FELINE NURSE: Agent of Change in Decreasing Urinary Tract Infections and Creating a Culture of Patient Advocacy

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BACKGROUND

- Healthcare-associated Infections (HAIs) are among the top causes of illness and death in the United States.
- In American hospitals alone, HAIs account for an estimated 1.7 million infections and 99,000 deaths each year.
- Infections per 1000 Device Days and Number of Device Days

METHODS

- Daily multidisciplinary patient care coordination rounds were utilized to identify patients with IUCs in the unit. Members of the leadership team, RNs, and healthcare providers are present and can develop strategies to eliminate unneeded catheter use.
- Plan is implemented for catheter removal, or timeline for removal, and patient goals addressed.
- Daily surveillance on catheter data, collection of patients at risk and rapid removal of Catheters and subsequent urinary tract infection (UTI) rates on the unit. A reduction of 10% was projected as a unit goal for 2008. The unit surpassed that goal and has managed to sustain a culture in which evidence-based practice, collaboration and advocacy are the keys to the success of the outcome.
- Nursing Leadership recognized the need for an aggressive plan to decrease the incidence of catheter associated urinary tract infections, educate the staff in prevention strategies, and develop an environment of increased awareness for the patient at risk.
- Design a process that fosters the clinical team's development of autonomy to advocate for and question the need for indwelling urinary catheters in the cardiac surgery population.

OBJECTIVES

- Discuss and illustrate the resulting data from the processes initiated by the Unit Based Clinical Leadership Team which was then implemented by a clinical nurse unit-based champion, and identify implications for practice.
- Improve the care of patients using indwelling urinary catheters by providing evidence-based strategies that lead to a culture change.

CAUTI EVIDENCE BASED PRACTICE Champion's Role

- Development of an evidence based protocol for management of patients post IUC removal.
- Collaborated with multidisciplinary team and staff to identify appropriate indications for catheter use based on CDC guidelines.
- Partnered with Informatics for computerized enhancement of IUC orders to include a provider and indications for use and protocol for nursing directed catheter removal.
- Partnered with hand hygiene and skin care champions to achieve improved patient outcomes.
- Staff education on core measures of catheter care: label bag, secure device, label urine container with name, appropriate catheter positioning with patient transfer, daily pericare with soap and water, frequent change of washbasin and treatment of incontinence without indwelling catheter use.
- Collaboration with Hand Hygiene Program staff to review catheter insertion technique and per care for IUCs and CHAs Indicators made weal decrease in variation in care. Discussed the staff on symptoms of UTI, how to effectively discuss catheter need with provider and indications for use and protocol for nursing directed catheter removal.
- Documentation: date of insertion, size of catheter, initials of inserter, IUC care every 8 hours, removal date, and any post-catheter protocols such as bladder scanning and intermittent catheterization were emphasized.

CAUTI: Practice Based Evidence Champion's Role

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- Partnered with Informatics for computerized enhancement of IUC orders to include a provider and indications for use and protocol for nursing directed catheter removal.
- Collaborative efforts with IUCs on the unit. Members of the leadership team, RNs, and healthcare providers are present and can develop strategies to eliminate unneeded catheter use.
- Plan is implemented for catheter removal, or timeline for removal, and patient goals addressed.
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- Design a process that fosters the clinical team's development of autonomy to advocate for and question the need for indwelling urinary catheters in the cardiac surgery population.

RESULTS

- Developed an evidence based protocol for management of patients post IUC removal.
- Collaborated with multidisciplinary team and staff to identify appropriate indications for catheter use based on CDC guidelines.
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REFERENCES


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