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The business case for CNS leadership to fire up a shared governance team to reduce CAUTI

About 30 million indwelling urinary catheters are inserted annually in the U.S.; an estimated 50 percent have no documented indication. Catheter-associated urinary tract infections (CAUTI) have many adverse outcomes including sepsis and increased mortality (Gould et al, 2009). Data in a large community hospital illustrates 55 percent without proper indication.

- in 2009.
- **Total indwelling catheter numbers have been obtained in the ICUs for more than** 10 years, providing a denominator for surveillance of CAUTI.
- Over half of the Urinary Nosocomial Infection Markers (NIMS) at Methodist occur outside of the ICU in the medical-surgical units.
- Audits suggest not all indwelling urinary catheters have a medical indication.
- The estimated cost savings to the institution ranges from \$77,159 to \$99,298 in the first quarter of 2010.

Research indicates the best approach to decrease catheter-associated urinary tract infections is to decrease urinary device days. The CNS and the shared governance team instituted evidence-based change strategies to decrease device days on medical-surgical units.

Indiana University Health

Introduction

Background

Methodist Hospital implemented an evidenced-based bundle to decrease CAUTI on the medical-surgical units in 2007 and began auditing appropriate use of the bundle

Purpose

Methods

- Identified stakeholders, introduced the project and solicited suggestions from the shared governance team
- Investigated data collection of device days in the critical care units and determined the feasibility of implementing the process on the medical-surgical and progressive care units
- Developed a tool with imbedded formulas to calculate daily urinary catheter device prevalence
- Collaborated with infection control practitioner to accurately gather data and educate the Medical-Surgical (Multi-Specialty) Quality Council on reasons to decrease device utilization
- Enlisted a volunteer unit and its CNS to trial data collection tool
- Presented evidence-based rationale and tools to Med-Surg Quality Council
- Provided implementation support and timeline for initiation of tracking tools
- Shared data with the Med-Surg Quality Council and facility leadership
- **Followed up with units staff and their CNSs to discuss barriers to the process**

Unit	Mar. % utilization	Apr. % utilization	Aug. % utilization	% bundle compliance Fel
A2N/3N	20%	7%	13%	ND/100
A4N	ND	18%	11%	100/100
A5N	26%	21%	21%	100/83
A6N	30%	30%	26%	89/67
7N	ND	8%	7%	33/57
5E	18%	10%	14%	100/100
B5/C5	9%	9%	7%	100/100
B7B8	22%	22%	21%	33/50
A4S	22%	20%	ND	78/75
A6S	22%	21%	ND	50/ND

Data results

Implications



CNS leadership and mentoring of direct care nurses through a shared governance council promotes a consistent improvement in nurse sensitive indicators such as CAUTI. Timely transparent reporting of data improves the direct caregiver's motivation to decrease device utilization.

Evaluations

Greater than 50 percent of the units illustrated a decrease in device days for indwelling urinary catheters. At five months, all units that kept data showed a decrease in utilization rate. Half of the units achieved and sustained 100 percent compliance with the maintenance bundle.

Reference

Gould, C. V., Umscheid, C. A., Agarwal, R. K., Kuntz, G., & Pegues, D. A. (2009). Guideline for the prevention of catheter associated urinary tract infections. Health Care Infection Control Practices Advisory Committee, 1-67.

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