On the CUSP – Stop CAUTI
CAUTI Prevention
Interdisciplinary Team
participating in IHA CAUTI Calls
CAUTI Timeline

- **FEB:**
  - *Decision on which unit we would pilot*
  - *Created CAUTI Charter*
- **APRIL-MAY:**
  - *Began process for Foley catheter utilization*
  - *Educated and implemented new Bard Advanced Foley Catheters Kits*
- **SEPT:**
  - *Implementation Phase 1*
  - *Foley insertion competency for 4th RNs and FP*
- **JUNE:**
  - *Awarded CAUTI Grant to purchase catheter hooks*
  - *4th floor CNAs educated on PeriCare, Foley Care & Specimen collections*
- **JULY:**
  - *Base line data*
  - *Updated post op orders sets to include removing Foleys*
  - *Magnet Conference-viewed best practices poster and breakout sessions*
  - *Sustain-ability Data*
  - *Transporters & Therapists educated on CAUTI prevention*
- **OCT:**
  - *Sustain-ability Data*
  - *Transporters & Therapists educated on CAUTI prevention*
  - *Ortho Co-Management begins*
- **Dec 2011**
- **Jan 2012**
- **Feb 2012**
- **April 2012**
- **June 2012**
- **July 2012**

- **FEB 2012**
  - *Transporters & Therapists educated on CAUTI prevention*
- **April 2012**
  - *Hospital Wide Implementation of CAUTI Prevention Initiative*
- **June 2012**
- **July 2012**

**Illinois Hospital Association Conference Calls**

**MAR:**
- *Collection of baseline data on pilot unit*
- *Development of custom report for indwelling catheters by nursing unit*

**JUNE:**
- *CAUTI CBL launched*
- *Foley care added to shift report*
- *Ortho Co-Management begins*

**MAR 2011**

**FEB 2011**

**APRIL-MAY 2011**

**JUNE-JULY 2011**

**SEPT-OCT 2011**

**NOV 2011**

**DEC 2011**

**JAN 2012**

**FEB 2012**

**JUNE 2012**

**JULY 2012**
Foley Report

- Electronic
- Daily monitoring
- Ownership
Brought Education to Staff!
Mandatory Demonstration of Competency
Interdisciplinary Education

- Therapy staff
- Transporters
- Medical Imaging
Urinary Drainage Bag Holder

#286

- Pigtail hook
- Plastic mount blocks and screws
- Designed for Pryor 1.25" diameter poles

Back To Accessories and Parts
Monday, April 6, 2009
Waiting to receive a $2,000 grant to prevent CAUTI from our Hospital Foundation! December 2011
Catheter Hook
Hooks on Imaging Tables
Daily Reminders

Congratulations 4th FLR ex-FOLEY ators

Record to Beat = 193 95

11/29

It has been 82 days since our last Catheter Acquired Urinary Tract Infection

Keep up the Excellent Work!

9/9/12 1 CAUTI post-op Lami Foley inserted in OR removed pop D+2 UTI discovered in CCE

LAST CAUTI: 6/6/12 1 CAUTI - HIP FX Foley inserted on 3rd floor - Foley removed Post-op # 2
PROVENA ST. JOSEPH HOSPITAL
NURSE DRIVEN BLADDER MANAGEMENT AND FOLEY PROTOCOL

STEP A
Assess patient’s ability to void or any history of urinary difficulties

STEP B

Group 1
* Voiding spontaneously
* No urinary incontinence

Group 2
* Unable to void

Group 3
* Urinary incontinence
* Urinary frequency

Group 4
* Operative management

If Non Uro/Gyne/Pelvic Procedure / Surgery:

Foley Present:
1. Proper Foley care on post op day 0 and post op day 1
2. Remove Foley by post op day 2 and document in appropriate Meditech Intervention.
3. Commence from STEP A and follow Group 2 or Group 3 Protocol as applicable.

Foley Not Present:
1. Commence from STEP A and follow Group 2 or Group 3 Protocol as applicable.

If Uro/Gyne/Pelvic Procedure / Surgery:

Foley Present:
1. Proper Foley care daily and PRN.
2. Assess need for Foley daily and discuss plan of care with attending MD.
3. If no further indication, d/c Foley and commence from STEP A and follow Group 2 or Group 3 Protocol as necessary.

If Foley Present:
1. Proper Foley care on post op day 0 and post op day 1
2. Remove Foley by post op day 2 and document in appropriate Meditech Intervention.
3. Commence from STEP A and follow Group 2 or Group 3 Protocol as applicable.

If Foley Not Present:
1. Commence from STEP A and follow Group 2 or Group 3 Protocol as applicable.

Not candidate for catheterization
Continue to monitor I&O. If bladder function alters, review bladder management and start commencing at STEP A.
Presence Health St. Joseph Hospital - Elgin
Hospital Acquire UTI's
DB4Surgical Ortho
2008 - Sept 2012
CAUTI Rate (by Catheter Days)  
June 2011 – October 2012
CAUTI Rate (by Patient Days)
CAUTI Appropriateness

![CAUTI: Performance Improvement Chart]

- **Aug-11**: Baseline
- **Sep-11**: Implementation 1
- **Oct-11**: Implementation 2
- **Jan-12**: Sustainability 1

- Blue bars: Pct of Catheters with Appropriate Reasons
- Red bars: Pct of Catheters with Inappropriate Reasons
We are committed to reducing the incidence of CAUTI and implementing behaviors that promote enhanced interdisciplinary quality care for patients with an indwelling catheter. -4th Floor Ortho/Surg Staff-
The power of having an interdisciplinary team

Shared leadership within the unit.
  ◦ Rippling out the message
  ◦ Mentoring our future nurses

Data that gets inspected gets respected

Look for best practices and don’t reinvent the wheel
Lessons Learned

- Do not presume clinical excellence
- Education needs to be portable
- Improve communication between caregivers
- Including other disciplines about CAUTI prevention
- Hardwiring the process so it is a part of practice
- Celebrate and share successes
Our Future

- Hospital Wide Implementation of CAUTI Prevention Initiative by March 2013
- Implement CAUTI in hospital orientation
- Bladder Management Protocol
- Enhanced physician involvement
- Include CAUTI competencies in annual education plan
You can not take on CAUTI alone!

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