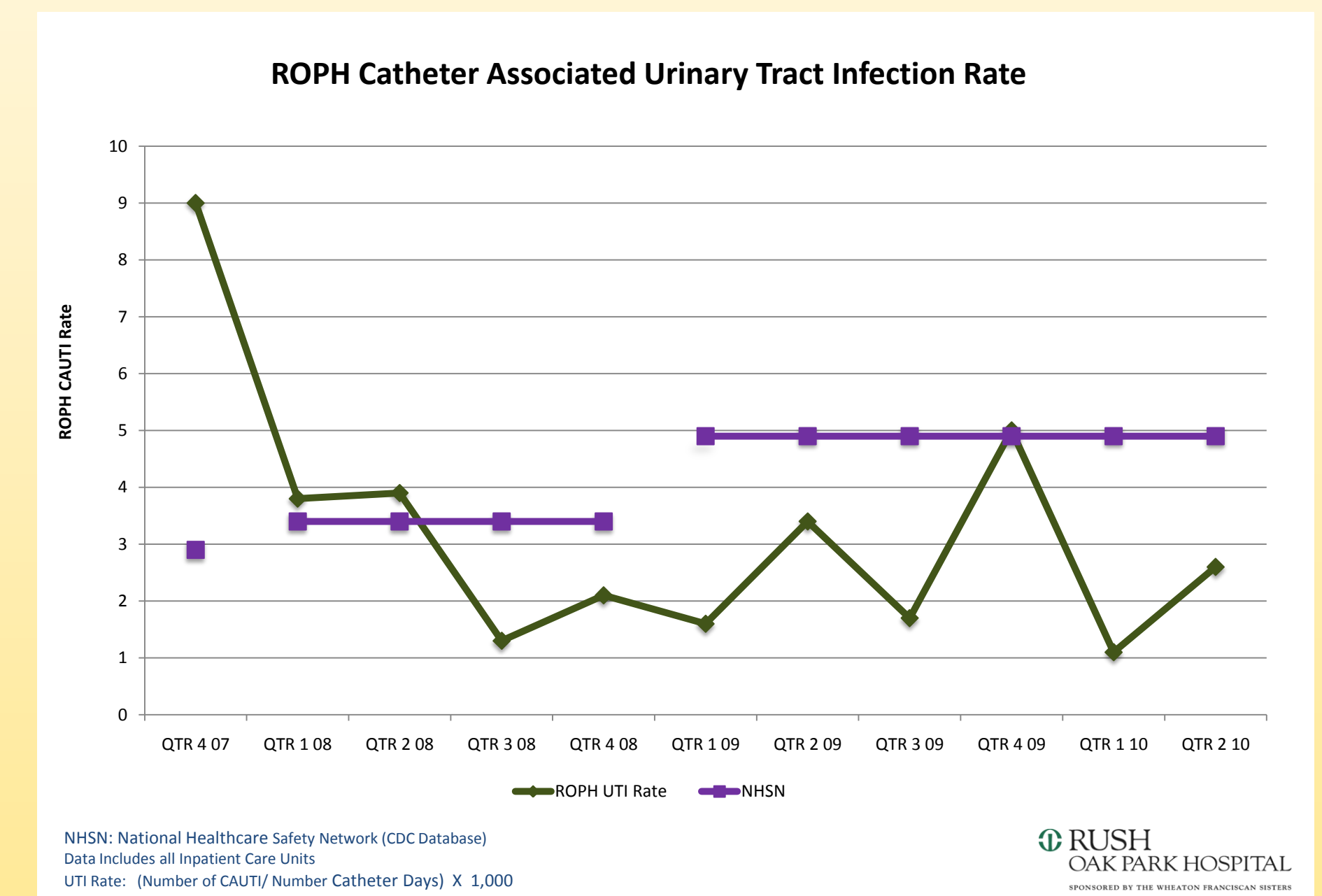
- Appropriate management/care of the urinary catheter
- Daily Assessment of the continued need for the urinary catheter



## Conclusion

*“Reducing hospital acquired infections is the right thing to do. Not only does it improve the quality of patient care provided, it reduces the cost of hospitalization. In an era of increasing transparency, and value based purchasing, lowering infection rates is increasingly important.”*

Bruce Elegant  
President and CEO  
Rush Oak Park Hospital



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