

Best practice REALLY does apply to you... changing the CAUTI culture

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Abstract:

The translation of quality data into meaningful practice change for front-line staff requires creative, evidence-based leadership and innovation. Engaging clinicians is the key to successful reduction of Catheter-Associated Urinary Tract Infections (CAUTI).

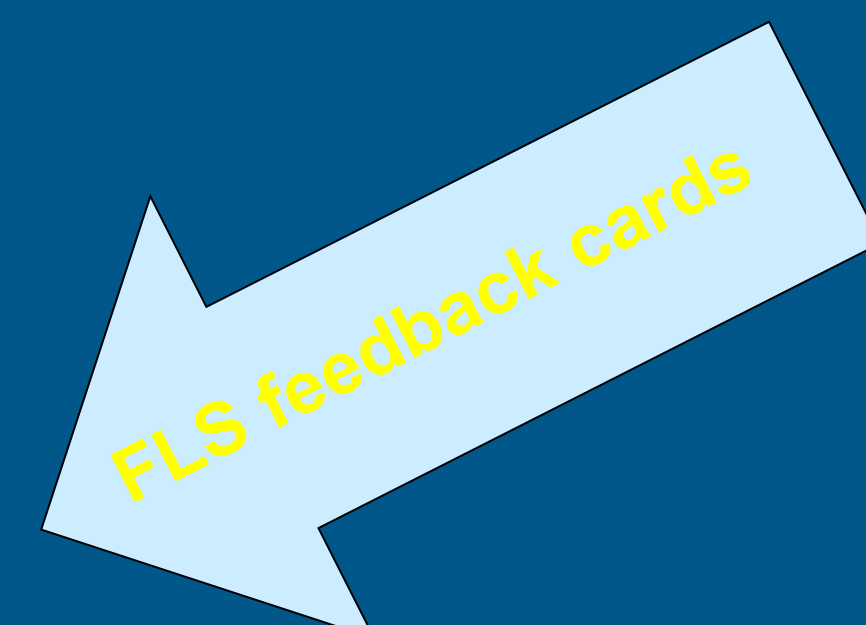
Significance:

- CAUTI is a leading healthcare acquired infection, contributing to pain and discomfort for patients.
- The American College of Surgeons National Surgical Quality Improvement Project report that costs of a CAUTI to be **\$12,000 per patient¹**.
- An academic medical center (AMC) was not achieving national benchmarks for CAUTI in critical and acute care units

Implementation:

The model was next applied across the AMC. Frontline staff (FLS) were recruited to champion best practice and prevention. Involvement of FLS across all disciplines and departments was essential. Rapid resolution of system barriers increased engagement. Point prevalence surveys and regular feedback were used to implement best practices.

Indwelling Urinary Catheter (IUC) Best Practice	Great!	Room for Improvement	Comments
Catheter secured to body	0	0	
Tamper-evident seal intact	0	0	
No dependent loops in drainage tubing	0	0	
Drainage tubing secured	0	0	
Drainage bag off floor	0	0	
Urine bag < 2/3 full	0	0	
Urine bag below level of Bladder	0	0	
Documentation: Nursing assessment of need for IUC q 24*	0	0	
Documentation: Nursing care provided q 24*	0	0	
Date:	Unit:	Observer:	
Time:	Room/Bed:		



Intensive Care Unit Pilot



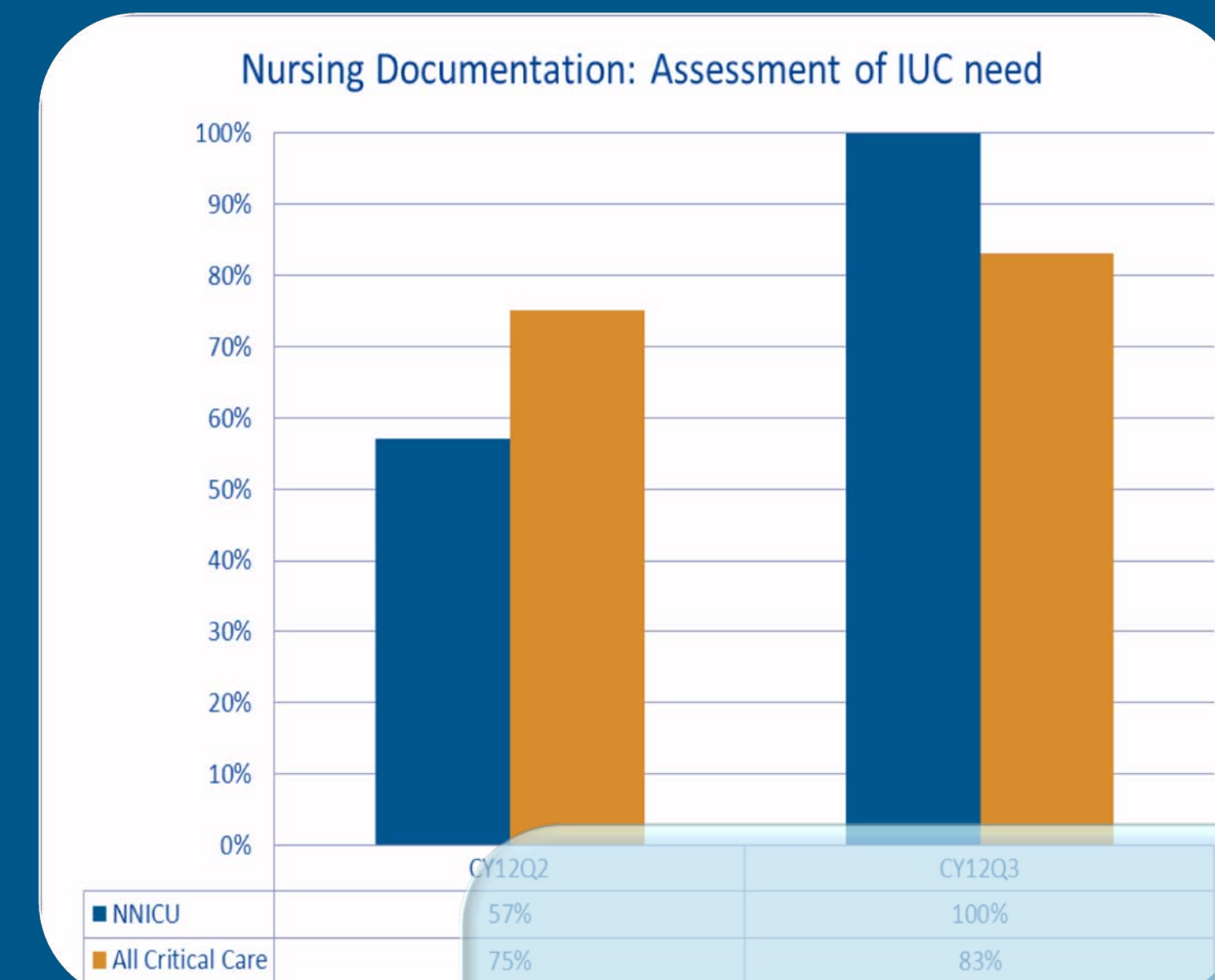
Structure: Unit Based and APN lead²

- Nerancy-Neuro ICU CAUTI rates above benchmark
- Implemented nurse competency demonstration
- Best practices procedures and education



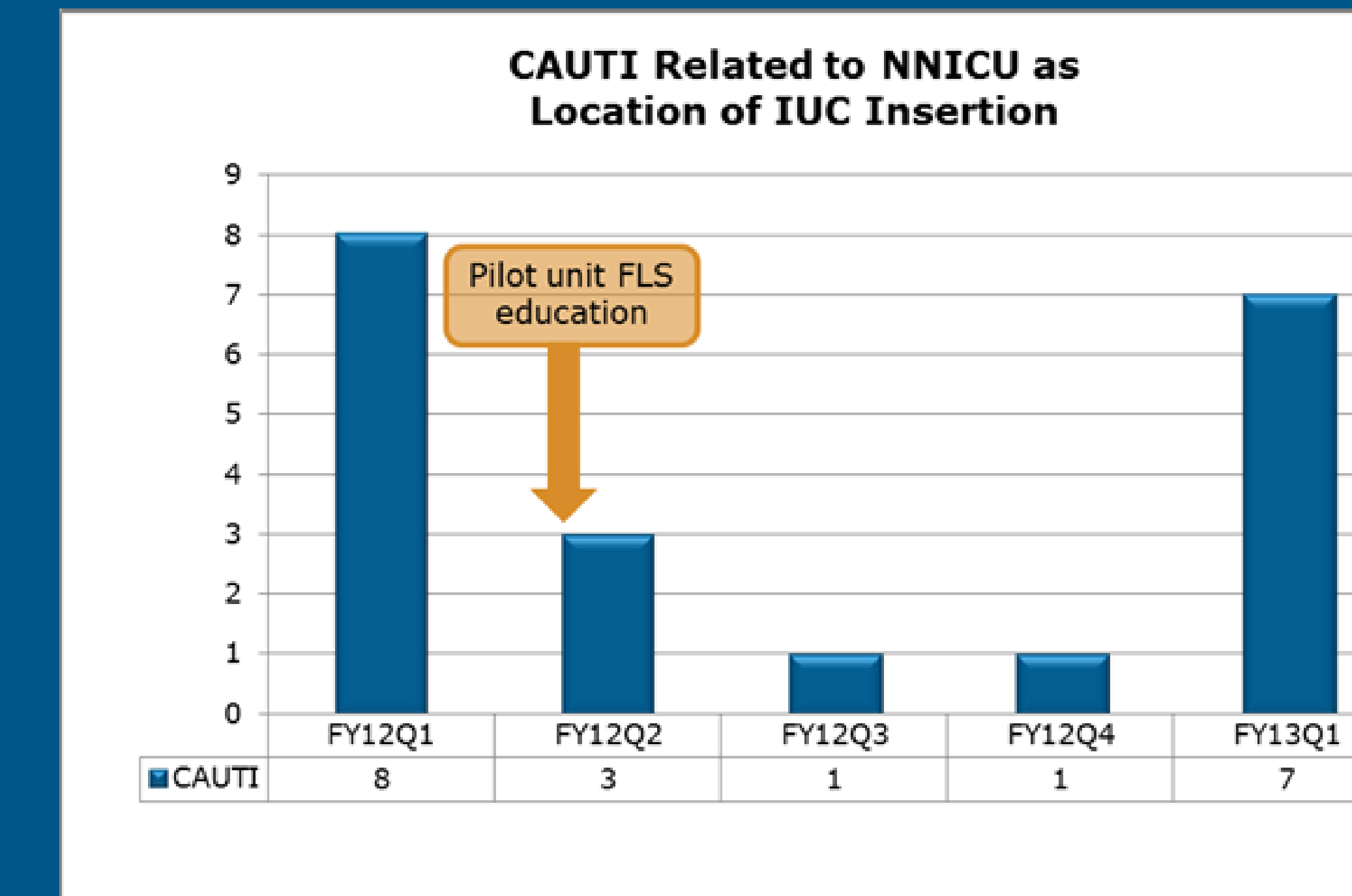
Process: Practice Feedback

- Frontline staff provided with real time feedback
- Unit champions share pre & post education practice audit data weekly

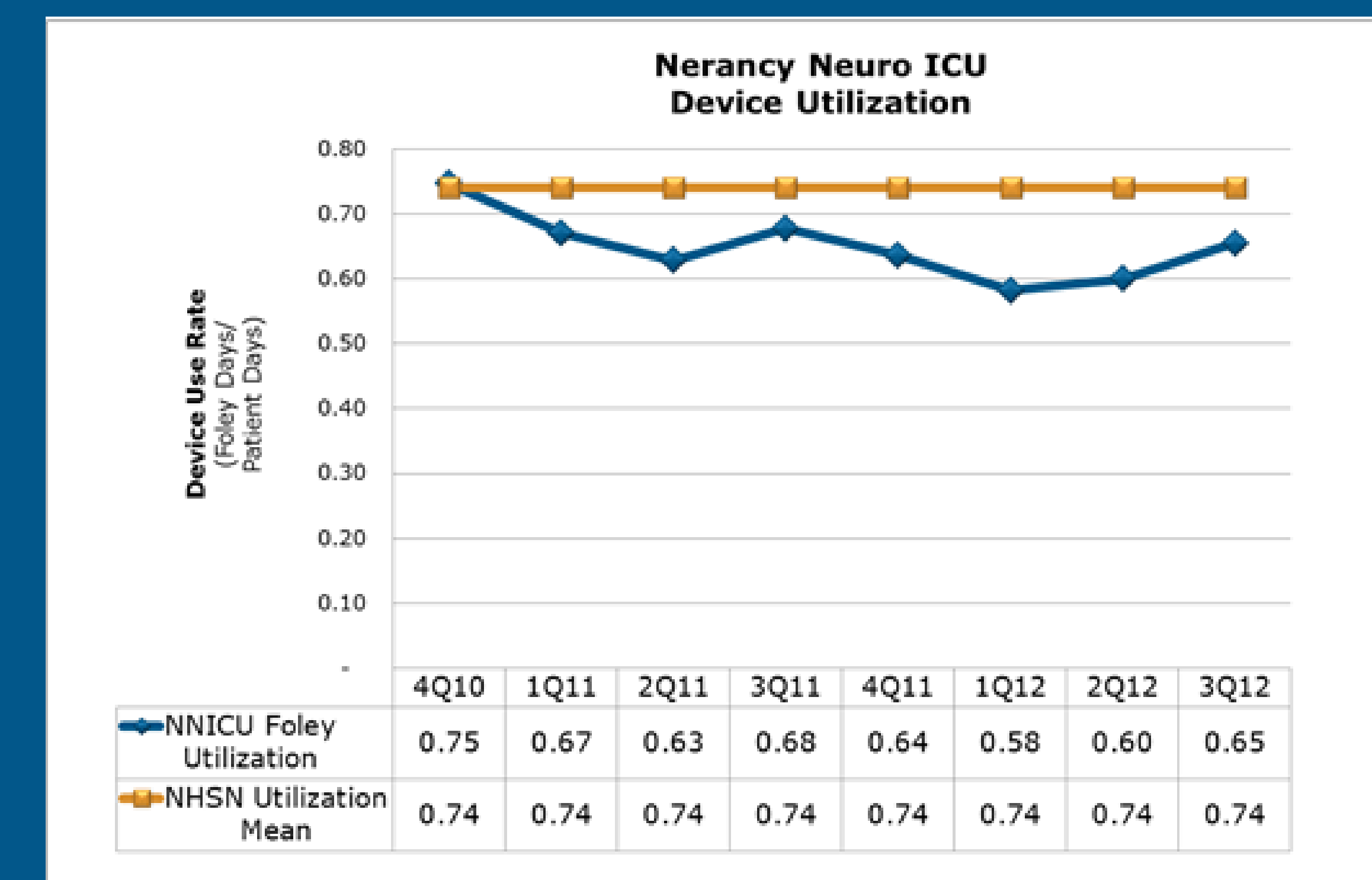


Process: Point Prevalence Survey of Indwelling Urinary Catheters (IUCs)

- Quarterly survey by interdisciplinary team
- Feedback to each unit and region



- Organizational CAUTI rates improved 50% immediately following the intervention.
- 87% of units are at or better than benchmark performance for utilization of IUCs



¹ <http://site.asnsqip.org/wp-content/themes/insqip/extras/box2/ROICalc.html>

² Gray, M. (2010). Reducing catheter-associated urinary tract infection in the critical care unit. *AACN Advanced Critical Care*, Vol.21(3), pp.247-257. DOI: <http://dx.doi.org/10.1097/NCI.0b013e3181db53cb>